DAISEY Iowa Family Support

Using DAISEY for improved family services coordination & measurement

Iowa MIECHV Data Dictionary

DAISEY, which stands for Data Application and Integration Solutions for the Early Years, is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system will allow Iowa Family Support partners improve data quality, track progress toward shared goals, and enhance communication and collaboration.

This tool provides information on the data elements collected in DAISEY. Each section of this document represents a form. Each form section has information about the data elements in that form, including a definitions/descriptions, possible responses, and the purpose of each element.

This document will not provide all information necessary for preparing data for Import into DAISEY. For detailed information on Import requirements, see the Iowa DAISEY User Manual on the website, daiseyiowa.daiseysolutions.org.

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Form Overview	
Forms	**Information Collected**
Caregiver Profile	A profile should be completed on the primary caregiver of each family served by your program. A separate profile is needed for each program a primary caregiver enrolls. The primary caregiver is typically the parent that is involved in the home visiting. If both parents are involved, they should decide who will be listed as primary. All data included in the caregiver profile, including names, is required to be entered into DAISEY. This data is due upon enrollment and should not be changed unless an error is found. If the primary caregiver changes after a family has begun services, program guidance states that a discharge date should be noted on the original primary caregiver's profile (which will also apply to associated child profiles). A new primary caregiver profile should be created with an enrollment date equaling the date of the change. New child profiles will then need to be created and associated with the new primary caregiver. This new family will require all enrollment assessments and reports.
Child Profile	This profile should be completed on one target child 0-5 (birth until the sixth birthday) at enrollment for every family served by your program. For families with twins or multiples, select one target child for whom data and assessments will be reported in DAISEY. Assessments may be completed on additional children, but will not be recorded in DAISEY. For prenatal enrollments, profiles should be created upon the child's birth. Once a child profile is created and data is entered, the profile must be immediately linked to a primary caregiver's profile.
Quarterly Report - Primary Caregiver	A Primary Caregiver Quarterly Report (QR) should be completed for every family served for one day or more in each quarter. The information entered should reflect the services and family circumstances during the specific quarter only. Quarterly Reports are due upon discharge or for current families on January 15, April 15, July 15, and October 15.
Primary Caregiver Enrollment & Annual Report	An Enrollment Report- Primary Caregiver is due for every primary caregiver within 15 days of enrollment. An Annual Report- Primary Caregiver is due for every primary caregiver served one or more days in each fiscal year, either upon discharge or annually by October 15 for all years in which the family did not discharge. Please note the Enrollment/Annual Report is one report; additional questions will populate if the annual/fiscal year drop-down is chosen.
Targeted Child Enrollment & Annual Report	An Enrollment Report- Target Child is due for the target child either within 15 days of enrollment or at birth, whichever is later. An Annual Report- Target Child is due for the target child served one or more days in each fiscal year, either upon discharge or annually by October 15 for all years in which the family did not discharge. Additional questions will populate if the annual/fiscal year drop-down is chosen.

Home Visit Review Form	A home visit review form is collected following each home visit. This form should be submitted within 48 hours of the home visit. If two or more forms are submitted for a family on the same date, no forms will be counted for that date. A family should have no more than one home visit per date.
Iowa Staff Profile	All fields within the MIECHV Staff Profile are expected to be completed and regularly updated by MIECHV/HOPES supervisors. All staffing information must be updated within 10 days of a staffing change.
Assessment Requirement	Provides explanation of required assessments.

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below with each row representing one data element.

Form Name

Question Label	Data Type	Response Options	Explanation
The data element or question as it appears in DAISEY	The format of response options in DAISEY. May include: Drop-down list (single choice), Drop-down list (multiple choice), Date, Text, and Narrative.	If the data element or question includes a menu of possible responses, the possible responses are listed here.	Purpose for including the data element or question.

Caregiver (Adult) Profile

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	Based on the Organizational access logged into in DAISEY when profile is created.
PROGRAM	Text	(Dependent upon organization assigned)	Iowa MIECHV does not use Programs in their DAISEY hierarchy.
Caregiver ID	Text	Auto-generated	The Caregiver ID will be auto-generated by DAISEY when the profile is successfully created in the system.
Caregiver System ID	Text	Auto-generated	The Caregiver System ID will be auto-generated by DAISEY when the profile is successfully created in the system.
Model	Drop-down list (single choice)	HFA|NFP|EHS|PAT	Select from the drop-down options provided.
County	Drop-down list (single choice)	Appanoose|Black Hawk|Cerro Gordo|Clinton|Des Moines|Lee|Montgomery|Muscatine|Page|Pottawattamie|Scott|Wapello|Woodbury|Floyd|Tama	This should be the county in which the family lives.
Zip Code	Numeric	(open text numeric field)	This should be the zip code in which the family lives.
Alternate ID	Text	(open text field)	This is the participant's former REDCap ID. Once names have been assigned to families in DAISEY, programs may delete or change this alternate ID and use however they wish.
First Name	Text	(open text field)	This should be the same first name that is entered into every form that asks for a first name and should be the name the primary contact wishes to be called.
Last Name	Text	(open text field)	This should be the same last name that is entered into every form that asks for a last name and should be the name the primary contact wishes to be called.
Is this the primary caregiver of the child?	Text	Auto-generated	This will be autogenerated as "Yes" for all cases, as primary caregivers must be added to DAISEY. Secondary caregiver entry into DAISEY is optional. If you wish to add a secondary caregiver's profile to DAISEY, you may, but ensure this is added using the "add secondary caregiver" button. Secondary caregiver data will not be reflected in any reports.
If No, Select Primary Caregiver	Hidden	N/A	N/A
Active Status	Drop-down list (single choice)	Active|Inactive	This data field is for programmatic use only; checking active or inactive will only affect how the caregiver shows up on the search grid. The active/inactive status has no impact on data pulled into DAISEY reports.
Enrollment Date	Date	(mm/dd/yyyy)	Date the family enrolled in the program. Official enrollment date is determined by your program. Everyone who officially enrolls in your program should be entered into DAISEY.
Family was enrolled prenatally?	Drop-down list (single choice)	No|Yes	Select *Yes* if mom is pregnant upon enrollment, including pregnant mothers who have other children.
Mother's due date	Date	(mm/dd/yyyy)	This question will only appear if "Family was enrolled prenatally?" = *Yes*. Enter due date in the *mm/dd/yyyy* format.
Gender	Drop-down list (single choice)	Female|Male	Select gender that the caregiver identifies as. If the caregiver does not identify with either gender, leave this field blank.
Date of Birth	Date	(mm/dd/yyyy)	Enter date of birth in the *mm/dd/yyyy* format.
Race	Drop-down list (multiple choice)	White|Black or African American|Asian|American Indian or Alaska Native|Native Hawaiian or Pacific Islander	This should be based on what the participant tells you and not your observations. More than one race can be selected. Caregiver races are determined by HRSA and are reported on MIECHV Form 1.
Ethnicity	Drop-down list (single choice)	Hispanic or Latino|Not Hispanic or Latino	This should be based on what the participant tells you and not your observations. Hispanic/Latino is considered an ethnicity rather than a race, so both race and ethnicity should be chosen for each primary caregiver.
Primary language spoken at home	Drop-down list (single choice)	English|Spanish|Burmese|Karenni|Karen|Chin|Arabic|Other	If the family is bilingual, they should choose which language to record as primary.
Other	Text	(open text field)	This question will only appear if "Primary language spoken at home" = *Other*. For languages with more than one form or spelling, programs should have a consensus and all home visitors should enter the chosen form.
Household size	Drop-down list (single choice)	1|2|3|4|5|6|7|8|9|10|11|12|>12	Enter family's household size as they report it at enrollment. If the mother is pregnant, this should include the prenatal child.
Name of family support professional	Text	(open text field)	First and last name of the worker assigned to the participant. The FSP name should be entered consistently across all the caregiver profiles. If more than one worker is assigned to a family, choose one as the primary worker. The FSP name should be updated on the caregiver profile when staffing changes occur as this is the name listed in the Scheduling & MIA Report in DAISEY.
Notes	Narrative	(open text field)	Programs are free to use this field however they wish.
Discharge date	Date	(mm/dd/yyyy)	Upon discharge, enter the date that the family exited the program according to your program's guidelines.

Caregiver (Adult) Profile			
Question Label	Data Type	Response Options	Explanation
Discharge Reason	Drop-down list (single choice)	Completed program or child aged out|Moved out of service area|No contact or could not locate|No longer interested in services|Too busy|Parental rights were terminated or lost custody|Miscarriage or stillbirth|Other	Select from the drop-down options provided. The "Other" option should only be used when none of the other reasons fit the circumstances.
Other (explain)	Text	(open text field)	This question will only appear if "Discharge Reason" = *Other*.

