Selected Assessment & Screening Tools

For Use in the Family Development and Self-Sufficiency Program

FISCAL YEAR 2026 Update

IOWA | Health and Human Services

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Table 1: Selected Tools By Area of Focus

Tool	Overview	Target Population	Training	Cost	Developer/Publisher
Adult Education					
Employment Hope Scale (EHS- 21), Short Employment Hope Scale (EHS-14), and Perceived Employment Barriers Scale (PEBS)	EHS was originally designed to measure the state of a person's psychological empowerment, motivation, skills and resources, and goal-orientation as a factor in workforce development.	Low-income jobseekers.	None.	None.	Philip Young P. Hong and Choi, S. Loyola University Chicago. 2013.
Learning Needs Screening Tool (Adult)	This two-page assessment tool is designed to help identify past learning difficulties that may affect the ability of a person to obtain employment. The questions address issues such as simple arithmetic and spelling, as well as other family members' learning experiences.	Adult jobseekers; validated for use with TANF populations.	No information available.	No informatio n available.	Payne & Associates, Northwest Center for the Advancement of Learning. Several states have adopted a version of the Washington tool; several adaptations are available online.
LAM Assessment of Stage of Employment Readiness (LASER)	The LASER was developed in order to measure client's readiness toward return to work. It is a 14 question self rated questionnaire. It was designed to predict the subsequent employment outcomes, with three stages of readiness for interpretation: pre contemplation, contemplation and action, based on the	Adult jobseekers	No information available.	None	Lam CS, Wiley AH, Siu A, Emmett J. Assessing readiness to work from a stages of change perspective: implications for return to work. Work. 2010;37(3):321-9. doi:

Tool	Overview	Target Population	Training	Cost	Developer/Publisher
	parallel model for stage of work readiness (Lam 1997)				10.3233/WOR-2010-1085. PMID: 20978339.
Basic Needs					
Hunger Vital Sign (Food Insecurity Screen)	A two-question food insecurity screening tool based on the Household Food Security Scale. The tool measures families' concerns about access to food.	Young children and families (universal).	None.	None.	Children's HealthWatch; Erin R. Hager, Anna M. Quigg, Maureen M. Black et. al.
Homelessness Prevention & Diversion Assessment Tool	An assessment tool for use with families at risk of homelessness. The tool may be used to determine if a family will need shelter or if they can be assisted and housed without having to enter the homeless assistance system.	Families (universal).	None.	None.	Iowa Balance of State Coordinated Entry Tool available: https://static1.squarespace.com/static/54ca74 91e4b000c4d5583d9c/ t/59a99ca7197aea0d4 c98e87a/150428 79114 64/Prevention-diversion-tool.pdf
Child Development and Parenting Skills					
Ages and Stages Questionnaires (ASQ-3)	A parent/caregiver administered screening tool for development of communication, gross motor, fine motor, problem solving, and personal-social skills. Materials available in English, Spanish, and French.	Children ages 1 to 66 months.	Training is available. A specialized, technical background is not required to administer the screen. Training costs vary (from $50 to $3,500)	The Starter Kit is available for purchase for $295. Additional copies may be	Developed by Jane Squires and Diane Bricker. Published by Paul H. Brookes Publishing Co., Inc.

Tool	Description	Population	Training	Cost	Source/Citation
			depending on the format (DVD or seminar).	purchased for $240.	Developed by Jane Squires, Diane Bricker, and Elizabeth Twombly. Published by Paul H. Brookes Publishing Co., Inc.
Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2)	A parent/caregiver administered screening tool for development of self-regulation, compliance, communication, adaptive functioning, autonomy and affect interaction with people. Materials available in English and Spanish.	Children ages 2 to 60 months.	Training is available. A specialized, technical background is not required to administer the screen.	The Starter Kit is available for purchase for $295. Additional copies may be purchased for $240.	
Casey Life Skills	A 113 item tool to assess skills, knowledge, and awareness in seven areas (Daily Living, Self Care, Relationships and Communication, Housing and Money Management, Relationships and Communication, Career and Education Planning, and Looking Forward).	Young adults ages 14 to 21.	No training specified.	The tool is available for download free of cost.	Nollan, K. A., Horn, M., Downs, A. C., Pecora, P. J., & Bressani, R. V. (2002). Ansell-Casey Life Skills Assessment (ACLSA) and Lifeskills Guidebook Manual. Seattle, WA: Casey Family Programs.
Adult-Adolescent Parenting Inventory (AAPI)	The AAPI-2.5 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect.	Adult parents, pre-parent populations and adolescent parents between 12-19.	Training is required and provided through Nurturing Parenting.	Cost details can be found at: https://assessingparenting.com/assessment/aapi	Nurturing Parenting, Dr. Stephen J. Bavolek https://assessingparenting.com/assessment/aapi

