

Fall 2003



Parent Interview

ID number: _____

Child name: _____

Birth date: _____

Date: _____

Interviewer: _____

Interview complete ☐

Westat

SC1. Will the interview be completed in whole or in part with an interpreter?

YES..... 1
NO..... 2 (GO TO INTRO)

IF YES: HAVE INTERPRETER SIGN CONFIDENTIALITY FORM BEFORE INTERVIEW

SC2. WHAT LANGUAGE WILL BE USED? _____

INTRODUCTION

Thank you for agreeing to talk with me. The purpose of this study is to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. We also want to learn more about the program your child attends. I want to talk with you so we can understand Head Start from a parent's point of view, including some information about your child's home environment. Information from this study will be used to help Head Start better serve all children and their families.

We are conducting these interviews in the fall, at the beginning of the Head Start program year, and we will be speaking with you again in the spring, at the end of the year. The interview will last about 60 minutes.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. There are no right or wrong answers to these questions. No one from the Head Start Program will see or hear your answers. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals. Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in Head Start programs. The things you tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you or may seem sensitive in nature. If that happens, just tell me and I will move on to the next question.

Before we begin, let me read the following to you:

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0970-0151 (expires 10/2006). The time required to complete this information collection is estimated to average 60 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we begin?

S. ELIGIBILITY

First, I need to double check the information we already have about you and [CHILD].

SC3. Is [CHILD] the correct name of your child? (CHECK SPELLING)

YES 1 (GO TO SC5)
NO 2

SC4. What is your child's correct name?

Name: _____

SC5. We want to interview the person most responsible for [CHILD]'s care. Are you that person?

YES 1 (GO TO SC7)
NO 2

SC6. Who is most responsible for [CHILD]'s care?

Name: _____

Address: _____

Phone: _____

TERMINATE INTERVIEW

SC7. What is your relationship to [CHILD]?

Biological Mother.....	01	(GO TO A1)
Biological Father.	02	(GO TO A1)
Adoptive Mother.....	03	(GO TO A1)
Adoptive Father.....	04	(GO TO A1)
Stepmother.....	05	(GO TO A1)
Stepfather.....	06	(GO TO A1)
Grandmother.....	07	
Grandfather.....	08	
Great Grandmother.....	09	
Great Grandfather.....	10	
Sister/stepsister.....	11	
Brother/stepbrother.....	12	
Other Relative or In-law (Female)	13	
Other Relative or In-law (Male).....	14	
Foster Parent (Female).....	15	
Foster Parent (Male).....	16	
Other Non-relative (Female).....	17	
Other Non-relative (Male).....	18	
Parent's Partner (Female).....	19	
Parent's Partner (Male).....	18	

SC8. Are you [CHILD]'s legal guardian?

YES.....	1	(GO TO A1)
NO.....	2	

SC9. Who is [CHILD]'s legal guardian?

Name: _____

Address: _____

Phone: _____

TERMINATE INTERVIEW

A. ABOUT YOUR CHILD AND FAMILY

A1. Is [CHILD] a boy or a girl?

BOY..... 1
GIRL..... 2

A2. What is [CHILD]'s birth date?

____/____/19____
MONTH DAY YEAR

A3. Is [CHILD] of Spanish, Hispanic, or Latino origin?

YES..... 1
NO..... 2 (GO TO A5)

A4. Which one of these best describes [CHILD]...

Mexican, Mexican American,
Chicano, 1
Puerto Rican, 2
Cuban, or 3
Another Spanish/Hispanic/Latino
group? 4

A5. What is [CHILD]'s race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

- a. WHITE..... 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
- c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) 03
- d. ASIAN INDIAN 04
- e. CHINESE 05
- f. FILIPINO 06
- g. JAPANESE..... 07
- g. KOREAN 08
- i. VIETNAMESE 09
- j. ASIAN (NOT FURTHER SPECIFIED)..... 10
- k. NATIVE HAWAIIAN..... 11
- l. GUAMANIAN OR CHAMORRO 12
- m. SAMOAN..... 13
- n. OTHER PACIFIC ISLANDER
(SPECIFY) 14
- o. ANOTHER RACE
(SPECIFY) 15

A6. In what country was [CHILD] born?

USA..... 1 (GO TO A8)
OTHER
(SPECIFY COUNTRY) _____ 2

A7. How many years has [CHILD] lived in the United States?

YEARS

A8. When did [CHILD] begin Head Start?

_____/_____/20_____
MONTH DAY YEAR

A9. How did you and [CHILD] first find out about this Head Start program? (Circle only one answer.)

FAMILY/FRIEND..... 01
REFERRAL FROM ANOTHER
AGENCY..... 02
WORD OF MOUTH..... 03
HEAD START CAME TO VISIT AT
OUR HOME 04
PREVIOUS CHILDREN IN HEAD
START 05
FLYER/MAILING..... 06
OTHER
(PLEASE SPECIFY) _____ 07

A10. Did you attend Head Start yourself?

YES..... 1
NO..... 2

A11. Have you had any other children attend Head Start, or do you have other children now attending Head Start? (Circle all that apply.)

a. OTHER CHILDREN ATTENDED HEAD START 1
b. OTHER CHILDREN NOW ATTENDING HEAD START 2
c. NEITHER..... 3

A12. Did [CHILD] participate in Early Head Start?

PROBE: Early Head Start is a program designed to provide services to enhance development of children from birth to three years of age.)

YES 1
NO 2 (GO TO B1)

A13. For how long?

|_|
YEARS

|_|_|
MONTHS

B. ACTIVITIES WITH YOUR CHILD

Now I have some questions about you and [CHILD] at home.

- B1. How many times have you or someone in your family *read* to [CHILD] in the past *week*?
Would you say... (Circle one response)

Not at all,	1
Once or twice,	2
Three or more times, or.....	3
Every day?	4

- B2. For about how long does [CHILD] enjoy being read to at a sitting?

PROBE: About how many minutes?

MINUTES			

B4. IF YES:

How many times have you done this *in the past week*? Would you say one or two times, or three or more?

