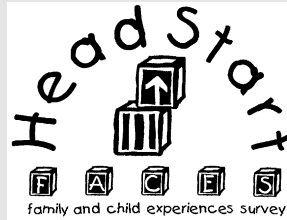


Head Start Family and Child Experiences Survey



Spring '99 Parent Interview

**INTERVIEWER: RECORD CHILD'S NAME BELOW.
REMOVE SHEET AND DESTROY
AFTER VERIFYING CHILD'S NAME.**

CHILD'S NAME: _____

Head Start Family and Child Experiences Survey Spring '99 Parent Interview

Cover Sheet

Respondent ID number: ____ - ____ - ____ - ____ - ____

1-7/

Head Start Center: _____

City and State: _____

Field Interviewer ID number: ____ - ____ - ____

23-25/

Date of Interview ____ / ____ / ____
month day year

26-31/

Site Manager Quality Control Review	
____	____ / ____ / ____
ID	Date of Review

Time of interview start: ____ : ____
hour minute

15-18/

Time of interview end: ____ : ____
hour minute

19-22/

Interview location:

- Head Start center 01
- CHILD's home 02
- Other (Please specify) 03

32-33/

Home-based child..... 01

Center-based child..... 02

34-35/B

136-137/

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

- No 01
- Yes 02

36-37/

If so, what language will be used? _____

38-39/

IF YES: Have interpreter sign confidentiality form before interview.

Head Start Family and Child Experiences Survey

SPRING '99 Parent Interview

Thank you for agreeing to talk with me again. It is important to talk with you again so we can continue to understand about Head Start from a parent's point of view. Information from this study is being used to help Head Start better serve children and their families.

Just like the last time, 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 will see or hear your answers. 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. You may recognize some questions from the last interview but it is important to ask them again. Our interview should take approximately one hour. Do you have any questions?

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 06/2000). The time required to complete this information collection is estimated to average 1 hour per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

At the end of the interview, I will give you some addresses as well as some phone numbers in case you would like more information about the study or this interview. Do you have any questions?

INTERVIEWER: USE CHILD'S NAME WHENEVER "CHILD" (ALL CAPITAL LETTERS) APPEARS IN A QUESTION.

PROBE AND ENTER 99 FOR "DON'T KNOW" RESPONSES.

DO NOT READ "DON'T KNOW" RESPONSE CATEGORIES.

ELIGIBILITY SCREEN

1. Are you the person interviewed last spring when we conducted the spring 1998 interview?

No..... 01 138-139/
Yes..... 02 **SKIP TO A1**

1a. Is that person available?

No..... 01 140-141/
Yes..... 02 **End interview**
Reschedule with original respondent

1b. Are you the person we interviewed in the fall of 1997?

No..... 01 146-147/
Yes..... 02 **SKIP TO A1**

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

No..... 01 40-41/
Yes..... 02 **SKIP TO 4**

3. Who is most responsible for CHILD's care?

Name: _____ 42-71/

Address: _____ 72-121/

Phone: _____ 122-131/

TERMINATE INTERVIEW.

4. What is your relationship to CHILD?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

Mother.....		01	132-133/
Is that birth or adopted?			
birth	19	SKIP TO A1	142-143/
adopted	20	SKIP TO A1	
Father.....		02	
Is that birth or adopted?			
birth	21	SKIP TO A1	144-145/
adopted	22	SKIP TO A1	
Stepmother.....		03	SKIP TO A1
Stepfather.....		04	SKIP TO A1
Grandmother.....		05	
Grandfather.....		06	
Great Grandmother		07	
Great Grandfather		08	
Sister/step sister.....		09	
Brother/stepbrother.....		10	
Other Relative or In-law (Female).....	11		
Other Relative or In-law (Male).....	12		
Foster Parent (Female).....		13	
Foster Parent (Male).....		14	
Other Non-relative (Female).....	15		
Other Non-relative (Male).....	16		
Parent's Partner (Female).....		17	
Parent's Partner (Male)		18	
Don't Know/ Didn't Respond		99	

5. Are you CHILD's legal guardian?

No.....		01	134-135/
Yes.....		02	

A. ABOUT YOUR CHILD AND FAMILY

Remember, you may recognize some of the questions, but it is important for us to ask them again.

A1. Is CHILD a boy or a girl?

Boy	01	13-14/
Girl	02	

A2. What is CHILD'S birth date?

___ ___ / ___ ___ / ___ ___	15-20/
Month Day Year	

A3. About how often has CHILD missed Head Start this past year?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

Never	01	SKIP TO B1	
1-5 days		02	
6-10 days	03		57-58/
More than 10 days	04		
Don't Know	99		

A4. What is the most frequent reason for CHILD's missing Head Start this past year?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|--|----|--|
| 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 (Please specify)..... | 08 | |
| Don't Know | 99 | |

59-60/

B. SATISFACTION WITH HEAD START

Now I would like to ask you some questions about CHILD's Head Start program.



B1. Based on what has happened at Head Start over the past year, how satisfied are you with how well Head Start is doing in each of the following areas:

IF "VERY OR SOMEWHAT DISSATISFIED" IS GIVEN AS A RESPONSE, ASK THE FOLLOW-UP QUESTION, B2.

B2. Why do you feel dissatisfied with your Head Start experience in (READ QUESTION MARKED "VERY OR SOMEWHAT DISSATISFIED")?

B1.						B2.
How satisfied are you with how well Head Start is ...	Very dissatisfied	Some-what dissatisfied	Some-what satisfied	Very satisfied	N/A or DK	IF VERY OR SOMEWHAT DISSATISFIED: Why?
a. Helping CHILD to grow and develop <small>13-14/</small>	01	02	03	04	99	<small>15-16/</small>
b. Being open to your ideas and participation <small>17-18/</small>	01	02	03	04	99	<small>19-20/</small>
c. Supporting and respecting your family's culture and background <small>21-22/</small>	01	02	03	04	99	<small>23-24/</small>
d. Identifying and providing services for CHILD--for example, health screening, help with speech and language development <small>25-26/</small>	01	02	03	04	99	<small>27-28/</small>
e. Identifying and helping to provide services that help your family--for example, public assistance, transportation, or job training <small>29-30/</small>	01	02	03	04	99	<small>31-32/</small>
f. Maintaining a safe program--for example, secure playgrounds, clean and tidy classrooms <small>33-34/</small>	01	02	03	04	99	<small>35-36/</small>
g. Preparing CHILD to enter kindergarten <small>37-38/</small>	01	02	03	04	99	<small>39-40/</small>
h. Helping you become more involved in groups that are active in your community <small>41-42/</small>			03	04	99	<small>43-44/</small>



B3. 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.

IF "NEVER" IS GIVEN AS THE RESPONSE, ASK THE FOLLOW-UP QUESTION, B4.

B4. Why do you feel (READ ITEM) is never true?

B3.						B4.
READ LIST.	Never	Some-times	Often	Always	Don't know	Why?
a. CHILD feels safe and secure in Head Start. <small>45-46/</small>	01	02	03	04	99	47-48/
b. CHILD gets lots of individual attention. <small>49-50/</small>	01	02	03	04	99	51-52/
c. CHILD's teacher is open to new information and learning. <small>53-54/</small>	01	02	03	04	99	55-56/
d. CHILD has been happy in the program. <small>57-58/</small>	01	02	03	04	99	59-60/
e. The teacher is warm and affectionate towards CHILD. <small>61-62/</small>	01	02	03	04	99	63-64/
f. CHILD is treated with respect by teachers. <small>65-66/</small>	01	02	03	04	99	67-68/
g. The teacher takes an interest in CHILD. <small>69-70/</small>	01	02	03	04	99	71-72/
h. CHILD feels accepted by the teacher. <small>73-74/</small>	01	02	03	04	99	75-76/
i. The teacher is supportive of you as a parent. <small>77-78/</small>	01	02	03	04	99	79-80/
j. You feel welcomed by the teacher. <small>81-82/</small>	01	02	03	04	99	83-84/
k. The teacher handles discipline matters easily without being harsh. <small>85-86/</small>	01	02	03	04	99	87-88/
l. The teacher seems happy and content. <small>89-90/</small>	01	02	03	04	99	91-92/
m. The assistant teacher/aide is warm and affectionate towards CHILD. <small>93-94/</small>	01	02	03	04	99	95-96/

C. YOUR ACTIVITIES IN HEAD START



C1. 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.