Tool	Overview	Target Population	Training	Cost	Developer/Publisher
Domestic Violence					
Relationship Assessment Tool	The Relationship Assessment Tool (WEB) assesses for emotional abuse by measuring a woman's perceptions of her vulnerability to physical danger and loss of power and control in her relationship.	Adults; universal.	Training is required. Connected Parents, Connected Kids Training provided by the Institute.	A $25 fee includes the cost of training and use of the Relationship Assessment Tool.	Dr. Paige Hall. Published by Futures Without Violence.
Family Functioning					
Ecomap	An assessment, planning and intervention tool used to document the family unit's relationship to external systems.	Families; universal.	None specified. The NRCFCP provides training on this tool as a component of its Family Development Certification Training.	None.	Hartman, A. 1975, University of Michigan School of Social Work.
Genogram	A tool used to describe and gain insight into relationships and roles within the family, often spanning multiple generations.	Families; universal.	None specified. The NRCFCP provides training on this tool as a component of its Family Development	None.	Monica McGoldrick, Randy Gerson, 1985.

			Certification Training.		
Timeline	A tool used to observe the relevant events experienced by the family over a period of time.	Families; universal.	None specified. The National Resource Center for Family Centered Practice provides training on this tool as a component of its Family Development Certification Training.	None.	No information available.
Life Skills Progression	The LSP is designed for use by programs serving low income parents of children aged 0-3 years. The LSW utilizes 43 parent and child scales which describe a spectrum of skills and abilities across domains such as relationships, education and employment, parent and child health, mental health and substance use, and basic needs.	Families with children under 3 years.	Training is required. Contact State Program Managers for information on local training opportunities.	A fee of $49.95. Costs for database use and developer - sponsored training are available on the website.	Wollesen, L. and Peifer, K. For information about the tool, contact Dr. Brad Richardson, Life Skills Progression Center Director, University of Iowa.

Tool	Overview	Target Population	Training	Cost	Developer/Publisher
Health, Mental Heath and Substance Use					
AC-OK Screen for Co-Occurring Disorders	A rapid-response screening instrument designed to identify the co-existing disorders of mental health and trauma related mental health issues, and substance abuse.	Adults.	None specified.	Free; in the public domain.	Andrew L. Cherry, University of Oklahoma, 2007.
CAGE and CAGE-AID Questionnaires	The CAGE Questionnaire is a short, four question screen for alcohol abuse. The CAGE-AID is an adaptation of the original CAGE Questionnaire and serves as a screen for illicit drug use.	Adults; originally intended for use in a primary health care setting.	None specified.	Free; in the public domain.	Dr. John Ewing, University of North Carolina at Chapel Hill.
Edinburgh Postnatal Depression Scale (EPDS)	The EPDS is designed to detect postnatal depression in mothers 6-8 weeks after delivery. It is a short (10-item) self-administered tool originally designed to identify the presence of depression in women following childbirth, although it has been used during pregnancy and other periods, including with fathers. The scale measures symptoms of depression including sadness, fear, anxiety, self-blame,	Pregnant women of any age and women up to one year postpartum.	None specified. Resources for home visitation provided by the Iowa Perinatal Project.	None specified.	Cox, Holden, Sagovsky, 1987.
Patient Health Questionnaire (PHQ – 9)	The PHQ-9 is a brief (9-item) self-administered tool designed to assess and monitor depression severity. Originally designed for use in a primary care setting, the tool has been used in a variety of settings, including home visitation.	Adults; universal.	None specified.	Free; in the public domain.	Drs. Robert L. Spitzer, Janet B.W. Williams, and Kurt Kroenke.

Adult Education and Employment

Employment Hope Scale (EHS-21, EHS-14 and PEBS)
Overview

The Employment Hope Scale (EHS-21, EHS-14 and PEBS) family of tools was originally designed to measure an
aspect of psychological self-sufficiency to complement the dominant paradigm of economic self-sufficiency in workforce development. These client-centered measures capture the state of one's psychological empowerment, futuristic motivation, skills and resources, and goal-orientation as a developmental process.

