

Spring 2005



Head Start Parent Interview

ID number: _____
Child name: _____
Birth date: _____

Date: _____

Interviewer: _____

Interview complete

FACES 2003
Spring 2005 *Head Start* Parent Interview

FOR PARENTS OF CHILDREN ATTENDING HEAD START ONLY.

(USE KINDERGARTEN PI BOOKLET TO INTERVIEW PARENTS OF CHILDREN IN K OR NOT IN HEAD START.)

S. ELIGIBILITY

(Hello), my name is _____ and I am calling from Westat. We are part of the research team that is conducting a study of the Head Start Program. (You may remember that) someone from the research team talked to (you/SPRING 2004 RESPONDENT) in spring 2004 while [CHILD] was attending Head Start.

S1. May I speak with [SPRING 2004 RESPONDENT]?

- THERE AND AVAILABLE 1 (GO TO BOX S-7A)
- NOT CURRENTLY AVAILABLE 2
- NO LONGER THERE 3 (GO TO S3)

S2. When would be the best time for me to call back to reach (him/her)?

THANK RESPONDENT AND END CONVERSATION.

S3. I am trying to reach the person most responsible for [CHILD]. Would that (still) be [SPRING 2004 RESPONDENT]?

- YES..... 1
- NO..... 2 (GO TO S5)

S4. Could you please tell me how I can reach (him/her)?

STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____

THANK RESPONDENT AND END CONVERSATION.
USE INFORMATION OBTAINED ABOVE TO CONTACT SPRING 2004 RESPONDENT.

S5. Who is most responsible for [CHILD]'s care?

RESPONDENT 1 (GO TO S6)

SOMEONE ELSE (SPECIFY BELOW) 2

NAME: _____

RELATIONSHIP TO CHILD: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

S6. Since spring 2004, how many months (have you/has he/has she) been the person most responsible for [CHILD]'s care?

NUMBER OF MONTHS: _____

S7. MOST RESPONSIBLE PERSON IS:

PERSON YOU ARE CURRENTLY
SPEAKING WITH 1 (GO TO BOX S-7A)

SOMEONE ELSE 2 (THANK R AND END CONVERSATION.
USE INFORMATION FROM **S5** TO
CONTACT MOST RESPONSIBLE
PERSON)

FACES 2003
Spring 2005 *Head Start* Parent Interview

FOR PARENTS OF CHILDREN ATTENDING HEAD START.

BOX S-7A

RESPONDENT IS: (CIRCLE ONE.)

SAME AS SPRING 2004 RESPONDENT 1
SOMEONE ELSE 2

S8. INTERVIEWER: WILL THE INTERVIEW BE COMPLETED USING AN INTERPRETER?

YES 1
NO 2 (GO TO *Intro*)

S9. WHAT LANGUAGE WILL BE USED? _____

CONFIRM INTERPRETER HAS SIGNED CONFIDENTIALITY FORM THEN CONTINUE.

INTRODUCTION

As part of the Family and Child Experiences Survey (FACES), we would like to again interview you, administer a child assessment to [CHILD] and ask [CHILD]'s current teacher some questions. The study will help us learn more about what happens to children and families who participate in Head Start. We want to get your point of view on how [CHILD] is doing in school and what is now happening in your family. This information will be used to help Head Start better serve children and families. To thank you and [CHILD] for your participation, you will receive \$25.00 and if we assess your child, (he/she) will receive a small gift.

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. No one from the Head Start program or [CHILD]'s current school will see or hear your answers. Your participation is completely voluntary. If you choose not to complete the interview, it will not affect you or your children's participation in Head Start programs. The things you tell me are very important, so please be as accurate as possible. You may recognize some questions from the last interview, but it is important to ask them again. The interview should take approximately 45 minutes.

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 45 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?

S10. First, I'd like to confirm [CHILD]'s age. We have (his/her) birthday listed as [BIRTHDATE]? Is that correct?

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

SPECIFY CORRECT DATE:

_____/_____/_____
MONTH / DAY / YEAR

S11. I just want to confirm your relationship to [CHILD]. Are you (his/her)...

- | | | |
|---|----|------------|
| BIOLOGICAL MOTHER | 01 | } GO TO A1 |
| BIOLOGICAL FATHER..... | 02 | |
| ADOPTIVE MOTHER..... | 03 | |
| ADOPTIVE FATHER..... | 04 | |
| STEPMOTHER..... | 05 | |
| STEPFATHER..... | 06 | |
| 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)..... | 20 | |

S12. Are you [CHILD]'s legal guardian?