One or two Times	Three or more
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
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90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

	YES	NO	One or two Times	Three or more
a. Told (him/her) a story?	1	2	1	2
b. Taught (him/her) letters, words, or numbers?	1	2	1	2
c. Taught (him/her) songs or music?	1	2	1	2
d. Worked on arts and crafts with (him/her)?	1	2	1	2
e. Played with toys or games indoors?	1	2	1	2
f. Played a game, sport, or exercised together?	1	2	1	2
g. Took (him/her) along while doing errands like going to the post office, the bank, or the store? ...	1	2	1	2
h. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?	1	2	1	2
i. Talked about what happened in Head Start?	1	2	1	2
j. Talked about TV programs or videos?	1	2	1	2
k. Played counting games like singing songs with numbers or reading books with numbers?	1	2	1	2

B5. *In the past month*, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

	<u>YES</u>	<u>NO</u>
a. Visited a library?	1	2
b. Gone to a movie?	1	2
c. Gone to a play, concert, or other live show?	1	2
d. Gone to a mall?	1	2
e. Visited an art gallery, museum, or historical site?	1	2
f. Visited a playground, park, or gone on a picnic?	1	2
g. Visited a zoo or aquarium?	1	2
h. Talked with [CHILD] about (his/her) family history or ethnic heritage?	1	2
i. Attended an event sponsored by a community, ethnic, or religious group?	1	2
j. Attended an athletic or sporting event in which [CHILD] was not a player?	1	2
k. Attended a church activity or church school?	1	2

B6. Which of the following do you have in your home?

	<u>YES</u>	<u>NO</u>
a. Comic books.....	1	2
b. Magazines for children	1	2
c. Magazines for adults, like <i>Newsweek</i> or <i>People</i> or <i>Sports Illustrated</i>	1	2
d. Newspapers	1	2
e. Catalogs	1	2
f. Religious books like a bible or prayer book.....	1	2
g. Dictionaries or encyclopedias.....	1	2
h. Other books like novels or biographies or non-fiction ...	1	2

C. DISABILITIES

Now I have a few questions about [CHILD]'s health.

- C1. Has a doctor or other health or education professional ever told you [CHILD] has any special needs or disabilities--for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

YES 1
NO 2 (GO TO D1)

- C2. Did someone on the Head Start staff suggest that you get a professional opinion?

YES 1
NO 2

- C3. How did the doctor or other health or education professional describe [CHILD]'s needs? Does [CHILD] have...

(ASK EACH ITEM)

	<u>YES</u>	<u>NO</u>
a. A specific learning disability	1	2
b. Mental retardation	1	2
c. A speech impairment.....	1	2
d. A language impairment	1	2
e. An emotional/behavioral disorder.....	1	2
f. Deafness	1	2
g. Another hearing impairment.....	1	2
h. Blindness.....	1	2
i. Another visual impairment.....	1	2
j. An orthopedic impairment	1	2
k. Another health impairment lasting six months or more .	1	2
l. Autism	1	2
m. Traumatic brain injury.....	1	2
n. Non-categorical/Developmental delay.....	1	2
o. Other (Please specify) _____	1	2

C4. (Does/Do) [CHILD]'s (disability/disabilities) affect (his/her) ability to learn?

YES 1
NO 2

C5. Does [CHILD] have an IEP, an Individualized Education Program or Plan?

YES 1
NO 2 (GO TO D1)

C6. Did you or another family member participate in developing an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP) for [CHILD]?

YES 1
NO 2

C7. Was this plan developed with Head Start staff, or with some other person or agency?

HEAD START 1
NOT HEAD START 2

C8. How satisfied are you with the plan? Would you say you are...

VERY DISSATISFIED, 1
SOMEWHAT DISSATISFIED, 2
SOMEWHAT SATISFIED, OR 3
VERY SATISFIED? 4

D. YOUR CHILD'S ACCOMPLISHMENTS

These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

D1. Can [CHILD] recognize...

- All of the letters of the alphabet,..... 1
- Most of them, 2
- Some of them, or..... 3
- None of them?..... 4

D2. How high can [CHILD] count? Would you say...

- Not at all, 1
- Up to five, 2
- Up to ten,..... 3
- Up to twenty, 4
- Up to fifty, or..... 5
- Up to 100 or more? 6

D3. Can [CHILD] button (his/her) clothes?

- YES 1
- NO 2

D4. Does [CHILD] hold a pencil properly?

- YES 1
- NO 2

D5. How often does [CHILD] like to write or pretend to write? Would you say...

- Never,..... 1 (GO TO D8)
- Has done it once or twice,..... 2
- Sometimes, or 3
- Often? 4

D6. Does [CHILD] mostly write and draw rather than scribble?

- YES 1
- NO 2

D7. Can [CHILD] write (his/her) first name even if some of the letters are backward?

- YES 1
- NO 2

D8. Does [CHILD] trip, stumble, or fall easily?

YES..... 1
NO..... 2

D9. When [CHILD] speaks, is (he/she) understandable to a stranger?

YES..... 1
NO..... 2

D10. Did [CHILD] start speaking later than other children you know? (REFERS TO PRIMARY LANGUAGE)

YES..... 1
NO..... 2

D11. Does [CHILD] stutter or stammer?

YES..... 1
NO..... 2

D12. Does [CHILD] ever look at a book with pictures and pretend to read?

YES..... 1
NO..... 2

D13. Does [CHILD] recognize (his/her) own first name in writing or in print?

YES..... 1
NO..... 2

D14. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

All of them, 1
Some of them, or..... 2
None of them?..... 3

E. YOUR CHILD'S BEHAVIOR

E1. In general, thinking about [CHILD] now or over the past month, tell me how well the following statements describe [CHILD]'s *usual* behavior: For each one, tell me if it is very true, somewhat true, or not true.

	<u>Very True</u>	<u>Somewhat</u> <u>Not</u>	<u>True</u> <u>True</u>
a. Makes friends easily?	1	2	3
b. Waits her or his turn in games or other activities?.....	1	2	3
c. Can't concentrate, can't pay attention for long?	1	2	3
d. Is very restless, and fidgets a lot?	1	2	3
e. Is unhappy, sad, or depressed?	1	2	3
f. Comforts or helps others?	1	2	3
g. Follows the rules when playing games with others?	1	2	3
h. Worries about things for a long time?.....	1	2	3
i. Accepts friends' ideas in sharing and playing?	1	2	3
j. Doesn't get along with other kids?	1	2	3
k. Feels worthless or inferior?	1	2	3
l. Has difficulty making changes from one activity to another?	1	2	3
m. Is nervous, high-strung, or tense?.....	1	2	3
n. Helps you in putting away toys, clothes, or dishes?	1	2	3
o. Is disobedient at home?	1	2	3
p. Depends on adults for what to do, and does not take the initiative?.....	1	2	3
q. When faced with a difficulty, tends to burst into tears?	1	2	3
r. Is willing to be helped when needed?	1	2	3
s. Sticks to an activity for as long as can be expected for a child of his age?.....	1	2	3
t. Acts without taking enough time to look at the problem or work out a solution?	1	2	3
u. Doesn't achieve anything constructive when in a mooney or sulky mood?	1	2	3

F. HOUSEHOLD RULES

Now I'd like to ask you a few questions about rules and setting limits in the home.

F1. In your house, are there rules or routines about. . .