For each one, tell me if that is not yet, once or twice, 3-10 times, more than once a month, or more than once a week.

How often have you ...	Not yet	Once or twice	3 -10 times	More than once a month	More than once a week	
a. Volunteered or helped out in CHILD's classroom?	01	02	03	04	05	13-14/
b. Observed in CHILD's classroom for at least 30 minutes?	01	02	03	04	05	15-16/
c. Prepared food or materials for special events such as a holiday celebration or special cultural event?	01	02	03	04	05	17-18/
d. Helped with field trips or other special events?	01	02	03	04	05	19-20/
e. Attended Head Start social events such as bazaars or fairs for children and families?	01	02	03	04	05	21-22/
f. Attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?	01	02	03	04	05	23-24/
g. Attended parent-teacher conferences?	01	02	03	04	05	25-26/
h. Visited with a Head Start staff member in your home?	01	02	03	04	05	27-28/
i. Attended a Head Start event with spouse or partner?	01	02	03	04	05	29-30/
j. Attended a Head Start event with another adult?	01	02	03	04	05	31-31/
k. Participated in Policy Council, monitoring-related activities, or other Head Start planning groups?	01	02	03	04	05	33-34/
l. Called or visited another Head Start parent on a matter related to Head Start ?	01	02	03	04	05	35-36/
m. Prepared or distributed newsletters, fliers, or Head Start materials?	01	02	03	04	05	37-38/
n. Participated in fundraising activities?	01	02	03	04	05	39-40/

How often have you ...	Not yet	Once or twice	3 -10 times	More than once a month	More than once a week	
o. Other (Please describe): _____ _____ _____ 43- 44/	01	02	03	04	05	41-42/



C2. 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?

READ LIST.	NO	YES	
a. Your need for child care	01	02	45-46/
b. Your work schedule interferes	01	02	47-48/
c. Your school or training schedule interferes	01	02	49-50/
d. You need transportation	01	02	51-52/
e. You don’t know others at Head Start	01	02	53-54/
f. You feel uncomfortable at Head Start	01	02	55-56/
g. You have health problems that interfere	01	02	57-58/
h. CHILD’s teacher is uncomfortable with parents in the classroom	01	02	59-60/
i. Head Start doesn’t provide enough opportunities for you to participate	01	02	61-62/
j. You have had bad experiences with Head Start in the past	01	02	63-64/
k. You are uncomfortable because of language or cultural differences	01	02	65-66/
l. You have concern for your safety while getting to Head Start	01	02	67-68/
m. You need more support from your spouse or partner	01	02	69-70/
n. Other (Please specify) _____ 73-74/	01	02	71-72/

D. ACTIVITIES WITH YOUR CHILD

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

D1. How many times have you or someone in your family *read* to CHILD in the past *week*? Would you say...

READ LIST. CIRCLE ONE RESPONSE

SKIP TO D2

- Not at all..... 01
- Once or twice..... 02
- Three or more times..... 03
- Every day..... 04

13-14/

D1a. Who read to CHILD in the past week?

DO NOT READ LIST. CIRCLE ALL THAT APPLY

- Mother/Mother-figure 01 15-16/
- Father/Father-figure 02 17-18/
- Other household member 03 19-20/
- Non-household member 04 21-22/

D2. For about how long does CHILD enjoy being read to at a sitting? **PROBE:** About how many minutes?

CODE 000 IF CHILD DOESN'T LIKE TO BE READ TO AT ALL.

___ ___ ___ minutes 23-25/



D3. *In the past week*, have you or someone in your family done the following things with CHILD? (READ LIST BELOW)

D4. **IF YES:** How many times have you done this in the past week? Would you say one or two times, or three or more?

D5. **AFTER COMPLETING ALL OF D3 AND D4(a-k), ASK THE FOLLOWING FOR EACH ACTIVITY CODED "YES" IN D3:** Who (Read Item)?

D3. In the past week, have you or someone in your family ...			D4		D5			
			How many times?		Who (READ ITEM)?			
			1-2	3+	DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.			
	NO	YES			Mother/ Mother Figure	Father/ Father figure	Other Household Member	Non- Household Member
a. Told (him/her) a story? <small>26-27/</small>	01	02	1-2 <small>28/</small>	3+	01 <small>29-30/</small>	02 <small>143-144/</small>	03 <small>145-146/</small>	04 <small>147-148/</small>
b. Taught (him/her) letters, words, or numbers? <small>31-32/</small>	01	02	1-2 <small>33/</small>	3+	01 <small>34-35/</small>	02 <small>149-150/</small>	03 <small>151-152/</small>	04 <small>153-154/</small>
c. Taught (him/her) songs or music? <small>36-37/</small>	01	02	1-2 <small>38/</small>	3+	01 <small>39-40/</small>	02 <small>155-156/</small>	03 <small>157-158/</small>	04 <small>159-160/</small>
d. Worked on arts and crafts with (him/her)? <small>41-42/</small>	01	02	1-2 <small>43/</small>	3+	01 <small>44-45/</small>	02 <small>161-162/</small>	03 <small>163-164/</small>	04 <small>165-166/</small>
e. Played with toys or games indoors? <small>46-47/</small>	01	02	1-2 <small>48/</small>	3+	01 <small>49-50/</small>	02 <small>167-168/</small>	03 <small>169-170/</small>	04 <small>171-172/</small>
f. Played a game, sport, or exercised together? <small>51-52/</small>	01	02	1-2 <small>53/</small>	3+	01 <small>54-55/</small>	02 <small>173-174/</small>	03 <small>175-176/</small>	04 <small>177-178/</small>
g. Took (him/her) along while doing errands like going to the post office, the bank, or the store? <small>56-57/</small>	01	02	1-2 <small>58/</small>	3+	01 <small>59-60/</small>	02 <small>179-180/</small>	03 <small>181-182/</small>	04 <small>183-184/</small>
h. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets? <small>61-62/</small>	01	02	1-2 <small>63/</small>	3+	01 <small>64-65/</small>	02 <small>185-186/</small>	03 <small>187-188/</small>	04 <small>189-190/</small>
i. Talked about what happened in Head Start? <small>66-67/</small>	01	02	1-2 <small>68/</small>	3+	01 <small>69-70/</small>	02 <small>191-192/</small>	03 <small>193-194/</small>	04 <small>195-196/</small>
j. Talked about TV programs or videos? <small>71-72/</small>	01	02	1-2 <small>73/</small>	3+	01 <small>74-75/</small>	02 <small>197-198/</small>	03 <small>199-200/</small>	04 <small>201-202/</small>
k. Played counting games like singing songs with numbers or reading books with numbers? <small>76-77/</small>	01	02	1-2 <small>78/</small>	3+	01 <small>79-80/</small>	02 <small>203-204/</small>	03 <small>205-206/</small>	04 <small>207-208/</small>



D6. *In the past month*, that is since (MONTH)(DAY), has anyone in your family done the following things with CHILD?

D7. **AFTER COMPLETING ALL OF D6(a-j), ASK THE FOLLOWING FOR EACH ACTIVITY CODED "YES":** Who has (READ ITEM) with CHILD?

D6. <i>In the past month</i> , that is since (MONTH)(DAY), has anyone in your family done the following things with CHILD?				D7. [ASK ONLY AFTER COMPLETING ALL OF D6] Who has (READ ITEM) with CHILD? [DO NOT READ CHOICES. CIRCLE ALL THAT APPLY. IF NOT MOTHER/ OR FATHER/, CLARIFY IF HOUSEHOLD OR NON-HOUSEHOLD MEMBER]			
		NO	YES	Mother/ Mother Figure	Father/ Father Figure	Other Household Member	Non- Household Member
a.	Visited a library? 81-82/	01	02	01 83-84/	02 209-210/	03 211-212/	04 213-214/
b.	Gone to a movie? 85-86/	01	02	01 87-88/	02 215-216/	03 217-218/	04 219-220/
c.	Gone to a play, concert, or other live show? 89-90/	01	02	01 91-92/	02 221-222/	03 223-224/	04 225-226/
d.	Gone to a mall? 93-94/	01	02	01 95-96/	02 227-228/	03 229-230/	04 231-232/
e.	Visited an art gallery, museum, or historical site? 97-98/	01	02	01 99-100/	02 233-234/	03 235-236/	04 237-238/
f.	Visited a playground, park, or gone on a picnic? 101-102/	01	02	01 103-104/	02 239-240/	03 241-242/	04 243-244/
g.	Visited a zoo or aquarium? 105-106/	01	02	01 107-108/	02 245-246/	03 247-248/	04 249-250/
h.	Talked with CHILD about (his/her) family history or ethnic heritage? 109-110/	01	02	01 111-112/	02 251-252/	03 253-254/	04 255-256/
i.	Attended an event sponsored by a community, ethnic, or religious group? 113-114/	01	02	01 115-116/	02 257-258/	03 259-260/	04 261-262/
j.	Attended an athletic or sporting event in which CHILD was not a player? 117-118/	01	02	01 119-120/	02 263-264/	03 265-266/	04 267-268/

D8. Which of the following do you have in your home?