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

S13. Who is [CHILD]'s legal guardian?

Name: _____

Relationship to child: _____

Address: _____

Phone: _____

GO TO A1.

A. CURRENT HEAD START ENROLLMENT STATUS

A1. Is [CHILD] still enrolled in the same Head Start program as spring 2004 or has (he/she) stopped going to that program?

- | | | |
|---|---|--|
| STILL GOING TO THE SAME HEAD
START PROGRAM | 1 | (GO TO A2) |
| STOPPED GOING TO THAT HEAD
START PROGRAM | 2 | (STOP AND USE
KINDERGARTEN
BOOKLET) |

A2. About how often has [CHILD] missed a Head Start class during the past year?

- | | | |
|-------------------------|---|-------------------|
| NEVER | 1 | (GO TO SECTION B) |
| 1-5 DAYS..... | 2 | (GO TO SECTION B) |
| 6-10 DAYS..... | 3 | |
| MORE THAN 10 DAYS | 4 | |
| DON'T KNOW | 8 | (GO TO SECTION B) |

A3. What is the most frequent reason for [CHILD]'s missing Head Start classes during the year?
(CIRCLE ONLY ONE)

- | | |
|---|----|
| ILLNESS (CHILD) | 01 |
| ILLNESS (FAMILY MEMBER) | 02 |
| CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE..... | 03 |
| LACK OF TRANSPORTATION..... | 04 |
| BAD WEATHER | 05 |
| CHILD DID NOT WANT TO GO..... | 06 |
| PARENT DECISION NOT TO SEND CHILD OR TO SEND
CHILD ELSEWHERE | 07 |
| OTHER (<i>SPECIFY</i>)..... | 08 |
| DON'T KNOW | 98 |

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

	YES	NO
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

Now, I have a couple of questions about your own reading habits.

B6. How often have you read books, magazines, or the newspaper, during the past week? Was it ...

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

B7. Which of the following do you have in your home? How about...

	YES	NO
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?	1	2
g. Dictionary?	1	2
h. Other books?	1	2

C. DISABILITIES

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

C1. Did a doctor or other health or education professional ever tell you that (he/she) has any special needs or disabilities – for example, physical, emotional, language, hearing, learning difficulty, or other special needs...

	YES	NO
a. Before [CHILD] started Head Start?	1	2
b. During [CHILD]'s enrollment in Head Start?	1	2

BOX C-1A

IF "NO" to BOTH C1a AND b, CHECK THIS BOX ... AND GO TO SECTION D.

OTHERWISE, GO TO C2.

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...

	YES	NO
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. Some other disability?	1	2

SPECIFY _____

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

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

C5. How helpful has Head Start been or how helpful was Head Start with...[READ ITEM].
Would you say not at all helpful, a little helpful, helpful, or very helpful?

	<u>Not at all helpful</u>	<u>A little helpful</u>	<u>Helpful</u>	<u>Very helpful</u>
a. Assisting you in talking with other schools and agencies, and knowing about other resources for meeting [CHILD]'s special needs.....	1	2	3	4
b. Helping you to better meet the special needs of [CHILD] in the home—for example, providing proper diet and exercise, continuing recommended therapy, and so on.....	1	2	3	4

C6. Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?

YES..... 1
NO..... 2 (GO TO D1)

C7. Did you or another family member participate in developing an IEP or an IFSP for [CHILD]?

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

C8. Was this plan developed with Head Start staff, or with some other person or agency?

HEAD START 1
NOT HEAD START..... 2

C9. Is [CHILD] receiving ...

None of the services identified in the IEP or IFSP,..... 1 (GO TO D1)
Some of the services, 2
Most of the services, or..... 3
All of the services identified in the IEP or IFSP?..... 4

C10. How satisfied (are you/have you been) with those services? (Are you/Have you been) ...

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 True</u>	<u>Not 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 AND PARENTING PRACTICES

Now I'd like to ask you a few questions about how you deal with your child at home.

