

Head Start Family and Child Experiences Survey



Fall '97 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 Fall '97 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/

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/

34-35/B

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

Fall '97 Parent Interview

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

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. Occasionally, I may have to ask a question that does not apply to you. If that happens, just tell me and I will move on to the next question. 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

First, I need to ask about your relationship with CHILD.

1. Is CHILD the correct name of your child?

**INTERVIEWER: After verifying name of child, remove cover sheet and destroy.
DO NOT WRITE NAME OF CHILD ON QUESTIONNAIRE..**

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

No.....

01

Yes.....

02

SKIP TO 4

40-41/

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

Name: _____

38-39/

Address: _____

72-121/

Phone: _____

122-131/

TERMINATE INTERVIEW.

4. What is your relationship to CHILD?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

Mother.....	01	SKIP TO A1
Father.....	02	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	132-133/

5. Are you CHILD's legal guardian?

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

A. ABOUT YOUR CHILD AND FAMILY

A1. Is CHILD a boy or a girl?

Boy	01	
Girl	02	13-14/

A2. What is CHILD'S birth date? ___ ___ / ___ ___ / ___ ___ 15-20/
 Month Day Year

A3. When did CHILD begin Head Start? ___ ___ / ___ ___ 21-24/
 Month Year

A4. How did you and CHILD find out about this Head Start program?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- | | | |
|--|----|--------|
| Family/friend | 01 | 25-26/ |
| Referral from another agency | 02 | 27-28/ |
| Word of mouth | 03 | 29-30/ |
| Head Start came to visit at our home | 04 | 31-32/ |
| Previous children in Head Start..... | 05 | 33-34/ |
| Flyer/ mailing | 06 | 35-36/ |
| Other (Please specify) _____ | 07 | 37-38/ |

39-40/

A5. How does CHILD usually get to the Head Start Program to attend classes or group activities?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- | | | |
|--|----|--------|
| Head Start school bus | 01 | 41-42/ |
| Personal transportation (including car or car pool)..... | 02 | 43-44/ |
| Public transportation (bus/subway)..... | 03 | 45-46/ |
| Walks | 04 | 47-48/ |
| Other (Please specify) _____
<small>51-52/</small> | 05 | 49-50/ |
| Don't Know (Give prompt)..... | 99 | 53-54/ |

A6. How long does it take for CHILD to travel from home to the Center? ___ ___ minutes 55-56/
57-62/B

A7. How many days per week does CHILD attend Head Start class? ___ ___ days/week 75-76/

A8. How many hours per day does CHILD spend in Head Start class? ___ ___ hours/day 77-78/

A9. Did CHILD attend any center-based child care or child development programs before (he/she) entered Head Start?

- | | | |
|----------|----|--------------------|
| No..... | 01 | SKIP TO A12 |
| Yes..... | 02 | 63-64/ |

A10. How old was CHILD when (he/she) first started such a program? ___ ___ months 65-66/

A11. How old was CHILD when (he/she) stopped attending that program? ___ ___ months 67-68/
Still attending80

A12. Including any other children (or grandchildren) who may have been in Head Start, how long have you been involved with Head Start as a (parent/grandparent/primary caregiver)?

(Suggested Probe): Is this your first child in Head Start?

___ ___ years OR ___ ___ months
69-70/ 71-72/

A13. Were you ever enrolled in Head Start as a child?

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

73-74/

B. ACTIVITIES WITH YOUR CHILD

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

B1. How many times have you or someone in your family *read* to CHILD in the past *week*? Would you say...

READ LIST. CIRCLE ONE RESPONSE

- | | | | |
|--------------------------|----|-------------------|--------|
| Not at all..... | 01 | SKIP TO B2 | |
| Once or twice..... | 02 | | |
| Three or more times..... | 03 | | |
| Every day..... | 04 | | 13-14/ |

B1a. 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/ |

B2. 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/



B3. *In the past week*, have you or someone in your family done the following things with CHILD?
(READ LIST BELOW)

B4. **IF YES:** How many times have you done this in the past week? Would you say one or two times, or three or more?

B5. **AFTER COMPLETING ALL OF B3 AND B4(a-k), ASK THE FOLLOWING FOR EACH ACTIVITY CODED "YES" IN B3:** Who (Read Item)?

