

SCORE THAT NBQ! 😊

<p style="text-align: center;">NBQ SAMPLE</p> <p style="text-align: center;"><i>You may use this space to make notes of any stress factors you see.</i></p>	<p style="text-align: center;">SCORE</p> <p style="text-align: center;"><i>For you to fill in according to what you read on the NBQ</i></p>
<p>SAMPLE A</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____YES ____NO</p> <p>D. Healthy Start Intensive Service: ___ Not eligible, negative screen ___ Eligible (positive screen, mark one below) ___ Interested if available ___ Declined, too busy ___ Declined, eels services are not needed ___ Declined, other (explain) _____ ___ Not offered, already enrolled in another (non-HS) service</p>
<p>SAMPLE B</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____YES ____NO</p> <p>D. Healthy Start Intensive Service: ___ Not eligible, negative screen ___ Eligible (positive screen, mark one below) ___ Interested if available ___ Declined, too busy ___ Declined, eels services are not needed ___ Declined, other (explain) _____ ___ Not offered, already enrolled in another (non-HS) service</p>
<p>SAMPLE C</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____YES ____NO</p> <p>D. Healthy Start Intensive Service: ___ Not eligible, negative screen ___ Eligible (positive screen, mark one below) ___ Interested if available ___ Declined, too busy ___ Declined, eels services are not needed ___ Declined, other (explain) _____ ___ Not offered, already enrolled in another (non-HS) service</p>
<p>SAMPLE D</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____YES ____NO</p> <p>D. Healthy Start Intensive Service: ___ Not eligible, negative screen ___ Eligible (positive screen, mark one below) ___ Interested if available ___ Declined, too busy ___ Declined, eels services are not needed ___ Declined, other (explain) _____ ___ Not offered, already enrolled in another (non-HS) service</p>

<p>SAMPLE E</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____ YES ____ NO</p> <p>D. Healthy Start Intensive Service: <input type="checkbox"/> Not eligible, negative screen <input type="checkbox"/> Eligible (positive screen, mark one below) <input type="checkbox"/> Interested if available <input type="checkbox"/> Declined, too busy <input type="checkbox"/> Declined, eels services are not needed <input type="checkbox"/> Declined, other (explain) _____ <input type="checkbox"/> Not offered, already enrolled in another (non-HS) service</p>
<p>SAMPLE F</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____ YES ____ NO</p> <p>D. Healthy Start Intensive Service: <input type="checkbox"/> Not eligible, negative screen <input type="checkbox"/> Eligible (positive screen, mark one below) <input type="checkbox"/> Interested if available <input type="checkbox"/> Declined, too busy <input type="checkbox"/> Declined, eels services are not needed <input type="checkbox"/> Declined, other (explain) _____ <input type="checkbox"/> Not offered, already enrolled in another (non-HS) service</p>
<p>SAMPLE G</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____ YES ____ NO</p> <p>D. Healthy Start Intensive Service: <input type="checkbox"/> Not eligible, negative screen <input type="checkbox"/> Eligible (positive screen, mark one below) <input type="checkbox"/> Interested if available <input type="checkbox"/> Declined, too busy <input type="checkbox"/> Declined, eels services are not needed <input type="checkbox"/> Declined, other (explain) _____ <input type="checkbox"/> Not offered, already enrolled in another (non-HS) service</p>
<p>SAMPLE H</p> <p>Write down “stress/risk” factors (if any):</p>	<p>B. Program County: _____</p> <p>C. Is this a multiple birth? ____ YES ____ NO</p> <p>D. Healthy Start Intensive Service: <input type="checkbox"/> Not eligible, negative screen <input type="checkbox"/> Eligible (positive screen, mark one below) <input type="checkbox"/> Interested if available <input type="checkbox"/> Declined, too busy <input type="checkbox"/> Declined, eels services are not needed <input type="checkbox"/> Declined, other (explain) _____ <input type="checkbox"/> Not offered, already enrolled in another (non-HS) service</p>