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

YES NO

- | | | |
|--|---|---|
| a. What TV programs [CHILD] can watch? | 1 | 2 |
| b. How many hours [CHILD] can watch TV?..... | 1 | 2 |
| c. What kinds of food [CHILD] eats? | 1 | 2 |
| d. What time [CHILD] goes to bed?..... | 1 | 2 |
| e. What chores [CHILD] does?..... | 1 | 2 |

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 if it is *exactly like you*, *very much like you*, *somewhat like you*, *not much like you* or *not at all like you*.
 (REPEAT RESPONSE CATEGORIES FREQUENTLY)

	<u>Exactly like you</u>	<u>Very much like you</u>	<u>Somewhat like you</u>	<u>Not much like you</u>	<u>Not at all like you</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

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

G1. What is your current marital status?

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

G2. Including yourself, how many adults age 18 and older live in your household?

NUMBER OF ADULTS: _____

G3. Including [CHILD], how many children age 17 and younger live in your household?

NUMBER OF CHILDREN: _____

G4. What is the highest grade or year of school that you have completed?

- 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
- DON'T KNOW 98

G5. Since the beginning of this school year, have you ...

	<u>YES</u>	<u>NO</u>
a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?	1	2
b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?	1	2
c. Attended a school or class event, such as a sports event because of [CHILD]?	1	2
d. Acted as a volunteer at the school or served on a committee?	1	2

G6. Are you currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (CIRCLE ONE RESPONSE.)

- | | | |
|---|----|----------------------|
| WORKING FULL-TIME (30 HOURS OR MORE PER WEEK) | 01 | |
| WORKING PART-TIME | 02 | |
| LOOKING FOR WORK..... | 03 | } GO TO
BOX G-11A |
| LAI D OFF FROM WORK | 04 | |
| IN SCHOOL/TRAINING | 05 | |
| IN JAIL/PRISON | 06 | |
| IN MILITARY | 07 | |
| KEEPING HOUSE | 08 | |
| SOMETHING ELSE (SPECIFY) _____ | 09 | |
| DON'T KNOW | 98 | |

G7. Are you still working for the same employer for whom you were working in spring 2004?

- | | |
|----------|--------------|
| YES..... | 1 |
| NO..... | 2 (GO TO G9) |

G8. Are you doing the same kind of work that you were doing in spring 2004?

- | | |
|----------|---------------------|
| YES..... | 1 (GO TO BOX G-11A) |
| NO..... | 2 |

G9. Where have you worked since spring 2004?
 [IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

a. NAME OF COMPANY: _____

b. TYPE OF BUSINESS: _____

G10. What kind of work are you doing and what are your most important activities or duties?

a. KIND OF WORK: _____

b. IMPORTANT DUTIES: _____

G11.

<i>To be coded by home office only</i>	
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
I NEVER	22
REFUSED	97
DON'T KNOW	98

BOX G-11A

RESPONDENT IS: (CIRCLE ONE.)

[CHILD]'s BIRTH MOTHER..... 1 (GO TO BOX G-26A)
SOMEONE ELSE..... 2 (CONTINUE WITH G12)

G12. Is [CHILD]'s mother in this household?

MOTHER IN HOUSEHOLD 1 (GO TO G16)
MOTHER NOT IN HOUSEHOLD..... 2
MOTHER DECEASED..... 3 (GO TO BOX G-26A)

G13. Does [CHILD]'s mother live in the same city or county as [CHILD]?

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

G14. In the past year, on about how many days has [CHILD] seen (his/her) mother?

NUMBER OF DAYS: _____

G15. How long has it been since [CHILD] last had contact with (his/her) mother?

[CHILD] NEVER HAD CONTACT 00 (GO TO G24)
DON'T KNOW 98

OR

NUMBER: _____ DAYS 1
WEEKS 2
MONTHS 3
YEARS..... 4

BOX G-15A

IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX...
THEN SKIP TO G24.

G16. Since the beginning of this school year, has [CHILD]'s mother...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?	1	2	8
b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?	1	2	8
c. Attended a school or class event, such as a sports event because of [CHILD]?	1	2	8
d. Acted as a volunteer at the school or served on a committee?	1	2	8

G17. What is the highest grade or year of school that [CHILD'S] mother completed?

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
DON'T KNOW.....	98

G18. Is she currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (CIRCLE ONE RESPONSE.)

WORKING FULL-TIME (30 HOURS OR MORE PER WEEK)	01	} GO TO BOX G-23A
WORKING PART-TIME	02	
LOOKING FOR WORK.....	03	
LAI D OFF FROM WORK.....	04	
IN SCHOOL/TRAINING	05	
IN JAIL/PRISON	06	
IN MILITARY.....	07	
KEEPING HOUSE	08	
SOMETHING ELSE (SPECIFY) _____	09	
DON'T KNOW.....	98	

G19. Is she still working for the same employer for whom she was working in spring 2004?