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a. What TV programs [CHILD] can watch?	1	2	3
b. How many hours [CHILD] can watch TV?	1	2	3
c. What kinds of food [CHILD] eats?	1	2	3
d. What time [CHILD] goes to bed?	1	2	3
e. What chores [CHILD] does?	1	2	3

F2. Sometimes children mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?

YES 1
NO 2 (GO TO F4)

F3. About how many times in the past week?

|_|_| NUMBER OF TIMES

F4. Have you used "time out" or sent [CHILD] to (his/her) room in the past week for not minding?

YES 1
NO 2 (GO TO F6)

F5. About how many times in the past week?

|_|_| NUMBER OF TIMES

- F6. Here are some statements that parents of young children say about themselves. I'm going to read the statements, and after each one, please tell me how much like you that is: exactly, very much, somewhat, not much or not at all.

(USE RESPONSE CARD)

	<u>Exactly</u>	<u>Very much</u>	<u>Somewhat</u>	<u>Not much</u>	<u>Not at all</u>
a. I control my child by warning (him/her) about the bad things that can happen to (him/her).	1	2	3	4	5
b. There are times I just don't have the energy to make my child behave as (he/she) should.	1	2	3	4	5
c. My child and I have warm intimate moments together.	1	2	3	4	5
d. I teach my child that misbehavior or breaking the rules will always be punished one way or another.....	1	2	3	4	5
e. I encourage my child to be curious, to explore, and to question things.	1	2	3	4	5
f. I do not allow my child to get angry with me.	1	2	3	4	5
g. I am easygoing and relaxed with my child.	1	2	3	4	5
h. I believe that a child should be seen and not heard.	1	2	3	4	5
i. I make sure my child knows that I appreciate what (he/she) tries to accomplish.	1	2	3	4	5
j. I have little or no difficulty sticking with my rules for my child even when close relatives (including grandparents) are there.	1	2	3	4	5
k. I encourage my child to be independent of me.	1	2	3	4	5
l. Once I decide how to deal with a misbehavior of my child, I follow through on it.	1	2	3	4	5
m. I believe physical punishment to be the best way of disciplining.....	1	2	3	4	5

G. YOU AND YOUR FAMILY

BOX G-1A

RESPONDENT IS: (CIRCLE ONE.)

[CHILD]'s BIRTH/ADOPTIVE MOTHER.... 1 (ASK QUESTION ABOUT R)

SOMEONE ELSE..... 2 (ASK QUESTIONS ABOUT MOTHER)

Now I'm going to ask you some questions about (you/[CHILD]'s mother).

G1. What is (your/her) birth date?

____/____/19____
MONTH DAY YEAR

G2. How old (were you/was she) when (you/she) gave birth for the first time?

|____|____|
YEARS OLD

G3. (Are you/Is she) of Spanish, Hispanic, or Latino origin?

YES..... 1
NO..... 2 (GO TO G5)

G4. Which one of these best describes (you/her)...

Mexican, Mexican American, Chicano, 1
Puerto Rican, 2
Cuban, or 3
Another Spanish/Hispanic/Latino
group? 4

G5. What is (your/her) race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

- a. WHITE 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
- c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) 03
- d. ASIAN INDIAN 04
- e. CHINESE 05
- f. FILIPINO 06
- g. JAPANESE 07
- g. KOREAN 08
- i. VIETNAMESE 09
- j. ASIAN (NOT FURTHER SPECIFIED) 10
- k. NATIVE HAWAIIAN 11
- l. GUAMANIAN OR CHAMORRO 12
- m. SAMOAN 13
- n. OTHER PACIFIC ISLANDER
(SPECIFY) 14
- p. ANOTHER RACE
(SPECIFY) 15

G6. In what country (were you/was she) born?

- USA 1 (GO TO BOX G-7a)
- OTHER 2
(SPECIFY COUNTRY) _____

G7. How many years (have you/has she) lived in the United States?

|_____|_____|
YEARS

BOX G-7a

IF R IS BIRTH/ADOPTIVE MOTHER,
CHECK THIS BOX ☐ AND GO TO G14.
OTHERWISE, CONTINUE WITH G8.

G8. Is [CHILD]'s mother in this household?

- MOTHER IN HOUSEHOLD 1 (GO TO G14)
- MOTHER NOT IN HOUSEHOLD 2
- MOTHER DECEASED 3 (GO TO G15)

G9. Does [CHILD]'s mother live in the same city or county as [CHILD]?

YES 1
NO 2

G10. In the past year, on about how many days has [child] seen (his/her) mother?

|_|_|_| NUMBER OF DAYS

G11. How long has it been since [child] last had contact with (his/her) mother?

[CHILD] NEVER HAD CONTACT	00
DON'T KNOW	98

OR

a. NUMBER
:

1 1 1 1

b. UNIT

DAYS	1
WEEKS	2
MONTHS.....	3
YEARS	4

G12. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) mother?

YES..... 1
NO..... 2

G13. In the past 12 months, (have you, has your family) received any other financial support for [CHILD] from (his/her) mother?

YES..... 1
NO..... 2

G14. What is (your/her) current marital status?

MARRIED.....	1
SEPARATED	2
DIVORCED	3
WIDOWED	4
NEVER MARRIED	5

G15. What is the highest grade or year of school that (you/she) completed? (CIRCLE ONE RESPONSE.)

- UP TO 8TH GRADE 01
- 9TH TO 11TH GRADE 02
- 12TH GRADE BUT NO DIPLOMA 03
- HIGH SCHOOL DIPLOMA/EQUIVALENT 04
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA 05
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL 06
- SOME COLLEGE BUT NO DEGREE 07
- ASSOCIATE'S DEGREE 08
- BACHELOR'S DEGREE 09
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO
DEGREE 10
- MASTER'S DEGREE (MA, MS) 11
- DOCTORATE DEGREE (PHD, EDD) 12
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ... 13

CHILD'S MOTHER DECEASED OR NOT IN HOUSEHOLD,
CHECK THIS BOX... ☐
AND GO TO BOX G-25a. OTHERWISE, CONTINUE WITH G16.

G16. In the past 12 months, (have you/has she) taken any programs, courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes, or GED preparation classes?

- YES 1
- NO 2 (GO TO G20)

G17. What was the *main* reason for taking the programs, courses, classes, or workshops? (CIRCLE ONE RESPONSE)

- TO IMPROVE BASIC READING, WRITING,
OR MATH SKILLS 01
- TO HELP MY CHILD(REN)'S LEARNING 02
- TO RAISE MY SELF-ESTEEM (OR CONFIDENCE) 03
- TO GET A HIGH SCHOOL DIPLOMA OR GED 04
- TO IMPROVE WORK SKILLS OR KNOWLEDGE 05
- TO GET A RAISE OR PROMOTION AT WORK 06
- TO GET A JOB OR BETTER JOB 07
- TO MEET A REQUIREMENT FOR PUBLIC ASSISTANCE 08
- TO GET A DEGREE OR CERTIFICATE 09

G18. (Were you/was she) working on a degree or certificate?