Child Profile

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	Based on the Organizational access logged into in DAISEY when profile is created.
PROGRAM	Text	(Dependent upon organization assigned)	Iowa MIECHV does not use Programs in their DAISEY hierarchy.
Child ID	Text	Auto-generated	The Child ID will be auto-generated by DAISEY when the profile is successfully created in the system.
Primary Caregiver ID	Text	Auto-generated	When a child profile is associated with a primary caregiver in DAISEY, this field will be auto-filled on the child profile.
Primary Caregiver System ID	Text	Auto-generated	When a child profile is associated with a primary caregiver in DAISEY, this field will be auto-filled on the child profile.
Alternate ID	Text	(open text field)	This is the participant's former REDCap ID. Once names have been assigned to families in DAISEY, programs may delete or change this alternate ID and use however they wish.
Active Status	Drop-down list (single choice)	Active|Inactive	This data field is for programmatic use only; checking active or inactive will only affect how the caregiver shows up on the search grid. The active/inactive status has no impact on data pulled into DAISEY reports.
First Name	Text	(open text field)	This should be the same first name that is entered into every form that asks for a first name and should be the name the primary contact wishes the child to be called.
Last Name	Text	(open text field)	This should be the same last name that is entered into every form that asks for a last name and should be the name the primary contact wishes the child to be called.
Enrollment Date	Date	(mm/dd/yyyy)	This should be the same as the primary caregiver's enrollment date, except for children born after enrollment (then it should be their birthdate) or children adopted or placed in the home after enrollment. Note: primary caregiver enrollment date will be used for all reports and assessment eligibility.
Date of Birth	Date	(mm/dd/yyyy)	Enter date of birth in the *mm/dd/yyyy* format.
Born at less than 37 weeks gestation?	Drop-down list (single choice)	No|Yes	This is based on parent report. For mothers who enroll prenatally, Benchmark Measure 1 considers children born at less than 37 weeks gestation.
Born at what gestational age?	Numeric	(open text numeric field)	This question will only appear if "Born less then 37 weeks gestation" = *Yes* .
Born with a low birth weight (below 2500 grams)?	Drop-down list (single choice)	No|Yes	This is based on parent report.
Birth weight (in grams)	Numeric	(open text numeric field)	This question will only appear if "Born with a low birth weight" = *Yes* . 5.5lbs = 2500 grams
Gender	Drop-down list (single choice)	Female|Male|Non-binary|Prefer not to disclose	The gender that the child identifies as.
Race	Drop-down list (multiple choice)	White|Black or African American|Asian|American Indian or Alaska Native|Native Hawaiian or Other Pacific Islander	This should be based on what the participant tells you and not your observations. More than one race can be selected.
Ethnicity	Drop-down list (single choice)	Hispanic/Latino|Not Hispanic/Latino	This should be based on what the participant tells you and not your observations. Hispanic/Latino is considered an ethnicity rather than a race, so both race and ethnicity should be chosen for each child.

Quarterly Report - Primary Caregiver

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	Iowa MIECHV does not use Programs in their DAISEY hierarchy. Will be blank for Iowa MIECHV.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	This is the date the Family Support Professional completes the report.
Which caregiver was involved	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select the caregiver on which you are completing the Quarterly Report.
Quarterly Report	Drop-down list (single choice)	October-December (year)|January-March (year)|April-June (year)|July-September (year)	Select the quarter on which you are reporting.
Did the primary caregiver receive a break in services at any point this quarter?	Drop-down list (single choice)	No|Yes	Select yes if it has been >30 days since you have had a home visit with this family or the family is temporarily disengaged for any other reason (i.e. out of town for an extended period, etc.).
What was the reason for the break in services?	Drop-down list (single choice)	Level X or attempting re-engagement|Family out of town|Other	This question will only appear if "Did the primary caregiver receive a break in services at any point this quarter?" is *Yes* .
Reason for the break in services	Text	Text	This question will only appear if "What was the reason for the break in services?" = *Other* .
Start date of break in service	Date	(mm/dd/yyyy)	This question will only appear if "Did the primary caregiver receive a break in services at any point this quarter?" is *Yes* .
End date of break in service	Date	(mm/dd/yyyy)	This question will only appear if "Did the primary caregiver receive a break in services at any point this quarter?" is *Yes* . Leave blank if the family has not re-engaged.
Total number of home visits this quarter?	Numeric	(open text numeric field)	This number should match the number of Home Visit Review forms that were completed for this primary caregiver in the quarter, based on the MIECHV operations manual definition of *home visit* .
How many home visits this quarter occurred prenatally?	Numeric	(open text numeric field)	Enter the number of home visits that occurred prenatally.
Number of home visits this quarter where the caregiver was asked if they have any concerns regarding their child's development, behavior, or learning	Numeric	(open text numeric field)	This should be asked at every home visit. This should align with the responses provided in the Home Visit Review form regarding asking the caregiver if they have any concerns about their child's development, behavior, or learning.
If the caregiver was provided a depression referral, was that referral completed?	Drop-down list (single choice)	Yes|No-Declined|No-Pending|N/A	*Yes* = referral completed; primary caregiver has had contact with and has scheduled services. *No-Declined* = primary caregiver refused referral. *No-Pending* = referral has been made, but appointment not yet set with provider. *N/A* = no depression referral was made.
Which additional referrals, not already documented in DAISEY, were given this quarter?	Drop-down list (multiple choice)	Tobacco|Housing|Food Pantry|WIC|Medical|Other	A referral is counted as "given" whether or not a family follows through on the referral. If a tobacco referral was chosen this quarter, choose "Tobacco" whether or not it was already documented somewhere else in DAISEY. If a Tobacco Cessation Referral was completed during the quarter being reported on, make sure to select "Tobacco" and then provide the date of the tobacco cessation referral in the following question. This data is used to calculate Benchmark 1 (Maternal & Newborn Health) - Measure 6 (Tobacco Cessation Referrals).
Date of Tobacco Cessation referral?	Date	(mm/dd/yyyy)	This question will only appear if "Which additional referrals, not already documented in DAISEY, were given this quarter?" = *Tobacco* .
Other referrals given	Text	(open text field)	This question will only appear if "Which additional referrals, not already documented in DAISEY, were given this quarter?" = *Other* .

Enrollment & Annual Report - Primary Caregiver

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile. Will be blank for Iowa MIECHV.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	If "Enrollment" report, use Enrollment Date. If "Discharge" report, use Discharge Date. If Annual Report use date form is completed.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select the caregiver on which you are completing the Enrollment or Annual Report.
Report	Drop-down list (single choice)	Enrollment|FY17|FY18|FY19|FY20|FY21	If not Enrollment, remember to select the appropriate fiscal year (FY) rather than calendar year. Enrollment is due within 15 days of enrollment.
Marital status	Drop-down list (single choice)	Married|Single|Partnered|Separated|Divorced|Widowed	Married indicates a civil union between two people that are not currently separated. Single indicates never married (excluding not married but living together with partner). Partnered indicates never married (but living together with partner). Divorced status should be used when a marriage has legally ended. Widowed indicates a marriage that ends with the death of a spouse and the surviving spouse does not meet one of the other categories. Separated indicates a married couple that are living apart and identify themselves as separated.
Annual household income	Numeric	(open text numeric field)	DO NOT PASTE A VALUE INTO THIS FIELD. Enter the family's annual income as they report it at enrollment. This should be an exact number rather than an estimate; the family may reference tax returns, income receipts, calculation by hourly wage, or bank statements to verify. It is important for family's to have basic budgeting skills, including an understanding of the revenue and expenditures of a household. FIP/TANF, SSI/SSDI/OAI, unemployment income, and child support should all be included in this number. For teen parents living with their parents, consult with the family to determine whether to include or report as a separate "household."
Someone in the household has attained low student achievement or has a child with low student achievement?	Drop-down list (single choice)	No|Yes	This is based on self-report by the caregiver, does she/he perceive her/himself or anyone in the household as having low student achievement?
Education	Drop-down list (single choice)	Less than HS Diploma| HS Diploma/GED|Some college/training|Technical training or certification|Associate's Degree|Bachelor's Degree or higher	Select the primary caregiver's highest level of education. The response to this question is reflected in Benchmark 5 (Family Economic and Self Sufficiency) - Measure 15 (Primary Caregiver Education). "Less than HS Diploma" at enrollment includes them in the denominator.
Educational status	Drop-down list (single choice)	Student or trainee|Not a student or trainee	Select from the drop-down options provided.
Is this a middle school or HS degree/GED program?	Drop-down list (single choice)	No|Yes	Select Yes or No. After answering "Educational status" = *Student or trainee* , if the response is *Yes* to this question on the Enrollment and/or Annual report, then they are included in the numerator for Measure 15 (Primary Caregiver Education).
Employment status	Drop-down list (single choice)	Full-Time|Part-time|Not employed	Select from the drop-down options provided.
Housing status	Drop-down list (single choice)	Owns or shares own home, condominium, or apartment|Rents or shares own home or apartment|Lives in public housing|Lives with parent or family member|Not homeless but some other arrangement|Homeless and sharing housing|Homeless and living in an emergency or transition shelter|Homeless and some other arrangement	Select from the drop-down options provided.
What type of health insurance does the primary caregiver currently have?	Drop-down list (single choice)	Medicaid or CHIP|Medicare|Tri-Care|Private or Other|None	Select from the drop-down options provided.