YES..... 1
NO..... 2 (GO TO G21)

G20. Is she doing the same kind of work that she was doing in spring 2004?

YES..... 1 (GO TO BOX G-23A)
NO..... 2

G21. Where has she worked since spring 2004?
 [IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

a. NAME OF COMPANY: _____

b. TYPE OF BUSINESS: _____

G22. What kind of work is she doing and what are her most important activities or duties?

a. KIND OF WORK: _____

b. IMPORTANT DUTIES: _____

G23.

<i>To be coded by home office only</i>	
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	22
REFUSED	97
DON'T KNOW	98

BOX G-23A
 IF CHILD'S MOTHER IS IN HOUSEHOLD, CHECK THIS BOX...
 THEN SKIP TO BOX G-26A.
 OTHERWISE, CONTINUE WITH G24.

G24. 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

G25. Is there anyone else who is like a mother to [CHILD]?

- YES 1
- NO 2 (GO TO BOX G-26A)

G26. Who is this person? Is she...

- (You,) 1
- Your (spouse/partner), 2
- A relative of the child who lives in the household, 3
- A relative of the child who doesn't live in the household, 4
- A friend of the family who lives in the household, or 5
- A friend of the family who doesn't live in the household? 6

BOX G-26A
 RESPONDENT IS: (CIRCLE ONE.)
 [CHILD]'s BIRTH FATHER 1 (GO TO G42)
 SOMEONE ELSE 2 (CONTINUE WITH G27)

G27. Is [CHILD]'s father in this household?

- FATHER IN HOUSEHOLD 1 (GO TO G31)
- FATHER NOT IN HOUSEHOLD 2
- FATHER DECEASED 3 (GO TO G40)

G28. Does [CHILD]'s father live in the same city or county as [CHILD]?

- YES 1
- NO 2
- DON'T KNOW 8

G29. In the past year, on about how many days has [CHILD] seen (his/her) father?

NUMBER OF DAYS: _____

G30. How long has it been since [CHILD] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT 00 (GO TO G39)
 DON'T KNOW 98

OR

NUMBER: _____ DAYS 1
 WEEKS 2
 MONTHS 3
 YEARS 4

BOX G-30A
 IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX...
 THEN SKIP TO G39.

G31. Since the beginning of this school year, has [CHILD]'s father...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?	1	2	8
b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?	1	2	8
c. Attended a school or class event, such as a play or sports event because of [CHILD]?	1	2	8
d. Acted as a volunteer at the school or served on a committee?	1	2	8

G32. What is the highest grade or year of school that [CHILD's] father completed?

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
 DON'T KNOW 98

G33. Is he currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (CIRCLE ONE RESPONSE.)

- | | | |
|---|----|----------------------|
| WORKING FULL-TIME (30 HOURS OR MORE PER WEEK) | 01 | |
| WORKING PART-TIME | 02 | |
| LOOKING FOR WORK | 03 | } GO TO
BOX G-38A |
| LAI D OFF FROM WORK | 04 | |
| IN SCHOOL/TRAINING | 05 | |
| IN JAIL/PRISON | 06 | |
| IN MILITARY | 07 | |
| KEEPING HOUSE | 08 | |
| SOMETHING ELSE (SPECIFY) _____ | 09 | |
| DON'T KNOW | 98 | |

G34. Is he still working for the same employer for whom he was working in spring 2004?

- | | | |
|----------|---|-------------|
| YES..... | 1 | |
| NO | 2 | (GO TO G36) |

G35. Is he doing the same kind of work that he was doing in spring 2004?

- | | | |
|----------|---|-------------------|
| YES..... | 1 | (GO TO BOX G-38A) |
| NO | 2 | |

G36. Where has he worked since spring 2004?
[IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

a. NAME OF COMPANY: _____

b. TYPE OF BUSINESS: _____

G37. What kind of work is he doing and what are his most important activities or duties?

a. KIND OF WORK: _____

b. IMPORTANT DUTIES: _____

G38.

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
I NEVER	22
REFUSED	97
DON'T KNOW	98

BOX G-38A
IF CHILD'S FATHER IS IN HOUSEHOLD, CHECK THIS BOX...
THEN SKIP TO G42.