PROBE: What kind of (degree/certificate)?

TRADE LICENSE OR CERTIFICATE	01
ASSOCIATE'S DEGREE.....	02
CHILD DEVELOPMENT ASSOCIATE (CDA)	03
BACHELOR'S DEGREE	04
GRADUATE DEGREE	05
OTHER (<i>PLEASE SPECIFY</i>).....	06
NO	07

G19. Did Head Start help (you/her) to take or locate the programs, courses, classes, or workshops that (you/she) took in the past 12 months?

YES	1	(GO TO G22)
NO	2	(GO TO G22)

G20. (Were you/Was she) interested in taking any programs, courses, classes, or workshops for work-related reasons or for personal interest in the past 12 months?

YES	1
NO	2 (GO TO G22)

G21. Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason that prevented (you/her) from taking the programs, courses, classes, or workshops?

ADMISSION REQUIREMENT/QUALIFICATION	01
TOO OLD TO TAKE ANY COURSES.....	02
HEALTH PROBLEM/DISABILITY	03
DON'T LIKE LEARNING	04
LACK OF CONFIDENCE	05
NO INFORMATION ABOUT OFFERING	06
LACK OF CHILD CARE	07
TIME CONSTRAINTS (HOME OR WORK).....	08
COST	09
INCONVENIENT LOCATION/TRANSPORTATION NOT AVAILABLE	10

G22. (Are you/Is she) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONE RESPONSE)

WORKING FULL-TIME (35 HOURS OR MORE/WEEK) ...	01	
WORKING PART-TIME.....	<u>02</u>	
LOOKING FOR WORK	03	} GO TO BOX G-25a
LAID OFF FROM WORK.....	04	
IN SCHOOL/TRAINING.....	05	
IN JAIL/PRISON	06	
IN MILITARY	07	
KEEPING HOUSE.....	08	
SOMETHING ELSE (SPECIFY) _____		

G23. Whom (have you/has she) worked for in the past 12 months?

[IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

NAME OF COMPANY _____

TYPE OF BUSINESS _____

G24. What kind of work (are you/is she) doing and what are (your/her) most important activities or duties?

KIND OF WORK _____

IMPORTANT DUTY _____

G25.

To be coded by home office only

OCCUPATION CODE: ()

Executive, Administrative, and Managerial Occupations	01
Engineers, Surveyors, and Architects	02
Natural Scientists and Mathematicians	03
Social Scientists, Social Workers, Religious Workers, and Lawyers	04
Teachers	05
Health Diagnosing and Treating Practitioners.....	06
Registered Nurses, Pharmacists, Dieticians, Therapists, and Physician's Assistants.....	07
Writers, Artists, Entertainers, and Athletes.....	08
Health Technologists and Technicians.....	09
Technologists and Technicians, except Health	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers.....	15
Construction and Extractive Occupations	16
Precision Production Occupations	17
Production Working Occupations	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers.....	20
Miscellaneous Occupations.....	21
NEVER WORKED/HOMEMAKERS.....	22
REFUSED	97
DON'T KNOW	98

BOX G-25A

RESPONDENT IS: (CIRCLE ONE.)

[CHILD]'s BIRTH/ADOPTIVE FATHER... 1 (ASK QUESTION ABOUT R)

SOMEONE ELSE..... 2 (ASK QUESTIONS ABOUT FATHER)

Now I'm going to ask you some questions about ([CHILD]'s father/about you).

G26. What is (his/your) birth date?

_____/_____/19_____
MONTH DAY YEAR

G27. (Is he/Are you) of Spanish, Hispanic, or Latino origin?

YES..... 1
NO..... 2 (GO TO G29)

G28. Which one of these best describes (him/you)...

Mexican, Mexican American, Chicano, 1
Puerto Rican, 2
Cuban, or 3
Another Spanish/Hispanic/Latino
group? 4

G29. What is (your/his) race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

a. WHITE 01
b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) 03
d. ASIAN INDIAN 04
e. CHINESE 05
f. FILIPINO 06
g. JAPANESE 07
g. KOREAN 08
i. VIETNAMESE 09
j. ASIAN (NOT FURTHER SPECIFIED) 10
k. NATIVE HAWAIIAN 11
l. GUAMANIAN OR CHAMORRO 12
m. SAMOAN 13
n. OTHER PACIFIC ISLANDER
(SPECIFY) 14
q. ANOTHER RACE
(SPECIFY) 15

G30. In what country (was he/were you) born?

USA 1 (GO TO BOX G-31a)
Other (Please specify
country) 2

G31. How many years (has he/have you) lived in the United States?

|_____|_____|
YEARS

BOX G-31a

IF R IS BIRTH/ADOPTIVE FATHER, CHECK THIS BOX ☐
AND GO TO G40.
OTHERWISE, CONTINUE WITH G32.

G32. Is [CHILD]'s father in this household?

FATHER IN HOUSEHOLD..... 1 (GO TO G40)
FATHER NOT IN HOUSEHOLD 2
FATHER DECEASED 3 (GO TO G39)

G33. Does [child]'s father live in the same city or county as [child]?

YES 1
NO 2

G34. In the past year, on about how many days has [CHILD] seen (his/her) father?

|_|_|_| NUMBER OF DAYS

G35. How long has it been since [child] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT 00
DON'T KNOW 98

OR

a. b. UNIT

NUMBER

:

|_|_|_|

DAYS 1
WEEKS 2
MONTHS..... 3
YEARS 4

G36. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) father?

YES 1
NO 2

G37. In the past 12 months, (have you, has your family) received any other financial support for [CHILD} from (his/her) father?

YES 1
NO 2

G38. How much do you want (CHILD)'s father to be involved in raising (CHILD)? Would you say...

A lot, 1
A little, 2
Not very much, or..... 3
Not at all? 4

G39. Is there anyone else who is like a father to [CHILD]?

YES 1
NO 2

BOX G-39a

IF BIRTH/ADOPTIVE FATHER DECEASED,
CHECK THIS BOX ☐ AND GO TO G41.
OTHERWISE, CONTINUE WITH G40.

G40. What is ([CHILD]'s father's/your) current marital status?

MARRIED 1
SEPARATED 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED 5
REFUSED 7
DON'T KNOW 8

G41. What is the highest grade or year of school that ([CHILD]'s father/you) completed?
(CIRCLE ONE RESPONSE.)