READ LIST.

	<u>NO</u>	<u>YES</u>	
a. Children's books	01	02	125-126/
b. Comic books	01	02	127-128/
c. Magazines for children	01	02	129-130/
d. Magazines for adults like Newsweek or People or Sports Illustrated	01	02	131-132/
e. Newspapers	01	02	133-134/
f. Catalogs	01	02	135-136/
g. Religious books like a bible or prayer book	01	02	137-138/
h. Dictionaries or encyclopedias	01	02	139-140/
i. Other books like novels or biographies or non- fiction	01	02	141-142/

E. DISABILITIES

E1. Does CHILD have any special needs or disabilities--for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

- | | | | |
|------------------|----|-------------------|--------|
| No..... | 01 | SKIP TO F1 | |
| Yes..... | | 02 | |
| Don't Know | 99 | SKIP TO F1 | 13-14/ |

E2. How would you describe CHILD's special need or needs? **PROBE:** Any others?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- | | | |
|--|----|--------|
| A specific learning disability..... | 01 | 15-16/ |
| Mental retardation..... | 02 | 17-18/ |
| A speech impairment..... | 03 | 19-20/ |
| A language impairment | 04 | 21-22/ |
| An emotional/behavioral disorder | 05 | 23-24/ |
| Deafness..... | 06 | 25-26/ |
| Another hearing impairment..... | 07 | 27-28/ |
| Blindness..... | 08 | 29-30/ |
| Another visual impairment..... | 09 | 31-32/ |
| An orthopedic impairment..... | 10 | 33-34/ |
| Another health impairment lasting six months or more | 11 | 35-36/ |
| Autism | 12 | 37-38/ |
| Traumatic brain injury | 13 | 39-40/ |
| Non-categorical/Developmental delay | 14 | 41-42/ |
| Other (Please specify)_____47-48/..... | 15 | 43-44/ |
| Don't Know | 99 | 45-46/ |

E3. Was this special need or disability diagnosed by a professional during the past year?

- | | | |
|-----------|----|--------|
| No | 01 | 91-92/ |
| Yes | 02 | |

E4. (Does/Do) CHILD's (disability/disabilities) affect (his/her) ability to learn?

No.....	01	49-50/
Yes.....	02	
Don't know	99	

E5. Did you or another family member participate in developing an Individualized Education Program or Plan (IEP) for CHILD?

SHOW PARENT A COPY OF AN IEP USED BY PROGRAM.

No.....	01	51-52/
Yes.....	02	SKIP TO E7
Don't know	99	SKIP TO E10

E6. Why not?

SKIP TO F1

[Suggested Probe: "Were you given the opportunity to participate?"]

E7. Is CHILD receiving...

READ LIST. CIRCLE ONE RESPONSE.

None or a few of the services identified in the IEP	01	57-58/
Some of the services.....	02	
Most of the services, or.....	03	
All of the services identified in the IEP?	04	
Don't Know	99	

E8. How satisfied were you with those services? Were you ...

READ LIST. CIRCLE ONE RESPONSE.

- Very dissatisfied 01
- Somewhat dissatisfied 02
- Somewhat satisfied 03
- Very satisfied 04
- Don't Know 99

55-56/

E9. How helpful was Head Start with. . .

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	<u>Not at all</u> <u>helpful</u>	<u>A little</u> <u>helpful</u>	<u>Helpful</u>	<u>Very</u> <u>helpful</u>	<u>Don't</u> <u>Know</u>	
a. Assisting you in talking with other schools and agencies, and knowing about other resources for meeting CHILD's special needs	01	02	03	04	99	61-62/
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	01	02	03	04	99	63-64/

E10. Is CHILD receiving services for (his/her) (disability/disabilities) from...

READ LIST.

	<u>NO</u>	<u>YES</u>	<u>DK</u>	
a. Your local school district?	01	02	99	65-66/
b. State or local health or social service agency?	01	02	99	67-68/
c. Doctor or clinic?	01	02	99	69-70/
d. Head Start?	01	02	99	93-94/
e. Some other source (Please specify)? _____	01	02	99	71-72/

E11. Do all of the children in CHILD's room or group at Head Start program have disabling conditions, or is (he/she) in a mixed group with some children who have disabilities and some who don't?

- All..... 01 **SKIP TO E13**
- Mixed 02
- Don't know 99 **SKIP TO E13**

E12. Does CHILD usually spend all day of (his/her) time at Head Start in the mixed group, or does (he/she) sometimes leave the group for separate services or instruction?

- Spends all time in the mixed group 01 85-86/
- Sometimes leaves the mixed group 02
- Don't know 99

E13. Do you think there are any areas or ways that the Head Start program could improve in providing services to children with special needs and their families?

- No..... 01 **SKIP TO F1** 87-88/
- Yes..... 02

E14. How? _____ 89-90/

F. YOUR CHILD'S ACTIVITIES

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

F1. Can CHILD recognize...

READ LIST. CIRCLE ONE RESPONSE.

- All of the letters of the alphabet,..... 01 13-14/
- Most of them,..... 02
- Some of them, or..... 03
- None of them?..... 04

F2. How high can CHILD count? Would you say...

READ LIST. CIRCLE ONE RESPONSE.

- Not at all..... 01 15-16/
- Up to five..... 02
- Up to ten..... 03
- Up to twenty..... 04
- Up to fifty, or..... 05
- Up to 100 or more..... 06

F3. How many written numbers can CHILD recognize? _____ numbers 17-18/

F4. If CHILD had a pile of blocks, what is the largest number (she/he) can tell you (she/he) has?
_____ largest number 19-21/

F5. Can CHILD button (his/her) clothes?

No	01	22-23/
Yes.....	02	

F6. Does CHILD hold a pencil properly?

No	01	24-25/
Yes.....	02	

F7. How often does CHILD like to write or pretend to write?

READ LIST. CIRCLE ONE RESPONSE.

Never.....	01	26-27/
Has done it once or twice.....	02	
Sometimes.....	03	
Often.....	04	
Don't Know.....	99	

F8. Does CHILD mostly write and draw rather than scribble?

No.....	01	28-29/
Yes.....	02	

F9. Can CHILD write (his/her) first name even if some of the letters are backward?

No.....	01	30-31/
Yes.....	02	
Don't Know.....	99	

F10. Does CHILD trip, stumble, or fall easily?

No..... 01 32-33/
Yes..... 02

F11. When CHILD speaks, is (he/she) understandable to a stranger?

No..... 01 34-35/
Yes..... 02

F12. Did CHILD start speaking later than other children you know?

No..... 01 36-37/
Yes..... 02

F13. Does CHILD stutter or stammer?

No..... 01 38-39/
Yes..... 02

F14. Does CHILD ever look at a book with pictures and pretend to read?

No..... 01 40-41/
SKIP TO F16
Yes..... 02

F15. When CHILD pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Sounds like connected story..... 01 42-43/
- Tells what's in each picture..... 02
- Does both..... 03

F16. Does CHILD recognize (his/her) own first name in writing or in print?

- No..... 01 44-45/
- Yes..... 02
- Don't know..... 99

F17. Can CHILD identify the colors red, yellow, blue, and green by name? Would you say...

READ LIST. CIRCLE ONE RESPONSE.

- All of them..... 01 46-47/
- Some of them, or..... 02
- None of them?..... 03

G. YOUR CHILD'S BEHAVIOR



G1. 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 or often true, sometimes or somewhat true, or not true.