B3. In the past week, have you or someone in your family ...				B4		B5							
				How many times?		Who (READ ITEM)? DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.							
				1-2	3+	Mother / Mother Figure	Father/ Father Figure	Other Household Member	Non-Household Member				
	NO	YES											
a. Told (him/her) a story? <small>26-27/</small>	01	02	1-2	3+	28/	01	29-30/	02	143-144/	03	145-146/	04	147-148/
b. Taught (him/her) letters, words, or numbers? <small>31-32/</small>	01	02	1-2	3+	33/	01	34-35/	02	140-150/	03	151-152/	04	153-154/
c. Taught (him/her) songs or music? <small>36-37/</small>	01	02	1-2	3+	38/	01	39-40/	02	155-156/	03	157-158/	04	159-160/
d. Worked on arts and crafts with (him/her)? <small>41-42/</small>	01	02	1-2	3+	43/	01	44-45/	02	161-162/	03	163-164/	04	165-166/
e. Played with toys or games indoors? <small>46-47/</small>	01	02	1-2	3+	48/	01	49-50/	02	167-168/	03	169-174/	04	171-172/
f. Played a game, sport, or exercised together? <small>51-52/</small>	01	02	1-2	3+	53/	01	54-55/	02	173-174/	03	175-176/	04	177-178/
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	3+	58/	01	59-60/	02	179-180/	03	181-182/	04	183/184/
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	3+	63/	01	64-65/	02	185-186/	03	187-188/	04	189-190/
i. Talked about what happened in Head Start? <small>66-67/</small>	01	02	1-2	3+	68/	01	69-70/	02	191-192/	03	193-194/	04	195-196/
j. Talked about TV programs or videos? <small>71-72/</small>	01	02	1-2	3+	73/	01	74-75/	02	197-198/	03	199-200/	04	201-202/

B3. In the past week, have you or someone in your family ...	B4		B5						
	How many times?		Who (READ ITEM)? DO NOT READ CHOICES. CIRCLE ALL THAT APPLY.						
	1-2	3+	Mother / Mother Figure	Father/ Father Figure	Other Household Member	Non-Household Member			
k. Played counting games like singing songs with numbers or reading books with numbers? <small>76-77/</small>	01	02	1-2	3+	78/	01 <small>79-80/</small>	02 <small>203-204/</small>	03 <small>205-206/</small>	04 <small>207-208/</small>



B6. *In the past month, that is since (MONTH)(DAY), has anyone in your family done the following things with CHILD?*

B7. **AFTER COMPLETING ALL OF B6(a-k), ASK THE FOLLOWING FOR EACH ACTIVITY CODED "YES":**
Who has (READ ITEM) with CHILD?

B6. <i>In the past month, that is since (MONTH)(DAY), has anyone in your family done the following things with CHILD?</i>				B7. [ASK ONLY AFTER COMPLETING ALL OF B6] 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? <small>81-82/</small>	01	02	01 <small>83-84/</small>	02 <small>209-210/</small>	03 <small>211-212/</small>	04 <small>213-214/</small>	
b. Gone to a movie? <small>85-86/</small>	01	02	01 <small>87-88/</small>	02 <small>215-216/</small>	03 <small>217-218/</small>	04 <small>219-220/</small>	
c. Gone to a play, concert, or other live show? <small>89-90/</small>	01	02	01 <small>91-92/</small>	02 <small>221-222/</small>	03 <small>223-224/</small>	04 <small>225-226/</small>	
d. Gone to a mall? <small>93-94/</small>	01	02	01 <small>95-96/</small>	02 <small>227-228/</small>	03 <small>229-230/</small>	04 <small>231-232/</small>	
e. Visited an art gallery, museum, or historical site? <small>97-98/</small>	01	02	01 <small>99-100/</small>	02 <small>233-234/</small>	03 <small>235-23/</small>	04 <small>237-238/</small>	

B6. <i>In the past month, that is since (MONTH)(DAY), has anyone in your family done the following things with CHILD?</i>			B7. [ASK ONLY AFTER COMPLETING ALL OF B6] 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]			
			Mother/ Mother Figure	Father/ Father Figure	Other Household Member	Non- Household Member
			NO	YES		
f. Visited a playground, park, or gone on a picnic? <small>101-102/</small>	01	02	01 <small>103-104/</small>	02 <small>239-240/</small>	03 <small>241-242/</small>	04 <small>243-244/</small>
g. Visited a zoo or aquarium? <small>105-106/</small>	01	02	01 <small>107-108/</small>	02 <small>245-246/</small>	03 <small>247-248/</small>	04 <small>249-250/</small>
h. Talked with CHILD about (his/her) family history or ethnic heritage? <small>109-110/</small>	01	02	01 <small>111-112/</small>	02 <small>251-252/</small>	03 <small>253-254/</small>	04 <small>255-256/</small>
i. Attended an event sponsored by a community, ethnic, or religious group. <small>113-114/</small>	01	02	01 <small>115-116/</small>	02 <small>257-258/</small>	03 <small>259-260/</small>	04 <small>261-262/</small>
j. Attended an athletic or sporting event in which CHILD was not a player? <small>117-118/</small>	01	02	01 <small>119-120/</small>	02 <small>263-264/</small>	03 <small>265-266/</small>	04 <small>267-268/</small>

121-124/B
269-274/B

B8. Which of the following do you have in your home for you or CHILD to look at or read?

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/

C. DISABILITIES

C1. Does CHILD have any special needs or disabilities--for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

- No..... 01 **SKIP TO D1**
- Yes..... 02
- Don't know 99 **SKIP TO D1** 13-14/

C2. 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)..... 15 43-44/
- Don't know 99 45-46/

C3. (Does/Do) CHILD's (disability/disabilities) affect (his/her) ability to learn?