G39. 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
DON'T KNOW..... 8

G40. Is there anyone else who is like a father to [CHILD]?

YES..... 1
NO..... 2 (GO TO G42)

G41. Who is this person? Is he...

(You,) 1
Your (spouse/partner), 2
A relative of the child who lives in the household,..... 3
A relative of the child who doesn't live in the household, 4
A friend of the family who lives in the household, or 5
A friend of the family who doesn't live in the household? 6

G42. Please tell me the first name of everyone in your household.
 PROBE: Is there anyone else in your household?
 IF ONLY RESPONDENT AND CHILD IN HH, WRITE "NO ONE ELSE" AT C.

G42a. First Name	G42b. What is [NAME]'s relationship to [CHILD]? (See codes below)	G42c. How old is [NAME]?
a. [CHILD]		
b. RESPONDENT		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		
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	

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. Did you receive any of the following sources of household income or support since spring 2004?

	<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-1A

IF H1 a, c, OR d WERE ANSWERED YES,
CHECK THIS BOX.... AND THEN ASK H2.

OTHERWISE, GO TO H3.

H2. 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?	1	2

(SPECIFY) _____

H3. Including yourself, how many adults contribute to your household income?

NUMBER OF ADULTS |__|__|

H4. 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.

[PROBE: IF RESPONDENT REPORTS \$3,000 OR MORE LAST MONTH, THEN VERIFY THAT REPORTED AMOUNT IS ONLY FOR LAST MONTH AND NOT FOR THE ENTIRE YEAR.]

HOUSEHOLD INCOME \$ __ , __ __ __ (GO TO H6)
(AMOUNT LAST MONTH ONLY)

OR

REFUSED 97 (GO TO H6)
DON'T KNOW 98 (GO TO H5)

H5. 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

H6. 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? 4

(SPECIFY) _____

H7. How many times have you moved since spring 2004?

|__|
TIMES

H8. 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

H9. Has [CHILD] ever lived apart from [you/(his/her) mother] for six months or longer, not including vacations or shared custody arrangements?

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

H10. In the last year, has [CHILD] ever been a witness to a crime or domestic violence?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

H11. In the last year, has [CHILD] ever been the victim of a crime or domestic violence?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

H12. Since Spring 2004, has anyone in your household or ([CHILD]'s (biological) (father/mother)) been arrested or charged with any crime by the police?

- YES..... 1
- NO..... 2 (GO TO I1)
- REFUSED..... 7 (GO TO I1)
- DON'T KNOW..... 8 (GO TO I1)

H13. Did this person spend any time in jail?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

I. CHILD CARE

11. Now let's talk about any child care arrangements that you use for [CHILD] **right now**.

[INTERVIEWER NOTE: CHILD CARE DOES NOT INCLUDE TIME IN HEAD START OR PREKINDERGARTEN CLASS, BUT MAY INCLUDE SEPARATE CHILD CARE AT THE HEAD START CENTER BEFORE OR AFTER CLASS, SOMETIMES KNOWN AS "WRAPAROUND" CARE.]

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

- | | |
|--|----------------------|
| BEFORE HEAD START | 01 |
| AFTER HEAD START | 02 |
| BOTH BEFORE/AFTER HEAD START | 03 |
| BEFORE PREKINDERGARTEN..... | 04 |
| AFTER PREKINDERGARTEN..... | 05 |
| BOTH BEFORE/AFTER PREKINDERGARTEN..... | 06 |
| NOT IN CARE | 07 (GO TO SECTION J) |

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

NUMBER OF ARRANGEMENTS |____|____|

13. Where is that child care provided?

[IF MORE THAN ONE, PROBE: Think about the one where [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 | 08 |
- (SPECIFY) _____

14. How many hours per week is this child care used?

HOURS PER WEEK |____|____|

15. 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	1	2
(SPECIFY)_____		

16. Now I'm going to ask you about [CHILD]'s experience in this child 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 child 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

J. HEALTH AND SAFETY PRACTICES

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

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

J4. Does any impairment or health problem keep you from working at a job or business?

- YES 1 (GO TO J6)
- NO..... 2

J5. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

- YES 1
- NO..... 2

J6. Does anyone in your household, (other than [CHILD]), have an illness or condition that requires regular ongoing care?

- YES 1
- NO..... 2

J7. Do you smoke tobacco such as cigarettes or cigars?

- YES 1
- NO..... 2

J8. Is there (anyone/anyone else) in your household who smokes tobacco, like cigarettes or cigars?