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	Very True or Often True	Somewhat or Sometimes True	Not True	
a. Makes friends easily?	01	02	03	13-14/
b. Enjoys learning?	01	02	03	15-16/
c. Has temper tantrums or hot temper?	01	02	03	17-18/
d. Can't concentrate, can't pay attention for long?	01	02	03	19-20/
e. Is very restless, and fidgets a lot?	01	02	03	21-22/
f. Likes to try new things?	01	02	03	23-24/
g. Shows imagination in work and play?	01	02	03	25-26/
h. Is unhappy, sad, or depressed?	01	02	03	27-28/
i. Comforts or helps others?	01	02	03	29-30/
j. Hits and fights with others?	01	02	03	31-32/
k. Worries about things for a long time?	01	02	03	33-34/
l. Accepts friends' ideas in sharing and playing?	01	02	03	35-36/
m. Doesn't get along with other kids?	01	02	03	37-38/
n. Wants to hear that he or she is doing okay?	01	02	03	39-40/
o. Feels worthless or inferior?	01	02	03	41-42/
p. Makes changes from one activity to another with difficulty?	01	02	03	43-44/
q. Is nervous, high-strung, or tense?	01	02	03	45-46/
r. Acts too young for (his/her) age?	01	02	03	47-48/
s. Is disobedient at home?	01	02	03	49-50/

H. GETTING READY FOR KINDERGARTEN

H1. Where will CHILD attend school this coming fall? Will (he/she) be ...

READ LIST. CIRCLE ONE RESPONSE.

13-14/

- Returning to Head Start 01 **SKIP TO I1**
- Attending Pre-Kindergarten 02
- Attending Kindergarten 03
- Attending another preschool 04
- Not attending any school 05 **SKIP TO I1**
- Don't Know 99 **SKIP TO I1**

15-34/B

H2. What is the name of the school CHILD will attend next year? _____

35-38/

H3. Where is the elementary school located? _____ city

_____ street (if known)

39-58/

59-88/

I. HOUSEHOLD RULES

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

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

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	NO	YES	NA	
a. What TV programs CHILD can watch?	01	02	03	13-14/
b. How many hours CHILD can watch TV?	01	02	03	15-16/
c. What kinds of food CHILD eats?	01	02	03	17-18/
d. What time CHILD goes to bed?	01	02	03	19-20/
e. What chores CHILD does?	01	02	03	21-22/

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

No..... 01 **SKIP TO I4**
 Yes..... 02

23-24/

13. About how many times in the past week? _____ number of times

25-26/

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

No..... 01 **SKIP TO I6**
 Yes..... 02

27-28/

15. About how many times in the past week? _____ number of times

29-30/

16. If CHILD has a tantrum in a public place, such as a supermarket, what do you do?
PROBE "NEVER HAPPENS": If it did happen, what would you do?
PROBE: Anything else?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

Ignore (Him/her).....		01	31-32/
Pick up child and leave place.....	02		33-34/
Leave and expect child to follow.....	03		35-36/
Talk to child.....		04	37-38/
Threaten to take away treats/privileges.....	05		39-40/
Shout at child.....		06	41-42/
Spank child.....		07	43-44/
Slap or shake (him/her).....	08		45-46/
Threaten "time out" when you get home.....	09		47-48/
Threaten another punishment at home.....	10		49-50/
Threaten child with response of other household adult.....	11		51-52/
Try to calm child down	12		65-66/
Give in to child's tantrum	13		67-68/
Other (Please specify) _____ _{55-56/}	14		53-54/

17. Has Head Start taught you any new ways to discipline or set limits with CHILD?

No	01	SKIP TO J1	
Yes		02	57-58/

18. What are some examples?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

Use time out.....		01	59-60/
Ignore child.....		02	61-62/
Talk to child.....		03	63-64/
Positive reinforcement	04		71-72/
Other (please specify) _____ _{69-70/}	05		73-74/

J. YOU AND YOUR FAMILY

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

J1. What is your birth date? _____ / _____ / _____
 Month Day Year
13-18/

J2. What is your current marital status?

Single, never married.....	01	<small>19-20/</small>
Married.....	02	
Separated.....	03	
Divorced.....	04	
Widowed.....	05	

J3. *Including yourself*, how many adults age 18 and older live in your household? _____ number of adults
21-22/

J4. *Including CHILD*, how many children age 17 and younger live in your household? _____ number of children
23-24/

J5. Please tell me the first name of everyone in your household. **PROBE:** Is there anyone else in your household?

			IF YOUNGER THAN 25:	IF OLDER THAN 15:	
J5.	J6.	J7.	J8.	J9.	J10.
First Name	What is NAME's relationship to CHILD? (See codes below)	How old is NAME?	Is or was this person ever enrolled in Head Start or Early Head Start? 01=No 02=Yes 90=NA 99=Don't Know	Is NAME employed? 01=No 02=Yes 90=NA 99=DK	Does NAME have a high school diploma or GED? 01=No, still in school 02=No, not in school 03=Yes, Diploma 04=Yes, GED 90=NA 99=Don't Know
a. (CHILD)		25-27/			
b. (Respondent)		30-32/			
c.	37-38/	39-41/	42-43/	44-45/	46-47/
d.	48-49/	50-52/	53-54/	55-56/	57-58/
e.	59-60/	61-63/	64-65/	66-67/	68-69/
f.	70-71/	72-74/	75-76/	77-78/	79-80/
g.	81-82/	83-85/	86-87/	88-89/	90-91/
h.	92-93/	94-96/	97-98/	99-100/	101-102/
i.	103-104/	105-107/	108-109/	110-111/	112-113/
j.	114-115/	116-118/	119-120/	121-122/	123-124/

RELATIONSHIP CODES:

- | | | |
|----------------|--------------------------------------|--------------------------------|
| 01=Mother | 07=Great grandmother | 13=Foster parent (female) |
| 02=Father | 08=Great grandfather | 14=Foster parent (male) |
| 03=Stepmother | 09=Sister/Stepsister | 15=Other non-relative (female) |
| 04=Stepfather | 10=Brother/Stepbrother | 16=Other non-relative (male) |
| 05=Grandmother | 11=Other relative or in-law (female) | 17=Parent's partner (female) |
| 06=Grandfather | 12=Other relative or in-law (male) | 18=Parent's partner (male) |
| | | 99=Don't know/Didn't Respond |

INTERVIEWER: IF MOTHER IS RESPONDENT SKIP TO J18

IF MOTHER IS NOT RESPONDENT AND

NOT IN HOUSEHOLD..... GO TO J11

IN HOUSEHOLD..... SKIP TO J16

125-126/B

J11. Does CHILD's mother live within an hour's ride of CHILD?

- | | | |
|--------------------------|----|--------------------------------|
| No..... | 01 | |
| Yes..... | 02 | 127-128/ |
| Mother is deceased | 03 | Ask J14-J15a, then Skip to J18 |
| Don't know | 99 | |

J12. Does she contribute to the financial support of the child?

- | | | |
|------------------|----|----------|
| No..... | 01 | |
| Yes..... | 02 | 151-152/ |
| Don't know | 99 | |

J13. How often does CHILD see (his/her) mother? Does (he/she) see her ...

READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|----------------------------|----|----------|
| Rarely or never..... | 01 | |
| Several times a year..... | 02 | 153-154/ |
| Several times a month..... | 03 | |
| Several times a week..... | 04 | |
| Every day..... | 05 | |
| Don't know | 99 | |

REMINDER -- IF MOTHER IS DECEASED, ASK J14-J15A THEN SKIP TO J18

J14. Is there anyone else who is like a mother to CHILD?

No 01

SKIP TO J16

Yes..... 02 155-156/

J15. Who is this person?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

The respondent,..... 01 157-158/

The respondent's (spouse/partner) who lives in the household,..... 02

The respondent's (spouse/partner) who doesn't live in the household,... 03 **SKIP TO J16**

A relative of the child who lives in the household,..... 04

A relative of the child who doesn't live in the household 05 **SKIP TO J16**

A friend of the family who lives in the household, or..... 06

A friend of the family who doesn't live in the household 07 **SKIP TO J16**

ENTER THE PERSON "LETTER" FROM GRID ON PAGE 28 (QUESTION J5) BELOW.

J15a. ____ person letter from J5 grid page 28

J16. What is the highest grade or year of regular school that CHILD's mother completed?

DO NOT READ LIST. CIRCLE ONE RESPONSE..

No formal schooling.....	00	332-333/
Less than 8th grade.....	07	
8th grade.....	08	
9th grade.....	09	
10th grade.....	10	
11th grade.....	11	
12th grade.....	12	
High school diploma	13	
GED	14	
Some college	15	
Associate's degree	16	
Bachelor's degree	17	
Graduate degree	18	
Don't know	99	

J17. Is she currently working, in school, in a training program, or is she doing something else?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

W
ork
ing
.....
.....
.....
.....
.....
.....
.....
.....
.....

