

# Build a fuller picture of each family's strengths and needs



## Environmental Screening Questionnaire (ESQ™), Research Edition

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Get a fuller picture of each family's strengths and needs—and guide your decision-making about next steps—with the newest tool from the developers of the renowned ASQ® screeners. The free **Environmental Screening Questionnaire (ESQ™)** is a quick, parent-completed screening tool that gathers vital information about the home environments of children from ages birth through 6. When used in tandem with ASQ, the ESQ screener gives you a more accurate, balanced picture of each child's developmental status, risk and protective factors, and overall well being.

### HOW IT WORKS

After you download your free copy of ESQ, give parents the quick and easy screener to complete. In about 10–15 minutes, they'll answer questions in six key areas:

- Education and Employment
- Housing
- Child and Family Health
- Economics and Finances
- Family Life
- Community

After scoring the ESQ in just 2–3 minutes, discuss results with the family and plan follow-up steps using the ESQ Referral Summary. If the score is high, follow up with support and additional resources and ask the family to fill out ESQ again in 6 months. If the score is lower, the family may not need additional support unless a caregiver has indicated a concern.

### BENEFITS

- Highlights a family's strengths and protective factors
- Identifies risk factors that might affect a parent's ability to support healthy development
- Helps you determine what types of resources and referrals a family might need
- Provides an easy way to monitor outcomes for children and families
- Meets recommendations for social determinants of health screening by the American Academy of Pediatrics\*

**GET ESQ FOR FREE:**  
**[bpub.fyi/ESQ](http://bpub.fyi/ESQ)**

The image shows a sample of the Environmental Screening Questionnaire (ESQ) form. It is titled 'Environmental Screening Questionnaire' and 'RESEARCH EDITION'. The form includes a caregiver's name and date. It is divided into three main sections: A. Education and Employment, B. Housing, and C. Child and Family Health. Each section contains several questions with 'YES', 'NO', and 'CONCERN' response options. Section A includes questions about high school/GED graduation, language problems, reading or writing problems, employment, and safety. Section B includes questions about household crowding, need for help with transportation, need for help with food, need for help with utilities, and need for help with home repairs. Section C includes questions about caregiver health, child health, and family health. The form also includes a section for 'If you checked CONCERN, what kind of help do you need?'.

### ESQ At A Glance

#### Type of screening

Social determinants of health

#### Age range

Birth through age 6

#### Who uses it

Home visitors, parent educators, early interventionists, Head Start and Early Head Start professionals, social workers, pediatricians

#### Number of questions

30 questions

#### Languages available

English and Spanish

A brief, parent-completed screening tool that gathers important information about the home environments of children and helps guide decision-making about referral options.

<b>Type of screening</b>	Social determinants of health/environmental conditions
<b>Purposes</b>	Identifies risk and protective factors in a child's environment; helps professionals consider families' needs, organize referral information, and monitor outcomes for families.
<b>Areas covered</b>	Education and Employment; Housing; Child and Family Health; Economics and Finances; Family Life; and Community
<b>Age range</b>	Birth through 6 years
<b>Who completes it</b>	Parents and caregivers
<b>Who scores and uses results</b>	Home visitors, parent educators, early interventionists, Head Start and Early Head Start professionals, social workers, pediatricians
<b>Number of questions</b>	30 questions
<b>Sample Questions</b>	<i>Have you or your child/children witnessed violence in your home or neighborhood?</i> (Housing) <i>Do you worry about having enough food for your family?</i> (Economics and Finances)
<b>Time to complete</b>	ESQ takes 10–15 minutes to complete by interview or independently
<b>Time to score</b>	2–3 minutes
<b>Scores provided</b>	6 raw scores, one for each area, plus overall score
<b>Training</b>	Specific training is not needed to use the tool, but professionals need background or training in working with diverse families and families exposed to environmental challenges.
<b>Available languages</b>	English and Spanish
<b>Research</b>	A study with 324 parent–child dyads (72 recruited from social services agencies in a mid-sized suburban city in the northwestern United States and 252 parent–child dyads recruited online from 24 U.S. states) was published in Fall 2015 <sup>1</sup> . The study found a <b>correlation with ESQ and Parenting Stress Index-Short Form (PSI-SF)</b> scores for the online sample. In addition, the ESQ showed <b>moderate correlations with the ASQ:SE</b> for the online sample at 6 and 48 month intervals and with ASQ:SE cutoff scores at 60 months. Utility measures showed that <b>professionals found ESQ to be helpful</b> in assessing family needs, and that caregivers were able to <b>complete the tool in a relatively short period of time</b> .

<sup>1</sup>Moxley-South, K., Squires, J., Lindstrom, L., & Kerewsky, S.D. (2015). The Environmental Screening Questionnaire: A brief family risk and resilience screening. *Journal of Human Services*, 35, 1, 62–72.

# Environmental Screening Questionnaire

RESEARCH EDITION



Caregiver's name: Jane Smith Date: July 22, 2020

Child's/children's name(s): John Smith

**INSTRUCTIONS:** Check **YES** or **NO** in the box that best fits your current situation. Check **CONCERN** if this is a problem for you or your family.