Enrollment & Annual Report - Primary Caregiver

Question Label	Data Type	Response Options	Explanation
Did the primary caregiver have continuous health insurance coverage for the past six months?	Drop-down list (single choice)	No|Yes	This is based on self-report by the caregiver. The response to this question is reflected in Benchmark 5 (Family Economic and Self Sufficiency) - Measure 16 (Continuity of Insurance Coverage). Of the primary cargivers in the denominator (those who have been enrolled for at least 6 months at the end of the reporting period), answering *Yes* to this question adds them to the numerator.
Household includes individuals who are serving or formerly served in the US armed forces?	Drop-down list (single choice)	No|Yes	Select Yes or No.
Household has a history of substance abuse or substance abuse treatment?	Drop-down list (single choice)	No|Yes	This is based on self-report by the caregiver.
Household has a history of child abuse or neglect or has had interactions with child welfare services?	Drop-down list (single choice)	No|Yes	This is based on self-report by the caregiver.
Does anyone in the household use tobacco products in the home?	Drop-down list (single choice)	Yes|No	Tobacco is defined as: This includes all forms of tobacco or cigarette use, including: cigars, pipes, hookahs, chew, dip, snuff, and electronic nicotine delivery systems (e.g. e-cigs).
Is the primary caregiver using tobacco in the home?	Drop-down list (single choice)	Yes|No	This question will appear if "Report" = *Enrollment* and if "Does anyone in the household use tobacco products in the home" = *Yes*.
At enrollment, was this person receiving tobacco cessation services?	Drop-down list (single choice)	No|Yes	This question will appear if "Report" = *Enrollment* and if "Does anyone in the household use tobacco products in the home" = *Yes*. The response to this question impacts Benchmark 1 (Maternal & newborn Health) - Measure 6 (Tobacco Cessation Referrals), as primary caregivers are excluded from Measure 6 if already receiving tobacco cessation services at enrollment.
Did mom reach 8 weeks postpartum in this reporting period?	Drop-down list (single choice)	No|Yes	This question will appear if "Report" = any FY response, not Enrollment.
Did mom receive a postpartum medical visit within 8 weeks of delivery?	Drop-down list (single choice)	No|Yes	This question will appear if "Did mom reach 8 weeks postpartum in this reporting period?" = *Yes*. The response to this question will be reflected in Benchmark 1 (Maternal & Newborn Health) - Measure 5 (Postpartum Care). Of the caregivers in the denominator who obtained a postpartum medical visit before 56 days from delivery who answered *Yes* to this question on the Annual Report will be included in the numerator.

Enrollment & Annual Report - Targeted Child

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the child profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the child profile. Will be blank for Iowa MIECHV.
Child ID	Text	Auto-generated	Child ID will match the child selected in the "Which child was involved?" item on this form.
Caregiver ID	Text	N/A	Caregiver ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	If "Enrollment" report, use Enrollment Date. If "Discharge" report, use Discharge Date. If Annual report use date form is completed.
Report	Drop-down list (single choice)	Enrollment|FY17|FY18|FY19|FY20|FY21	If not Enrollment, remember to select the appropriate fiscal year (FY) rather than calendar year. Enrollment is due within 15 days of enrollment.
Which child was involved?	Drop-down list (single choice)	(Populates with list of children associated with selected family)	Select the target child from the drop-down list.
Is the child up-to-date on well child exams?	Drop-down list (single choice)	No|Yes	To be up to date on well-child exams, the child must have received the most recent recommended well-child visit based on the AAP schedule. For the AAP schedule of well-child care visits, visit https://www.healthychildren.org/English/family-life/health-management/Pages/Well-Child-Care-A-Check-Up-for-Success.aspx
What is child's usual source of medical care?	Drop-down list (single choice)	Doctor or Nurse Practitioner's Office|Emergency Room|Hospital Outpatient|Federally Qualified Health Clinic|Retail Store-Minute Clinic|Other|None	Select from the drop-down options provided.
Does the child have a usual source of dental care?	Drop-down list (single choice)	No|Yes	Select from the drop-down options provided.
What type of health insurance does the child have?	Drop-down list (single choice)	Medicaid/CHIP|Medicare|Tri-Care|Private/Other|None	Select from the drop-down options provided.
Does the child have a developmental delay or disability?	Drop-down list (single choice)	No|Yes	This is based upon both parent report and home visitor observation.
Is the child currently enrolled in Early Intervention Services?	Drop-down list (single choice)	No|Yes	This question will appear if "Report" = *Enrollment* . It does not appear when completing an Annual Report.
During a typical week, does a family member read, tell stories, or sing songs to the child every day?	Drop-down list (single choice)	Yes|No	This should align with the responses provided in the Home Visit Review form regarding reading, telling stories, or singing songs to the child every day.
Number of parent-reported, nonfatal injury-related visits to the ER during this reporting period?	Numeric	N/A	This question will appear if "Report" = any FY response, not Enrollment. The response to this question will be reflected in Benchmark Measure 8 - Child Injury.
Was the child referred to Early Intervention services at any point this reporting period?	Drop-down list (single choice)	No|No, Child is already receiving early intervention services|Yes	This question will appear if "Report" = any FY response, not Enrollment.
Child enrolled in early intervention services?	Drop-down list (single choice)	Yes|No- not eligible|No- family did not complete referral|No-referral made <45 days ago and still pending	This question will appear if "Was the child referred to Early Intervention Services at any point this reporting period?" is answered *Yes* . For children with a positive screen, indicating a referral is needed, Measure 18 in Form 2 (Benchmark Report) is considering this response. Responses of *Yes* and *No- not eligible* are counted in the benchmark numerator.
Was the child 12 months old at any point this reporting period?	Drop-down list (single choice)	No|Yes	Select *Yes* if the child was 12 months old or younger at any point during the reporting period, otherwise select *No* . If child was 12 months-0 days old (exact) or younger (i.e., not yet 12 months old) during the reporting period, select *Yes* . If *Yes* , you will answer the follow-up question on Safe Sleep, "Was the infant always placed to sleep on his/her back, without bed sharing or soft bedding?" The Safe Sleep question is necessary for age-eligible children to accurately determine Benchmark 2 (Child Injury and Maltreatment) - Measure 7 (Safe Sleep).
Was the infant always placed to sleep on his/her back, without bed sharing or soft bedding?	Drop-down list (single choice)	No|Yes	This question will appear if "Report" = any FY response, not Enrollment and "Was the child 12 months old at some point this year?" is answered *Yes* .
Was the child breastfed at any point this reporting period?	Drop-down list (single choice)	No|Yes	This question will appear if "Report" = any FY response, not Enrollment. This may include breastfeeding or providing breast milk from a bottle.

Enrollment & Annual Report - Targeted Child			
Question Label	Data Type	Response Options	Explanation
Is the child still breastfeeding?	Drop-down list (single choice)	No|Yes	This question will appear if "Was the child breastfed this year?" is *Yes* . This may include breastfeeding or providing breast milk from a bottle.
Child was breastfed until how old (in months)?	Numeric	N/A	This question will appear if "Is the child still breastfeeding?" is *No* .

Home Visit Review Form

Note: This form should be completed within 48 hours of each home visit. If two or more forms are submitted for a family on the same date, no forms will be counted for that date. A family should have no more than one home visit per date.

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile. Will be blank for Iowa MIECHV.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	This should be the date of the home visit, not the date of data entry. Should be completed after every home visit.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Choose the primary caregiver involved in the home visit.
In addition to the selected caregiver, who else participated in the home visit activities and/or screenings?	Drop-down list (multiple choice)	Mother (biological, adopted)|Father (biological adopted)|Foster Mother|Foster father|Maternal grandparent|Paternal grandparent|Caregiver's partner of significant other|Other family member|Not applicable/no other participants	Select all that apply. If any non-family members (such as an interpreter, another professional, or family friend) were present and participating in the home visit, enter that information in the notes section.
Name of Family Support Professional	Text	(open text field)	Enter the first and last name of the family support professional assigned to the participant. If more than one worker is assigned to a family, choose one as the primary worker.
Location of home visit	Drop-down list (single choice)	Family home|Video conference|Alternate location	This should reflect the location and type of home visit completed.
Please describe alternate location	Text	(open text field)	If the visit took place in a location other than the home or video conferencing, please describe the location of the visit.
Length of home visit	Drop-down list (single choice)	30-44 minutes|45-59 minutes|60-74 minutes|75-89 minutes|90-104 minutes|105-119 minutes|120 minutes or more	Please select the total length of the home visit in minutes from the drop-down list.
Note	Text	(open text field)	Enter any notes of interest from the home visit.
Child's Name	Text	(open text field)	Enter the first and last name of the target child (defined by model).
During this home visit, was the caregiver asked if they have any concerns regarding their child's development, behavior, or learning?	Drop-down list (Single choice)	No|Yes|Not applicable – prenatal home visit	Choose whether or not the caregiver was asked about concerns regarding the identified target child's (first target child) development, behavior, or learning during this home visit. This question should be asked at each home visit.
Has the child visited the ER since the last home visit?	Drop-down list (Single choice)	No|Yes|Not applicable – prenatal home visit	Choose whether or not the target child visited the ER since the last home visit.
Was the infant always placed to sleep on their back, without bed sharing or soft bedding?	Drop- down list (single choice)	No|Yes|Not applicable	This question is intended to be answered about the target child. The intent of this question is to measure whether at the time of the home visit, the caregiver is always using safe sleep practices, not whether the child has experienced safe sleep practices for the entirety of their life. If the caregiver says they always use safe sleep practices at the most current home visit, then they are counted as in compliance, and the "Yes" box should be checked. Please note that this question asks if the caregiver places the infant to sleep in a safe position, regardless of whether or not the child may shift while sleeping. Note: if the target child is over 12 months of age or this is a prenatal visit, select *Not applicable* .