- No..... 01
- Yes..... 02
- Don't know 99

49-50/

C4. 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
- Yes..... 02 **SKIP TO C6**
- Don't know 99 **SKIP TO D1**

51-52/

C5. Why not? _____

SKIP TO D1

53-34/

(Suggested Probe: Were you given the opportunity to participate?)

C6. How satisfied are you with the plan? Are you ...

READ LIST. CIRCLE ONE RESPONSE.

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

55-56/

57-90/B

D. 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.

D1. Can CHILD recognize...

READ LIST. CIRCLE ONE RESPONSE.

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

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

READ LIST. CIRCLE ONE RESPONSE.

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

D3. How many written numbers can CHILD recognize? _____ numbers

17-18/

D4. If CHILD had a pile of blocks, what is the largest number (she/he) can tell you (she/he) has?

_____ largest number

19-21/

D5. Can CHILD button (his/her) clothes?

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

D6. Does CHILD hold a pencil properly?

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

D7. How often does CHILD like to write or pretend to write? Would you say ...

READ LIST. CIRCLE ONE RESPONSE.

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

D8. Does CHILD mostly write and draw rather than scribble?

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

D9. Can CHILD write (his/her) first name even if some of the letters are backward?

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

D10. Does CHILD trip, stumble, or fall easily?

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

D11. When CHILD speaks, is (he/she) understandable to a stranger?

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

D12. Did CHILD start speaking later than other children you know?

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

D13. Does CHILD stutter or stammer?

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

D14. Does CHILD ever look at a book with pictures and pretend to read?

No..... 01 **SKIP TO D16**
Yes 02 40-41/

D15. 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
Tells what's in each picture..... 02
Does both..... 03

42-43/

D16. Does CHILD recognize (his/her) own first name in writing or in print?

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

44-45/

D17. Can CHILD identify the colors red, yellow, blue, and green by name? Would you say...

READ LIST. CIRCLE ONE RESPONSE.

All of them,..... 01
Some of them, or..... 02
None of them?..... 03

46-47/

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

READ LIST. CIRCLE ONE RESPONSE FOR EACH.

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

F. HOUSEHOLD RULES

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

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

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/

F2. 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 F4

Yes..... 02 23-24/

F3. About how many times in the past week? ____ number of times 25-26/

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

No..... 01

SKIP TO F6

Yes..... 02 27-28/

F5. About how many times in the past week? ____ number of times 29-30/

F6. 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) _____ | 14 | 53-54/ |

55-56/

57-64/B

G. YOU AND YOUR FAMILY

Now I'm going to ask you some questions about you and your family. Remember that all of your responses will remain confidential.

G1. What is your birth date? _____ / _____ / _____ 13-18/
Month Day Year

G2. What is your current marital status?

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

G2a. How old were you at the birth of your first child? _____ years old 330-331/

G3. *Including yourself*, how many adults age 18 and older live in your household?
_____ number of adults 21-22/

G4. *Including CHILD*, how many children age 17 and younger live in your household?
_____ number of children 23-24/

G5. 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:	IF OLDER THAN 15:
G5.	G6.	G7.	G8.	G9.	G10.
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)					
b. (Respondent)					
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/	56-69/
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 G18

IF MOTHER IS NOT RESPONDENT AND

NOT IN HOUSEHOLD..... GO TO G11

IN HOUSEHOLD..... SKIP TO G16

G11. Does CHILD's mother live within an hour's ride of CHILD?

- | | | |
|--------------------------|----|--------------------|
| No..... | 01 | |
| Yes..... | 02 | |
| Mother is deceased | 03 | SKIP TO G18 |
| Don't know | 99 | 127-128// |

129-130/B

G12. Does she contribute to the financial support of the child?

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

G13. 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 | |
| Several times a month..... | 03 | |
| Several times a week..... | 04 | |
| Every day..... | 05 | |
| Don't know | 99 | 153-154// |

G14. Is there anyone else who is like a mother to CHILD?

No	01	SKIP TO G16
Yes.....	02	155-156/

G15. Who is this person?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

The respondent,.....	01	
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 G16
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 G16
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 G16

157-158/

ENTER THE PERSON "LETTER" FROM GRID ON PAGE 22 (QUESTION G5) BELOW.

G15a. ___ person letter from G5 grid page 22 159/

160-165/B

G16. 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	
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	332-339/

G17. Is she currently working, in school, in a training program, or is she doing something else?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

Working.....	01	131-132/
IF YES: What is her occupation? _____		338-339/
Unemployed.....	02	133-134/
Looking for Work.....	03	135-136/
Laid off.....	04	137-138/
In School/training.....	05	139-140/
In Jail/prison.....	06	141-142/
In Military.....	07	143-144/
Something Else (Please specify)_____	08	145-146/
_____		147-148/
Don't Know.....	99	149-150/

INTERVIEWER: IF FATHER IS RESPONDENT SKIP TO G25

IF FATHER IS NOT RESPONDENT AND

NOT IN HOUSEHOLD..... GO TO G18

IN HOUSEHOLD..... SKIP TO G23

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

- | | | |
|--------------------------|----|-------------------------|
| No..... | 01 | |
| Yes..... | 02 | |
| Father is deceased | | SKIP TO G25 |
| Don't know | 99 | <small>334-335/</small> |

G19. Does he contribute to the financial support of the child?

