

On Site Visit Form

(m)

HOME VISITOR: _____ FAMILY: _____
LOCATION: _____ AGE OF INFANT: _____
DATE/TIME INTERVIEW BEGAN: _____ TIME ENDED: _____

INTERVIEWER'S NAME: _____

PRENATAL TRNG : _____ INFANT TRNG : _____
TELEPHONE INTERVIEW: _____

SITE INTERVIEW WITH FAMILIES — INFANT

“Hello. I’m (interviewer) with the CHILES CENTER Evaluation Team. Congratulations! ☺ You have been selected to represent over 1,000s of moms with new babies! (Your home visitor) attended a training session on a *Partners for a Healthy Baby* curriculum. We are particularly interested in finding out about ways she shared some of this information she learned in a class with you and finding out how you may be using this information for yourself.

The interview will take approximately 45 minutes to complete. Please, always remember that there are no right or wrong answers. If at any time throughout the interview you want to stop, you can just tell me. You do not have to answer any question if you feel uncomfortable.

Please be assured that we are NOT evaluating you or your abilities as a parent. We want to ensure that training and materials provided in the future to home visitors will be that which will best meet the needs of families like yours that will receive home visiting services.

The researchers and their assistants will consider your responses confidential and will do everything they can to protect them. More importantly, no one outside of our study team will ever know your answers to any particular questions. After the interview, if you have any questions about anything related to our work in this study, please contact Dr. Barbara Foster with the Chiles Center. Dr. Foster’s telephone number is 1-850-921-9111.

We have a release form that says it is OK for us to talk with you and look at records that the home visitor keeps that will show us which curriculum she has shared with you. I’d like to go over this with you. There are two copies so that you can keep one if you want to. We will not look at confidential information about you, your baby or your health. Our interests are only on the curriculum that the home visitor is using during her home visits with you.

OBTAIN SIGNATURES

1. Has your home visitor talked with you about ways you can help your baby learn and grow? ρ Yes ρ No

If 1 is yes,

2. What kinds of advice did she give you that would help your baby learn and grow?

- ρ You cannot spoil your baby.
- ρ Never shake your baby.
- ρ Calm yourself when baby cries.
- ρ Baby has signals/cues.
- ρ Baby learns by sucking.
- ρ Touch is important (“You are loved!”).
- ρ Baby can learn.
- ρ Baby can show feelings.
- ρ .
- ρ .
- ρ .
- ρ .

3. What kinds of things did she show you how to do that would help your baby learn and grow?

- ρ Respond quickly when baby cries.
- ρ Get help or leave if you get upset & might hurt baby.
- ρ Respond to baby’s cues (See handout 37).
- ρ Breastfeed, bottle, fingers, pacifiers.
- ρ Use touch (See handout 43).
- ρ .
- ρ .

4. Show me some of the things you are doing with your baby because the home visitor said they would help your baby learn and grow.

5. Has your home visitor provided to you any handouts? Yes No

If 5 is no, skip to Item 14.

If 5 is yes,

6. Which ones did she give to you?

7. Do you get to keep them? Yes No

8. Are the handouts useful? Yes No

9. Why or why not?

10. What do you do with the handouts? (How do you use them?)

11. How often do you refer to the handouts?

12. Do you share them with other family members? Yes No

13. Do you share them with other families? Yes No

Comments/Discussion

14. Is there any thing else I should have asked you? Yes No
If yes, What?

Thanks! Presents!



Affidavit of Understanding of Confidentiality Home Visitor Training Evaluation

**The Lawton
and Rhea Chiles Center
for Healthy
Mothers and Babies**

University of South Florida
College of Public Health
113201 Bruce B. Downs Blvd.
MDC 56
Tampa, FL 33612-3805
Phone (813) 974-8888
Fax (813) 974-8889
Email
djeffers@com1.med.usf.edu

Charles S. Mahan, M.D.
*Director
Professor and Dean of the
College of Public Health,
University of South Florida*

Delores F. Jeffers, R.N.
M.P.H.
Executive Director

Tallahassee Office:
1310 Cross Creek Circle
Suite A
Tallahassee, FL 32301
Phone (850) 487-0037
Fax (850) 487-0045