Edinburgh Postnatal Depression Scale (EPDS)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile. Will be blank for Iowa MIECHV.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	Enter date of the EPDS screening. To meet HRSA Benchmark 1 - Measure 3 (Depression Screening) requirement, Date of Activity needs to occur before due date (Enrollment Date or Delivery Date [for those enrolled prenatally] + 3 months.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select the caregiver on which you are completing the EPDS.
EPDS Timing	Drop-down list (single choice)	6-12 weeks postnatal|Other|Not screened- Already receiving services	Select the appropriate age interval. If target child does not meet the 6-12 week age interval, select "Other."

Prenatal enrollees - complete EPDS within 6-12 weeks of delivery
Postnatal enrollees - complete EPDS within 3 months of enrollment

If the primary caregiver is already receiving services, complete an EPDS and select "Not Screened - Already receiving services" |
1. I have been able to laugh and see the funny side of things.	Drop-down list (single choice)	0,0 - As much as I always could|1,1 - Not quite so much now|2,2 - Definitely not so much now|3,3 - Not at all	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
2. I have looked forward with enjoyment to things.	Drop-down list (single choice)	0,0 - As much as I ever did|1,1 - Rather less than I used to|2,2 - Definitely less than I used to|3,3 - Hardly at all	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
3. I have blamed myself unnecessarily when things went wrong.	Drop-down list (single choice)	3,3 - Yes - most of the time|2,2 - Yes - some of the time|1,1 - Not very often|0,0 - No - never	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
4. I have been anxious or worried for no good reason.	Drop-down list (single choice)	3,3 - Yes - very often|2,2 - Yes - sometimes|1,1 - Hardly ever|0,0 - No - not at all	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
5. I have felt scared or panicky for no very good reason.	Drop-down list (single choice)	3,3 - Yes - quite a lot|2,2 - Yes - sometimes|1,1 - No - not much|0,0 - No - not at all	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
6. Things have been getting on top of me.	Drop-down list (single choice)	3,3 - Yes - most of the time I haven't been able to cope at all|2,2 - Yes - sometimes I haven't been coping as well as usual|1,1 - No - most of the time I have coped quite well|0,0 - No - I have been coping as well as ever	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
7. I have been so unhappy that I have had difficulty sleeping.	Drop-down list (single choice)	3,3 - Yes - most of the time|2,2 - Yes - quite often|1,1 - Not very often|0,0 - No - not at all	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
8. I have felt sad or miserable.	Drop-down list (single choice)	3,3 - Yes - most of the time|2,2 - Yes - quite often|1,1 - Not very often|0,0 - No - not at all	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
9. I have been so unhappy that I have been crying.	Drop-down list (single choice)	3,3 - Yes - most of the time|2,2 - Yes - quite often|1,1 - Only occasionally|0,0 - No - never	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
10. The thought of harming myself has occurred to me.	Drop-down list (single choice)	3,3 - Yes - quite often|2,2 - Sometimes|1,1 - Hardly ever|0,0 - Never	Caregiver to select appropriate response for how they've been feeling for the past 7 days.
EPDS Score	Calculated	Calculated Score	Click the orange Calculate button to see a calcuated EPDS score based on the above response selections. Referrals should be given for scores ≥10 OR if the response to "10. The thought of harming myself has occurred to me" is anything other than *0 - Never*. Caregivers with a Calculated Score indicating a Positive Screening result will be included in the HRSA Benchmark 6 - Measure 17 (Completed Depression Referrals) denominator. To be included in the numerator, a response of *Yes* is needed on the question "If the caregiver was provided a depression referral, was that referral completed?" on the Quarterly Report - Primary Caregiver in the relevant reporting period. IDPH requires a referral to be completed within 60 days of a positive screen.
Referral given?	Drop-down list (single choice)	0,No|1,Yes|2,Already receiving treatment	This question appears if the calculated score is ≥10 OR if the response to "10. The thought of harming myself has occurred to me" is anything other than *0 - Never*. If *2 -Already receiving treatment* is selected then caregiver will not be included for HRSA Measure 17 - Depression Referrals.
What type of referral was made?	Drop-down list (single choice)	1,Mental health|2,Primary Care doctor|3,Other	This question appears if "Referral given?" = *Yes*.

Edinburgh Postnatal Depression Scale (EPDS)			
Question Label	Data Type	Response Options	Explanation
Please specify	Narrative	(open text field)	This question appears if "What type of referral was made?" = *Other*.

Ages and Stages Questionnaire (ASQ-3)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the child profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the child profile. Will be blank for Iowa MIECHV.
Child ID	Text	Auto-generated	Child ID will match the child selected in the "Which child was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	N/A	Caregiver ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	Enter date of the ASQ-3 screening.
Which child was involved?	Drop-down list (single choice)	(Populates with list of children associated with selected family)	Select the child on which you are completing the ASQ-3.
If this tool was unable to be completed, please specify why:	Drop-down list (single choice)	1,The child is enrolled in Early Intervention and I could not get the ASQ scores|2,The child is enrolled in Early Intervention and their AEA does not use the ASQ|3,Other	If the ASQ-3 was not able to be completed, select the reason why from the options provided. *If response option The child is enrolled in Early Intervention and I could not get the ASQ scores OR The child is enrolled in Early Intervention and their AEA does not use the ASQ is selected, the Target Child is not considered for Benchmark 3 - Measure 12 (Developmental Screening). Selecting Other does not exclude child from Measure 12.*
Other (explain):	Text	(open text field)	This question appears if "If this tool was unable to be completed, please specify why:" = *Other*. In the text box provided, enter the reason why the ASQ-3 screening was unable to be completed.
ASQ-3 Screening Month	Drop-down list (single choice)	2|4|6|8|9|10|12|14|16|18|20|22|24|27|30|33|36|42|48|54|60	Select the appropriate screening month. IDPH requirements: 2 months, 4 months, 9 months, 12 months, 16 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months. *HRSA Benchmark 3 - Measure 12 only considers the 9, 18, and 30-month ASQ-3. To be included in the numerator, the developmental screening date needs to before the due date.*
Communication Area Score	Numeric	(open text numeric field)	Enter the subscale score.
Gross Motor Area Score	Numeric	(open text numeric field)	Enter the subscale score.
Fine Motor Area Score	Numeric	(open text numeric field)	Enter the subscale score.
Problem-Solving Area Score	Numeric	(open text numeric field)	Enter the subscale score.
Personal-Social Area Score	Numeric	(open text numeric field)	Enter the subscale score.
Follow-up Action Taken (check all that apply)	Drop-down list (multiple choice)	1,Provided Activities|2,Shared results with primary healthcare provider|3,Referred for hearing screening|4,Referred for vision screening|5,Referred for behavioral screening|6,Referred to early intervention/ early childhood special education|7,No further action taken|8,Other	Select all follow-up action that was taken. If no further action was taken, be sure to check "No further action was taken."
Other: please specify.	Narrative	(open text field)	This question appears if "Follow-up Action Taken" = *Other*. In the text box provided, describe what other follow-up action was taken.

Ages and Stages Questionnaire (ASQ: SE-2)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the child profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the child profile. Will be blank for Iowa MIECHV.
Child ID	Text	Auto-generated	Child ID will match the child selected in the "Which child was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	N/A	Caregiver ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Date of Activity	Date	(mm/dd/yyyy)	Enter date of ASQ:SE-2 screening.
Which child was involved?	Drop-down list (single choice)	(Populates with list of children associated with selected family)	Select the child on which you are completing the ASQ:SE-2.
If this tool was unable to be completed, please specify why	Drop-down list (single choice)	1,The child is enrolled in Early Intervention and I could not get the ASQ:SE-2 scores|2,The child is enrolled in Early Intervention and their AEA does not use the ASQ:SE-2|3,Other	If the ASQ:SE-2 was not able to be completed, select the reason why from the options provided.
Other (explain):	Text	(open text field)	This question appears if "If this tool was unable to be completed, please specify why:" = *Other* . In the text box provided, enter the reason why the ASQ:SE-2 screening was unable to be completed.
ASQ:SE-2 Screening Month	Drop-down list (single choice)	2,2 mo.|6,6 mo.|12,12 mo.|18,18 mo.|24,24 mo.|30,30 mo.|36,36 mo.|48,48 mo.|60,60 mo.	Select the appropriate screening month. See the Activity Requirements tab for IDPH requirements.

ASQ:SE-2 Score	Numeric	(open text numeric field)	Enter the score. ASQ:SE-2 Scoring Instructions:
			Z (for zero=0) V=5 X=10 Checked concern=5
			When there are:
			 * >2 Missing Items – proceed with child's total score. No additional calculations needed.
			 * 3 Missing Items – If 3 items are missing AND the total score is within 5 points of a cutoff, adjusting the total score will change the child's results and additional calculations will be needed. See below for directions to calculate.
			        1. Child's total score for items answered/Total number of items answered = Average Score
			        2. Child's total score for items answered + (average score x number of items unanswered) = Final Score
			 * 4+ Missing Items will render the assessment invalid
			The last scored question for all months is: "Has anyone expressed concerns about your baby's/child's behavior?"

Follow-up action taken	Drop-down list (multiple choice)	1,1. Referred for a diagnostic social-emotional or mental health assessment|2,2. Provided the parent with information and support|3,3.No further action taken|4,4.Other	This question appears if "ASQ:SE-2 Score" is above the cutoff score indicating the child as a problem; the cutoff score depends on the selected ASQ:SE-2 Screening Month. Select appropriate response.
Other	Narrative	(open text field)	This question appears if "Follow-up action taken" = *4.Other* . In the text box provided, describe what other follow-up action was taken.