- | | | |
|------------------|----|-------------------------|
| No..... | 01 | |
| Yes..... | 02 | |
| Don't know | 99 | <small>186-187/</small> |

G20. How often does CHILD see (his/her) father? Does (he/she) see him ...

READ LIST. CIRCLE ONE RESPONSE.

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

G21. Is there anyone else who is like a father to CHILD?

No 01 **SKIP TO G23**

Yes..... 02 190-191/

G22. Who is this person?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

The respondent,..... 01

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 G23**

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 G23**

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 G23**

192-193/

ENTER THE PERSON "LETTER" FROM GRID ON PAGE 22 (QUESTION G5) BELOW.

G22a. ____ person letter from G5 grid page 22

194/

G23. 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
 - 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
- 336-337/

G24. 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/
- Unemployed..... 02 168-169/
- Looking for Work..... 03 170-171/
- Laid off..... 04 172-173/
- In School/training..... 05 174-175/
- In Jail/prison..... 06 176-177/
- In Military..... 07 178-179/
- Something Else (Please specify) _____ 08 180-181/
 - 182-183/
- Don't Know..... 99 184-185/

G25. Is any language other than English spoken in your home?

No	01	
SKIP TO G31 Yes	02	195-196/

G26. What are those languages?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

French	01	197-198/
Spanish.....	02	199-200/
Cambodian (Khmer).....	03	201-202/
Chinese.....	04	203-204/
Haitian Creole.....	05	205-206/
Hmong.....	06	207-208/
Japanese.....	07	209-210/
Korean.....	08	211-212/
Vietnamese.....	09	213-214/
Arabic.....	10	215-216/
Other (Please specify).....	11	217-218/

219-220/

G27. Do you or your family need someone from Head Start to speak to you in (LANGUAGE from G26)?

No.....	01	
SKIP TO G29 Yes.....	02	221-222/

G28. Is someone from Head Start available to speak to you or your family in (LANGUAGE from G26)?

No.....	01	
Yes.....	02	223-224/

G29. Does CHILD ever need or want a member of the Head Start teaching staff to speak in (LANGUAGE from G26)?

No..... 01

SKIP TO G31

Yes..... 02 225-226/

G30. Is there someone in the classroom at Head Start available for CHILD to speak in (LANGUAGE from G26)?

No..... 01

Yes..... 02 227-228/

G31. What is CHILD'S racial or ethnic background?

**DO NOT READ LIST. CIRCLE ONE RESPONSE.
IF MULTIRACIAL, CODE UNDER "OTHER."**

Asian or Pacific Islander..... 01

Black (African American; non Hispanic) 02

White (Caucasian; non-Hispanic)..... 03

Hispanic (Latino)..... 04

Native American or American Indian or Alaskan Native 05

Other (Please specify)..... 06 229-230/

231-232/

G32. In what country was CHILD born?

USA..... 01

SKIP TO G34

Other (Please specify country) 02 233-234/

235-236/

G33. How many years has CHILD lived in the United States? ___ ___ years 237-238/

G34. In what country were you born?

USA..... 01

SKIP TO G38

Other (Please specify country)..... 02 239-240/

241-242/

G35. How many years have you lived in the United States? ___ ___ years 243-244/

G36. Did you attend school outside the U.S.?

No..... 01

SKIP TO G38

Yes..... 02 245-246/

G37. How many years did you attend school before coming to the U.S.? ___ ___ years 247-248/

G38. How many grades of school did you complete?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

No formal schooling..... 00

Less than 8th grade..... 07

8th grade..... 08

9th grade..... 09

10th grade..... 10
11th grade..... 11
12th grade..... 12 249-250/
G39. Do you have a high school diploma or GED?
No..... 01
SKIP TO G42
Yes, Diploma..... 02
Yes, GED..... 03 251-252/

G40. Have you attended college?

No..... 01
SKIP TO G42
Yes..... 02 253-254/

G41. Have you received any degrees? **(IF YES)** What is your highest degree?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

No..... 01
Yes, Associate Degree..... 02
Yes, Bachelor's Degree..... 03
Yes, Graduate Degree..... 04 255-256/

G42. Did you attend vocational or trade school?

No..... 01
Yes..... 02 257-258/

G43. Have you obtained any job-related certificates or licenses?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- No..... 01 259-260/
 - Yes, trade license or certificate..... 02 261-262/
 - Yes, CDA. (Child Development Associate)..... 03 263-264/
 - Yes, other (Please specify)_____ 04 265-266/
- 267-268/

G44. Are you currently working towards any certificate, diploma, or degree?

SKIP TO H1

- No..... 01
- Yes..... 02 269-270/

G45. What kind of certificate, diploma, or degree?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Trade license or certificate..... 01
 - 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)_____ 08 271-272/
- 273-274/

H. EMPLOYMENT AND INCOME

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

H1. Do you have any earnings from a job or jobs, including self-employment?