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

J9. Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?
(CIRCLE ONLY ONE)

- A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO 01
- AN OUTPATIENT CLINIC RUN BY A HOSPITAL 02
- THE EMERGENCY ROOM AT A HOSPITAL 03
- PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER 04
- A MIGRANT HEALTH CLINIC 05
- THE INDIAN HEALTH SERVICE 06
- SOMEPLACE ELSE (*SPECIFY*) _____ 07

J10. (Has/Did) Head Start (helped/help) you find a regular health care provider for [CHILD]?

HAVE RESPONDENT EXPLAIN AND CODE BELOW.

- PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS..... 01
- MADE REFERRALS, FOR EXAMPLE, PHONE CALLS 02
- PROVIDED HEALTH CARE DIRECTLY 03
- HELPED IN SOME OTHER WAY 04

(*SPECIFY*)_____

IF **YES**, USE
CODES
01 THROUGH 04

- HAD A HEALTH CARE PROVIDER PRIOR TO ENROLLMENT 05
- HEAD START (HAS/DID) NOT (HELPED/HELP) BUT I WISH IT (WOULD/HAD) 06
- FOUND A HEALTH CARE PROVIDER ON MY OWN 07
- OTHER (EXPLANATION)..... 08

IF **NO**, USE
CODES
05 THROUGH 08

J11. Where do you usually go for routine medical care? (CIRCLE ONLY ONE)

- THE SAME PLACE AS [CHILD]..... 01
- A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO 02
- AN OUTPATIENT CLINIC RUN BY A HOSPITAL 03
- THE EMERGENCY ROOM AT A HOSPITAL 04
- PUBLIC HEALTH DEPARTMENT OR COMMUNITY
HEALTH CENTER 05
- A MIGRANT HEALTH CLINIC 06
- THE INDIAN HEALTH SERVICE 07
- SOMEPLACE ELSE (*SPECIFY*) _____ 08

J12. (Has/Did) Head Start (helped/help) you find a regular health care provider for yourself?

- PROVIDED INFORMATION, INCLUDING BROCHURES,
MEETINGS, OR CONVERSATIONS..... 01
 - MADE REFERRALS, FOR EXAMPLE, PHONE CALLS 02
 - PROVIDED HEALTH CARE DIRECTLY 03
 - HELPED IN SOME OTHER WAY 04
- (*SPECIFY*) _____

IF **YES**, USE
CODES
01 THROUGH 04

- HAD A HEALTH CARE PROVIDER PRIOR TO
ENROLLMENT 05
- HEAD START (HAS/DID) NOT (HELPED/HELP)
BUT I WISH IT (WOULD/HAD) 06
- FOUND A HEALTH CARE PROVIDER ON MY OWN 07
- OTHER (EXPLANATION)..... 08

IF **NO**, USE CODES
05 THROUGH 08

J13. Please tell me if you follow certain safety practices. Tell me if it is *never, sometimes, most of the time, or always*. Do you ...

	<u>Never</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
a. Use a safety seat or seat belt for [CHILD] when in the car?	1	2	3	4
b. Keep medicines in childproof bottles and out of children's reach?	1	2	3	4
c. Have at least one operating smoke detector in your home with a working battery?	1	2	3	4
d. Keep cleaning materials out of reach of children and/or in locked cabinets?	1	2	3	4
e. Have a first-aid kit at home?	1	2	3	4
f. Keep the poison control center number and other emergency numbers by the telephone?	1	2	3	4
g. Supervise [CHILD] when crossing the street or riding tricycles/bicycles near traffic?	1	2	3	4
h. Keep matches and cigarette lighters out of [CHILD]'s reach?	1	2	3	4
i. Supervise [CHILD] when (he/she) is in the bathtub?	1	2	3	4
j. Keep firearms under lock and key?	1	2	3	4
[IF THERE ARE NO FIREARMS IN THE HOUSEHOLD, WRITE "NA"]				

J14. Is [CHILD] covered by Medicaid or under a state health insurance program, such as CHIP?

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

J15. Is [CHILD] covered by health insurance other than Medicaid through (your job) or the job of another employed adult?

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

K. COMMUNITY SERVICES

Families with young children sometimes need help of various kinds. Now I'd like to know about whether Head Start has helped your family.

K1. Have you or anyone in your household received any of these community or government services since Spring 2004?