Alcohol and Drug (AOD) Abuse

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile. Will be blank for Iowa MIECHV.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select the caregiver on which you are completing the AOD.
Date of Activity	Date	(mm/dd/yyyy)	Enter date of AOD screening.
Timing of AOD	Drop-down list (single choice)	1,Initial|2,FY14|3,FY15|4,FY16|5,FY17|7,FY18|8,FY19|9,FY20|10,FY21|11,FY22|12,FY23|6,Other	Select appropriate AOD timing. Initial: within 3 months of enrollment; Additional: once per FY after the year in which the Enrollment AOD is completed.
1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants.)	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
2. Have you felt that you use too much alcohol or other drugs?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
3. Have you tried to cut down or quit drinking or using drugs?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
5. Have you had any of the following? (Check all that apply)	Drop-down list (multiple choice)	1,Blackouts or other periods of memory loss|2,Injury to your head after drinking or using drugs|3,Convulsions or delirium tremens ("DTs")|4,Hepatitis or other liver problems|5,Feeling sick/shaky/or depressed when you stopped drinking or using drugs|6,Feeling "coke bugs" (or a crawling feeling under the skin) after you stopped using drugs|7,Injury after drinking or using drugs|8,Using needles to shoot drugs	Considering the past 6 months, select all that apply.
Did you answer "yes" to any options in question 5?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
6. Has drinking or other drug use caused problems between you and your family or friends?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
7. Has your drinking or other drug use caused problems at school or at work?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
10. Are you needing to drink or use drugs more and more to get the effect you want?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.

		Alcohol and Drug (AOD) Abuse	
Question Label	Data Type	Response Options	Explanation
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
13. Do you feel bad or guilty about your drinking or drug use?	Drop-down list (single choice)	0,No|1,Yes	Considering the past 6 months, select Yes or No.
14. Have you ever had a drinking or other drug problem?	Drop-down list (single choice)	0,No|1,Yes	Not limited to the past 6 months, select Yes or No.
15. Have any of your family members ever had a drinking or drug problem?	Drop-down list (single choice)	0,No|1,Yes	Not limited to the past 6 months, select Yes or No.
16. Do you feel that you have a drinking or drug problem now?	Drop-down list (single choice)	0,No|1,Yes	Not limited to the past 6 months, select Yes or No.
Total Score	Calculated	Calculated Score	Click the orange Calculate button to see a calcuated Total AOD Score based on the above response selections. Preliminary interpretation or responses: Score | Degree of Risk for AOD Abuse 0-1 | None to low 2-3 | Minimal > 4 | Moderate to high: possible need for further assessment
Referral given?	Drop-down list (single choice)	1,Yes|2,No|3,Already receiving treatment	This question appears if Calculated Score is >4.
What type of referral was made?	Drop-down list (single choice)	1,Substance Abuse Counseling|2,Substance Abuse group|3,Primary Care doctor|4, Other	This question appears if "Referral given?" = *Yes* .
Please specify	Narrative	(open text field)	This question appears if "What type of referral was made?" = *Other* .
The following signs and symptoms may indicate an AOD abuse problem in the individual being screened (Check all that apply)	Drop-down list (multiple choice)	1,Needle track marks|2,Skin abscesses/cigarette burns/or nicotine stains|3,Tremors (shaking and twitching of hands and eyelids)|4,Unclear speech: slurred/incoherent/or too rapid|5,Unsteady gait: staggering/off balance|6,Dilated (enlarged) or constricted (pinpoint) pupils|7,Scratching|8,Swollen hands or feet|9,Smell of alcohol or marijuana on breath|10,Drug paraphernalia such as pipes/paper/needles/or roach clips|11,"Nodding out" (dozing or falling asleep)|12,Agitation|13,Inability to focus|14,Burns on the inside of the lips (from freebasing cocaine)	Observational checklist- check all that apply.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	This will align with the program affiliation selected on the caregiver profile. Will be blank for Iowa MIECHV.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select the caregiver on which you are completing the LSP.
Date of Activity	Date	(mm/dd/yyyy)	Enter date of the LSP screening.
Timing of LSP	Drop-down list (single choice)	1,Initial|100,Ongoing|7,Discharge	Select appropriate LSP timing.
1. Family/Extended Family	Drop-down list (single choice)	0,0-Not applicable|1,1-Hostile/violent/or physically abusive family relationships|2,1.5|3,2-Separated. No contact. Not available for support|4,2.5|5,3-Conflicted/critical/or verbal abuse; frequent arguments. Reluctant support or in crisis|6,3.5|7,4-Inconsistent or conditional support. Emotionally distant but available|8,4.5|9,5-Very supportive. Mutually nurturing family relationships	Relationships with Family and Friends. Select appropriate response.
2. Boyfriend/FOB/or Spouse	Drop-down list (single choice)	0,0-Not applicable|1,1-Hostile/violent/or physically abusive; multiple partners or uncertain paternity|2,1.5|3,2-Separated. No contact. Not available for support|4,2.5|5,3-Conflicted/critical/or verbal abuse; frequent arguments. Reluctant support or in crisis|6,3.5|7,4-Inconsistent or conditional support. Emotionally distant but available|8,4.5|9,5-Very supportive. Loving committed (unmarried/married/or common law)	Relationships with Family and Friends. Select appropriate response.
3. Friends/Peers	Drop-down list (single choice)	0,0-Not applicable|1,1-Hostile/violent/or high-risk friends; friends gang linked|2,1.5|3,2-Very few or no friends. Socially isolated and lonely|4,2.5|5,3-Conflicted/casual/or brief friendships. Some crisis support from friends|6,3.5|7,4-A few close friends who can be counted on for support|8,4.5|9,5-Many close friends. Extensive support network	Relationships with Family and Friends. Select appropriate response.
4. Attitudes to Pregnancy	Drop-down list (single choice)	0,0-Not applicable|1,1-Unplanned and unwanted. Abortion or adoption plan|2,1.5|3,2-Unplanned/ambivalent/fearful. Coerced to keep child|4,2.5|5,3-Unplanned and accepted|6,3.5|7,4-Planned but unprepared|8,4.5|9,5-Planned/prepared/welcomed	Relationships with Children. Select appropriate response.

