

**This form should be attached to the NBQ only after the NBQ is completed.**

***This section for Screener use only:***

- A. Mother's name \_\_\_\_\_ B. Mother's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_
- C. Primary Child ID # \_\_\_\_\_  
Twin ID# \_\_\_\_\_  
Triplet ID # \_\_\_\_\_
- D. Was NBQ completed by the mother of the baby?  
 Yes  
 No → If no, what was the respondent's relationship to the mother? \_\_\_\_\_
- E. Where was this screen conducted?  
 Hospital - name: \_\_\_\_\_  
 Health Clinic - name: \_\_\_\_\_  
 Parent home  
 Phone  
 Other, please specify: \_\_\_\_\_
- F. Screening Result  
 Negative Screen  
 Not Eligible  
 Clinical Positive\* Recommended (describe) \_\_\_\_\_  
\*Note: If the program has been made aware of child welfare involvement (as an adult or child), the family should be marked clinical positive (automatic qualifier) regardless if they had any other risk factors.  
Approval Initials for Clinical Positive (required): \_\_\_\_\_  
 Positive Screen
- G. **If Positive or Clinical Positive Screen** Initial Interest at Screening (Is parent interested in HV's if space is available?):  
 Interested if available  
 Not interested, too busy  
 Not interested, feels services are not needed  
 Not interested, other \_\_\_\_\_

***This section to be completed by staff assigning or offering home visits (e.g. pm, supervisor, home visitor) only for those families who indicated "Interested if Available" in question G, above:***

- H. Service Offer: Were Home Visits Offered to the Family?  
 **Yes**, home visits were offered to this family.  
**No, Not offered because caseloads were full (indicate status below):**  
 Caseload full and did not meet local priority criteria  
 Caseload full, met priority, but program at capacity  
**No, Not offered, other reasons (indicate below)**  
 Could not locate or reach family to make offer/family unresponsive to contact attempts  
 Family moved out of state  
 Family is already involved in another home visiting program  
 Other reason, please specify: \_\_\_\_\_
- I. If HFO not offered (based on question H, above), were referral(s) made to another (non-HFO) home visiting program?  
 Yes → What program? \_\_\_\_\_  
 No
- J. Acceptance Status When Offered Home Visiting Slot (leave blank if not offered HFO slot):  
 Accepted home visiting services  
 Declined offered service, too busy  
 Declined offered service, feels services not needed  
 Declined offered service, other reason, specify: \_\_\_\_\_