The Employment Hope Scale (EHS), the lengthiest of these three tools at 21 questions, measures an individual's self-worth, perceived capability, futuristic self-motivation, utilization of skills and resources, and goal orientation using a 10 point scale.

The Short Employment Hope Scale (EHS-14) uses a 10 point scale to identify an individual's agreement with 14 items related to psychological empowerment, futuristic self-motivation, utilization of skills and resources, and goal orientation.

The Perceived Employment Barriers Scale (PEBS) is a 20 item assessment of possible employment barriers, including physical and mental health, labor market exclusion, child care, human capital, and soft skills.

Target Population

Individuals: female; male; limited skills/education; minorities – racial/ethnic; older workers; underemployed; unemployed; youth – out-of-school/drop-out.

Training

Training is recommended, however none is specified

Cost

Free; in the public domain

Available at:
http://ecommons.luc.edu/socialwork_facpubs/25/.

Further information is available at:
http://ecommons.luc.edu/cgi/viewcontent.cgi?article=1027&context=socialwork_facpubs&sei-redir=1&referer=http%3A%2F%2Fwww.bing.com%2Fsearch%3Fq%3DEmployment%2BHope%2BScale%26src%3 Die9tr#search=%22Employment%20Hope%20Scale%22.

Learning Needs Screening Tool

Overview

This two-page assessment tool is designed to help identify past learning difficulties that may affect the ability of a person to obtain employment. The questions address issues such as simple arithmetic and spelling, as well as other family members' learning experiences. The purpose of this tool is not to diagnose learning disabilities, but
to identify resources and services that might help a person secure stable and meaningful employment.

Target Population

Adult jobseekers; TANF population.

Training

No information available.

Cost
No information available.

Available at:

https://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW18.pdf

LAM Assessment of Stage of Employment Readiness (LASER)

Overview
The LASER was developed in order to measure client's readiness to ward return to work. it is a 14 question self rated questionnaire. It was designed to predict the subsequent employment outcomes, with three stages of readiness for interpretation: pre contemplation, contemplation and action, based on the parallel model for stage of work readiness (Lam 1997)

Target Population

Adult Job seekers

Training
No information provided

Cost
Free; in the public domain

Available at:

Basic Needs and Services

Hunger Vital Sign

Overview

Drs. Erin Hager and Anna Quigg and the Children's HealthWatch team validated the Hunger Vital Sign™, a 2- question screening tool, suitable for clinical or community outreach use, that identifies families with young children as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

- " Within the past 12 months we worried whether our food would run out before we got money to buy more."
- " Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

Healthcare providers, social service providers, community-based outreach workers, teachers, and anyone who works with young children can use the Hunger Vital Sign™ to identify young children and families who may need assistance.

Target Population

Young children and families (universal).

Training

None specified.

Cost

None.

Available at:

http://www.childrenshealthwatch.org/wp-content/uploads/FINAL-Hunger-Vital-Sign-4-pager1.pdf.

Homelessness Prevention & Diversion Assessment Tool

Overview

This assessment tool will be of use to communities attempting to determine if a household needs prevention or diversion assistance. This should be administered as soon as a household comes into an assessment center to determine if they will need shelter or if they can be assisted and housed without having to enter the homeless assistance system.

Target Population
Families at risk of homelessness.

Training
None.

Cost
None.

Available at:
https://icalliances.squarespace.com/s/Prevention-diversion-tool.pdf

Child Development and Parenting Skills

Ages and Stages Questionnaire (ASQ-3)

Overview

The Ages and Stages Questionnaires-3rd Edition (ASQ-3) is a developmental screening system made up of 21 age-
specific questionnaires completed by parents or primary caregivers of young children. Each questionnaire can be completed in 10-15 minutes. Completing a questionnaire independently requires reading skills at a 4th to 6th grade level. If parents or caregivers are unable to complete questionnaires independently (due to cognitive disability, limited reading skills, etc.), teachers and program staff can provide support.

The questionnaires can identify children who are in need of further assessment to determine whether they are eligible for early intervention or early childhood special education services. The ASQ-3 Information Summary sheet provides a list of potential actions that may follow the screening, based on the child's scores and the parent's responses to the overall questions. For example, if the child's scores indicate typical development, children can be rescreened at 4- to 6-month intervals, and parents can be given suggestions for activities to do with their children to support their continued development. If a child's scores indicate the need for further assessment, a referral to a community agency or specialist may be made.

Target Population

Children ages 1 to 66 months.