National Advisory Board
*Byllye Avery
Mary Brecht Carpenter
Tamara Copeland
Joyceleyn Elders
Kittie Ernst
Charles E. Gibbs
Rae Grad
Bernard Guyer
J. Michael Hall
Jennifer Howse
Vince Hutchins
John Kennell
Ruth Watson Lubic
Arden Miller
George Silver
Felicia Hance Stewart*

I _____, an authorized agent of the Lawton and Rhea Chiles Center for Healthy Mothers and Babies, under contract to the Florida Department of Health, understand that I am required by Florida State Law, 39.0132(4)(a) and 39.202 FS, to hold Healthy Families program and Healthy Start program participation information confidential. I understand that I cannot release any confidential information to any person or entity unless specifically authorized in writing. Further, I understand that I may be guilty of a misdemeanor of the second degree and/or liable to civil suit if I violate that confidentiality.

Signed: _____ Date: _____

Witness: _____ Date: _____





**Home Visitor Training Evaluation Informed Consent
Information for People Who Take Part in Evaluation Studies**

The following information is being presented to help you decide whether or not you want to be a part of a minimal risk research study. Please read carefully. If you do not understand something, please ask.

Title of Study:	Home Visitor Training Evaluation	Person in Charge:	Barbara F. Foster, Ph.D., 850-921-9111 or 850-487-0037
Principal Investigator:	Barbara F. Foster, Ph.D.	Study Location:	Statewide – 16 Counties in Florida

You are being asked to participate because the person who provides home visits has indicated that she/he is sharing information from the *Partners for a Healthy Baby* curriculum.

General Information about the Research Study

- The purpose of this research study is to find out how helpful the training given to your home visitor on the *Partners for a Healthy Baby* curriculum was for the home visitor and how helpful the information is for you. We want to find out about ways that will be most helpful for you and for other parents in the future.
- The estimated number of people who might take part in this study include: 375 home visitors and 180 families

Plan of Study

- You will be asked to answer some questions about the information provided to you by the home visitor and show how you have used any of this information, if you have.

Benefits of Being a Part of this Research Study

- By taking part in this evaluation study, you will help us increase our overall knowledge of ways to provide training and information to home visitors in the future that will help them with their home visits.

Risks of Being a Part of this Research Study

- There are no risks to you or for your home visitor for participating in this evaluation study. This study will not be grading you as a parent. It will not grade the home visitor either.

Confidentiality of Your Records

- Your privacy and research records will be kept confidential to the extent of the law. Authorized research investigators, agents of the Department of Health and Human Services and the USF Institutional Review Board may inspect your records from this evaluation project.
- The results of the study may be published in grouped form. In other words, the published results will not include your name or any other information that will identify you.

Payment for Participation

- You will not be paid for your participation in this study. However, you will receive a gift.

Volunteering to Be Part of this Research Study

- Your decision to participate in this research study is completely voluntary. You are free to participate in this evaluation study or to withdraw at any time. You should only take part in this research study if you want to and not because you are afraid of losing medical benefits.

Questions and Contacts

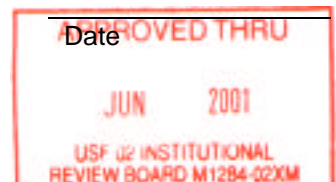
- If you have any questions about this research study, contact: Barbara F. Foster, 850-921-9111 or Julie Helter, 850-414-0610 You may also contact DLR Consultants, Inc., 954-753-2402
- If you have questions about your rights as a person who is taking part in a research study, you may contact a member of the Division of Compliance Services of the University of South Florida at 813-974-5638.

Your Consent—By signing this form I agree that:

- I have fully read or have had read and explained to me in my native language this informed consent form.
- I have been able to ask questions about the study and have received satisfactory answers.
- I understand that I am being asked to participate in research. I understand the risks and benefits, and I freely give my consent to participate in the research project outlined in this form, under the conditions indicated in it.
- I have been given a signed copy of this informed consent form, which is mine to keep.

Signature of Participant

Printed Name of Participant





Complete this section ONLY if the investigator is present at the time the subject signs this document.

Investigator Statement:

I have carefully explained to the subject the nature of the above protocol. I hereby certify that to the best of my knowledge the subject signing this consent form understands the nature, demands, risks and benefits involved in participating in this study and that a medical problem or language or educational barrier has not precluded a clear understanding of the subject's involvement in this study.