.....		
.....		
.....		
.....		
.....		
.....0		
1	131-132/	
IF YES: What is her occupation? _____ 338-339/		
Is that: Full-time	02	
Part-time	03	348-349/
Seasonal	04	
Unemployed, not looking for work.....	05	133-134/
Looking for Work.....	06	135-136/
Laid off.....		07 137-138/
In School/training.....	08	139-140/
In Jail/prison.....		09 141-142/
In Military.....		10 143-144/
Something Else (Please specify)_____ 147-148.....	11	145-146/
Don't Know.....	99	149-150/

<p>INTERVIEWER: IF FATHER IS RESPONDENT SKIP TO J24a</p> <p>IF FATHER IS <u>NOT</u> RESPONDENT AND</p> <p>NOT IN HOUSEHOLD..... GO TO J18</p> <p>IN HOUSEHOLD..... SKIP TO J23</p>
--

J18. Does CHILD's father live within an hour's ride of CHILD?

No.....	01	334-335/
Yes.....	02	
Father is deceased	03	Ask J21-J22a, then Skip to J25
Don't know	99	

J19. Does he contribute to the financial support of the child?

- No..... 01 186-187/
- Yes..... 02
- Don't know 99

J20. How often does CHILD see (his/her) father? Does (he/she) see him ...

READ LIST. CIRCLE ONE RESPONSE.

- Rarely or never..... 01 188-189/
- Several times a year..... 02
- Several times a month..... 03
- Several times a week..... 04
- Every day..... 05
- Don't know 99

REMINDER -- IF FATHER IS DECEASED, ASK J21-J22A, THEN SKIP TO J24a

J21. Is there anyone else who is like a father to CHILD?

- No 01
- Yes..... 02 190-191/

SKIP TO J23

J22. Who is this person?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- The respondent,..... 01 192-193/
- The respondent's (spouse/partner) who lives in the household,..... 02
- The respondent's (spouse/partner) who doesn't live in the household,.. 03 **SKIP TO J23**
- A relative of the child who lives in the household,..... 04
- A relative of the child who doesn't live in the household 05 **SKIP TO J23**
- A friend of the family who lives in the household, or..... 06
- A friend of the family who doesn't live in the household 07 **SKIP TO J23**

ENTER THE PERSON "LETTER" FROM GRID ON PAGE 28 (QUESTION J5) BELOW.

J22a. _____ person letter from J5 grid page 28

J23. What is the highest grade or year of regular school that CHILD's father completed?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

No formal schooling.....	00	336-337/
Less than 8th grade.....	07	
8th grade.....	08	
9th grade.....	09	
10th grade.....	10	
11th grade.....	11	
12th grade.....	12	
High school diploma13		
GED	14	
Some college	15	
Associate's degree	16	
Bachelor's degree	17	
Graduate degree	18	
Don't know	99	

J24. Is he currently working, in school, in a training program, or is he doing something else?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

Working.....	01	166-167/
IF YES: What is his occupation? _____		340-341/
Is that: Full-time	02	
Part-time	03	350-351/
Seasonal	04	
Unemployed, not looking for work.....	05	168-169/
Looking for Work.....	06	170-171/
Laid off.....	07	172-173/
In School/training.....	08	174-175/
In Jail/prison.....	09	176-177/
In Military.....	10	178-179/
Something Else (Please specify) _____182-183/.....	11	180-181/
Don't Know.....	99	184-185/

J24a. What is the highest grade or year of regular school that you have completed?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

No formal schooling.....	00	352-353/
Less than 8th grade.....	07	
8th grade.....	08	
9th grade.....	09	
10th grade.....	10	
11th grade.....	11	
12th grade.....	12	
High school diploma	13	
GED	14	
Some college	15	
Associate's degree	16	
Bachelor's degree	17	
Graduate degree	18	
Don't know	99	

J25. Are you currently working towards any certificate, diploma, or degree?

No.....	01
Yes.....	

SKIP TO J27

02

269-270/

J26. What kind of certificate, diploma, or degree?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Trade license or certificate..... 01 271-272/
- GED certificate (or equivalent)..... 02
- High school diploma..... 03
- Associates degree..... 04
- CDA (Child Development Associate)..... 05
- Bachelor's degree..... 06
- Graduate degree..... 07
- Other (Please specify)_____ 273-274/..... 08

J27. Have you completed a certificate, diploma, or degree since last spring?

No..... 01

SKIP TO K1
02

Yes.....

342-343/

J28. What kind of certificate, diploma or degree?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Trade license or certificate..... 01 344-345/
- GED certificate (or equivalent)..... 02
- High school diploma..... 03
- Associates degree..... 04
- CDA (Child Development Associate) 05
- Bachelor's degree..... 06
- Graduate degree..... 07
- Other (Please specify)_____ 346-347/..... 08

K. EMPLOYMENT AND INCOME

Now, I would like to ask you some questions about the sources of income for your household. This information will remain confidential and will not be reported to any agency or Head Start.

K1. Do you have any earnings from a job or jobs, including self-employment?

No..... 01

SKIP TO K5

Yes.....

02

13-14/

K2. How many jobs do you have currently?

___ jobs

15/

INTERVIEWER: IF MORE THAN 3 JOBS, ASK FOR JOBS WORKED MOST HOURS.

REPEAT K3 AND K4 FOR UP TO THREE JOBS MENTIONED.

RECORD IN SPACE BELOW QUESTIONS.

K3.

What do you do in (this job / the first job / the second job / the third job)? [Record answer below]

K4. Is this job full-time or 30 or more hours per week; part-time or less than 30 hours per week; or seasonal or occasional during certain times of the year?

K3.

K4.

JOB DESCRIPTIONS

JOB STATUS

		<u>Seasonal</u>	<u>Full-time</u>	<u>Part-time</u>	
1. _____	16-17/	01	02	03	18-19/
2. _____	20-21/	01	02	03	22-23/
3. _____	24-25/	01	02	03	26-27/

K5. In how many of the last twelve months have you worked?

___ ___ months worked

28-29/

K6. Are you currently looking for (a/another) job?

No..... 01

30-31/

Yes..... 02

K7. Not including yourself, how many other adults contribute to your household income? _____ adults 32-33/

K8. Is CHILD covered by health insurance other than Medicaid through your job(s) or the job of another employed adult?
 No..... 01 34-35/
 Yes 02

K9. Do you or any member of your household receive any of the following other sources of household income or support?

READ LIST		NO	YES
a. Welfare (TAN)	36-37/	01	02
b. Unemployment Insurance	38-39/	01	02
c. Food Stamps	40-41/	01	02
d. WIC--Special Supplemental Food Program for Women, Infants, and Children	42-43/	01	02
NOTE: If Yes in d.: d1. Is CHILD receiving WIC benefits?		44-45/	01 02
e. Child support	46-47/	01	02
f. SSI or SSDI	48-49/	01	02
g. Social Security Retirement or Survivor's benefits	50-51/	01	02
h. Loan repayments--for example, from friends, relatives, and so forth	52-53/	01	02
i. Medicaid or medical assistance	54-55/	01	02
j. Payments for providing foster care	56-57/	01	02
k. Energy assistance	58-59/	01	02
l. Money given to the family	60-61/	01	02
m. Education grants/assistance	62-63/	01	02
n. Other (Please specify) _____ (177-178/)	64-65/	01	02

K9o. In the past two years, did any member of your household receive public assistance or benefits from the welfare office?
 No 01
 Yes 02 179-180/

If Respondent answered "YES" to K9a, K9c, K9d or K9o, continue with K10. Else SKIP to K11.

K10. To continue to receive welfare or public assistance, (are you/were you) required to ...

	<u>NO</u>	<u>YES</u>	<u>NA</u>	
a. Attend job training?	01	02	03	66-67/
b. Attend school or a GED class?	01	02	03	68-69/
c. Get a job or continue to work at a job?	01	02	03	70-71/
d. Do something else? (Please specify) _____ ^{74-75/}	01	02	03	72-73/

**IF YES TO ANY OF THE ABOVE, ASK K10A, K10B, and K10C
OTHERWISE SKIP TO K11**

V: 129-150/B

K10a. Have these changes or requirements affected your life in any of the following ways?

READ LIST.