Life Skills Progression (LSP)			
Question Label	Data Type	Response Options	Explanation
5. Nurturing	Drop-down list (single choice)	0,0-Not applicable|1,1-Hostile/unable to nurture/bond/or love child; very limited responsiveness|2,1.5|3,2-Indifference/apathy/depression/or DD impair nurturing|4,2.5|5,3-Lacks information/modeling of love. Afraid nurturing "spoils." Marginal connectedness|6,3.5|7,4-Bonded; loves/responds inconsistently. Some reciprocal connections|8,4.5|9,5-Loving/responsive/praises; regulates child well. Reciprocal connections	Relationships with Children. Select appropriate response.
6. Discipline	Drop-down list (single choice)	0,0-Not applicable|1,1-Has shown reportable levels of physical abuse or severe neglect|2,1.5|3,2-Uses physical punishment. Frequent criticism; verbal abuse|4,2.5|5,3-Mixture of impatient/critical and appropriate discipline|6,3.5|7,4-Inconsistent limits. Ineffective boundaries. Teaches desired behavior effectively sometimes|8,4.5|9,5-Uses age-appropriate discipline. Teaches/guides/and directs behavior effectively	Relationships with Children. Select appropriate response.
7. Support of Development	Drop-down list (single choice)	0,0-Not applicable|1,1-Poor knowledge of child development. Unrealistic expectations. Ignores or refuses information|2,1.5|3,2-Little knowledge of child development. Limited interest in development. Passive parental role|4,2.5|5,3-Open to child development information. Provides some toys/books/and play for age|6,3.5|7,4-Applies child development ideas. Interested in child's development skills/interests/and play|8,4.5|9,5-Anticipates child development changes. Uses appropriate toys/books/plays and reads with child daily	Relationships with Children. Select appropriate response.
8. Safety	Drop-down list (single choice)	0,0-Not applicable|1,1-Child hospitalized for Tx of unintentional injury. Has permanent damage|2,1.5|3,2-Outpatient/ER Tx of unintentional injury to child. No permanent damage|4,2.5|5,3-No unintentional injury to child. Home/car unsafe; not childproofed|6,3.5|7,4-No unintentional injury to child. Home partially safe. Uses car seat. Uses information|8,4.5|9,5-Child protected/no injury. Home/car safe. Teaches safety. Seeks/uses information for age	Relationships with Children. Select appropriate response.
9. Relationship with Home Visitor	Drop-down list (single choice)	0,0-Not applicable|1,1-Hostile/defensive. Refuses HV services|2,1.5|3,2-Guarded/distrustful. Frequent broken appointments|4,2.5|5,3-Passively accepts information and visits. Forgets some appointments|6,3.5|7,4-Seeks/uses information. Calls for help or to cancel appointments|8,4.5|9,5-Trusts; welcomes visits; asks for information; keeps appointments	Relationships with Supportive Services. Select appropriate response.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
10. Use of Information	Drop-down list (single choice)	0,0-Not applicable|1,1-Refuses information from HV or HC|2,1.5|3,2-Uses inaccurate information from informal sources|4,2.5|5,3-Passively accepts some information from HV and HC|6,3.5|7,4-Accepts/uses most information from HV or HC|8,4.5|9,5-Actively seeks/uses information from HV/HC/and other sources	Relationships with Supportive Services. Select appropriate response.
11. Use of Resources	Drop-down list (single choice)	0,0-Not applicable|1,1-Resource needs unrecognized. Community resources not used or refused; hostile|2,1.5|3,2-Resource needs unrecognized. Limited use when assisted by others. Misses most appointments|4,2.5|5,3-Accepts help to identify needs; uses resources when assisted by others. Keeps some appointments|6,3.5|7,4-Identifies needs. Uses resources with little assistance. Keeps most appointments|8,4.5|9,5-Identifies needs. Uses resources independently. Keeps or reschedules appointments	Relationships with Supportive Services. Select appropriate response.
12. Language (for non-English speaking only)	Drop-down list (single choice)	0,0-Not applicable|1,1-Low/no literacy in any language|2,1.5|3,2-Literate in primary language. Some verbal English skills|4,2.5|5,3-Takes ESL classes. Verbal ESL established|6,3.5|7,4-Takes ESL classes. Written ESL established|8,4.5|9,5-Fully bilingual	Education and Employment. Select appropriate response.
13. <12th Grade Education	Drop-down list (single choice)	0,0-Not applicable|1,1-Not enrolled|2,1.5|3,2-Enrolled/limited attendance any program. Not at grade level|4,2.5|5,3-Enrolled/attends regularly any program. Not at grade level|6,3.5|7,4-Attends regularly; at grade level. Adult school or independent study. Goal: GED|8,4.5|9,5-Attends regularly at grade level. HS/Alt HS Goal: HSD	Education and Employment. Select appropriate response.
14. Education	Drop-down list (single choice)	0,0-Not applicable|1,1-<12th grade education in any country|2,1.5|3,2-Has graduated with GED or HSD|4,2.5|5,3-Attends and/or graduated job/tech training|6,3.5|7,4-Attends and/or graduated community college|8,4.5|9,5-Attends and/or graduated college or grad school	Education and Employment. Select appropriate response.
15. Employment	Drop-down list (single choice)	0,0-Not applicable|1,1-Unemployed/unskilled/or no work experience|2,1.5|3,2-Occasional/seasonal/or multiple entry level jobs|4,2.5|5,3-Stable employment in low-income job|6,3.5|7,4-Stable employment with adequate salary and benefits|8,4.5|9,5-Career of choice with potential good salary and benefits	Education and Employment. Select appropriate response.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
16. Immigration	Drop-down list (single choice)	0,0-Not applicable|1,1-Undocumented. No permit/card. Frequent moves/trips disrupt services/work/or education|2,1.5|3,2-Has work permit/card. In U.S. <5 years. Migrant. Plans return to country of origin|4,2.5|5,3-Has work permit/card. In U.S. >5 years. Migrant. Plans to live in U.S.|6,3.5|7,4-Has work permit/card or temporary visa. Applying for citizenship|8,4.5|9,5-Obtained U.S. citizenship	Education and Employment. Select appropriate response.
17. Prenatal Care	Drop-down list (single choice)	0,0-Not applicable|1,1-No prenatal care|2,1.5|3,2-Care starts 2nd-3rd trimester. Keeps some appointments|4,2.5|5,3-Care starts 2nd-3rd trimester. Keeps most appointments|6,3.5|7,4-Care starts in 1st trimester. Keeps most appointments|8,4.5|9,5-Keeps postpartum appointments	Health and Medical Care. Select appropriate response.
18. Parent Sick Care	Drop-down list (single choice)	0,0-Not applicable|1,1-Acute/chronic conditions go without Dx/Tx. No medical home|2,1.5|3,2-Seeks care only when very ill. Uses ER for care. No medical home|4,2.5|5,3-Seeks care inconsistently; inconsistent Tx follow-up. Unstable medical home|6,3.5|7,4-Seeks care appropriately. Follows Tx recommended. Has medical home|8,4.5|9,5-Seeks care appropriately. Cure or control obtained. Has medical home	Health and Medical Care. Select appropriate response.
19. Family Planning	Drop-down list (single choice)	0,0-Not applicable|1,1-No FP method used. Lacks information about FP|2,1.5|3,2-FP method use rare. Limited understanding of FP|4,2.5|5,3-Occasional use of FP methods. Some understanding of FP|6,3.5|7,4-Regular use of FP methods. Good understanding of FP|8,4.5|9,5-Regular use of FP methods. Plans/spaces pregnancies	Health and Medical Care. Select appropriate response.
20. Child Well Care	Drop-down list (single choice)	0,0-Not applicable|1,1-None; no medical home|2,1.5|3,2-Seldom; no medical home|4,2.5|5,3-Occasional appointments. Unstable medical home|6,3.5|7,4-Has annual exam only. Has stable medical home|8,4.5|9,5-Keeps regular CHDP/well-child appointments with same provider	Health and Medical Care. Select appropriate response.
21. Child Sick Care	Drop-down list (single choice)	0,0-Not applicable|1,1-Medical neglect. No Dx/Tx for acute or chronic conditions|2,1.5|3,2-Has care only when very ill. Uses ER for care|4,2.5|5,3-Timely care for minor illness but inconsistent Tx f/u|6,3.5|7,4-Timely care of minor illness. Follows Tx recommended|8,4.5|9,5-Obtains optimal care/control for acute or chronic conditions	Health and Medical Care. Select appropriate response.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
22. Child Dental Care	Drop-down list (single choice)	0,0-Not applicable|1,1-No dental home or care with serious ECC. Poor hygiene|2,1.5|3,2-No dental home or care with some ECC and inadequate Tx/hygiene|4,2.5|5,3-Has dental home and hygiene but late Tx of ECC|6,3.5|7,4-Has dental home. Some preventive care/timely Tx|8,4.5|9,5-Has dental home. Regular preventive care and timely Tx	Health and Medical Care. Select appropriate response.
23. Child Immunizations	Drop-down list (single choice)	0,0-Not applicable|1,1-None or refused|2,1.5|3,2-IZ history uncertain. Records lost|4,2.5|5,3-IZ begun but no return appointment|6,3.5|7,4-IZ delayed/has return appointment|8,4.5|9,5-Complete or up-to-date IZ	Health and Medical Care. Select appropriate response.
24. Substance Use/Abuse (drugs and/or alcohol)	Drop-down list (single choice)	0,0-Not applicable|1,1-Chronic Hx drug and/or alcohol abuse with addiction|2,1.5|3,2-Drug/alcohol binge or intermittent use without apparent addiction|4,2.5|5,3-Rare or experimental use of drugs or clean; in recovery group or Tx program|6,3.5|7,4-Occasional use of legal substances; stops if pregnant|8,4.5|9,5-No Hx or current use/abuse	Mental Health and Substance Use/Abuse. Select appropriate response.
25. Tobacco Use	Drop-down list (single choice)	0,0-Not applicable|1,1-Chain smokes; >2 packs/day; uses smokeless; heavy second-hand exposure|2,1.5|3,2-Non-chain use or some second-hand exposure|4,2.5|5,3-Decreases amount when pregnant. Controls second-hand exposure|6,3.5|7,4-No use or second-hand exposure in past 6 months or current pregnancy|8,4.5|9,5-None or never	Mental Health and Substance Use/Abuse. Select appropriate response.
26. Depression/Suicide	Drop-down list (single choice)	0,0-Not applicable|1,1-Recurrent chronic depression with suicidal attempts/thoughts. Severe problem with ADL/parenting/and insight/perception|2,1.5|3,2-Recurrent chronic depression without suicidal attempts/thoughts; Moderate problem with ADL/parenting/and insight/perception|4,2.5|5,3-Recent postpartum or situational depression. Some problem with ADL/parenting/and insight/perception|6,3.5|7,4-Manages or controls depression with Tx and/or medications or has recovered. Adequate ADL/parenting/and insight/perception|8,4.5|9,5-Not depressed; optimistic	Mental Health and Substance Use/Abuse. Select appropriate response.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
27. Mental Illness	Drop-down list (single choice)	0,0-Not applicable|1,1-Severe symptoms of MI with/without Dx/Tx/medications. Severe problem with ADL/parenting/and insight/self-perception|2,1.5|3,2-Symptoms of MI. Diagnosed but Tx inconsistent or ineffective. Moderate problem with ADL/parenting/and insight/perception|4,2.5|5,3-Symptoms under control. Diagnosed and in Tx. Some problem with ADL/parenting/and insight/self-perception|6,3.5|7,4-Situational or short-term MI. Recovered without relapse. Adequate ADL/parenting/and insight/self-perception|8,4.5|9,5-No observed mental illness	Mental Health and Substance Use/Abuse. Select appropriate response.
28. Self-Esteem	Drop-down list (single choice)	0,0-Not applicable|1,1-Poor; self-critical. Anticipates criticism from others. Rarely initiates; avoids trying new skills|2,1.5|3,2-Copes sometimes but with limited confidence and flat affect. Limited initiative for learning new skills|4,2.5|5,3-Irritable/defensive. Makes excuses/blames others. Initiates/starts using new skills but gives up easily|6,3.5|7,4-Beginning to actively initiate. Develops skills and recognizes own competence. Emerging confidence visible|8,4.5|9,5-Confident in skill and ability to learn. Expresses pride in achievements and successes	Mental Health and Substance Use/Abuse. Select appropriate response.
29. Cognitive Ability	Drop-down list (single choice)	0,0-Not applicable|1,1-Suspected mild-moderate DD. No Dx or support services. Severe problem with ADL/parenting/and judgment|2,1.5|3,2-Diagnosed DD or LD; has education and/or support services. Moderate problem with ADL/parenting/and judgment|4,2.5|5,3-Diagnosed or suspected mild DD/LD. Needs some support by others. Some problem with ADL/parenting/and judgment|6,3.5|7,4-Suspected or known special education or LD. Support by others not needed. Adequate ADL/parenting/and judgment|8,4.5|9,5-Average or above average cognitive ability. Competent ADL	Mental Health and Substance Use/Abuse. Select appropriate response.
30. Housing	Drop-down list (single choice)	0,0-Not applicable|1,1-Homeless/in shelter/or extremely substandard place|2,1.5|3,2-Unstable/inadequate/crowded housing with frequent moves|4,2.5|5,3-Stable rental. Lives with strangers or friends|6,3.5|7,4-Lives with family/extended family (own or FOBs). Shares expenses|8,4.5|9,5-Rents/owns apartment or house	Basic Essentials. Select appropriate response.
31. Food/Nutrition	Drop-down list (single choice)	0,0-Not applicable|1,1-Relies on emergency food banks/charity; runs out of food|2,1.5|3,2-Inadequate or unavailable resources. Worried about amount/quality of food|4,2.5|5,3-Regularly uses government resources; WIC and/or food stamps|6,3.5|7,4-Low family income provides adequate amount/quality of food|8,4.5|9,5-Income provides optimal amount and quality of food	Basic Essentials. Select appropriate response.