	<u>YES</u>	<u>NO</u>
a. Help with housing	1	2
b. Training for a job	1	2
c. Help finding a job	1	2
d. Help to go to school or college	1	2
e. Classes in English as a Second Language	1	2
f. Transportation to or from work or training	1	2
g. Child care	1	2
h. Alcohol or drug treatment or counseling.....	1	2
i. Advice from a lawyer	1	2
j. Mental health services or counseling	1	2
k. Help dealing with family violence	1	2
l. Help or counseling for other family problems	1	2
m. Dental or Orthodontic care	1	2

BOX K-1A

IF ANY OF K1 WERE ANSWERED YES,
CHECK THIS BOX... THEN ASK K2.

OTHERWISE, GO TO SECTION L.

K2. Did Head Start make you aware of or help you to obtain (this service/these services)?

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

L. GETTING READY FOR KINDERGARTEN

L1. Where will [CHILD] attend school this coming fall? Will (he/she) be ...

- Returning to Head Start, 1 (GO TO SECTION M)
- Attending Pre-Kindergarten, 2
- Attending Kindergarten, 3
- Attending another preschool, 4
- Not attending any school, or 5 (GO TO SECTION M)
- Don't know yet? 8 (GO TO SECTION M)

L2. What is the name of the school [CHILD] will attend next year?

SCHOOL NAME

L3. Where is elementary school located?

STREET (IF KNOWN)

CITY

M. SOCIAL SUPPORT

M1. 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] since spring 2004.

How helpful (have/has) [_____] been? Would you say *not very helpful*, *somewhat helpful*, or *very helpful*?

	NOT APPLICABLE	Not very <u>helpful</u>	Somewhat <u>helpful</u>	Very <u>helpful</u>
a. [CHILD's] father..... (IF R IS FATHER, CODE 0)	0	1	2	3
b. [CHILD's] mother..... (IF R IS MOTHER, CODE 0)	0	1	2	3
c. Your current spouse or partner (IF C = A OR B, OR NO SPOUSE/PARTNER, CODE 0)	0	1	2	3
d. [CHILD's] grandparents.....	0	1	2	3
e. Other relatives.....	0	1	2	3
f. Your friends.....	0	1	2	3
g. Co-workers.....	0	1	2	3
h. Professional helpgivers like counselors or social workers.....	0	1	2	3
i. Head Start staff	0	1	2	3
j. Other parents you have met through Head Start.....	0	1	2	3
k. Other child care providers	0	1	2	3
l. Religious or social group member.....	0	1	2	3
m. Is there anyone else who has been helpful?	0	1	2	3
(SPECIFY) _____				

N. YOUR FEELINGS

- N1. 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.)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly 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

N2. 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.)

	<u>Rarely</u> <u>or Never</u>	<u>Some or</u> <u>a Little</u>	<u>Occasionally</u> <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. You felt lonely	1	2	3	4
k. You felt sad.....	1	2	3	4
l. You could not get "going"	1	2	3	4

O. PARENT INVOLVEMENT AND SATISFACTION WITH HEAD START

O1. Please indicate how often you have participated in the following activities at [CHILD]'s Head Start center since the beginning of this Head Start year, that is September 2004.

For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week.

How often have you ...	<u>Not yet</u>	<u>Once or twice</u>	<u>Several times</u>	<u>About once a month</u>	<u>At least once a week</u>
a. Volunteered or helped out in [CHILD]'s classroom?	1	2	3	4	5
b. Observed in [CHILD]'s classroom for at least 30 minutes?.....	1	2	3	4	5
c. Prepared food or materials for special events such as a holiday celebration or special cultural event?.....	1	2	3	4	5
d. Helped with field trips or other special events?	1	2	3	4	5
e. Attended Head Start social events such as bazaars or fairs for children and families?	1	2	3	4	5
f. Attended parent education meetings or workshops focusing on topics such as job skills or child-rearing? ...	1	2	3	4	5
g. Attended parent-teacher conferences?	1	2	3	4	5
h. Visited with a Head Start staff member in your home? ..	1	2	3	4	5
i. Attended a Head Start event with spouse or partner? ... (IF NO SPOUSE OR PARTNER, WRITE "NA")	1	2	3	4	5
j. Attended a Head Start event with another adult?	1	2	3	4	5
k. Participated in Policy Council, monitoring-related activities, or other Head Start planning groups?	1	2	3	4	5
l. Called or visited another Head Start parent on a matter related to Head Start?	1	2	3	4	5
m. Prepared or distributed newsletters, fliers, or Head Start materials?	1	2	3	4	5
n. Participated in fundraising activities?	1	2	3	4	5
o. Other	1	2	3	4	5
(SPECIFY)					

O2. Some parents have a hard time participating in their child’s Head Start program. Please tell me if any of the following things have kept you from participating as much as you would like in [CHILD]’s Head Start program this past year?