No..... 01

SKIP TO H5

Yes..... 02 13-14/

H2. How many jobs do you have currently? _____ jobs 15/

**INTERVIEWER: IF MORE THAN 3 JOBS, ASK FOR JOBS WORKED MOST HOURS.
REPEAT H3 AND H4 FOR UP TO THREE JOBS MENTIONED.
RECORD IN SPACE BELOW QUESTIONS.**

H3. What do you do in (this job / the first job / the second job / the third job)? [Record answer below]

H4. 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?

<u>H3.</u>		<u>H4.</u>			
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/

H5. In how many of the last twelve months have you worked? _____ months worked 28-29/

H6. Are you currently looking for a job?

No..... 01 30-31/
Yes..... 02 32-33/

H7. Not including yourself, how many other adults contribute to your household income? ____ adults

H8. Is CHILD covered by health insurance other than Medicaid through your job(s) or the job of another employed adult?

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

H9. 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 (TANF)	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. Other (Please specify) _____	62-63/	01	02

64-65/

COMPLETE TABLE (a - l). IF H9a AND H9c and H9d ARE all NO, THEN SKIP TO H11

H10. 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 now required to...

	<u>NO</u>	<u>YES</u>	<u>DK</u>	
a. Attend job training?	01	02	99	66-67/
b. Attend school or a GED class?	01	02	99	68-69/
c. Get a job?	01	02	99	70-71/
d. Do something else? (Please specify) _____ _____	01	02	99	72-73/

74-75/

H11. Thinking about all of the sources of income you just 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 H13

Refused 98

SKIP TO H13

Don't Know..... 99



H12. Would you say it was . . .

less than \$250.....	01
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

80-81/

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

H13. In what type of housing do you live? Do you live in ...

READ LIST. CIRCLE ONE RESPONSE.

- A house, apartment, or trailer on your own (only your family)..... 01 **SKIP TO H14**
- A house, apartment, or trailer that you share 02
- Transitional housing 03
- SKIP TO H14**
- A homeless shelter 04
- SKIP TO H14**
- Or someplace else? (Please specify) _____ 05 **SKIP TO H14**

84-85/

82-83/

H13a. How long have you shared housing? ___ ___ months OR ___ ___ years

89-90/

91-92/

H13b. Why do you share housing?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

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

86-87/

88/B

H14. How many times have you moved in the last 12 months? ___ ___ times moved

93-94/

H15. Do you currently live in public or subsidized housing?

- No..... 01
- Yes..... 02

95-96/

H16. Since CHILD was born, has your family ever been homeless or not had a regular place to live?

No..... 01

SKIP TO I1

Yes..... 02 97-98/

H17. How many times has this happened? _____ times 99-100/

H18. Where did you stay?

DO NOT READ LIST. CIRCLE ALL THAT APPLY.

- Homeless shelter..... 01 101-102/
- On the street..... 02 103-104/
- In a car..... 03 105-106/
- In a motel..... 04 107-108/
- Doubling up with others as a last resort 05 109-110/
- Other (Please specify)_____ 06 111-112/

113-114/

H19. What was the longest time you were without a place to live?

_____ days **or** 127-128/
 _____ weeks **or** 115-116/
 _____ months 117-118/

H20. Since CHILD began Head Start have you been without a place to live at any time?

No..... 01

SKIP TO I1

Yes..... 02 119-120/

H21. Did Head Start help you with this housing problem in any way? (IF YES) How?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

SKIP TO I1

- No, Head Start did not help..... 01
- 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) _____ 04

123-124/

121-122/

H22. How helpful was this assistance? Was it...

READ LIST. CIRCLE ONE RESPONSE.

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

125-126/

I. COMMUNITY SERVICES

Families with young children sometimes need help of various kinds. Now I'd like to ask about how Head Start may have helped your family.

- I1. 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	13-14/
Don't Know.....	99	

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 CHILD was born.

FOR EACH ITEM, READ QUESTION ALONG THE TOP. IF (I2) IS YES ASK I3, IF (I3) IS YES ASK I4. MOVE ON TO NEXT ITEM.



	I2.		I3.		I4.
	Since CHILD was born, have you or anyone in your household <u>needed</u> ...		IF YES IN I2: Have you received it?		IF YES IN I3: 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, we didn't need their help 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 <small>15-16/</small>	02	01 <small>17-18</small>	02	<small>19-20/</small>
b. Food and nutrition assistance-- like food Stamps or WIC	01 <small>21-22/</small>	02	01 <small>23-24/</small>	02	<small>25-26/</small>
c. Help with housing	01 <small>27-28/</small>	02	01 <small>29-30/</small>	02	<small>31-32/</small>
d. Help with utilities (running water, hot water, heat, telephone service)	01 <small>33-34/</small>	02	01 <small>35-36/</small>	02	<small>37-38/</small>
	EMPLOYMENT ASSISTANCE				
e. Job training and employment assistance	01 <small>39-40/</small>	02	01 <small>41-42/</small>	02	<small>43-44/</small>
f. Education assistance -- for example, GED, college, learning to read, English as a second language	01 <small>45-46/</small>	02	01 <small>47-48/</small>	02	<small>49-50/</small>
g. Help getting transportation to a job or training	01 <small>51-52</small>	02	01 <small>53-54/</small>	02	<small>55-56/</small>
h. Child care for CHILD before or after the Head Start day	01 <small>57-58/</small>	02	01 <small>59-60/</small>	02	<small>61-62/</small>