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
32. Transportation	Drop-down list (single choice)	0,0-Not applicable|1,1-None or inadequate resources or unable to use resources|2,1.5|3,2-Uses public transport|4,2.5|5,3-Some access to shared car. Rides with others; no license|6,3.5|7,4-Has own license/drives. Borrows car|8,4.5|9,5-Has own car and drives with license and insurance	Basic Essentials. Select appropriate response.
33. Medical/Health Insurance	Drop-down list (single choice)	0,0-Not applicable|1,1-None/unable to afford care or coverage|2,1.5|3,2-Medicaid for pregnancy or emergency only|4,2.5|5,3-Medicaid full-scope benefits with or without Share of Cost|6,3.5|7,4-State-subsidized or partial-pay coverage|8,4.5|9,5-Private insurance with or without co-pay for self/others	Basic Essentials. Select appropriate response.
34. Income	Drop-down list (single choice)	0,0-Not applicable|1,1-None or illegal income only|2,1.5|3,2-TANF and/or child support; SDI|4,2.5|5,3-Employed with low income. Seasonal or 200% FPL|6,3.5|7,4-Employed with moderate income; meets expenses most of time|8,4.5|9,5-Adequate salary	Basic Essentials. Select appropriate response.
35. Child Care	Drop-down list (single choice)	0,0-Not applicable|1,1-None used yet or no resources available|2,1.5|3,2-Multiple sources. Occasional use. Unsafe or inadequate environment|4,2.5|5,3-Uses caring friend/relative with safe/stable environment but limited developmental support|6,3.5|7,4-Uses caring friend/relative with safe/stable environment and good developmental support|8,4.5|9,5-High-quality child care center with safe environment and good developmental support	Basic Essentials. Select appropriate response.
Which child was involved?	Drop-down list (single choice)	Dynamic Child	Select the child on which you are completing the LSP.
36. Communication	Drop-down list (single choice)	0,0-Not applicable|1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending|2,1.5|3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends|4,2.5|5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly|6,3.5|7,4-No delays. Average development for AA or CA|8,4.5|9,5-Above average development for AA or CA	Infant/Toddler Development (4 months - 3 years). Select appropriate response. Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2)
37. Gross Motor	Drop-down list (single choice)	0,0-Not applicable|1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending|2,1.5|3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends|4,2.5|5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly|6,3.5|7,4-No delays. Average development for AA or CA|8,4.5|9,5-Above average development for AA or CA	Infant/Toddler Development (4 months - 3 years). Select appropriate response. Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2)

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
38. Fine Motor	Drop-down list (single choice)	0,0-Not applicable|1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending|2,1.5|3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends|4,2.5|5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly|6,3.5|7,4-No delays. Average development for AA or CA|8,4.5|9,5-Above average development for AA or CA	Infant/Toddler Development (4 months - 3 years). Select appropriate response.

Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2) |
| 39. Problem Solving | Drop-down list (single choice) | 0,0-Not applicable\|1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending\|2,1.5\|3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends\|4,2.5\|5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly\|6,3.5\|7,4-No delays. Average development for AA or CA\|8,4.5\|9,5-Above average development for AA or CA | Infant/Toddler Development (4 months - 3 years). Select appropriate response.

Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2) |
| 40. Personal-Social | Drop-down list (single choice) | 0,0-Not applicable\|1,1-Below AA/CA and EI criteria. Referred to EI. Not enrolled or attending\|2,1.5\|3,2-Delays; meets EI criteria. Referred; enrolled. Sometimes attends\|4,2.5\|5,3-Delays; meets EI criteria. Referred; enrolled. Attends regularly\|6,3.5\|7,4-No delays. Average development for AA or CA\|8,4.5\|9,5-Above average development for AA or CA | Infant/Toddler Development (4 months - 3 years). Select appropriate response.

Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2) |
| 41. Social-Emotional | Drop-down list (single choice) | 0,0-Not applicable\|1,1-Shows signs of neurological or environment-linked concerns. No IMH services\|2,1.5\|3,2-Shows signs of neurological or environment-linked concerns. Referred to or court ordered IMH. Limited participation\|4,2.5\|5,3-Shows signs of neurological or environment-linked concerns. Regular participation in IMH with positive results\|6,3.5\|7,4-No signs of neurological or environment-linked concerns requiring referral to IMH\|8,4.5\|9,5-Responsive/social/alert; communicates needs/feelings. Emotionally connected to parent | Infant/Toddler Development (4 months - 3 years). Select appropriate response.

Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2) |
| 42. Regulation | Drop-down list (single choice) | 0,0-Not applicable\|1,1-Irritable; hard to console or poor self-regulation. Cues unclear. Non- or overly responsive to environment\|2,1.5\|3,2-Passive/flat affect; little exploration. Does not seek comfort or share delight often\|4,2.5\|5,3-Anxious/withdrawn/clingy. Relies on coregulation. Limited self-regulation/exploration/and play\|6,3.5\|7,4-Quiet or changeable moods; seeks comfort and uses self-regulation/exploration/and play\|8,4.5\|9,5-Happy/content; easily consoled. Well connected to parent. Explores/plays/shares delight | Infant/Toddler Development (4 months - 3 years). Select appropriate response.

Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2) |

Life Skills Progression (LSP)

Question Label	Data Type	Response Options	Explanation
43. Breast Feeding	Drop-down list (single choice)	0,0-Not applicable|1,1-Not breast-fed or breast-fed <2 weeks|2,1.5|3,2-Breast-fed/expressed <1 month|4,2.5|5,3-Breast-fed/expressed for 1-3 months|6,3.5|7,4-Breast-fed/expressed 3-6 months with or without supplement|8,4.5|9,5-Breast-fed/expressed >6 months with some supplement	Infant/Toddler Development (4 months - 3 years). Select appropriate response. Ratings for items 36-41 should be based on a develpmental screening or assessment (e.g., ASQ, Denver-II, Bayley, BRIGANCE, ASQ:SE-2)

Futures without Violence Relationship Assessment Tool

Question Label	Data Type	Response Options	Explanation
ORGANIZATION	Text	Auto-generated	This will align with the organization under which the caregiver profile was created.
PROGRAM	Text	Auto-generated	Will be blank for Iowa MIECHV.
Child ID	Text	N/A	Child ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Caregiver ID	Text	Auto-generated	Caregiver ID will match the caregiver selected in the "Which caregiver was involved?" item on this form.
Alternate ID	Text	N/A	Alternate ID appears in import and export forms, but does not appear on the form for data entry in DAISEY.
Which caregiver was involved?	Drop-down list (single choice)	(Populates with list of caregivers associated with selected family)	Select the caregiver on which you are completing the Relationship Assessment Tool.
Date of Activity	Date	(mm/dd/yyyy)	Enter date of the Relationship Assessment Tool screening.
Timing of DOVE?	Drop-down list (single choice)	1,Enrollment|2,Annual	Select whether this is an Enrollment or Annual Relationship Assessment Tool. Enrollment screening needs to be done within 6 months of Enrollment Date (HRSA Measure 14 - Domestic Violence requirement). Per IDPH requirements, Annual screenings to be done once per FY after the year in which the Enrollment screening was completed.
Is this person currently in an intimate relationship?	Drop-down list (single choice)	0,No|1,Yes	This assessment should be completed on every primary caregiver, regardless of relationship status. If a primary caregiver is not currently in a relationship, please ask them to consider a previous relationship.
1. My partner makes me feel unsafe even in my own home	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
2. I feel ashamed of the things my partner does to me	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
3. I try not to rock the boat because I am afraid of what my partner might do	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
4. I feel like I am programmed to react a certain way to my partner	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
5. I feel like my partner keeps me prisoner	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
6. My partner makes me feel like I have no control over my life, no power, no protection	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
7. I hide the truth from others because I am afraid not to	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
8. I feel owned and controlled by my partner	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
9. My partner can scare me without laying a hand on me	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
10. My partner has a look that goes straight through me and terrifies me	Drop-down list (single choice)	1,Disagree Strongly|2,Disagree Somewhat|3,Disagree a little|4,Agree a little|5,Agree Somewhat|6,Agree Strongly	Select caregiver's response.
Total Score	Calculated	Calculated Total Score	Click the orange Calculate button to see a calcuated Total Score based on the above response selections. **Referrals should be given for all scores ≥20.**
1. What referrals and information were given to the client this session? Choose all that apply.	Drop-down list (multiple choice)	6,Already in Services|7,No Referral, DOVE completed based on past relationship|1,Social Worker/Counselor|2,Domestic Violence Hotline|3,Local Domestic Violence Advocate/Program|4,Healthy Moms Happy Babies Safety Card|5,Other:	This question appears if "Total Score" is ≥20. Select all that apply. Note: All clients should have been given the Healthy Moms, Happy Babies safety card.
If other, please specify	Text		This question appears if "1. What referrals and information were given to the client this session?" = *Other.*
2. Did you offer safety planning? Choose all that apply.	Drop-down list (multiple choice)	1,Reviewed Safety Planning panel on Healthy Moms Happy Babies card|2,Provided the Safety Plan and Instructions tool to my client|3,Provided domestic violence hotline numbers|4,Referred to domestic violence advocate for additional safety planning|5,Other:	This question appears if "Total Score" is ≥20. Select all that apply.
If other, please specify	Text		This question appears if "2. Did you offer safety planning?" = *Other.*

