Four Year Visit Questionnaire

This questionnaire should be completed approx. four years after the birth of child.

Questions ask about mum and baby, their health and how they have been doing over the past few months.

(This page should be removed by the HV on return to the office and enter the family ID)

Mother's Name: _____

Child's Name: _____

Date Completed: _____

I agree for my responses to be used for evaluation purposes and understand that my information will be kept pseudonymised (i.e. my name, address, date of birth etc will not be shared and rather I will have a code that will be used to explore changes over time).

Any information presented will be anonymised :

Signature: _____ Date: _____

Signature: _____ Date: _____

Four Year Visit Questionnaire

Family ID Number: _____

Date:

Home Visitor Initials:

Check for whether ASQ should be completed with family

Q1. Does the child have a known developmental delay or developmental need?

- ☐ No (Skip to Q3)
- ☐ Yes - please record details below. **Do not complete the ASQ.**

Details:_____

_____

Q2. If yes to Q1 above, is relevant assessment, intervention or support already in place?

- ☐ Yes
- ☐ No
- ☐ Currently awaiting assessment or support

Details:_____

_____

Preparing for Life
Support • Nurture • Thrive

Four Year Visit Questionnaire

Family ID Number:

Date:

Home Visitor Initials:

Section One: Ages and Stages

NB: This needs to be completed when the child is between 45 months and 50 months and 30 days

Send a copy of the 48 month Ages and Stages in advance or bring a copy with you to interview.

Q1. Ages and Stages Questionnaire

Follow guidelines for providing information/activity sheets or onward referrals in collaboration with the family following completion.

Note: This may be all you complete of questionnaire on this visit

A Northside Partnership Initiative

Four Year Visit Questionnaire

Family ID Number: _____

Date:

Home Visitor Initials:

Section Two: Your Child and their Health

Q2. How old is your child now? _____

Q3a. How would you say your child's health has been over the last six months?

Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐

Comments:_____

_____

Q3b. Has your child ever been taken to the GP, health centre, or to A&E for any health problems over the last six months?

Yes ☐ No ☐

Q3c. <u>If yes</u>, then how many times have you seen, or talked on the telephone with any of the following about the physical health of your child? <u>If none</u>, *then enter 0 - do not leave blank*.

A General Practitioner (GP) or family physician _____

A paediatrician _____

A public health nurse or practice nurse _____

Another medical practitioner (such as a hearing specialist) _____

Accident and Emergency or Outpatient _____

Other _____

Q4a. Has your child received a course of antibiotics in the past 12 months? (GUI QC9a)

Yes ☐ No ☐

Q4b. If yes, in total, how many courses of antibiotics has your child received in the past 12 months? _____

Q5a. During the last 6 months, has your child ever stayed in hospital for at least one night for any illness (not hospital outpatient or emergency department visits)?

Yes ☐ No ☐

Q5b. <u>If yes</u>, how many times? _____ **And for what reason?**

_____

Q6. Many children have accidents at some time. Has your child had an accident, injury, or swallowed something that required a visit to the doctor, health centre or hospital?
(SS13 Keeping baby safe; SS15 Basic First Aid, SS16 Safe Rooms)

Yes ☐ No ☐

Child's Sleep

RR4 Sleep; RR5 Safety & Sleep

Recommended sleep of between 11-14 hours per day for 1–2 year-olds including naps (American academy for paediatrics)

Q7. Approximately how many hours sleep does your child have during (GUI 9 Months D3):

(a) the day? _____ (a) the night? _____ hours

Q8. Does your child sleep…

More than expected ☐

Less than expected ☐

As expected ☐

Section Three: Child's Diet/ dental care/screen time

Child's Nutrition

Q9. What drinks does your child have? (tick all that apply)
SS14 Teething; N14 Weaning to Solids; N19 Smart Drinks

- ☐ Breastmilk
- ☐ Cow's milk or formula
- ☐ Other milk alternatives (soy milk, coconut, goat/sheep milk etc)
- ☐ Water
- ☐ Baby Juice
- ☐ Fruit juices/cordial/squash
- ☐ Fizzy or soft drinks (E.g., lemonade, coke)
- ☐ Herbal drinks
- ☐ Tea
- ☐ Coffee

Other (Please specify) _____

Q10. Please read the following statements and indicate the answer which best describes how you deal with feeding your child. It is important to remember that there are no right or wrong answers to these questions, we are interested in what parents really feel and do.

