

Healthy Families New York/Home Visiting Program Parental Stress Index (PSI) Cover Sheet

Home Visitors should complete the identification information on this cover page, while Primary Caretaker 1 should complete the Parental Stress Index.

This form should be completed on the following schedule:

First Administration

Prenatal at intake: within one month of the target child’s date of birth

Postnatal at intake: within one month of intake

After First Administration

Age of target child: 6 months, 1 year, 2 years, 3 years, 4 years, and 5 years

At discharge

The Parental Stress Index should be completed by Primary Caretaker 1 in the presence of the home visitor. Once it is completed the home visitor should attach the cover sheet to it.

1. Primary Caretaker 1’s Identifier			
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last Name (3 let)	FI	Birth Date (Month/Day/Yr)	Date of Intake (Month/Day/Yr)

<p>2. Home Visitor’s Name</p> <p style="text-align: center;">First Last</p>	<p>3. Was PSI completed in</p> <p><input type="checkbox"/> 1. English</p> <p><input type="checkbox"/> 2. Other Language</p>
---	--

<p>4. Date Form Completed</p> <p style="text-align: center;"> <input type="text"/> Month </p> <p style="text-align: center;"> <input type="text"/> Day </p> <p style="text-align: center;"> <input type="text"/> Year </p>	<p>5. Follow-up interval</p> <p><input type="checkbox"/> Within one month of the target child’s date of birth (prenatal cases) or within one month of intake (postnatal cases).</p> <p><input type="checkbox"/> Target child is 6 months old</p> <p><input type="checkbox"/> Target child is 1 year old</p> <p><input type="checkbox"/> Target child is 2 years old</p> <p><input type="checkbox"/> Target child is 3 years old</p> <p><input type="checkbox"/> Target child is 4 years old</p> <p><input type="checkbox"/> Target child is 5 years old</p> <p><input type="checkbox"/> At discharge</p>
--	---

Date Form Submitted	Reviewer’s Initials	Date of Data Entry	Initials of Data Entry Operator
---------------------	---------------------	--------------------	---------------------------------