Training

Training DVDs are available that show staff how to screen, score, and interpret the results of the ASQ-3. Programs may also arrange for onsite seminars or attend the training seminars held every year by the developers of ASQ-3. Costs associated with the seminars range from $2,500 to $3,500 while the training DVDs can be purchased separately for $55.00. Detailed information is available on the company's website (http://www.agesandstages.com/training/). Contact the Division of Community Action Agencies - FaDSS Program for a list of local trainers.

Cost

The ASQ-3 Starter Kit, which includes 21 paper masters of the questionnaires (in English or in Spanish), scoring sheets, a CD-ROM with printable PDF questionnaires, the ASQ-3 User's Guide, and a laminated ASQ-3 Quick Start Guide, cost $295.00. The starter kit contains all 21 questionnaires. Additional copies of the 21 questionnaires (in English or in Spanish) can be purchased separately for $240.00.

Available at:

http://agesandstages.com/products-services/asq3/.

Ages and Stages Questionnaire: Social Emotional (ASQ:SE-2)

Overview

The Ages and Stages Questionnaires: Social-Emotional (ASQ:SE-2) is a developmental screener designed to complement the Ages and Stages Questionnaires by providing information specifically addressing the social and emotional behavior of children. The ASQ:SE-2 identifies infants and young children whose social or emotional development requires further evaluation to determine if a referral for intervention services is necessary.

The original ASQ:SE was developed as a parent-completed screening tool, and it is best that parents or caregivers complete the screeners. However, child care providers, teachers, and early interventionists can also complete the ASQ:SE-2. Parents, caregivers, and teachers do not need to have technical training to complete the ASQ:SE.

Target Population
Children 2 months to 60 months of age.

Training

Training is available through the publisher on how to administer and score ASQ:SE-2. There are many different
types of training available including onsite seminars and training by DVD. Costs associated with the training seminars range from $2,500 to $3,500 while the training DVDs can be purchased separately for $55.00. Detailed
information is available on the company's website.
http://www.agesandstages.com/training/. Contact the Division of Community Action Agencies - FaDSS Program for a list of local trainers.

Cost

A complete ASQ:SE -2 Starter Kit costs $295.00. This kit contains everything needed to start screening children with
the ASQ:SE-2: eight photocopiable print masters of the questionnaires and scoring sheets, a CD-ROM with printable PDF questionnaires, and the ASQ:SE-2 User's Guide. The Starter Kit is also available with Spanish questionnaires. Additional master copies of the eight questionnaires (in English and Spanish) can be purchased separately for $175.00.

Available at:

http://agesandstages.com/products-services/asqse-2/.

Casey Life Skills

Overview

This measure consists of 113 items that assess skills, knowledge, and awareness in seven areas (Daily Living, Self
Care, Relationships and Communication, Housing and Money Management, Relationships and Communication, Career and Education Planning, and Looking Forward). The CLS-Youth was created specifically for adolescents and young adults living in foster care but can be useful for other populations (including those involved in juvenile justice facilities, employment centers, homeless shelters, and other social service providers). Additionally, the measure was created with the goal of making it as free from gender, ethnic, and cultural biases as possible. This measure is intended to be used with adolescents and young adults ages 14 to 21. Practitioners should allow 30-40 minutes for a respondent to complete the entire measure. However, having respondents complete one area at a time is also appropriate. Both web-based and paper and pencil versions of this measure are available.

The CLS-Youth can be used in its entirety as a measure of progress over long time intervals. Additionally, individual areas on the measure may be used alone as a post-assessment after a period of working on improving specific skills or as a repeated measure to assess progress in that area over time. The amount of time that should be allowed between assessments to gauge progress can vary depending on the adolescent's or young adult's needs,
the service provider's program requirements; monthly, quarterly, or annual assessments may be appropriate for each individual set of circumstances.

Target Population

Young adults ages 14 to 21.

Training

None.

Cost

None.

Available at:

https://www.casey.org/casey-life-skills/

Adult–Adolescent Parenting Inventory (AAPI)

Overview

The AAPI-2.5 is an inventory designed to assess the parenting and child rearing attitudes of adolescents and adult parent and pre-parent populations. Based on the known parenting and child rearing behaviors of abusive parents, responses to the inventory provide an index of risk for practicing behaviors known to be attributable to child abuse and neglect. The AAPI-2.5, like its predecessor the AAPI is a validated and reliable inventory used to assess parenting attitudes. Over 30 years of research has gone into refining the AAPI. There are two forms of the AAPI-2.5: Form A and Form B. Each form has 40 items presented on a five point Likert Scale of Strongly Agree, Agree, Disagree, Strongly Disagree and Uncertain. Traditionally Form A is offered as pretest and Form B as a posttest.