UP TO 8TH GRADE 01
9TH TO 11TH GRADE 02
12TH GRADE BUT NO DIPLOMA 03
HIGH SCHOOL DIPLOMA/EQUIVALENT 04
VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA 05
VOC/TECH DIPLOMA AFTER HIGH SCHOOL 06
SOME COLLEGE BUT NO DEGREE 07
ASSOCIATE'S DEGREE 08
BACHELOR'S DEGREE 09
GRADUATE OR PROFESSIONAL SCHOOL BUT NO
DEGREE 10
MASTER'S DEGREE (MA, MS) 11
DOCTORATE DEGREE (PHD, EDD) 12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 13
REFUSED 97

BOX G-41a

IF CHILD'S BIRTH/ADOPTIVE FATHER DECEASED OR NOT IN
HOUSEHOLD, CHECK THIS BOX ☐ AND SKIP TO BOX G-51a.
OTHERWISE, CONTINUE WITH G42.

- G42. In the past 12 months, (has he/have you) taken any programs, courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes, or GED preparation classes?

YES 1
NO 2 (GO TO G46)

- G43. What was the main reason for taking the programs, courses, classes, or workshops?
(CIRCLE ONE RESPONSE)

TO IMPROVE BASIC READING, WRITING, OR MATH
SKILLS 01
TO HELP MY CHILD(REN)'S LEARNING 02
TO RAISE MY SELF-ESTEEM (OR CONFIDENCE) 03
TO GET A HIGH SCHOOL DIPLOMA OR GED 04
TO IMPROVE WORK SKILLS OR KNOWLEDGE 05
TO GET A RAISE OR PROMOTION AT WORK..... 06
TO GET A JOB OR BETTER JOB 07
TO MEET A REQUIREMENT FOR PUBLIC ASSISTANCE 08
TO GET A DEGREE OR CERTIFICATE..... 09

- G44. (Was he/were you) working on a degree or certificate?
PROBE: What kind of (degree/certificate)?

TRADE LICENSE OR CERTIFICATE 01
ASSOCIATE'S DEGREE..... 02
CHILD DEVELOPMENT ASSOCIATE (CDA) 03
BACHELOR'S DEGREE 04
GRADUATE DEGREE 05
OTHER (*PLEASE SPECIFY*) 06
NO 07

- G45. Did Head Start help (him/you) to take or locate the programs, courses, classes, or workshops that (he/you) took in the past 12 months?

YES 1 (GO TO G48)
NO 2 (GO TO G48)

- G46. (Was he/Were you) interested in taking any programs, courses, classes, or workshops for work-related reasons or for personal interest in the past 12 months?

YES 1
NO 2 (GO TO G48)

- G47. Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason that prevented (him/you) from taking the programs, courses, classes, or workshops?

ADMISSION REQUIREMENT/QUALIFICATION	01
TOO OLD TO TAKE ANY COURSES.....	02
HEALTH PROBLEM/DISABILITY	03
DON'T LIKE LEARNING	04
LACK OF CONFIDENCE	05
NO INFORMATION ABOUT OFFERING	06
LACK OF CHILD CARE	07
TIME CONSTRAINTS (HOME OR WORK).....	08
COST	09
INCONVENIENT LOCATION/TRANSPORTATION NOT AVAILABLE	10

- G48. (Is he/Are you) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONE RESPONSE)

WORKING FULL-TIME (35 HOURS OR MORE/WEEK) ...	01	
WORKING PART-TIME.....	02	
LOOKING FOR WORK	03	
LAID OFF FROM WORK.....	04	
IN SCHOOL/TRAINING.....	05	
IN JAIL/PRISON.....	06	
IN MILITARY	07	
KEEPING HOUSE.....	08	
SOMETHING ELSE (SPECIFY) _____		

} GO TO
BOX G-51a

- G49. Whom (has he/have you) worked for in the past 12 months?
[IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

NAME OF COMPANY _____

TYPE OF BUSINESS _____

- G50. What kind of work (is he/are you) doing and what are (his/your) most Important activities or duties?

KIND OF WORK _____

IMPORTANT DUTY _____

G51.

To be coded by home office only

OCCUPATION CODE: ()

Executive, Administrative, and Managerial Occupations	01
Engineers, Surveyors, and Architects	02
Natural Scientists and Mathematicians	03
Social Scientists, Social Workers, Religious Workers, and Lawyers	04
Teachers.....	05
Health Diagnosing and Treating Practitioners.....	06
Registered Nurses, Pharmacists, Dieticians, Therapists, and Physician's Assistants.....	07
Writers, Artists, Entertainers, and Athletes.....	08
Health Technologists and Technicians.....	09
Technologists and Technicians, except Health	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers.....	15
Construction and Extractive Occupations	16
Precision Production Occupations	17
Production Working Occupations	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers.....	20
Miscellaneous Occupations.....	21
NEVER WORKED/HOMEMAKERS	22
REFUSED	97
DON'T KNOW	98

BOX G-51a

IF RESPONDENT IS CHILD'S BIRTH/ADOPTIVE **MOTHER OR FATHER**,
CHECK THIS BOX ☐ AND GO TO G57.
OTHERWISE, GO TO G52.

Now I'm going to ask some questions about you.

G52. What is your birth date?

_____/_____/19_____
MONTH DAY YEAR

G53. Are you of Spanish, Hispanic, or Latino origin?

YES 1
NO 2 (GO TO G55)

G54. Which one of these best describes you...

Mexican, Mexican American, Chicano, 1
Puerto Rican, 2
Cuban, or 3
Another Spanish/Hispanic/Latino
group? 4

G55. What is (your/her) race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

a. WHITE 01
b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) 03
d. ASIAN INDIAN 04
e. CHINESE 05
f. FILIPINO 06
g. JAPANESE 07
g. KOREAN 08
i. VIETNAMESE 09
j. ASIAN (NOT FURTHER SPECIFIED) 10
k. NATIVE HAWAIIAN 11
l. GUAMANIAN OR CHAMORRO 12
m. SAMOAN 13
n. OTHER PACIFIC ISLANDER
(SPECIFY) 14
r. ANOTHER RACE
(SPECIFY) 15

G56. What is the highest grade or year of school that you completed? (CIRCLE ONE RESPONSE.)

UP TO 8TH GRADE	01
9TH TO 11TH GRADE	02
12TH GRADE BUT NO DIPLOMA	03
HIGH SCHOOL DIPLOMA/EQUIVALENT	04
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	05
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	06
SOME COLLEGE BUT NO DEGREE	07
ASSOCIATE'S DEGREE	08
BACHELOR'S DEGREE	09
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	10
MASTER'S DEGREE (MA, MS)	11
DOCTORATE DEGREE (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ...	13

G57. Including yourself, how many adults age 18 and older live in your household?

|_|_| NUMBER OF ADULTS

G58. Including [CHILD], how many children age 17 and younger live in your household?

|_|_| NUMBER OF CHILDREN

G59. Please tell me the first name of everyone in your household.
 PROBE: Is there anyone else in your household?