	I2.		I3.		I4.
	No	Yes	No	Yes	
	Since CHILD was born, have you or anyone in your household <u>needed</u> ...		IF YES IN I2: Have you received it?		IF YES IN I3: 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, we didn't need their help 04=Yes, referred to service 05=Yes, provided service directly
i. Child care for other children in the household	01 <small>63-64/</small>	02	01 <small>65-66/</small>	02	<small>67-68/</small>
HEALTH CARE					
j. MEDICAID/local name for MEDICAID	01 <small>69-70/</small>	02	01 <small>71-72/</small>	02	<small>73-74/</small>
k. Medical or dental care for CHILD	01 <small>75-76/</small>	02	01 <small>77-78/</small>	02	<small>79-80/</small>
l. Medical or dental care for adults	01 <small>81-82/</small>	02	01 <small>83-84/</small>	02	<small>85-86/</small>
m. Alcohol or drug abuse treatment or counseling	01 <small>87-88/</small>	02	01 <small>89-90/</small>	02	<small>91-92/</small>
n. Mental health services	01 <small>93-94/</small>	02	01 <small>95-96/</small>	02	<small>97-98/</small>
SOCIAL SERVICES					
o. Legal aid	01 <small>99-100/</small>	02	01 <small>101-102/</small>	02	<small>103-104/</small>
p. Help dealing with family violence	01 <small>105-106/</small>	02	01 <small>107-108/</small>	02	<small>109-110/</small>
q. Help in solving other family problems	01 <small>111-112/</small>	02	01 <small>113-114/</small>	02	<small>115-116/</small>

J. CHILD CARE

Now I'd like to ask you some questions about any child care arrangements, other than Head Start, that you may have used for CHILD.

J1. Let's think about the years before CHILD was enrolled in Head Start. During that time, was (he/she) cared for on a regular basis (10 hrs/wk or more) by someone other than yourself?

No 01

SKIP TO J5

Yes 02 13-14/

J2. How old in months was CHILD when (he/she) first started in a child care arrangement for 10 or more hours per week?

_____ months old 15-16/

J3. Thinking about all of the child care arrangements that CHILD was in before enrollment in Head Start, (a) where and by whom was that care provided? (b) Which arrangement did you use most frequently?

DO NOT READ LIST.

<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE THE ONE USED MOST</u>
(a)	(b)

At CHILD's home by a relative	01	17-18/	01	33-34/
At CHILD's home by a non-relative	02	19-20/	02	
In a relative's home	03	21-22/	03	
In a friend's or neighbor's home	04	71-72/	04	
Family day care home	05	23-24/	05	
Other child care center/child development program	06	25-26/	06	
At Head Start (not including time in class)	07	27-28/	07	
Other (Please specify) _____	08	29-30/	08	

J4. Before enrolling in Head Start, in how many different arrangements did CHILD spend 10 or more hours per week?
_____ arrangements 35-36/

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.

J5. Is CHILD in child care before or after Head Start?

- No..... 01 **SKIP TO K1**
- Yes..... 02 37-38/

J6. In how many different child care arrangements does CHILD spend time each week? ____ ____ arrangements

39-40/

J7. 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
- 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) _____ 08 41-42/

43-44/

J8. Is that person or place licensed, certified, or regulated?

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

J9. How many hours a week is this care used? ____ ____ hours per week 47-48/

J10. Who pays for this child care?

READ LIST. CIRCLE ALL THAT APPLY.

	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)_____	01	02	61-62/

63-64/



J11. 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	65-66/
b. CHILD gets lots of individual attention.	01	02	03	04	99	67-68/
c. CHILD'S caregiver is open to new information and learning.	01	02	03	04	99	69-70/

K. FAMILY HEALTH CARE

K1. 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
- Very Good..... 02
- Good..... 03
- Fair, or..... 04
- Poor?..... 05 13-14/


K2. Does CHILD have an illness or condition that requires regular, ongoing care?

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

K3. How much did CHILD weigh when (he/she) was born? 17-18/ ____ Pounds ____ Ounces 19-20/
Don't know99

K4. Does CHILD have a regular health care provider for routine medical care, for example, well-child care and check-ups?

- No..... 01
- Yes..... 02 21-22/

 K5. Where does CHILD usually go for routine medical care? Does (he/she) go to a ...

READ LIST. CIRCLE ONE RESPONSE.

