



Initial Infant (Birth up to 1 year)

Visitor _____

Sig. Issues Present Now:	
<p>Environment/ Safety</p> <p>(A) Homeless/ Transient (B) Abuse/ Neglect (C) Current DCS involvement (D) Unsafe environment (E) Unstable housing (utilities) (F) Lack of transportation (G) Lack of infant car seat (H) SIDS Risk (I) Other (J) No Environment/ Safety Sig. Issue</p>	<p>Substance Use (Tobacco, Alcohol, Drugs)</p> <p>(A) Current caregiver use (B) Use in household (C) Exposure to Secondhand Smoke (D) Other (E) No Substance Use Sig. Issue</p>
	<p>Family Planning/ Birth Spacing</p> <p>(A) More than one pregnancy in 1 year (B) More than 2 children under 3 years of age (C) Other (D) No Family Planning Sig. Issue</p>
<p>Health - Infant</p> <p>(A) Failure to Thrive (B) Prematurity (C) Low Birth Weight (D) NICU Stay (E) Infant has special health needs (F) Follow up required for Genetics Screen (G) Did not pass newborn hearing test (H) Behind on Immunizations (I) Behind on Well Child medical care (J) Other (K) No Physical Health-Infant/Child Sig. Issue</p>	<p>Mental Health/ Development</p> <p>(A) Mentally challenged client (B) Care giver with diagnosed mental illness (C) Suspected or identified developmental delay (D) Other (E) No Mental Health/ Development Sig. Issue</p>
<p>Nutrition</p> <p>(A) Food Insecurity (B) Breastfeeding Problems (C) Other (D) No Nutrition Sig. Issue</p>	<p>Family Strengths/ Psychosocial</p> <p>(A) No income or inadequate income (family) (B) Mother's education less than 12 years (C) Maternal age under 17 years (D) Unplanned or undesired pregnancy (E) Lack of father involvement (F) Other (G) No Family Strength Sig. Issue</p>

ENVIRONMENT/SAFETY

Car seat?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
How often ride in car seat?	(A) Always (X) Don't Know/ Not Sure	(B) Often (C) Sometimes (R) Refuse to Answer	(D) Rarely (E) Never (Z) Did not ask
Sleep position?	(A) Side (X) Don't Know/ Not Sure	(B) Back (R) Refuse to Answer	(C) Stomach (Z) Did not ask
Co-sleeping?	(A) Always (X) Don't Know/ Not Sure	(B) Often (C) Sometimes (R) Refuse to Answer	(D) Rarely (E) Never (Z) Did not ask
Pillows/ toys?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask

HEALTH

Gestational Age	weeks		
Birth Weight:	lb	oz	
Type of Delivery	(A) Vaginal (B) Cesarean Section (C) Unknown (adoption)	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask	
NICU Stay?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Newborn Hearing Screen?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
If Yes: Passed?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Newborn Genetics Screen?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
If Yes: Follow Up Required?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Well-baby check-up?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Medical Home Identified?	(Y) Yes (X) Don't Know/ Not Sure	(N) No (R) Refuse to Answer	(Z) Did not ask
Medical Home:			

NUTRITION

Currently breastfeeding?	(A) Yes, only breast milk (B) Yes, combination breast milk and formula (C) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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SUBSTANCE USE

About how many hours a day, on average, is your child in the same room or vehicle with someone who is smoking?	(A) None (B) Less than 1 hour (C) 1-12 hours (D) 13-24 hours	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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DEVELOPMENT

Do you have any concerns about your child's learning, development, or behavior?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
Have you been told by a medical provider that your child has a developmental delay?	(Y) Yes (N) No	(X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask

FAMILY STRENGTHS

Primary caregiver?	(A) Mother (B) My husband or partner (C) Baby's grandparent (D) Other close family member or relative (E) Friend or neighbor (F) Babysitter, nanny, or other child care provider	(G) Staff at day care center (H) Other (X) Don't Know/ Not Sure (R) Refuse to Answer (Z) Did not ask
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