G59a. First Name	G59b. What is [NAME]'s relationship to [CHILD]? (See codes below)	G59c. How old is [NAME]?	G59d. Did this person ever attend Head Start?	G59e. (Ask for children under 5 only) Did this child ever attend Early Head Start?
a. [CHILD]			(CIRCLE ONE)	(CIRCLE ONE)
b. RESPONDENT				
c.			Y - N	Y - N
d.			Y - N	Y - N
e.			Y - N	Y - N
f.			Y - N	Y - N
g.			Y - N	Y - N
h.			Y - N	Y - N
i.			Y - N	Y - N
j.			Y - N	Y - N
k.			Y - N	Y - N
l.			Y - N	Y - N
m.			Y - N	Y - N
n.			Y - N	Y - N
o.			Y - N	Y - N
RELATIONSHIP CODES:				
01=Bio/Adoptive Mother 02=Bio/Adoptive Father 03=Stepmother 04=Stepfather 05=Grandmother 06=Grandfather 07=Great grandmother 08=Great grandfather 09=Sister/Stepsister 10=Brother/Stepbrother 11=Other relative or in-law (female) 12=Other relative or in-law (male) 13=Foster parent (female) 14=Foster parent (male) 15=Other non-relative (female) 16=Other non-relative (male) 17=Parent's partner (female) 18=Parent's partner (male) 97=Refused 98=Don't know/Didn't Respond				

G60. Is any language other than English spoken in your home?

YES..... 1
NO..... 2 (GO TO H1)

G61. What are those languages? (CIRCLE ALL THAT APPLY)

a. FRENCH..... 01
b. SPANISH..... 02
c. CAMBODIAN (KHMER). 03
d. CHINESE 04
e. HAITIAN CREOLE 05
f. HMONG..... 06
g. JAPANESE..... 07
h. KOREAN 08
i. VIETNAMESE 09
j. ARABIC..... 10
k. OTHER (SPECIFY) 11

G62. What language is spoken most frequently to [CHILD] at home?

FRENCH..... 01
SPANISH..... 02
CAMBODIAN (KHMER). 03
CHINESE..... 04
HAITIAN CREOLE..... 05
HMONG..... 06
JAPANESE..... 07
KOREAN 08
VIETNAMESE 09
ARABIC 10
OTHER
(SPECIFY)..... 11
ENGLISH..... 12 (GO TO H1)

G63. How well do you understand English? (READ RESPONSE OPTIONS)

How well do you speak English? (READ RESPONSE OPTIONS)

How well do you read English? (READ RESPONSE OPTIONS)

	<u>Not at all</u>	<u>Not Well</u>	<u>Well</u>	<u>Very Well</u>
a. Understand English.....	1	2	3	4
b. Speak English.....	1	2	3	4
c. Read English.....	1	2	3	4

- G64. How well do you speak your [LANGUAGE LISTED IN G62]?
 How well do you read your [LANGUAGE LISTED IN G62]?
 How well do you write your [LANGUAGE LISTED IN G62]?

	<u>Not at all</u>	<u>Not Well</u>	<u>Well</u>	<u>Very Well</u>
a. Speak your native language.....	1	2	3	4
b. Read your native language.....	1	2	3	4
c. Write your native language.....	1	2	3	4

- G65. If you read to your children, what language do you usually use now? (SELECT ONE)

ENGLISH 1
 LANGUAGE LISTED IN G 62 2
 BOTH ENGLISH LANGUAGE LISTED IN G 62..... 3
 UNABLE TO/DO NOT READ TO CHILDREN..... 4

- G66. Is someone from Head Start available to speak to you in [LANGUAGE from G62]?

YES 1
 NO 2

- G67. Does [CHILD] ever need or want a member of the Head Start teaching staff to speak in [LANGUAGE from G62]?

YES 1
 NO 2 (GO TO H1)

- G68. Is there someone in the classroom at Head Start available for [CHILD] to speak in [LANGUAGE from G62]?

YES 1
 NO 2

H. INCOME AND HOUSING

Now I would like to ask you some questions about the sources of income for your household. This information will remain confidential.

H1. Is [CHILD] covered by health insurance other than Medicaid through (your job) or the job of another employed adult?

YES 1
NO 2

H2. Did you receive any of the following other sources of household income or support in the past six months?

	<u>YES</u>	<u>NO</u>
<input type="checkbox"/> a. Welfare, TANF, or general assistance	1	2
b. Unemployment insurance.....	1	2
<input type="checkbox"/> c. Food Stamps	1	2
<input type="checkbox"/> d. WIC -- Special supplemental food program for Women, Infants, and Children	1	2
e. Child support	1	2
f. SSI or Social Security Retirement, Disability, or Survivor's benefits	1	2
g. Payments for providing foster care.....	1	2
h. Energy assistance	1	2

BOX H-2a

IF H2 a, c, OR d WERE ANSWERED YES, CHECK THIS
BOX....☐
THEN ASK H3.
OTHERWISE, GO TO H4.

- H3. In some states people who receive different types of public assistance are being required to do certain things such as take courses, get job training, or find a job. Are you or is someone else in the household required to...

	<u>YES</u>	<u>NO</u>
a. Attend job training?	1	2
b. Attend school or a GED class?	1	2
c. Get a job?	1	2
d. Do something else? (Specify) _____	1	2

- H4. What was [(your total income/the combined total income of (you and your husband/wife)] in the past calendar year -- that is, 1999 -- including salaries or other earnings, interest, retirement, and so on?

(COMBINED) TOTAL INCOME \$ ____ ____, ____ ____, ____ ____ (GO TO H6)

OR

REFUSED 97 (GO TO H6)
DON'T KNOW 99 (GO TO H5)

- H5. Was it . . .

\$25,000 or less, or 1 (READ SET 1)
More than \$25,000? 2 (READ SET 2)

- H5a. [SET 1] Was it...

\$5,000 or less, 01
\$5,000 to \$10,000, 02
\$10,001 to \$15,000, 03
\$15,001 to \$20,000, or 04
\$20,001 to \$25,000? 05

- H5b. [SET 2] Was it...

\$25,001 to \$30,000, 06
\$30,001 to \$35,000, 07
\$35,001 to \$40,000, 08
\$40,001 to \$50,000, 09
\$50,001 to \$75,000, or 10
More than \$75,000? 11

- H6. Including yourself, how many adults contribute to your household income?

|__|__| NUMBER OF ADULTS

- H7. Now, including everyone in your household, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine.

HOUSEHOLD INCOME \$ __ , __ __ __ (GO TO H9)
(AMOUNT PER MONTH)

OR

REFUSED 97 (GO TO H9)
DON'T KNOW 98 (GO TO H8)

- H8. Would you say it was...

