**Measure 8 – Child Injury**

**Child Measure**

**Data Collection Time Point(s)+**

[ ]  3 Months Post Enrollment+ [ ]  6 Months Post Enrollment

[ ]  9 Months Post Enrollment+ [ ]  1 Year Post Enrollment

[ ]  15 Months Post Enrollment+ [ ]  18 Months Post Enrollment

[ ]  21 Months Post Enrollment + [ ]  2 Years Post Enrollment

[ ]  27 Months Post Enrollment [ ]  30 Months Post Enrollment

[ ]  33 Months Post Enrollment [ ]  3 Years Post Enrollment

+For NFP this is collected at each home visit, in the data system the report to submit the information will populate every 3 months until the child second birthday or 2 years post enrollment for the child.

**After 3 Years Post Enrollment (All Non-NFP EBHV)**

[ ]  42 Months Post Enrollment [ ]  4 Years Post Enrollment

[ ]  54 Months Post Enrollment [ ]  5 Years Post Enrollment

[ ]  66 Months Post Enrollment [ ]  6 Years Post Enrollment

[ ]  78 Months Post Enrollment [ ]  7 Years Post Enrollment

**Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Was data for this measure collected?**

☐ Yes (Continue to 2)

☐ No (Continue to 1)

**1. Please provide the reason data was not collected**

☐ Caregiver exited prior to this data being collected

☐ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Has your (Caregiver) child had an injury related[[1]](#footnote-1) emergency room visit in the last three months? (DO NOT include urgent care visits)**

 [ ]  Yes [ ]  No

1. Motor vehicle, Suffocation, Drowning, Poisoning, Fire/burns, Falls, Sports and Recreation, and intentional injuries, such as Child Maltreatment. [↑](#footnote-ref-1)