	<u>No</u>	<u>Yes</u>	
1. It is more difficult to find child care.....	01	02	181-182/
2. It is more difficult to pay for child care.....	01	02	183-184/
3. It is more difficult for me to depend on friends and relatives for support because of their work or training requirements.....	01	02	185-186/
4. I have to provide more support to my family and/or friends	01	02	187-188/
5. My transportation needs have increased	01	02	189-190/
6. I have less time to be involved at Head Start	01	02	191-192/
7. My other benefits have been reduced	01	02	193-194/
8. Any other (please specify) _____(197-198)	01	02	195-196/
9. (Do not read) Don't know	01	02	199-200/

	<u>No</u>	<u>Yes</u>	
10. (Do not read) Changes have had no effect	01	02	201-202/

K10b. Thinking about the changes you have had to deal with, has Head Start

READ LIST.

		<u>No</u>	<u>Yes</u>	
1.	Helped you understand the welfare reform requirements?	01	02	151-152/
2.	Helped with child care?	01	02	153-154/
3.	Helped you get needed education or training?	01	02	155-156/
4.	Helped you find a job?	01	02	157-158/
5.	Helped you get transportation?	01	02	159-160/
6.	Required too much participation from you?	01	02	151-162/
7.	Required you to participate at inconvenient times?	01	02	163-164/
8.	Helped you in any other way not mentioned? (Please specify)(175- 176).....	01	02	171-172/

K10c. What else (could/could have) Head Start (do/done) to help you with these changes that has not been done?

203-204/
205-206/
207-208/

K11. Thinking about all of the sources of income you have told me about, what was the total income for your household last month?

PROBE:Your best guess would be fine.

76-79/

FAMILY \$|_|, |_|_|_| **SKIP TO K13**
 Refused 98 **SKIP TO K13**
 Don't Know..... 99



K12. Would you say it was . . .

- less than \$250.....01 80-81/
- between \$250 and \$500.....02
- between \$500 and \$1,000.....03
- between \$1,000 and \$1,500.....04
- between \$1,500 and \$2,000.....05
- between \$2,000 and \$2,500, or.....06
- over \$2,500?.....07
- Refused.....98
- Don't Know.....99

Our next questions are about the place where you and CHILD live.

K13. In what type of housing do you live? Do you live in ...

READ LIST. CIRCLE ONE RESPONSE.

- A house, apartment, or trailer of your own 01 82-83/
- SKIP TO K14** A house, apartment, or trailer that you share 02
- Transitional housing 03
- SKIP TO K14** A homeless shelter 04
- 04 **SKIP TO K14** Or someplace else? (Please specify) _____ (84-85)..... 05 **SKIP TO K14**

K13a. How long have you shared housing? _____ months OR _____ years 89-90/ 91-92/

K13b. Why do you share housing?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Can't afford to live alone/low income 01 86-87/
- To help with the bills/expenses..... 02
- Transitional situation (building a house, etc.)..... 03
- Other (please specify) _____ 04 88/B

K14. How many times have you moved in the last year? _____ times moved 93-94/

K15. Do you currently own your own home or apartment, pay rent, or live in public or subsidized housing?

- Owns or buying home or apartment..... 01 95-96/
- Rents (without public assistance) 02
- Public or subsidized housing 03
- Some other arrangement 04

K16. Since last spring have you been homeless or not had a regular place to live?

- No..... 01
- Yes..... 02 119-120/

SKIP TO L1

K17. Did Head Start help you with this housing problem in any way? (IF YES) How?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- No, did not help..... 01 121-122/
- Yes, gave info or made a referral (e.g., phone call)..... 02
- Yes, gave help to get the service (e.g., filling out forms,
transportation, providing child care)..... 03
- Yes, helped in some other way (Please specify) _____ 123-124/... 04

SKIP TO L1

K18. How helpful was this assistance? Was it...

READ LIST. CIRCLE ONE RESPONSE.

Not at all helpful,.....	01	125-126/
A little helpful,.....	02	
Helpful, or.....	03	
Very Helpful?.....	04	

L. 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.

L1. Did you or another family member complete a Head Start Family Needs Assessment in which you were asked about your family's particular needs, interests, goals, strengths, and so on?

**SHOW PARENT COPY OF A HEAD START FAMILY
NEEDS ASSESSMENT USED BY PROGRAM**

No.....	01	
Yes.....		02
Don't Know		99

13-14/

Now I have some questions about your household's experiences with various community agencies. I would like to know about services your household has needed since last spring.

FOR EACH ITEM, READ QUESTION ALONG THE TOP. IF (L2) IS YES ASK L3, IF (L3) IS YES ASK L4. MOVE ON TO NEXT ITEM.



	L2.		L3.		L4.
	Since last spring, have you or anyone in your household <u>needed</u> ...		IF YES IN L2: Have you received it?		IF YES IN L3: Did Head Start help with this in any way? Why not or How? 01=No, we were already receiving 02=No, Head Start did not help 03=No, got service on my own 04=Yes, referred to service 05=Yes, provided service directly
	No	Yes	No	Yes	
	INCOME ASSISTANCE				
a. Income assistance--like welfare, SSI, unemployment insurance	01 15-16/	02	01 17-18/	02	19-20/
b. Food and nutrition assistance-- like Food Stamps or WIC	01 21-22/	02	01 23-24/	02	25-26/
c. Help with housing	01 27-28/	02	01 29-30/	02	31-32/
d. Help with utilities (running water, hot water, heat, telephone service)	01 33-34/	02	01 35-36/	02	37-38/
	EMPLOYMENT ASSISTANCE				
e. Job training and employment assistance	01 39-40/	02	01 41-42/	02	43-44/
f. Education assistance -- for example, GED, college, learning to read, English as a second language	01 45-46/	02	01 47-48/	02	49-50/
g. Help getting transportation to a job or training	01 51-52/	02	01 53-54/	02	55-56/

	L2.		L3.		L4.
	Since last spring, have you or anyone in your household <u>needed</u> ...		IF YES IN L2: Have you received it?		IF YES IN L3: Did Head Start help with this in any way? Why not or How? 01=No, we were already receiving 02=No, Head Start did not help 03=No, got service on my own 04=Yes, referred to service 05=Yes, provided service directly
	No	Yes	No	Yes	
h. Child care for CHILD before or after the Head Start day	01 57-58/	02	01 59-60/	02	61-62/
i. Child care for other children in the household	01 63-64/	02	01 65-66/	02	67-68/
HEALTH CARE					
j. MEDICAID/local name for MEDICAID	01 69-70/	02	01 71-72/	02	73-74/
k. Medical or dental care for CHILD	01 75-76/	02	01 77-78/	02	79-80/
l. Medical or dental care for adults	01 81-82/	02	01 83-84/	02	85-86/
m. Alcohol or drug abuse treatment or counseling	01 87-88/	02	01 89-90/	02	91-92/
n. Mental health services	01 93-94/	02	01 95-96/	02	97-98/
SOCIAL SERVICES					
o. Legal aid	01 99-100/	02	01 101-102/	02	103-104/
p. Help dealing with family violence	01 105-106/	02	01 107-108/	02	109-110/
q. Help in solving other family problems	01 111-112/	02	01 113-114/	02	115-116/

M. CHILD CARE

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.

13-36/B

M1. Is CHILD in child care before or after Head Start?

- No..... 01 **SKIP TO N1**
- Yes..... 02

37-38/

M2. In how many different child care arrangements does CHILD spend time each week?

___ ___ arrangements

39-40/

M3. Where is that care provided?

**IF MORE THAN ONE CHILD CARE ARRANGEMENT, ASK ABOUT PRIMARY ARRANGEMENT.
DO NOT READ LIST. CIRCLE ONE RESPONSE.**

- At CHILD's home by a relative..... 01 41-42/
- At CHILD's home by a non-relative..... 02
- In a relative's home..... 03
- In a friend's 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) _____ 43-44/ 08

M4. Is that person or place licensed, certified, or regulated?

No..... 01 45-46/
 Yes..... 02
 Don't Know..... 99

M5. How many hours a week is this care used? _____ hours per week
47-48/

M6. Who pays for this child care?

READ LIST.

	NO	YES	
a. Do you pay for it yourself?	01	02	49-50/
b. Does a government agency pay?	01	02	51-52/
c. Does an employer pay?	01	02	53-54/
d. Does someone else pay?	01	02	55-56/
e. Do you trade child care with someone else?	01	02	57-58/
f. Is it free or no charge? (PROBE for other categories)	01	02	59-60/
g. Other (Please specify)_____ <small>63-64/</small>	01	02	61-62/



M7. 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.