Target Population

Adult parent and pre-parent populations as well as adolescent parent and pre-parent populations. Adolescent's ages 12 to 19 years old are appropriate

Training

Training provided through Nurturing Parenting.

Cost

Cost associated with training and assessments. For more information visit: https://www.nurturingparenting.com/ecommerce/category/5/

Available at:

More information about assessment available at https://assessingparenting.com/assessment/aapi. Assessments may be purchased online through https://www.nurturingparenting.com/ecommerce/category/5/

Domestic Violence

Relationship Assessment Tool

Overview

The Relationship Assessment Tool is a screening tool for intimate partner violence (IPV). This tool, developed by
Dr. Paige Hall and colleagues in the 1990's, was originally named the WEB (Women's Experiences with Battering). Terminology has since evolved in the field and the unique characteristic of this assessment tool which measures women's experiences in abusive relationships is more accurately reflected by using the name Relationship Assessment Tool.

The Relationship Assessment Tool (WEB) assesses for emotional abuse by measuring a woman's perceptions of her vulnerability to physical danger and loss of power and control in her relationship. Research has shown that the tool is a more sensitive and comprehensive screening tool for identifying IPV compared to other validated tools that focus primarily on physical assault.

The tool is effective in identifying IPV among African-American and Caucasian women. The tool has not been validated for use with same sex partners; however, it can be adapted for use with same sex couples by changing "he" to "my partner" in the screening tool.

The tool can be self-administered or used during face-to-face assessment by a provider. A series of 10 statements ask a woman how safe she feels, physically and emotionally, in her relationship. The respondent is asked to rate how much she agrees or disagrees with each of the statements using a 6 point scale. A score of 20 points or higher
 is considered positive for IPV.

Target Population

Adults; universal.

Training

Training is required. Connected Parents Connected Kids training provided
https://institutefsp.org/

Cost

A fee of $25 includes the cost of training and use of the Relationship Assessment Tool.

Available at:

A sample of the tool may be accessed at https://www.futureswithoutviolence.org/healthy-moms-happy-babies-using-the-relationship-assessment-tool-and-universal-education/.

Family Functioning

Ecomap

Overview

Based in Family Systems Theory, the Ecomap is an assessment, planning and intervention tool used to document
the family unit's relationship to outside systems. According to the tool's developer, the Ecomap portrays an overview of the family in their ecological situation; pictures the important nurturant or conflict-laden connections between the family and the world; demonstrates the flow of resources, or lacks and deprivations; and highlights the nature of the interfaces and points of conflicts to be mediated, bridges to be built, and resources to be sought and mobilized.

Target Population

Families; universal.

Training

None specified. The National Resource Center for Family Centered Practice provides training on this tool as a
component of its Family Development Certification Training.

Cost

None.

Available at:

Sample Ecomaps are provided in Family Development Certification training materials. For further information, visit
http://clas.uiowa.edu/nrcfcp/.

Genogram

Overview

Based in Family Systems Theory, the Genogram provides a picture of the family system through time. It enables an
individual to step out of the system, examine it, and gain insight into complex family dynamics that have developed over time and how they affect the current situation. The Genogram can provide an intergenerational history that can assist in identifying extended family support systems. The Genogram is developed with the full
participation of the family.

Target Population

Families, Universal.

Training

None specified. The National Resource Center for Family Centered Practice provides training on this tool as a
component of its Family Development Certification Training.

Cost

None.

Available at:

Sample Genograms are provided in Family Development Certification training materials. For further
information, visit http://clas.uiowa.edu/nrcfcp/.

Timeline

Overview

Based in Family Systems Theory, the Timeline is an assessment tool used to observe the relevant events
experienced by the family over a period of time.

Target Population

Families; universal.

Training

None specified. The National Resource Center for Family Centered Practice provides training on this tool as a
component of its Family Development Certification Training.

Cost

None.

Available at:

Sample Timelines are provided in Family Development Certification training materials. For further information, visit
http://clas.uiowa.edu/nrcfcp/.
Life Skills Progression

Overview
The LSP is an outcome measurement instrument designed for use by programs serving low income parents of children aged 0-3 years, though it may be used to age 60 months. The LSW utilizes 43 parent and child scales which describe a spectrum of skills and abilities across domains such as relationships, education and employment, parent and child health, mental health and substance use, and basic needs. The tool can be used to collect outcomes data, monitor family strengths and needs, engage in case planning, and provide data for research purposes.