- Doctor's office or private clinic (including HMO)..... 01
- Hospital outpatient clinic..... 02
- Hospital emergency room..... 03
- Public health department..... 04
- Community health center..... 05
- Migrant clinic..... 06
- Indian Health Service..... 07
- Or some place else (Please specify)_____ 08

25-26/

23-24/

K6. Has Head Start helped you find a regular health care provider for CHILD? **IF YES:** How?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- Had a health care provider prior to enrollment..... 01
- Head Start has not helped but I wish it would..... 02
- Found a health care provider on my own..... 03
- Provided information, including brochures,
meetings, or conversations..... 04
- Made referrals, for example, phone calls..... 05
- Provided health care directly..... 06
- Helped in some other way (Please specify)_____ 07

29-30/

27-28/



K7. Where does CHILD usually go for medical care when (he/she) is sick or injured? Does (he/she) go to a ...

READ LIST. CIRCLE ONE RESPONSE.

- Doctor's office or private clinic (including HMO)..... 01
- Hospital outpatient clinic..... 02
- Hospital emergency room..... 03
- Public health department..... 04
- Community health center..... 05
- Migrant clinic..... 06
- Indian Health Service..... 07
- Or someplace else (Please specify)_____ 08

33-34/

31-32/



K8. Where does CHILD go for dental care? Does (he/she) go to a ...

READ LIST. CIRCLE ONE RESPONSE.

- Private dentist's office 01
- Hospital dental clinic 02
- Public health department dental clinic 03
- Community health center dental clinic..... 04
- Migrant dental clinic..... 05
- Indian Health Service dental clinic 06
- Some place else (Please specify)_____ 37-38/..... 07
- Or CHILD hasn't been to the dentist yet..... 08

35-36/

K9. Would you say your health in general is excellent, very good, good, fair, or poor?

CIRCLE ONE RESPONSE.

39-48/B

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

49-50/

K10. Does any impairment or health problem now keep you from working at a job or business?

- No..... 01
- Yes..... 02

SKIP TO K12

51-52/

K11. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

- No..... 01
- Yes..... 02

53-54/

K12. Does anyone in your household, other than CHILD, have an illness or condition that requires regular, ongoing care?

- No 01
- Yes 02

55-56/

K13. Do you have a regular health care provider for your own routine medical care, for example, checkups?

RESPONDENT ID

No..... 01
Yes..... 02

57-58/



K14. Where do you usually go for routine medical care? Do you go to a ...

READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|--|----|--------|
| Doctor's office or private clinic (including HMO)..... | 01 | |
| Hospital outpatient clinic..... | | 02 |
| Hospital emergency room..... | | 03 |
| Public health department..... | | 04 |
| Community health center..... | | 05 |
| Migrant clinic..... | | 06 |
| Indian Health Service..... | | 07 |
| Or someplace else (Please specify)_____..... | 08 | 59-60/ |
- 61-62/

K15. Has Head Start helped you find a regular health care provider for yourself? **IF YES:** How?

DO NOT READ LIST. CIRCLE ONE RESPONSE.

- | | | |
|---|----|--------|
| Had a health care provider prior to enrollment | 01 | |
| Head Start has not helped but I wish they would..... | | 02 |
| Found a health care provider on my own..... | | 03 |
| Provided information, including brochures,
meetings, or conversations..... | | 04 |
| Made referrals, for example, phone calls..... | | 05 |
| Provided health care directly..... | | 06 |
| Helped in some other way (Please specify)_____..... | 07 | 63-64/ |
- 65-66/

K16. Does anyone in your household smoke cigarettes regularly?

- | | | |
|-----------|--|----|
| No | | 01 |
| Yes | | 02 |
- 67-68/

K17. Does anyone in your household have a drinking problem?

69-78/B

RESPONDENT ID

No	01
Yes	02
Refused.....	98

79-80/

K18. Does anyone in your household have a drug problem?

No	01
Yes	02
Refused.....	98

81-82/

L. HOME SAFETY

L1. Please tell me if you follow certain safety practices. Do you...

	No	Yes	NA	Don't Know
a. Always use a safety seat or seat belt for CHILD when in the car	01	02	03	99 <small>13-14</small>
b. Keep medicines in childproof bottles and out of children's reach	01	02	03	99 <small>15-16</small>
c. Have at least one operating smoke detector in your home with a working battery	01	02	03	99 <small>17-18</small>
d. Keep cleaning materials out of reach of children and/or in locked cabinets	01	02	03	99 <small>19-20</small>
e. Have a first-aid kit at home	01	02	03	99 <small>21-22</small>
f. Keep the poison control center number and other emergency numbers by the telephone	01	02	03	99 <small>23-24</small>
g. Always supervise CHILD when crossing the street or riding tricycles/bicycles near traffic	01	02	03	99 <small>25-26</small>
h. Always keep matches and cigarette lighters out of CHILD's reach	01	02	03	99 <small>27-28</small>
i. Always supervise CHILD when (he/she) is in the bathtub	01	02	03	99 <small>29-30</small>

M. HOME AND NEIGHBORHOOD CHARACTERISTICS

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



M1. For each of the following items, please tell me how often each one happened to you during the past year.