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	Never	Sometimes	Often	Always	Don't Know
a. CHILD feels safe and secure in care.	01	02	03	04	99
b. CHILD gets lots of individual attention.	01	02	03	04	99
c. CHILD'S caregiver is open to new information and learning.	01	02	03	04	99

65-66/

67-68/

69-70/

N. FAMILY HEALTH CARE

N1. Now I'm going to ask you about your family's health care needs. Overall, would you say CHILD'S health is:...

READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|----------------|----|--------|
| Excellent..... | 01 | 13-14/ |
| Very Good..... | 02 | |
| Good..... | 03 | |
| Fair..... | 04 | |
| Poor..... | 05 | |

N2. Since last spring, has CHILD had an illness or condition that requires regular, ongoing care?

- | | | |
|------------------|----|--------|
| No | 01 | 15-16/ |
| Yes | 02 | |
| Don't Know | 99 | |



N3. Where does CHILD go for **routine** medical care like well-child care or regular check-ups?

17-22/B

READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|---|----|--------|
| A private doctor, private clinic, or HMO | 01 | 23-24/ |
| 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 | |
| Other (Please specify) _____ _{25-26/} | 07 | |
| Don't Know | 99 | |

N4. Do you take CHILD to the same place when (he/she) is sick or injured?

- | | | |
|-----------|----|--------|
| No | 01 | 83-84/ |
| Yes | 02 | |

SKIP TO N6



N5. Where does CHILD go for medical care when (he/she) is sick or injured?

READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|---|----|--------|
| A private doctor, private clinic, or HMO | 01 | 31-32/ |
| 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 | |
| Other (Please specify) _____ _{33-34/} | 07 | |
| Don't Know | 99 | |



N6. Where does CHILD go for dental care?

READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|---|----|--------|
| Child has not been to the dentist yet..... | 01 | 35-36/ |
| A private dentist, private clinic, or HMO..... | 02 | |
| An outpatient dental clinic run by a hospital | 03 | |
| The Public Health Department or a community dental clinic | 04 | |
| A migrant dental clinic..... | 05 | |
| The Indian Health Service Dental Clinic..... | 06 | |
| Other (Please specify) _____ _{37-38/} | 07 | |
| Don't Know | 99 | |

N7. Have CHILD's health habits improved in the following areas because of Head Start?

	<u>NO</u>	<u>YES</u>	
a. Tooth brushing	01	02	39-40/
b. Washing hands before meals	01	02	41-42/
c. Washing hands after using toilet	01	02	43-44/
d. Eating nutritious and healthful foods	01	02	45-46/
e. Exercising and staying fit	01	02	47-48/

N8. Would you say your health in general is excellent, very good, good, fair, or poor?

CIRCLE ONE RESPONSE.

Excellent.....	01	49-50/
Very Good.....	02	
Good.....	03	
Fair.....	04	
Poor.....	05	

N9. Does any impairment or health problem now keep you from working at a job or business?

No.....	01	51-52/
Yes.....	02	

SKIP TO N11

N10. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

No.....	01	53-54/
Yes.....	02	

N11. Does anyone in your household, other than CHILD, have an illness or condition that requires regular, ongoing care?

No	01	55-56/
Yes	02	



N12. Where do you go for **routine** medical care? 57-58/B

READ LIST. CIRCLE ONE RESPONSE.

The same place as CHILD	01	59-60/
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	
Other (Please specify)_____.....	08	
Don't Know	99	

N13. Have your health habits improved in the following areas because of Head Start?

READ LIST.

	<u>No</u>	<u>Yes</u>	
a. Exercising more regularly	01	02	69-70/
b. Eating more nutritious or healthful food	01	02	71-72/
c. Brushing your teeth more regularly	01	02	73-74/
d. Using seat belts more regularly	01	02	75-76/
e. Improving safety in your home	01	02	77-78/

N14. Does anyone in your household smoke cigarettes regularly?

No	01	67-68/
Yes	02	
Refused	98	

N15. In the past year, has anyone in your household had a drinking problem?

No	01	79-80/
Yes	02	
Refused	98	

N16. In the past year, has anyone in your household had a drug problem?

No	01	81-82/
Yes	02	
Refused	98	

O. HOME SAFETY



O1. Please tell me if you follow certain safety practices. Do you...

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	Never	Sometimes	Most of the time	Always	NA	Don't Know	
a. Use a safety seat or seat belt for CHILD when in the car	01	02	03	04	05	99	13-14/
b. Keep medicines in childproof bottles and out of children's reach	01	02	03	04	05	99	15-16/
c. Have at least one operating smoke detector in your home with a working battery	01	02	03	04	05	99	17-18/
d. Keep cleaning materials out of reach of children and/or in locked cabinets	01	02	03	04	05	99	19-20/
e. Have a first-aid kit at home	01	02	03	04	05	99	21-22/
f. Keep the poison control center number and other emergency numbers by the telephone	01	02	03	04	05	99	23-24/
g. Supervise CHILD when crossing the street or riding tricycles/bicycles near traffic	01	02	03	04	05	99	25-26/
h. Keep matches and cigarette lighters out of CHILD's reach	01	02	03	04	05	99	27-28/
i. Supervise CHILD when (he/she) is in the bathtub	01	02	03	04	05	99	29-30/
j. Keep firearms under lock and key	01	02	03	04	05	99	31-32/

P. 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 since our last visit. Please remember, all of your answers are held in the strictest confidence. We will not tell anyone what you say, including Head Start.



P1. For each of the following items, please tell me how often each one happened to you since last spring?

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	<u>Never</u>	<u>Once</u>	<u>More than once</u>	<u>Refused</u>	
a. I saw non-violent crimes take place in my neighborhood -- for example, selling drugs or stealing.	01	02	03	98	13-14/
b. I heard or saw violent crime take place in my neighborhood.	01	02	03	98	15-16/
c. I know someone who was victim of a violent crime in my neighborhood.	01	02	03	98	17-18/
d. I was a victim of violent crime in my neighborhood.	01	02	03	98	19-20/
e. I was a victim of violent crime in my home.	01	02	03	98	21-22/

P2a. Has CHILD been a witness to a violent crime since last spring?

No	01	39-40/
Yes	02	
Refused	98	
Don't know	99	

23-26/B

P2b. Has CHILD been a witness to domestic violence since last spring?

No	01	41-42/
Yes	02	
Refused	98	
Don't know	99	

P3a. Has CHILD been the victim of a violent crime since last spring?

No	01	43-44/
Yes	02	
Refused	98	
Don't know	99	

P3b. Has CHILD been the victim of domestic violence since last spring?

No	01	45-46/
Yes	02	
Refused	98	
Don't know	99	

P4. Since last spring, have you, another household member *(or a non-household biological parent)* been arrested or charged with any crime by the police?

No	01	27-28/
Yes	02	
Refused	98	

SKIP TO P5

SKIP TO P5

P4a. Who was arrested or charged?

Refused98 **SKIP TO P5**

29-30/

P4b. Did (he/she/they) spend anytime in jail?

No	01	31-32/
Yes	02	
Refused	98	

P5. Since last spring, has CHILD lived apart from you (or mother) not including vacations or shared custody arrangements?

33-34/

No 01

SKIP TO Q1

Yes 02

02

Refused 98

SKIP TO Q1

P5a. For how long? _____

35-36/

Refused 98

P5b. With whom? _____

37-38/

Refused 98

Q. YOUR FEELINGS



Q1. 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.

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

	Strongly Disagree	Disagree	Agree	Strongly Agree	
a. There is really no way I can solve some of the problems I have.	01	02	03	04	13-14/
b. Sometimes I feel that I'm being pushed around in life.	01	02	03	04	15-16/
c. I have little control over the things that happen to me.	01	02	03	04	17-18/
d. I can do just about anything I really set my mind to do.	01	02	03	04	19-20/
e. I often feel helpless in dealing with the problems of life.	01	02	03	04	21-22/
f. What happens to me in the future depends mostly on me.	01	02	03	04	23-24/
g. There is little I can do to change many of the important things in my life.	01	02	03	04	25-26/

I am going to read a list of ways you may have felt or behaved. Looking at the categories on this card, please tell me how often you have felt this way during the past week.