	<u>YES</u>	<u>NO</u>
a. Your need for child care	1	2
b. Your work schedule interferes.....	1	2
c. Your school or training schedule interferes.....	1	2
d. You need transportation.....	1	2
e. You don’t know others at Head Start	1	2
f. You feel uncomfortable at Head Start	1	2
g. You have health problems that interfere	1	2
h. [CHILD]’s teacher is uncomfortable with parents in the classroom.....	1	2
i. Head Start doesn’t provide enough opportunities for you to participate.....	1	2
j. You have had bad experiences with Head Start in the past	1	2
k. You are uncomfortable because of language or cultural differences.....	1	2
l. You have concern for your safety while getting to Head Start ...	1	2
m. You need more support from your spouse or partner	1	2
n. Other	1	2
<p>(SPECIFY) _____</p>		

O3. Now, I would like to ask you some questions about [CHILD]'s Head Start program. Based on what has happened at Head Start since [CHILD] started the Head Start program, how satisfied are you with how well Head Start is doing in each of the following areas. Please tell me whether you are very *dissatisfied*, *somewhat dissatisfied*, *somewhat satisfied*, or *very satisfied*.

	<u>Very dissatisfied</u>	<u>Some- what dissatisfied</u>	<u>Some- what satisfied</u>	<u>Very satisfied</u>
a. Helping [CHILD] to grow and develop.....	1	2	3	4
b. Being open to your ideas and participation	1	2	3	4
c. Supporting and respecting your family's culture and background.....	1	2	3	4
d. Identifying and providing services for [CHILD]— for example, health screening, help with speech and language development.....	1	2	3	4
e. Identifying and helping to provide services that help your family—for example, public assistance, transportation, or job training	1	2	3	4
f. Maintaining a safe program—for example, secure play-grounds, clean and tidy classrooms	1	2	3	4
g. Preparing [CHILD] to enter kindergarten.....	1	2	3	4
h. Helping you become more involved in groups that are active in your community	1	2	3	4

O4. Now I'm going to ask you about [CHILD]'s and your experience in Head Start. Please let me know which answer best describes [CHILD]'s and your Head Start experience: *never, sometimes, often, or always?*

	<u>Never</u>	<u>Some- times</u>	<u>Often</u>	<u>Always</u>
a. [CHILD] feels safe and secure in Head Start	1	2	3	4
b. [CHILD] gets lots of individual attention	1	2	3	4
c. [CHILD]'s teacher is open to new information and learning	1	2	3	4
d. [CHILD] has been happy in the program.....	1	2	3	4
e. The teacher is warm and affectionate towards [CHILD].....	1	2	3	4
f. [CHILD] is treated with respect by teachers.....	1	2	3	4
g. The teacher takes an interest in [CHILD]	1	2	3	4
h. [CHILD] feels accepted by the teacher	1	2	3	4
i. The teacher is supportive of you as a parent	1	2	3	4
j. You feel welcomed by the teacher	1	2	3	4
k. The teacher handles discipline matters easily without being harsh	1	2	3	4
l. The teacher seems happy and content.....	1	2	3	4
m. The assistant teacher/aide is warm and affectionate towards [CHILD].....	1	2	3	4

O5. What are the major ways you feel Head Start helped [CHILD] this year?
PROBE: Anything else?

- O6. What are the major ways you think Head Start helped your family this year?
PROBE: Did they help your family in any other areas besides educating [CHILD]? What else?
- O7. If you could change anything about Head Start that you think would help it better serve children and their families, what would it be?
- O8. These are all the questions that I have right now. I would like to thank you very much for participating in this interview.

UPDATE CONTACT INFORMATION ON TRACKING INFORMATION SHEET.

GO TO SECTION P AFTER INTERVIEW IS COMPLETE.

P. CONFIDENCE RATINGS

P1. Interview Completion Code:

- Respondent terminated interview prematurely 1
- Respondent refused interview..... 2
- Respondent unable to respond 3
- (SPECIFY)*_____
- 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