Statements	Never	Rarely	Sometimes	Often	Always
I decide how many snacks my child should have					
I give my child something to eat to make him/her feel better when s/he is feeling upset					
I let my child decide when s/he would like to have their meal					
I give my child something to eat if s/he is feeling bored					
I insist my child eats meals at the table					
I let my child eat between meals whenever s/he wants					

Q11a. How often does your child eat the following types of foods? (Regularly = more than twice a day for several continuous weeks; Solid food = baby cereals, pureed fruits etc but not milks or drinks)
SS12 Safe Feeding

Food Type	Never	Less than once a month	At least once a month	At least once a week	Most days	Once a day	2-3 times a day	4-5 times a day	6 or more times a day
a. Grains (e.g. cereals, pasta, bread)									
b. Vegetables (including juices)									
c. Fruits (including juices)									
d. Protein (e.g., meats, fish, nuts, beans, eggs, lentils)									
e. Dairy including dairy alternatives (e.g., milk, cheese, yoghurt, ice cream) Excluding breastmilk or formula									
f. Other foods (e.g., sugars and fats, sweets, crisps, and chips									
g. Formula									
h. Breastmilk									
i. Plant based alternative drinks (soy milk, coconut, goat/sheep milk etc)									

Q11b. Are there any foods your child really likes?

_____

Q11c. Are there any foods your child really doesn't like?

_____

Dental Care:
SS21 Caring for Teeth

Q12. How often does your child use a toothbrush to clean their teeth?

More than twice a day ☐

Twice a day ☐

Once a day ☐

Less often than once a day ☐

Rarely ☐

Not at all ☐

Screen Use:
SS17 Television and Screen Time

Q13. Which (if any) of the following screens does your child use?

Television ☐

Laptop ☐

Mobile Phone/Tablet ☐

Game console ☐

None ☐

Other, please specify: _____

Q14. On average, how much screen time does your child have in a normal day?

_____ Hours _____Minutes

Q15. In what circumstances does your child have use of a screen (think about what, where, when and how)?

_____

_____

Q16. Is there a television or computer (including games console) in your child's bedroom? (GUI E7)

Yes ☐ No ☐

Section Four: Maternal Health

Q17. In general, how would you describe your health?

Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐

Comments:

_____

_____

Q18. Have you used any of the following services in the last 12 months?

Service	Yes	No
Hospital as an inpatient		
Hospital as a day patient		
Hospital as an outpatient		
A&E (Accident and Emergency)		
GP (General Practitioner) Services		
Mental Health Services (including non-acute psychiatric hospitals)		
Public Health Nurse		
Physiotherapist		
Occupational Therapist		
Psychology Services		
Social Worker		
Community Welfare Office		
Home Help Services (for your self- not for other family members)		

Q19a. Do you currently smoke?

	Yes	No
Cigarettes		
Vaping		

Q19b. <u>If yes to cigarettes</u>, about how many cigarettes per day do you usually smoke? _____

SS1 Smoking

Q19c. Does anyone else in your household currently smoke?

SS1 Smoking - Passive smoking

	Yes	No
Cigarettes		
Vaping		

Q20a. Which of the following best describes how often you usually drink alcohol?

Never	☐	3-4 times a week	☐
Less than once a month	☐	5-6 times a week	☐
1-2 times a month	☐	Every day	☐
1-2 times a week	☐		

Q20b. <u>If you currently drink alcohol between every day and 1-2 times a month then please answer:</u>
In an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink?

Pints of Beer/Cider _____
Glasses of Wine _____
Measures of Spirits _____
Bottles of Alcopops _____
Other: _____

Q21. We would like to ask you about how you have been feeling over the last two weeks:
(*Warwick Edinburgh Mental Wellbeing Scale***)** PS12 Mood Swings & PND

Please tick the box that best describes your experience of each over the last two weeks:

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Q22. We would like to ask you about your self care:

(HFPI- Self Care) PS14 Adjusting & Support; PS18 Self-Care for Parents

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I find ways to care for myself					
I take care of my appearance					
I get enough sleep					
I take time for myself					

Section Five: Support Network and Social Support

Option to do my circles of support sheet if helpful

Q23. We would like to know about your support network: (HFPI- Social Support)

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I feel supported by others					
I feel that others care about me					
I discuss my feelings with someone					
If I have trouble, I feel there is always someone I can turn to for help					
I have family or friends who I can turn to for help					

Q24. How would you rate the support you are getting from the following?

	A lot of support	Some support	Little support	No support	Does not apply to me
From your spouse/partner					
From the child's father (if different to spouse/partner)					
From your parents					
From other close relatives					
From friends					
Any other support networks **(please specify here)**:					

Q25a. Is anyone in your household working? (Refers to those over 18 only)
Note: NSP supports around employment and education

Yes ☐ No ☐ (if No, go to Q26)

Q25b. <u>If yes</u> is this full /part time?