Less than \$250, 01
Between \$251 and \$500, 02
Between \$501 and \$1,000, 03
Between \$1,001 and \$1,500, 04
Between \$1,501 and \$2,000, 05
Between \$2,001 and \$2,500, or 06
Over \$2,500? 07
REFUSED 97
DON'T KNOW 98

- H9. The next questions are about housing. Do you now live in ...

A house, apartment, or trailer with your family only, 1
A house, apartment, or trailer you share with another family, 2
Transitional housing (apartment) or a homeless shelter, or . 3
Somewhere else? (PLEASE SPECIFY) 4

- H10. How many times have you moved in the last twelve months?

|____|
Times

- H11. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

OWNS OR IS BUYING HOME OR APARTMENT 1
RENTS (WITHOUT PUBLIC ASSISTANCE) 2
PUBLIC OR SUBSIDIZED HOUSING 3
SOME OTHER ARRANGEMENT 4

I. CHILD CARE

Now I'd like to ask you some questions about any child care arrangements, other than Head Start, that you may have used or are using for [CHILD]. This does not include babysitting used for social activities such as going out in the evening.

11. Let's think about the years *before* [CHILD] was enrolled in Head Start. During that time, was (he/she) cared for on a regular basis (10 hrs/wk or more) by someone other than yourself (or [CHILD]'s other parent)?

YES 1
NO 2 (GO TO I5)

12. How old in months was [CHILD] when (he/she) first started in a child care arrangement for 10 or more hours per week?

|_|_|_|_|
months old

13. Thinking about all of the child care arrangements that [CHILD] was in before enrollment in Head Start,

- (a) Where and by whom was that care provided?
(b) Which arrangement did you use most frequently?

	<u>CIRCLE ALL THAT APPLY</u> (a)	<u>CIRCLE ONE USED MOST</u> (b)
a. AT [CHILD]'S HOME BY A RELATIVE.....	01	01
b. AT [CHILD]'S HOME BY A NON-RELATIVE	02	02
c. IN A RELATIVE'S HOME	03	03
d. IN A FRIEND'S OR NEIGHBOR'S HOME	04	04
e. IN A FAMILY DAY CARE HOME	05	05
f. OTHER CHILD CARE CENTER/CHILD DEVELOPMENT PROGRAM	06	06
g. AT EARLY HEAD START	07	07
h. OTHER (PLEASE SPECIFY) _____	08	08

14. Before enrolling in Head Start, in how many different arrangements did [CHILD] spend 10 or more hours per week?

|_|_|_| arrangements

15. Now let's talk about any child care arrangements that you use for [CHILD] **right now**. Child care does not include time in Head Start class, but may include separate child care at the Head Start center before or after class. This does not include babysitting used for social activities such as going out in the evening.

Is [CHILD] in child care before or after Head Start?

BEFORE 1
AFTER 2
BOTH 3
NOT IN CARE 4 (GO TO I11)

16. In how many different child care arrangements does [CHILD] spend time each week?

|_|_|_|
arrangements

17. Where is that care provided?

IF MORE THAN ONE, PROBE: Think about the one where the child spends the most time.

AT [CHILD]'S HOME BY A RELATIVE..... 01
AT [CHILD]'S HOME BY A NON-RELATIVE 02
IN A RELATIVE'S HOME 03
IN A FRIEND OR NEIGHBOR'S HOME 04
FAMILY DAY CARE HOME 05
OTHER CHILD CARE CENTER/ CHILD DEVELOPMENT
PROGRAM 06
AT HEAD START (NOT INCLUDING TIME IN CLASS)..... 07
OTHER (PLEASE SPECIFY)_____ 08

18. How many hours a week is this care used?

|_|_|_|
hours per week

I9. Who pays for this child care...

	<u>YES</u>	<u>NO</u>
a. Do you pay for it yourself?.....	1	2
b. Does a government agency pay?.....	1	2
c. Does an employer pay?	1	2
d. Does someone else pay?	1	2
e. Do you trade child care with someone else?.....	1	2
f. Is it free or no charge?	1	2
g. Other (PLEASE SPECIFY)_____	1	2

I10. Now I'm going to ask you about [CHILD]'s experience in this care. Please let me know which answer best describes [CHILD]'s experience. Tell me if it is never, sometimes, often, or always.

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
a. [CHILD] feels safe and secure in care.....	1	2	3	4
b. [CHILD] gets lots of individual attention	1	2	3	4
c. [CHILD]'s caregiver is open to new information and learning.....	1	2	3	4

I11. Has [CHILD] ever lived apart from you (or mother) not including vacations (or shared custody arrangements)?

YES..... 1
NO..... 2

J. FAMILY HEALTH CARE

- J1. Now I'm going to ask you about your family's health care needs. Overall, would you say [CHILD]'s health is...

Excellent,..... 1
Very Good,.. 2
Good, 3
Fair, or..... 4
Poor?..... 5

- J2. Does [CHILD] have an illness or condition that requires regular ongoing care?

YES 1
NO..... 2

- J3. How much did [CHILD] weigh when (he/she) was born?

|_|_| Pounds |_|_| Ounces

- J4. Would you say your health in general is ...

Excellent,..... 1
Very Good,..... 2
Good, 3
Fair, or..... 4
Poor?..... 5

- J5. Does any impairment or health problem keep you from working at a job or business?

YES 1 (GO TO J7)
NO..... 2

- J6. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

YES 1
NO..... 2

- J7. Does anyone in your household, other than [CHILD], have an illness or condition that requires regular ongoing care?

YES 1
NO..... 2

J8. Do you smoke tobacco such as cigarettes or cigars?

YES..... 1
NO..... 2

J9. Is there (anyone/anyone else) in your household that smokes tobacco, like cigarettes or cigars?

YES..... 1
NO..... 2

J10. During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say...

Less than once a week, 1
1 or 2 days per week, 2
3 or 4 days per week, 3
5 or 6 days per week, 4
Every day, or 5
Never? 6 (SKIP TO J12)

J11. On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks did you usually have?

drinks per day

J12. Is there (anyone/anyone else) in your household that drinks alcohol?

YES..... 1
NO..... 2

J13. Is there anyone in your household who uses drugs?

YES..... 1
NO..... 2

BOX J-13a

IF J10 – J13 ALL “NO”, CHECK THIS BOX....☐ AND SKIP TO NEXT SECTION.
OTHERWISE, ASK J14. ONLY ASK ABOUT SUBSTANCES THAT WERE MENTIONED IN PREVIOUS QUESTIONS.

J14. Now, I'd like you to think about any problems you or anyone in your household might have had in the last twelve months when using (alcohol/drugs/alcohol and drugs).