Programs that use the LSP must utilize the LSP handbook, ensure training, and use a standardized child development screening tool (such as the ASQ).
Target Population

Low income parents of children aged 0-3.

Training

Training information may be obtained from the developer at
http://www.lifeskillsprogression.com/public/home/training.

Cost

A fee of $49.95 covers the cost of the LSP book and a CD with copies of the tool.

Available at:

Information about the Life Skills Progression tool is available at
http://www.lifeskillsprogression.com/public/home/faq.

Health, Mental Health, and Substance Abuse

AC-OK Screen for Co-Occurring Disorders

Overview

The AC-OK Screen for Co-Occurring Disorders is a rapid-response screen instrument designed to identify the co-
existing disorders of mental health and trauma related mental issues, and substance abuse. The tool is intended to help determine if the person requesting help needs to be clinically assessed for co-existing disorders of mental health, trauma-related mental health, and substance abuse.

The screen includes 15 yes/no questions aimed at experiences over the past year. Instructions for scoring answers across three domains are provided.

Target Population
Adults; designed for use with adults seeking treatment.

Training
None specified.

Cost
Free; public domain.

Available at:

A review of the validation study, instructions for use, and the tool may be accessed at
https://pmc.ncbi.nlm.nih.gov/articles/PMC4007742/ .
Tool: https://www.smchealth.org/sites/main/files/file-attachments/acokenglish.pdf?1474580056

The CAGE and CAGE-AID Questionnaires

Overview

The CAGE Questionnaire is a simple, four question screen for alcohol abuse. The CAGE Questionnaire has also been adapted for screening of illicit drug use (the CAGE-AID). A score of two or more positive answers is considered clinically significant.

Target Population

Adults; originally intended for use in a primary care setting.

Training

None specified.

Cost

Free; in the public domain.

Available at:

The CAGE Questionnaire and scoring instructions may be accessed at https://portal.ct.gov/-/media/dph/maternal-mortality/cage-substance-screening-tool.pdf . The CAGE-AID questionnaires may also be accessed at https://www.agencymeddirectors.wa.gov/Files/cageform.pdf

Edinburgh Postnatal Depression Scale (EPDS)

Overview

The Edinburgh Postnatal Depression Scale (EPDS) is a short (10-item) self-administered tool originally designed to identify the presence of depression in women following childbirth, although it has been used during pregnancy and other periods, including with fathers. The scale measures symptoms of depression including sadness, fear, anxiety, self-blame, and sleeping difficulties. The tool is administered via parent self-report 6–8 weeks after delivery.

Target Population

Pregnant women of any age and women up to one year postpartum.

Training

None specified.

Cost

None.

Patient Health Questionnaire (PHQ-9)

Overview

The PHQ-9 is a brief (9-item) self-administered tool adapted from the PHQ family of measures. Designed to assess
and monitor depression severity, the tool was originally validated for use in a primary care setting. Since the original validation studies, the PHQ-9 has been used in a variety of settings, including home visitation.

The tool consists of 9 items designed to assess the frequency and severity of depression symptoms over the past two weeks. Implementation and scoring instructions, including proposed action steps, are available.

Target Population

Adults; universal.

Training

None specified.

Cost

Free; in the public domain.

Appendix A – Assessment and Screening Protocol

The assessment and screening protocol included in this appendix is based on those developed and adopted by the Iowa Family Support Leadership Group. Adaptations have been made in order to accommodate the specific standards of practice used by the Family Development and Self-Sufficiency Program (FaDSS).

1.0 Purpose

This document contains guidelines for the assessment and screening of families participating in the FaDSS program. This protocol will assist in assuring professionals across all FaDSS programs consistently follow quality practices that lead to the identification of families in need of additional supports and services. Universal screening/assessment practices are used to normalize the process and result in early identification of the strengths and barriers being assessed or screened.

2.0 Policy

The policy of the Family Development and Self-Sufficiency Program is to:

- Ensure that all families participating in the FaDSS program will be assessed or screened for general family functioning, domestic violence, and child development for program participants aged 0-5.
- Ensure that families participating in the FaDSS program will be screened or assessed for adult education and employment, basic needs and services, and health, mental health, and substance abuse when indicated or appropriate.