MIECHV Staff Profile

Question Label	Data Type	Response Options	Explanation
Environment ID	Text	Auto-generated	Auto-generated DAISEY ID for environments.
Environment System ID	Text	Auto-generated	Auto-generated DAISEY ID for environments.
Active Status	Drop-down list (single choice)	Active|Inactive	Only effects the environment search grid.
Position Category	Drop-down list (single choice)	1,Supervisor|2,Home Visitor|3,Other	Select the most appropriate option.
Funding source:	Drop-down list (single choice)	1,HOPES|2,MIECHV	Please select the funding source that the position is affiliated with.
Model:	Drop-down list (single choice)	1,HFA|2,NFP|3,PAT	Please select the model that the employee is affiliated with.
Other Description:	Drop-down list (single choice)	1,Clerical/Data Support|2,Coordinated Intake|3,Program Administrator	Select the most appropriate option.
FTE (decimal form)	Numeric	Open field for numbers	Enter FTE in decimal form.
Environment Name:	Text	Open field for text	Enter the full name of the employee.
Email address	Text	Open field for text	Enter the email address of the employee.
Date of Birth	Date (mm/dd/yyyy)	Open field for date	Enter the date of birth of the employee.
Gender	Drop-down list (single choice)	1,Female|2,Male|3,Non-binary	Select the most appropriate option.
Race	Drop-down list (multiple choice)	1,White|2,Black or African American|3,Asian|4,American Indian or Alaska Native|5,Native Hawaiian or Other Pacific Islander	Select the most appropriate option(s).
Ethnicity	Drop-down list (single choice)	1,Hispanic or Latino|2,Not Hispanic or Latino	Select the most appropriate option.
Languages spoken	Drop-down list (multiple choice)	1,English|2,Spanish|3,Burmese|4,Karenni|5,Karen|6,Chin|7,Arabic|8,Other	Select the most appropriate option(s).
Highest level of education:	Drop-down list (single choice)	1,High School Diploma/GED|2,Associate's Degree|3,Bachelor's Degree|4,Master's Degree|5,PhD	Select the most appropriate option.
Major field of study	Drop-down list (multiple choice)	1,Criminology|2,Education|3,Family Studies|4,Human Services|5,Nursing|6,Psychology|7,Social Work|8,Other field related to education, health, human services|9,Other field not related to education, health, human services|10,Not applicable	Select the most appropriate option(s).
Other major field of study	Text	Open field for text	Enter other field of study.
National Family Support Professional Certification date	Date (mm/dd/yyyy)	Open field for date	Enter date the certification exam was taken.
Organization hire date	Date (mm/dd/yyyy)	Open field for date	The date that the employee was hired at their organization within the family support profession as a MIECHV/HOPES employee.
Position hire date	Date (mm/dd/yyyy)	Open field for date	The date the employee was hired for their current position. *Note:* this could be the same date the employee was hired for the organization, but it may be a different date if the employee was originally hired in the organization for a different position.
Employment end date	Date (mm/dd/yyyy)	Open field for date	Enter the employee's last day at work, if applicable.
Other plan to fill position	Text	Open field for text	Enter other plan to fill position.
Planned caseload capacity (# of families)	Numeric	Open field for numbers	Enter the planned caseload capacity as stated in the contract.
Additional comments on planned capacity	Text	Open field for text	Enter any additional details on caseload capacity.

Additional Activity Requirements

Instrument	Required Intervals	Description
Life Skills Progression Instrument (LSP) (IDPH requirement only)	Initial: Within 1 month of enrollment On-going: Every six months from enrollment Discharge: Upon discharge for all families (Date of Activity should be Discharge Date)	The LSP should be completed outside the home by the home visitor. Current interval schedule adopted 5/14/2018.
Edinburgh Postpartum Depression Scale (EPDS)	An EPDS is required for all male and female primary caregivers in accordance with the timing below. (HRSA Form 2 criteria for Measure 3 - Depression Screening) Prenatal enrollees - complete EPDS within 6-12 weeks of delivery Postnatal enrollees - complete EPDS within 3 months of enrollment *Required based on age of target child.	If the target child does not fall into the 6-12 week age category when the caregiver is screened, choose the drop-down "Other" to complete the EPDS for the enrollment requirement. Referrals should be given for scores ≥10 or if self harm (Question 10) response is anything other than 0-Never. If the caregiver is already receiving services, select that from the timing dropdown option and do not complete the screener.
Ages and Stages Developmental Questionnaire, 3rd Edition (ASQ)	The ASQ-3 is only required for Target Children. Target Children should be designated according to your model. IDPH requirements: 2 months, 4 months, 9 months, 12 months, 16 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months (HRSA Form 2 criteria for Measure 12 - Developmental Screening looks for 9-month, 18-month, and 30-month ASQ-3 screenings.) Use adjusted DOB up to 24 months. https://agesandstages.com/free-resources/asq-calculator/	If a child's score is below the cutoff score, further assessment with a professional may be needed. If a child's score is in the monitoring zone, learning activities should be provided and child should be monitored. Please note: "Children who are referred and found eligible for EI/ECSE services should not receive further screening. Children who do score below the cutoffs and are referred for a more comprehensive assessment but do not qualify for services should continue to be screened regularly (Glascoe, 2001)." If a family does not receive home visits during the screening period and missed an ASQ, the child should be given the next month's ASQ once the family has re-engaged.
ASQ Social-Emotional Questionnaire, Second Edition (ASQ:SE-2) (IDPH requirement only)	The ASQ:SE-2 is only required for *Target Children*. *Target Children should be designated according to your model.* 2 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 48 months, 60 months Use of ASQ:SE-2 is required for all programs beginning 4/1/2019.	If a child's score is above the cutoff score, this indicates a problem. Possible referral decisions include 1. Refer for a diagnostic social-emotional or mental health assessment 2. Provide the parent with information and support and monitor the child using the ASQ:SE-2.
Alcohol and Drug (AOD) Abuse	Enrollment: within 3 months of enrollment. Additional: once per FY after the year in which the Enrollment AOD is completed.	Preliminary interpretation or responses: Score|Degree of Risk for AOD Abuse 0-1|None to low 2-3|Minimal >4|Moderate to high: possible need for further assessment
Futures without Violence Relationship Assessment Tool/ (Relationship Assessment Tool)	Enrollment: within 6 months of enrolllment. (HRSA Form 2 criteria for Measure 14 - Domestic Violence) Additional IDPH requirements: once per FY after the year in which the Enrollment Relationship Assessment Tool is completed. Note: The Relationship Assessment Tool is required for male and female primary caregivers.	Referrals should be offered for scores ≥20.

Additional Activity Requirements

Instrument	Required Intervals	Description
Parent Child Interaction Form	Once per FY for age-eliglble children (HRSA Form 2 criteria for Measure 10 - Parent-Child Interaction) Additional IDPH requirements: Within 3 months of Enrollment OR within 1 month of becoming age-eligible (whichever is later), then once per FY after the year in which the Enrollment Parent Child Interaction Form is due (HRSA requirement). Completion of the Parent Child Interaction within the first quarter of the FY is considered best practice. * For all target children aged 4-47 months old	Due by Sept 30 of each year (or upon discharge, or when the child turns 48 months old, whichever is first) for all target children who were 4-47 months old in the current fiscal year. Parent Child Interaction forms may optionally be completed with secondary caregivers and non-target children, but will not be reflected in DAISEY reports. As of 4/26/2021, IDPH will allow multiple model specific parent-child screeners to be used in Iowa MIECHV programs. Iowa MIECHV programs are permitted to complete any one of three Parent Child Interaction assessments in order to meet the IDPH and HRSA Benchmark Measure 10 requirements: PICCOLO, CHEERS, or DANCE. For programs utilizing the PICCOLO assessment, staff **may complete live coding** and enter scores into DAISEY, or they **may record and send PICCOLO videos to IDPH** for scoring and data entry. After scoring, IDPH will upload the PICCOLO scores directly to DAISEY (generally within 2 weeks of receiving the video).