<p>ASK ONLY ABOUT SUBSTANCES THAT WERE MENTIONED AS BEING USED IN PREVIOUS QUESTIONS.</p>

In the last 12 months,	Never	Once or twice	Three or four times	Five or six times	More than six times	NA/ DON'T USE
a. How many times have you or anyone in your household gotten into trouble with family or friends (including a husband/wife/partner) because of the use of....						
1. alcohol?	1	2	3	4	5	6
2. drugs?	1	2	3	4	5	6
b. How many times have you or anyone in your household gotten in trouble with the police because of the use of...						
1. alcohol?	1	2	3	4	5	6
2. drugs?	1	2	3	4	5	6
c. How many times have you or anyone in your household missed work or school or had to call in sick because of the use of...						
1. alcohol?	1	2	3	4	5	6
2. drugs?	1	2	3	4	5	6

K. HOME AND NEIGHBORHOOD CHARACTERISTICS

The next questions are about situations that can be difficult for families. I'm going to ask about things that may have happened to you or others in your household over the past year. Please remember, all of your answers are held in the strictest confidence. We will not tell anyone what you say, including Head Start.

K1. For each of the following items, please tell me how often each one happened to you during the past year. (READ ITEM) Would you say *never*, *once*, or *more than once*?

	<u>Never</u>	<u>Once</u>	<u>More than once</u>
a. I saw non-violent crimes take place in my neighborhood – for example, selling drugs or stealing.....	1	2	3
b. I heard or saw violent crime take place in my neighborhood.	1	2	3
c. I know someone who was a victim of a violent crime in my neighborhood.....	1	2	3
d. I was a victim of violent crime in my neighborhood.	1	2	3
e. I was a victim of violent crime in my home.	1	2	3

K2. Have you ever been hit, kicked, punched, or otherwise hurt by someone within the past year?

YES 1
NO 2 (SKIP TO K4)

K3. How was this person related to you?

K4. Do you feel safe in your current relationship?

YES 1
NO 2
NO CURRENT RELATIONSHIP 3

K5. Is there a partner from a previous relationship who is making you feel unsafe now?

YES 1
NO 2

K6. In the last year, has [CHILD] ever been a witness to a violent crime?

YES..... 1
NO..... 2

K7. In the last year, has [CHILD] ever been a witness to domestic violence?

YES..... 1
NO..... 2

K8. In the last year, has [CHILD] ever been the victim of a violent crime?

YES..... 1
NO..... 2

K9. In the last year, has [CHILD] ever been the victim of domestic violence?

YES..... 1
NO..... 2

K10. Since [CHILD] was born, have you, another household member, (or has [CHILD'S] father, mother) been arrested or charged with any crime by the police?

YES..... 1
NO..... 2 (GO TO L1)
REFUSED 7 (GO TO L1)

K11. How was this person related to you?

K12. Did (he/she/they) spend anytime in jail?

YES..... 1
NO..... 2

L. SOCIAL SUPPORT

- L1. Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family.

Please tell me how helpful each of the following have been to you in terms of raising (CHILD) over the past month or so.

How helpful (have/has) [_____] been? Would you say...	Not very <u>helpful</u>	Somewhat <u>helpful, or</u>	Very <u>helpful?</u>	N/A
a. CHILD's father.....	1	2	3	4
b. CHILD's mother.....	1	2	3	4
c. Your current spouse or partner	1	2	3	4
d. CHILD's grandparents.....	1	2	3	4
e. Other relatives	1	2	3	4
f. Your friends	1	2	3	4
g. Co-workers	1	2	3	4
h. Professional helpgivers like counselors or social workers	1	2	3	4
i. Head Start staff	1	2	3	4
j. Other parents you have met through Head Start.....	1	2	3	4
k. Other child care providers	1	2	3	4
l. Religious or social group member.....	1	2	3	4
m. Is there anyone else who has been helpful? (Please specify) _____	1	2	3	4

M. YOUR FEELINGS

M1. I'm going to read a list of feelings or attitudes people have about themselves. After I read each one, please tell me if you *strongly disagree*, *disagree*, *agree*, or *strongly agree* that you feel this way. (CIRCLE ONE RESPONSE FOR EACH ITEM.)

	Strongly <u>Disagree</u>	<u>Disagree</u>	<u>Agree</u>	Strongly <u>Agree</u>
a. There is really no way I can solve some of the problems I have.....	1	2	3	4
b. Sometimes I feel that I'm being pushed around in life.....	1	2	3	4
c. I have little control over the things that happen to me.	1	2	3	4
d. I can do just about anything I really set my mind to do.....	1	2	3	4
e. I often feel helpless in dealing with the problems of life.	1	2	3	4
f. What happens to me in the future depends mostly on me.	1	2	3	4
g. There is little I can do to change many of the important things in my life.....	1	2	3	4

M2. I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the past week: *rarely or never*, *some or a little*, *occasionally or a moderate amount of time*, or *most or all of the time*? (CIRCLE ONE RESPONSE FOR EACH ITEM.)

	Rarely <u>or Never</u>	Some or <u>a Little</u>	Occasionally <u>or Moderate</u>	<u>Most or All</u>
a. Bothered by things that usually don't bother you	1	2	3	4
b. You did not feel like eating; your appetite was poor	1	2	3	4
c. That you could not shake off the blues, even with help from your family and friends	1	2	3	4
d. You had trouble keeping your mind on what you were doing	1	2	3	4
e. Depressed.....	1	2	3	4
f. That everything you did was an effort	1	2	3	4
g. Fearful	1	2	3	4
h. Your sleep was restless	1	2	3	4
i. You talked less than usual	1	2	3	4
j. Lonely.....	1	2	3	4
k. Sad	1	2	3	4
l. You could not get "going"	1	2	3	4

N. READING TASK

In this study, we are trying to find out about the practical reading skills that parents of Head Start children have. So now I'm going to show you some signs and words on this easel (SET UP EASEL) and ask you some questions about them. This part of the interview should only take about 7 or 8 minutes.

There will be several different kinds of questions. Some of them start off fairly easy but then become quite difficult. Everybody has difficulty with some of the questions, so don't worry if that happens, just do the best you can.

Ready?

PROBE: This exercise doesn't measure all reading skills, just certain skills.

DISCONTINUE RULE: FOUR CONSECUTIVE ITEMS SCORED 0.

COMPLETE AFTER INTERVIEW IS CONCLUDED.
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O. CONFIDENCE RATINGS

P1. Interview Completion Code:

Respondent terminated interview prematurely	1
Respondent refused interview	2
Respondent unable to respond (PLEASE SPECIFY).....	3
<hr/>	
Interview completed	4

P2. Please rate the following qualities of the respondent, the interviewing situation, and the data.

The Respondent (was/had):

a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty
g. Interviewed without interruptions	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low