Further, it is the policy of the Family Development and Self-Sufficiency Program that:

- Assessment and screening will be completed in a consistent manner across all programs using valid, reliable tools.
- Staff will be trained to provide high-quality screening and assessment when required and appropriate.
- Assessment and screening are not viewed as a singular event, but rather may be repeated at intervals as indicated by the tool's developers or based on staff observations.
- Staff must not only be familiar with referral resources available in their community, but actively seek to connect families with those services, provide follow-up, and coordinate care with third party providers over the course of program enrollment.

3.0 Definitions

- Screening – An initial gathering of information used to determine if an individual is likely to present with an issue or barrier. A positive screen indicates that referral to a third party service or support may be appropriate for further assessment or assistance.

- Assessment – An in-depth gathering of information used to determine or confirm the existence and severity of an identified issue or barrier. The assessment may be used to develop a plan to address the known issue or barrier.
- Referral – Formal notification of requested services on behalf of a family to a third party service or support.

4.0   Scope

- All families participating in the FaDSS program will be assessed for general family functioning, including strengths and barriers to self-sufficiency.
  - Staff will assist families with exploration of additional supports and resources to capitalize on family strengths and address family barriers.
- All families participating in the FaDSS program will be screened for domestic violence. If the adult family member has not had an intimate relationship within the prior 6 months, administering the tool may be waived. However, it may be relevant and should be determined on an individual basis.
- All FaDSS grantees will perform child development screening for program participants aged 0-5 as outlined:
  - Grantees will perform universal screening of child development for program participants aged 0-5 that are not co-enrolled in a program that performs or obtains child development screening (such as Head Start, Early Head Start, Early ACCESS, a child- focused home visitation program, or other program that performs or obtains child development screening).
  - If not performing universal screening of child development directly, grantees will collaborate and coordinate care with third parties to support child development programming and interventions for program participants aged 0-5.
  - Each grantee shall set forth a plan to perform child development screening or coordinate care in support of child development for program participants aged 0-5 in the most recent, approved grant application.
- All FaDSS grantees will tailor approaches to screening and assessment of adult education and employment, basic needs and services, and health, mental health and substance abuse issues according to the needs of participating families.
  - Each grantee's approach to screening and assessment of these areas shall be set forth in the most recent, approved grant application.
- Results of screening may indicate the following:
  - The individual is likely to benefit from a referral to third party services and supports for further assessment or assistance,
  - A referral is not warranted at this time, or
  - The screening will be repeated at a later time.
- Results of screening are used to inform the delivery of FaDSS core components for each family, including goal setting, referral and support, and advocacy and self-empowerment.

5.0   Procedures

Assessment and Screening Techniques

Family members participating in the FaDSS program shall be assessed and screened for the areas identified in Section 4.0 Scope. Further guidance is provided as follows:

- Family members may choose to decline the assessment or screen. Staff shall document the decline, the reason for the decline, and the date the family declined to complete the assessment or screening tool.
- In instances where an assessment or screening has been or will be completed by a third party provider, staff shall document successful and unsuccessful efforts to collaborate and coordinate care in support of the issue being screened for or assessed.
- If an individual acknowledges the presence of the barrier or issue being screened for or assessed, this represents the end of the screening/assessment and a signal to initiate further referral to a third party service or support.

Administration Timeframes – Assessment and Screening

	Initial	Follow-up
General Family Functioning	Perform within 60 days of enrollment.	At minimum annually thereafter or as identified by the tool's developers.
Domestic Violence	Perform within 90 days of enrollment.	At minimum annually thereafter or as identified by the tool's developers.
Child Development (Children 0-5)	Perform within 120 days of enrollment.	At minimum annually thereafter or as identified by the tool's developers.
Mental Health	*Suggested:* Perform within 90 days of enrollment or as set forth in the grant application.	At minimum annually thereafter or as identified by the tool's developers.
Substance Abuse	*Suggested:* Perform within 120 days of enrollment or as set forth in the grant application.	At minimum annually thereafter or as identified by the tool's developers.
Other	*Suggested:* Perform as indicated by the tool's developers or as set forth in the grant application.	At minimum annually thereafter or as identified by the tool's developers.

Initial assessment and screening should occur after the staff has an established relationship with the family. The assessment or screening may be repeated dependent upon the score of the instrument and observations by the staff. At a minimum, adults should be screened annually. If the screening is positive, a referral is made, and the family connects with a third party related to the screening outcome, the FaDSS specialist does not need to repeat that specific screening. However, the specialist is encouraged to

collaborate with the third party offering related support.