Q2. How often during the past week have you felt (**INTERVIEWER: READ STATEMENT**)--would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

How often during the past week have you felt ...	Rarely or Never (Less than 1 Day)	Some or a Little (1-2 Days)	Occasionally or Moderate (3-4 Days)	Most or All (5-7 Days)	
a. Bothered by things that usually don't bother you	01	02	03	04	27-28/
b. You did not feel like eating; your appetite was poor	01	02	03	04	29-30/
c. That you could not shake off the blues, even with help from your family and friends	01	02	03	04	31-32/
d. You had trouble keeping your mind on what you were doing	01	02	03	04	33-34/
e. Depressed	01	02	03	04	35-36/
f. That everything you did was an effort	01	02	03	04	37-38/
g. Fearful	01	02	03	04	39-40/
h. Your sleep was restless	01	02	03	04	41-42/
i. You talked less than usual	01	02	03	04	43-44/
j. Lonely	01	02	03	04	45-46/
k. Sad	01	02	03	04	47-48/
l. You could not get "going"	01	02	03	04	49-50/

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.



Q3. Please tell me how helpful each of the following have been to you in terms of raising CHILD over the past 3 to 6 months. How helpful have **(INSERT PERSON/GROUP)** been? (HAVE/HAS) (PERSON) been not at all helpful, somewhat helpful, or very helpful?

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

How helpful (have/has) ____ been?	Not Very Helpful	Somewhat Helpful	Very Helpful	Not Applicable or Don't Know	
a. CHILD's (father/mother/parents)	01	02	03	99	51-52/
b. Grandparents or other relatives	01	02	03	99	53-54/
c. Your friends	01	02	03	99	55-56/
d. Co-workers	01	02	03	99	57-58/
e. Professional helpgivers	01	02	03	99	59-60/
f. Head Start staff	01	02	03	99	61-62/
g. Other child care providers	01	02	03	99	63-64/
h. Religious or social group member	01	02	03	99	65-66/
i. Anyone else (Please specify) _____ 69-70/	01	02	03	99	67-68/

INTERVIEWERS: CODE VERBATIM RESPONSES FROM Q4 AND Q5 IN GRID BELOW AFTER COMPLETING INTERVIEW.

	<u>Q4</u>	<u>Q5</u>		<u>Q4</u>	<u>Q5</u>
<u>Child Benefits</u>	10	10	<u>Adult Education</u>	60	60
Academic readiness	11	11	Preparing for GED	61	61
Social interactions with children	12	12	GED	62	62
Social interactions with adults	13	13	Vocational/technical training	63	63
Help with speech/language	14	14	Adult education class	64	64
Child health/nutrition/immunizations	15	15	English literacy skills	65	65
Child dental services	16	16	Finance/budgeting	66	66
Mental health counseling	17	17	Child Development Associate (CDA)	67	67
Help for special needs.....	18	18	Received college degree	68	68
Safe haven from home/neighborhood	19	19			
 <u>Family Health Care</u>	 20	 20	 <u>Parenting Benefits</u>	 70	 70
Health education (nutrition/fitness).....	21	21	Communication skills	71	71
Medical services	22	22	Discipline	72	72
Dental services	23	23	Nutrition	73	73
Mental Health counseling	24	24	Reading/education	74	74
 <u>Child Skills</u>	 25	 25	Understanding child growth and development	 75	 75
Independence	26	26	Food/Clothing.....	76	76
Manners	27	27	Holiday gifts/toys/books	77	77
Good habits (pick up toys, set table)	28	28			
 <u>Referrals and/or information</u>	 30	 30	 <u>Parent Social Benefits</u>	 80	 80
Social services	31	31	Make new friends	81	81
Legal aid	32	32	Increase self-confidence	82	82
Public assistance	33	33	Social support/emotional support	83	83
Medicaid, etc.....	34	34	Family contentment	84	84
 <u>Employment</u>	 40	 40	 <u>Volunteer Opportunities</u>	 90	 90
Job skills	41	41	<u>Housing</u>	91	91
Job searching skills	42	42	<u>Transportation</u>	92	92
Job interviewing skills.	43	43	<u>Head Start can not help</u>	93	93
Opportunity to work.....	44	44			

<u>Child Care</u>	50	50	<u>Other</u> (Please specify) _____	98	98
Before Head Start	51	51	_____		
After Head Start	52	52	-		
For other children	53	53	_____		
			-	99	99

			-		
			Don't Know		

Q5a. If you or your family had a problem or concern, who at Head Start would you turn to for help?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

Family Service Worker	01	120-121/
Teacher	02	
Assistant Teacher	03	
Center Director	04	
I would not go to anyone at Head Start for help.....	05	
Other (please specify) _____ (122-123).....	06	

Q5b. Have you met with your Head Start Family Service Worker in the past year?

No	01	124-125/
Yes	02	
I don't know who my Family Service Worker is	03	SKIP TO Q6

Q5c. Has your Family Service Worker helped your family in any way?

No	01	126-127/
Yes	02	

Q5d. Have you found having a Family Service Worker to be a useful part of the Head Start Program?

No	01	128-129/
Yes	02	

R: CONFIDENCE RATINGS

COMPLETE AFTER INTERVIEW IS CONCLUDED.

R1. Interview Completion Code:

Respondent terminated interview prematurely	01	13-14/
Respondent refused interview		02
Respondent unable to respond (Please specify) _____	03	
Interview completed		04

R2. 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	17/
b. Truthful	7	6	5	4	3	2	1	Untruthful	18/
c. Accurate	7	6	5	4	3	2	1	Inaccurate	19/
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview	20/
e. Cooperative	7	6	5	4	3	2	1	Uncooperative	21/
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty	22/
g. Interviewed without interruption	7	6	5	4	3	2	1	Interrupted often	23/
h. Your opinion about the overall quality of the data:									
High	7	6	5	4	3	2	1	Low	24/

DON'T FORGET TO CODE Q5 AND Q6 ON PAGE 62.

S: TRACKING INFORMATION

Thank you for spending this time with me. I would also like to thank you for participating in this interview and will give you money in just a few minutes. As we explained to you before, we plan to interview you again in the spring and we need to know how to get in touch with you.

S1. What is your telephone number? _____ -- _____ -- _____ **SKIP TO S3A**
(area code)
No telephone 01
Refused 98

S2. Can you give me a number where you can be reached? _____ -- _____ -- _____
(area code)
No telephone 01 **SKIP TO S3A**
Refused 98 **SKIP TO S3A**

S3. Whose telephone is that?
Name: _____
Refused 98

S3a. Do you have another phone number like a beeper number or cell phone number?
No beeper or cell phone number 01
Beeper _____ - _____ - _____
Cell phone _____ - _____ - _____

S4. Please give me your permanent address..
Address: _____
Street Apt.
Town/City State Zip Code

S5. Where are you employed? _____
Not employed..... 01 **SKIP TO S7**

S6. What is your work telephone phone number? _ (____) _____
area code phone number

Would you please tell me the names, addresses and telephone numbers of three people who will know how to contact you a year from now.

S7a. Contact 1 name: _____

S7b. Relationship to respondent: ___ Relative (specify) _____ ___ Nonrelative

S7c. Address: _____

Street

Phone

Town/City

State

Zip Code

S8a. Contact 2 name: _____

S8b. Relationship to respondent: ___ Relative (specify) _____ ___ Nonrelative

S8c. Address: _____

Street

Phone

Town/City

State

Zip Code

S9a. Contact 3 name: _____

S9b. Relationship to respondent: ___ Relative (specify) _____ ___ Nonrelative

S9c. Address: _____

Street

Phone

Town/City

State

Zip Code

GET RESPONDENT'S SIGNATURE BELOW. REMOVE SECTION S FROM THE INTERVIEW AND PLACE IN ENVELOPE. TEAR OFF LAST PAGE WITH NAMES AND GIVE TO RESPONDENT.

I give permission to the contacts named above to release my current address and phone number to a representative of the Head Start FACES study.

Respondent's signature

Print Name

Print Child's Name

Date

Head Start Family and Child Experiences Study

Thank you very much for your cooperation. If you have any questions about the study or the interview, you may call the following numbers:

Louisa Tarullo, Ed.D.
Administration on Children, Youth and Families
(202) 205-9632

David Connell, Ph.D.
Abt Associates, Inc.
(617) 349-2804

Nicholas Zill, Ph.D.
Westat, Inc.
(301) 294-4448

You may send your comments regarding the interview burden or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Reports Clearance Officer
Administration for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

Office of Management and Budget
Paperwork Reduction Project
OMB Control No. (new request)
Washington, D.C. 20503