

**MULTI-SITE IMPLEMENTATION EVALUATION OF TRIBAL HOME VISITING (MUSE)  
RAPID REFLECT SELF-COMPLETED QUESTIONNAIRE – HOME VISITOR**

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**MUSE Rapid Reflect Self-Completed Home Visit Questionnaire – HOME VISITOR**

Thank you for taking part in the Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE). The purpose of this study is to learn about tribal home visiting programs and the experiences of families receiving home visiting services. One objective of MUSE is to learn about what happens during home visits and how home visitors and families interact during visits. The questions in this Home Visitor Rapid Reflect are about the home visit you just completed. It will take about 12 minutes to complete this Rapid Reflect.

Your answers will be kept private. Only the MUSE study team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. We will not report information collected in this study in a way that could identify you or your program.

Caregiver's Program ID: \_\_\_\_\_

Home visitor first name or Staff ID: \_\_\_\_\_

Home visitor last name or Staff ID (leave blank if using Staff ID): \_\_\_\_\_

1. Select the date of the home visit that you are reporting on: \_\_\_\_\_
  
2. Did the caregiver complete a Rapid Reflect for this visit?
  - Yes → SKIP TO Question 3
  - No → GO TO Question 2a

2a. [If Question 2 = No] Why didn't the caregiver complete a Rapid Reflect for this visit?

  - Situation in the home wasn't conducive to completing the Rapid Reflect (e.g., children needed attention, caregiver needed to attend to something immediately)
  - Caregiver chose not to complete the Rapid Reflect
  - Caregiver wasn't present for the home visit
  - I needed to leave
  - Other, please specify \_\_\_\_\_
  
3. Amount of time spent travelling to today's home visit (in minutes). For example, enter "90" if you spent an hour and a half. \_\_\_\_\_
  
4. Length of today's home visit (in minutes). For example, enter "90" if you spent an hour and a half. \_\_\_\_\_
  
5. Location of today's home visit: (CHECK ALL THAT APPLY)
  - Primary caregiver's home
  - Friend/family member's home
  - Home visiting program office
  - Car
  - Clinic or other agency office
  - Other location, please specify \_\_\_\_\_
  
6. Who actively participated in today's home visit? (CHECK ALL THAT APPLY)
  - Primary caregiver
  - Primary caregiver's spouse, partner, or another parent
  - Index child's grandparent(s)
  - Index child
  - Other child(ren) under age 5
  - Other relative(s)
  - Home visiting program supervisor
  - Other home visiting program staff
  - Other external service provider
  - Other/not sure
  
7. What topics did you cover during today's home visit? (CHECK ALL THAT APPLY)
  - Basic needs like food, utilities, housing, transportation, and identification
  - Breastfeeding
  - Budgeting/making ends meet
  - Caregiver education and job training
  - Caregiver emotional well-being, mental health or stress

- Caregiver physical health, outside of pregnancy and postpartum (including dental health/dental care)
- Child development
- Child health (including dental health/dental care)
- Child/home safety
- Commercial tobacco, alcohol, and other drug use
- Co-parenting
- Cultural activities (attending community and/or cultural activities, learning cultural teachings, making new relationships with others in your community)
- Developmentally appropriate care/routines for the child (daily routines like bedtime, mealtime, bath time)
- Discipline/behavior management for the child
- Domestic violence
- Employment
- Family planning
- Feeding children (including formula and solids, and not including breastfeeding)
- Healthy adult relationships (with boyfriends/girlfriends, husbands/wives, partners, co-parents)
- Legal services and system
- Making child care arrangements
- Nutrition and physical activity
- Parent-child interaction
- Postpartum health/postpartum care (including dental health/dental care)
- Prenatal health/prenatal care (including dental health/dental care)
- Social support (support from family, friends, and community)
- Trauma (things that happened in the past that affect caregiver today)

8. Home visitors do many things during a home visit and often do multiple things at once. About how much time did you spend doing each activity during today’s home visit? The amount of time you enter here may not add up to the entire time you spent doing this visit.

	No time	A little time	Some time	Most of the time	Entire time
a. Listening and providing emotional support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discussing caregiver’s goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Providing educational information/delivering curriculum content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Modeling and coaching parenting skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Connecting caregiver with services and follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Gathering information/collecting data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How much of what you had planned did you get to cover in today's home visit?

- None → SKIP TO Question 9a
- A little → GO TO Question 9a
- Some → GO TO Question 9a
- Most → GO TO Question 9a
- All → GO TO Question 10
- No plan was prepared; this was an unexpected visit due to an immediate crisis or other reason → GO TO Question 10

9a. [If Question 9 = most, some, a little, or none] What were the main reasons you adjusted your plan for today's home visit? (CHECK ALL THAT APPLY)

- Caregiver wanted to do something else
- Caregiver's mood or behavior
- Child was not present for the home visit or child was asleep
- Something more urgent came up that we needed to address
- Environment was not conducive to covering that topic
- I didn't feel like what I was doing was working
- Ran out of time

10. What challenges did you experience during today's home visit? (CHECK ALL THAT APPLY)

- No challenges
- Engaging an uninterested or fussy child
- Engaging an uninterested or distracted caregiver
- Building trust with the family
- Feeling uncomfortable talking about a certain topic
- Addressing a family crisis
- Discussing trauma or challenges experienced by someone in the family
- Conducting the home visit in the given environment
- Balancing family needs with program/curriculum goals
- Helping families access needed services
- Feeling concerned about my safety
- Having enough time
- Completing paperwork/data collection
- Other, please specify \_\_\_\_\_

11. The participant was interested in what we did during today's home visit.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

[NEXT SCREEN]

**THANK YOU FOR TAKING THE TIME TO COMPLETE THE HOME  
VISITOR RAPID REFLECT.**

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