Yes ☐ No ☐ Both full time and part-time ☐

Comments:_____

Q26. In terms of your financial situation, have you experienced any of the following over the last six months?

	Yes	No	N/A
Difficulty paying for weekly shop (e.g. food, household items, nappies, formula)			
Difficulty meeting rent or mortgage payments			
Difficulty keeping up to date with utility costs (e.g. electricity, heating, phone or internet)			
Struggling with back to school costs			
Struggling with other educational costs e.g. trips, extra resources, school collections for charities			
Struggling to afford childcare			
Affording essential baby items e.g. safe sleeping space, buggy, car seat, safety equipment			
Affording books and toys for children			
Affording appropriate amount/type of clothing needed for each family member			
Affording special occasions e.g. birthdays, Christmas, other cultural celebrations			
Keeping up with transport costs e.g. car payments, public transport costs			

Comments:_____

_____

Q27. We would like to know how easy you would find it to access support if needed:
(HFPI- Mobilising Resources)

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I would know where to find resources for my family					
I would know where to find important medical information					
I could get help from the community if I needed it					
I would be comfortable in finding the help I need					
I would know community agencies (i.e. agencies that provide different types of support in the community) that I could go to for help					
It would be hard for me to ask for help from others					

Section Six: Parenting

Q28. TOPSE and Parenting Self Efficacy

Using the scale below, please enter in the boxes how much you agree with each statement. The scale ranges from 0 (completely disagree) to 10 (completely agree). You may use any number between 0 and 10.

0	1	2	3	4	5	6	7	8	9	10
Completely disagree					Moderately agree				Completely agree	

Emotion and Affection Statements SED6 Secure Base; RR2 Routine; RR3 Crying	**Number**
I am able to show affection towards my child	
I can recognise when my child is happy or sad	
I am confident my child can come to me if they're unhappy	
When my child is sad I understand why	
I have a good relationship with my child	
I find it hard to cuddle my child	
Play and Enjoyment Statements SED10 Confidence; CD3 Movement; CD4 Movement; CD5 Hand-eye Coordination; CD6 Reading with infants; CD7 Thinking &Learning; CD9 Reading Together; CD10 Playing to Learn; CD11 Books and Stories	**Number**
I am able to have fun with my child	
I am able to enjoy each stage of my child's development	
I am able to have nice days with my child	
I can plan activities that my child will enjoy	
Playing with my child comes easily to me	
I am able to help my child reach their full potential	
Empathy and Understanding Statements SED6 Secure Base; SED8 Communication & Mutual gaze; SED9 Regulation &Tired Signs; SED10 Confidence; CD2 Listening and Talking; CD8 Listening &Talking; CD18 Developing your child's language; RR2 Routine; RR3 Crying	**Number**
I am able to explain things patiently to my child	
I can get my child to listen to me	
I am able to comfort my child	
I am able to listen to my child	
I am able to put myself in my child's shoes	
I understand my child's needs	

Four Year Visit Questionnaire

0	1	2	3	4	5	6	7	8	9	10
Completely disagree					Moderately agree				Completely agree	

Discipline and Setting Boundaries Statements	
Setting limits and boundaries is easy for me	
I am able to stick to the rules I set for my child	
I can find ways to avoid conflict	
I am consistent in the way I use discipline	
I am able to hold a boundary for me and my child without feeling guilty *	
Pressures Statements	**Number**
It is difficult to cope with other people's expectations of me as a parent	
I am not able to assert myself when other people tell me what to do with my child	
Listening to other people's advice makes it hard for me to decide what to do	
I can say 'no' to other people if I don't agree with them	
I can ignore pressure from other people to do things their way	
I do not feel a need to compare myself to other parents	
Self Accepting Statements	**Number**
I know I am a good enough parent	
I can be strong for my child	
My child feels safe around me SED6 Secure Base	
Learning and Knowledge Statements SED11 Strangers; CD1 Thinking &Learning; CD3 Movement; CD4 Movement; CD5 Hand-eye coordination; CD7 Thinking & Learning	**Number**
I am able to recognise developmental changes in my child	
I am able to learn and use new ways of dealing with my child	

Section Seven: Update on your life

This section explores parts of your life that may have changed since you started with PFL. You may feel that PFL has been part of this change of not. Your answer doesn't have to mean that PFL was part of any change.