A. Education and Employment	YES	NO	CONCERN	
1. Are you a high school or GED graduate?	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> X	<input type="checkbox"/> V	<u>0</u>
2. Do language problems get in the way of your finding or keeping a job?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
3. Do you have problems with reading or writing?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
4. Are you employed or enrolled in classes or job training?	<input type="checkbox"/> Z	<input checked="" type="checkbox"/> X	<input checked="" type="checkbox"/> V	<u>15</u>
5. Are you employed at the level you would like to be?	<input type="checkbox"/> Z	<input checked="" type="checkbox"/> X	<input type="checkbox"/> V	<u>10</u>
If you checked CONCERN, what kind of help do you need?				
<i>I could use help finding job classes or training</i>				<u>25</u> T
B. Housing	YES	NO	CONCERN	
1. Do you consider yourself homeless? (Examples include living in a shelter or car, or camping because you don't have a home or apartment.)	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
2. Do you need to live with friends or family not by choice? (For example, you moved in with family because you can't afford housing.)	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Z	<input type="checkbox"/> V	<u>10</u>
3. Have you moved three or more times in the past year?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
4. Is your housing in below-average condition? (For example, you have no hot or cold running water, a leaky roof, or an outdoor toilet.)	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
5. Have you or your child/children witnessed violence in your home or neighborhood?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
If you checked CONCERN, what kind of help do you need?				<u>10</u> T
C. Child and Family Health	YES	NO	CONCERN	
1. Do you or does anyone in your home have major health problems? (Major means the problem is chronic and affects everyday life.)	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
2. Do you and your family members have health insurance or access to regular medical and dental care?	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> X	<input type="checkbox"/> V	<u>0</u>
3. Does anyone in your home have alcohol or drug problems?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
4. Does anyone in your home have problems with depression, anger, or anxiety?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
5. Do you have a child with a learning or behavior problem?	<input type="checkbox"/> X	<input checked="" type="checkbox"/> Z	<input type="checkbox"/> V	<u>0</u>
If you checked CONCERN, what kind of help do you need?				<u>0</u> T

**INSTRUCTIONS:** Check **YES** or **NO** in the box that best fits your current situation. Check **CONCERN** if this is a problem for you or your family.

D. Economics and Finances	YES	NO	CONCERN	
1. Do you worry about having enough food for your family?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> z	<input type="checkbox"/> v	10
2. Does your income cover your monthly expenses?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
3. Do you currently use support programs such as WIC, food stamps (SNAP), or Medicaid?	<input checked="" type="checkbox"/> x	<input type="checkbox"/> z	<input type="checkbox"/> v	10
4. Do you have credit problems?	<input type="checkbox"/> x	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	0
5. Do you have access to a phone when you need to make calls?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
If you checked CONCERN, what kind of help do you need?				20 <sub>T</sub>
E. Family Life	YES	NO	CONCERN	
1. Do you have a spouse/partner who lives with you most of the time?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
2. Do you have frequent spouse/partner conflicts?	<input type="checkbox"/> x	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	0
3. Are you in a relationship in which you have been physically hurt, felt threatened, or been controlled by someone else?	<input type="checkbox"/> x	<input checked="" type="checkbox"/> z	<input type="checkbox"/> v	0
4. Do you have child care that meets your family's needs?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
5. Are you able to read, play, or sing with your child/children several times per week?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
If you checked CONCERN, what kind of help do you need?				0 <sub>T</sub>
F. Community	YES	NO	CONCERN	
1. Does your family join in community activities? (Examples include going to the library, playing sports, going to church, or attending other community events.)	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
2. Do you have people to talk to about your problems?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
3. Does your child/do your children get along well with other children?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
4. Do you have friends or family who can help when you need it?	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
5. Do you have regular transportation? (Examples include access to a car, bus, train, or subway.)	<input checked="" type="checkbox"/> z	<input type="checkbox"/> x	<input type="checkbox"/> v	0
If you checked CONCERN, what kind of help do you need?				0 <sub>T</sub>

55 OT

# ESQ Referral Summary

Child's/children's name(s): John Smith Caregiver's name: Jane Smith Date: July 22, 2020

Person completing the form: Danielle Whitfield Title: Family Services Specialist Rescreen Date: November 1, 2020

Use this form to summarize ESQ results and decision-making regarding referrals and follow-up action based upon ESQ results. See **ESQ™ Guide** for further information.

- **Score:** Record area scores from ESQ. Add areas scores for the overall total. *Follow up is recommended for any parent concern and for scores of 30 or higher in any area.*
- **Resource Need:** Review suggestions for resources in each ESQ area. Describe family requests and severity of need (significant or moderate). Indicate relevant resources and appropriate local agencies to assist with family needs.
- **Action Taken:** Describe action taken (contact information for referral agency, application, brochure, etc.). Indicate "No action taken" if family does not indicate a need for help.

ESQ AREA	SCORE	RESOURCE NEED			ACTION TAKEN
A. Education and Employment	25	GED classes Financial aid Other:	ESL classes Job training	College entrance Credit counseling	<i>Provided a list of job training classes in the area and will help coordinate attendance</i>
B. Housing	10	Public housing Other:	Homeless shelter		
C. Child and Family Health	0	Physical health Dental Other:	Mental health Insurance	Addiction Child behavior	
D. Economics and Finances	20	Food pantry TANF Other:	SNAP (food stamps) Credit counseling	WIC program	
E. Family Life	0	Couples counseling Child care Other:	Domestic violence Books for child	Respite care	
F. Community	0	Specify available resources (faith-based, sports, camp, arts, community garden, library, parenting group, play group, public transportation):			
Overall	Total 55				