Signature of Investigator

Printed Name of Investigator

Date

Complete this section ONLY if the investigator is NOT present at the time the subject signs this document.

Investigator Statement:

I certify that participants have been provided with an informed consent form that has been approved by the University of South Florida's Institutional Review Board. That contains the nature, demands, risks and benefits involved in participating in this study. I further certify that a phone number has been provided in the event of additional questions.

Signature of Investigator

Printed Name of Investigator

Date

Institutional Approval of Study and Informed Consent

This research project/study and informed consent form were reviewed and approved by the University of South Florida Institutional Review Board for the protection of human subjects. This approval is valid until the date provided below. The board may be contacted at (813) 974-5638.

Approval Consent Form Expiration Date:

Revision Date: _____





for Healthy Mothers and Babies

University of South Florida
College of Public Health
113201 Bruce B. Downs Blvd.
MDC 56
Tampa, FL 33612-3805
Phone (813) 974-8888
Fax (813) 974-8889
Email
djeffers@com1.med.usf.edu

Charles S. Mahan, M.D.
Director
Professor and Dean of the
College of Public Health,
University of South Florida

Delores F. Jeffers, R.N.
M.P.H.
Executive Director

Tallahassee Office:
1310 Cross Creek Circle
Suite A
Tallahassee, FL 32301
Phone (850) 487-0037
Fax (850) 487-0045

National Advisory Board
Byllye Avery
Mary Brecht Carpenter
Tamara Copeland
Joyceleyn Elders
Kittie Ernst
Charles E. Gibbs
Rae Grad
Bernard Guyer
J. Michael Hall
Jennifer Howse
Vince Hutchins
John Kennell
Ruth Watson Lubic
Arden Miller
George Silver
Felicia Hance Stewart

Authorization for Release of Information

I _____ give permission to Healthy Families Florida to release home visitation-related information concerning myself and my family except for information related to AIDS (Acquired Immune Deficiency Syndrome) or HIV testing (Human Immuno-deficiency Virus) to the evaluators representing the Lawton and Rhea Chiles Center for Healthy Mothers and Babies. The evaluators will use this information for the purpose of documenting the use of the home visitor curriculum and for evaluating the effectiveness of the home visitor training program. The information will not be disclosed for any other reason. Individual information collected will be held confidential by all parties.

This consent is to remain in effect for the duration of the evaluation of the program and will end in December 2000. I understand that I may revoke this release of information at any given time.

Signed: _____ Date: _____

Witness: _____ Date: _____





The Lawton and Rhea Chiles Center for Healthy Mothers and Babies

University of South Florida
College of Public Health
113201 Bruce B. Downs Blvd.
MDC 56
Tampa, FL 33612-3805
Phone (813) 974-8888
Fax (813) 974-8889
Email
djeffers@com1.med.usf.edu

Charles S. Mahan, M.D.
Director
Professor and Dean of the
College of Public Health,
University of South Florida

Delores F. Jeffers, R.N.
M.P.H.
Executive Director

Tallahassee Office:
1310 Cross Creek Circle
Suite A
Tallahassee, FL 32301
Phone (850) 487-0037
Fax (850) 487-0045

National Advisory Board
Byllye Avery
Mary Brecht Carpenter
Tamara Copeland
Joyceleyn Elders
Kittie Ernst
Charles E. Gibbs
Rae Grad
Bernard Guyer
J. Michael Hall
Jennifer Howse
Vince Hutchins
John Kennell
Ruth Watson Lubic
Arden Miller
George Silver
Felicia Hance Stewart



Authorization for Release of Information

I _____ give permission to Healthy Start to release home visitation-related information concerning myself and my family except for information related to AIDS (Acquired Immune Deficiency Syndrome) or HIV testing (Human Immunodeficiency Virus) to the evaluators representing the Lawton and Rhea Chiles Center for Healthy Mothers and Babies. The evaluators will use this information for the purpose of documenting the use of the home visitor curriculum and for evaluating the effectiveness of the home visitor training program. The information will not be disclosed for any other reason. Individual information collected will be held confidential by all parties.

This consent is to remain in effect for the duration of the evaluation of the program and will end in December 2000. I understand that I may revoke this release of information at any given time.

Signed: _____ Date: _____

Witness: _____ Date: _____