Additional Considerations

It may be necessary to perform the assessment or screening in the primary language of the individual. Staff should avoid the assumption that a speaker of any given language can also read that language. The family may not be functionally literate in any language. To the extent possible, concepts should be communicated in the most appropriate language for the family.

Staff shall ensure that individuals are screened in a private setting and that information shared remains confidential. Staff shall not function outside of their professional role.

Procedure for Scoring and Interpreting

Staff shall follow the scoring and referral protocols, including cut-off scores for referral, for the adopted screening tool (these protocols are often identified in the tool's accompanying training materials).
Families and individuals with no-risk or low-risk scores for the adopted screening tool will be provided with general, educational information pertaining to the barrier being screened for or assessed.

Role of Supervision

The Supervisor must include the review of completed screens and assessments as part of their reviews of family records. The review should ensure that the screening results align with other documentation contained in the family file. The review must also ensure that if further evaluation is needed that a referral was made and the family is engaged in services. Failure to engage in services will not result in program discharge.

Training

When required for administration of a selected screening tool, staff shall complete training prior to implementation. When training is optional, staff are encouraged to complete training prior to implementation.

Training should not only emphasize the technical aspects of the screening or assessment tool, but also the more complex dynamics of the barrier or issue to be screened/assessed.

Many screening tools come with training materials, and some offer alternative questions to pose for unique audiences, such as diverse cultural groups. In general, screening procedures must incorporate provisions to sensitively address individual differences that might affect the reliability of responses.

Appendix B – Protocol for Submission and Review of Tools

1.0   Purpose

This document provides guidelines for the submission of assessment and screening tools for use in Family Development and Self-Sufficiency Program (FaDSS). This protocol will assist the FaDSS program in achieving three overarching goals:

   1. Allow flexibility for local FaDSS programs to tailor approaches to screening and assessment based on community and family needs by identifying and proposing additional tools for use with families.

   2. Encourage resource-sharing among local FaDSS programs related to research and best practices for implementing screening and assessment tools.

   3. Ensure that the FaDSS model utilizes the best available tools and practices when implementing the screening and assessment component.

2.0 Procedures

Fiscal Year 2026
Grantees may propose additional screening and assessment tools for consideration and approval by the FaDSS Grant Application Committee as a component of the 2026-2028 grant cycle.

Step 1: Complete the template provided below and submit with your Fiscal Year 2026-2028 Grant Application.

Step 2: A review of proposed tools will be conducted in conjunction with the grant review process.

Step 3: Notification will coincide with the notice of grant awards.

Fiscal Year	Submission Requirements	Date Due	Reviewed By	Notification of Acceptance
2026 grant application and approval process.	Complete the template provided and submit with FY 26-28 FaDSS Grant Application.	*Grant Application due date.	Grant Application Review Committee	Provided with notice of grant award.

Subsequent Fiscal Years

Grantees may propose additional screening and assessment tools for consideration and approval at any time during or after fiscal year 2026.

Step 1: Complete the template provided below in addition to a FaDSS Work Plan Amendment. Submit both to FaDSS state staff.
Step 2: A review of proposed tools will be conducted by state program staff.
Step 3: Notification procedures will align with those for approval of work plan amendments.

Fiscal Year	Submission Requirements	Date Due	Reviewed By	Notification of Acceptance
During and after fiscal year 2026	Submit a completed FaDSS Work Plan Amendment and the template provided.	30 days prior to anticipated implementation.	FaDSS State Program Staff.	Provided within 30 days of receipt of completed work plan amendment and template.

Additional Review of Screening and Assessment Tools

Tools may be submitted by grantees at any point beginning in Fiscal Year 2026 by completing the template provided below.

State staff will undertake a thorough review of all selected screening and assessment tools included in this document every three years, in alignment with the FaDSS grant application cycle.

3.0 Template

[GRANTEE NAME, DATE SUBMITTED]

[Name of Tool]

Overview
[Provide an overview the screening or assessment tool you propose to use. Include your rationale for selecting this tool for use in your service area, including any gaps in screening/assessment that this tool may fill.]

Evidence
[Provide a discussion of the evidence supporting use of this tool with the FaDSS population. Include links to research showing the tool to be valid and reliable, when available. Also include rating information from national registries, when available].

Target Population
[Identify the population targeted by the screening or assessment tool, including age range, gender, and service setting, if known.]

Training
[Identify training requirements or recommendations, including cost, if known.]

Cost
[Identify licensing or purchasing costs, if known.]

Available at:
[Provide links, when available, to access the proposed tool, accompanying instructions/training, or relevant research.]