Q29. Since attending PFL Home Visiting the following areas of my life have…	**Strongly Disimproved**	**Disimproved**	**Neutral**	**Improved**	**Strongly improved**	**N/A**
a. Education/Training status						
Comments:						
b. Employment status						
Comments:						
c. Housing status						
Comments:						
d. Financial status						
Comments:						
e. Support network						
Comments:						

Q30. How would you best describe your present principal status? *(one answer only)*

- Working for payment or profit ☐
- Looking for first regular job (never worked) ☐
- Unemployed ☐
- Student or pupil ☐
- Other ☐
- Looking after home or family ☐
- Retired from employment ☐
- Unable to work due to permanent sickness/disability ☐
- On employment initiative such as Tus, CE ☐
- Please specify: _____

Q31. Which of the following best describes your current accommodation status?

- Own home with mortgage/loan ☐
- Own home with outright ownership ☐
- Private Rented ☐
- Local Authority/Council ☐
- Renting using a HAP payment ☐
- Voluntary/cooperative housing agency ☐
- Living with family/extended family in their home (by choice) ☐
- Homeless (sleeping rough including in a car or tent) ☐
- Homeless (Staying in emergency hostels or shelters, temporary bed and breakfast or hotel accommodation) ☐
- Homeless (Staying with family/friends/relatives where there is nowhere else to go including couch surfing) ☐
- Direct Provision Accommodation ☐
- Other, please specify: _____ ☐

Q32. What is the highest level of education/training (full time or part time) which you have completed to date?

No formal education or training	☐	Higher Certificate *(NFQ Level 6; NCEA/HETAC National Cert or equivalent)*	☐
Primary Education *(NFQ levels 1 or 2 ; FETAC level 1 or2 Cert or equivalent)*	☐	Ordinary Bachelors Degree or National Diploma *(NFQ level 7)*	☐
Lower Secondary School *(NFQ Level 3; Junior/Inter/Group Cert; FETAC level 3 Cert; FAS Introductory skills; NCVA Foundation Cert or equivalent)*	☐	Honours Bachelors Degree/Professional Qualification or both *(NFQ level 8)*	☐
Upper Secondary School *(NFQ levels 4 or 5; Leaving Cert including Applied and Vocational programmes or equivalent)*	☐	Postgraduate Diploma or Degree *(NFQ level 9; Postgraduate Diploma, Master's Degree or equivalent)*	☐
Technical or Vocational Course *(NFQ levels 4 or 5; FETAC Level 4/5 Cert; NCYA level 1/2; FAS specific skills, Teagasc Cert in Agriculture, CERT Craft Cert or equivalent)*	☐	Doctorate (PhD) or Higher *(NFQ level 10)*	☐
Advanced Certificate or completed Apprenticeship *(NFQ level 6; FETAC Advanced Cert, NCVA Level 3, FAS National Craft Cert; Teagasc Farming Cert, CERT Professional Cookery Cert or equivalent)*	☐	Other Please specify:	

Questionnaire Feedback:

We welcome your thoughts on this questionnaire. This section is to capture any recommendations or suggested changes to the content or structure or otherwise of the questionnaire. Feedback should ideally be captured for the Parent and Home Visitor.

Parent: _____

_____

_____

_____

_____

Home Visitor: _____

_____

_____

_____

_____

Four Year Visit Questionnaire

To be completed by Home Visitor at end:

Ages and Stages

This is ideally completed by the parent(s) in advance of this meeting. However, clarification and support to complete may be required. Check if parent needs any support and complete scoring with parent.

Q1a. Number of missing items: _____

Q1b. Do any scores need to be adjusted? *(if 3 or more items are missing in an area then do not score as screening may not be accurate; If 1 or 2 items are missing then an adjusted score should be calculated)*

Yes ☐ No ☐

Comment: _____

Q1c. Scores for each category

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See *ASQ-3 User's Guide* for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	15.64		●	●	●	●	○	○	○	○	○	○	○	○	○
Gross Motor	21.49		●	●	●	●	●	○	○	○	○	○	○	○	○
Fine Motor	34.50		●	●	●	●	●	●	●	○	○	○	○	○	○
Problem Solving	27.32		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	21.73		●	●	●	●	●	○	○	○	○	○	○	○	○

Q1d. ASQ-3 Total Score _____

Q1e. Do any scores require further monitoring and provision of learning activities?

Yes ☐ No ☐

Q1f. Do any scores suggest further assessment with a professional may be needed?

Yes ☐ No ☐

Comment: _____

Warwick Edinburgh Mental Wellbeing Scale

Q2. Score for WEMWS: _____

Note: may suggest need for EPDS if less than 48/49

Actions/follow up:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Rialtas na hÉireann
Government of Ireland
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TUSLA
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