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 a 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/

M2. Has CHILD ever been a witness to a violent crime or domestic violence?

No	01	
Yes	02	
Refused	98	
Don't know	99	23-24/

M3. Has CHILD ever been the victim of a violent crime or domestic violence?

- No 01
- Yes 02
- Refused 98
- Don't know 99 25-26/

M4. Since CHILD was born, have you, another household member, *(or a non-household biological parent)* been arrested or charged with any crime by the police?

- No 01 **SKIP TO M5**
- Yes 02
- Refused 98 **SKIP TO M5** 27-28/

M4a. Who was arrested or charged?

- _____ 29-30/
- Refused 98 **SKIP TO M5**

M4b. Did (he/she/they) spend anytime in jail?

- No 01
- Yes 02
- Refused 98 31-32/

M5. Has CHILD ever lived apart from you (or mother) not including vacations or shared custody arrangements?

- No 01 **SKIP TO N1**
- Yes 02
- Refused 98 **SKIP TO N1** 33-34/

M5a. For how long? _____

- Refused 98 35-36/

M5b. With whom? _____

Refused 98

37-38/

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.

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. Please tell me how often you have felt this way during the past week.



N2. 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.

	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 <small>27-28/</small>
b. You did not feel like eating; your appetite was poor	01	02	03	04 <small>29-30/</small>
c. That you could not shake off the blues, even with help from your family and friends	01	02	03	04 <small>31-32/</small>
d. You had trouble keeping your mind on what you were doing	01	02	03	04 <small>33-34/</small>
e. Depressed	01	02	03	04 <small>35-36/</small>
f. That everything you did was an effort	01	02	03	04 <small>37-38/</small>
g. Fearful	01	02	03	04 <small>39-40/</small>
h. Your sleep was restless	01	02	03	04 <small>41-42/</small>
I. You talked less than usual	01	02	03	04 <small>43-44/</small>
j. Lonely	01	02	03	04 <small>45-46/</small>
k. Sad	01	02	03	04 <small>47-48/</small>
l. You could not get "going"	01	02	03	04 <small>49-50/</small>

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.



N3. 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, sometimes helpful, generally helpful, very helpful, or extremely 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 like counselors or social workers	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/

N4. What are the major ways you feel Head Start could help CHILD this year?

PROBE: Anything else?

INTERVIEWERS: RECORD ANSWERS BELOW. CODE RESPONSES ON PAGE 59 AT END OF INTERVIEW.

_____	70-71/
_____	72-73/
_____	74-75/
_____	76-77/
_____	78-79/
_____	80-81/
_____	82-83/
_____	84-85/

N5. What are the major ways you think Head Start could help your family this year?

PROBE: Anything else?

INTERVIEWERS: RECORD ANSWERS BELOW. CODE RESPONSES ON PAGE 59 AT END OF INTERVIEW.

_____	86-87/
_____	88-89/
_____	90-91/
_____	92-93/
_____	94-95/
_____	96-97/
_____	98-99/
_____	100-101/

**INTERVIEWERS: CODE VERBATIM RESPONSES FROM
N4 AND N5 IN GRID BELOW AFTER
COMPLETING INTERVIEW.**

	<u>N4</u>	<u>N5</u>		<u>N4</u>	<u>N5</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		
Independence	26	26	development	75	75
Manners	27	27	Food/Clothing.....	76	76
Good habits (pick up toys, set table)	28	28	Holiday gifts/toys/books	77	77
<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			

RESPONDENT ID

<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		

N6. If you could change anything about Head Start that you think would help it better serve children and families, what would it be?

_____ 102-103/

_____ 104-105/

_____ 106-107/

_____ 108-109/

_____ 110-111/

_____ 112-113/

_____ 114-115/

_____ 116-117/

_____ **SKIP TO Section P**

O: CONFIDENCE RATINGS

COMPLETE AFTER INTERVIEW IS CONCLUDED.

O1. Interview Completion Code:

Respondent terminated interview prematurely	01	
Respondent refused interview		0
Respondent unable to respond (Please specify) _____ ^{15-16/}	03	
Interview completed		0

13-14/

O2. 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 N4 AND N5 ON PAGE 59.

P: 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.

P1. What is your telephone number? _____ -- _____ -- _____ **SKIP TO P3A**
(area code)
No telephone 01
Refused 98

P2. Can you give me a number where you can be reached? _____ -- _____ -- _____
(area code)
No telephone 01 **SKIP TO P3A**
Refused 98 **SKIP TO P3A**

P3. Whose telephone is that?
Name: _____
Refused 98

P3a. Do you have another phone number like a beeper number or cell phone number?
No beeper or cell phone number 01
Beeper _____
Cell phone _____

P4. Please give me your permanent address..
Address: _____
Street Apt.
Town/City State Zip Code

P5. Where are you employed? _____ Not employed..... 01 **SKIP TO P7a**

P6. 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?

P7a. Contact 1 name: _____

P7b. Relationship to respondent: ____ Relative (specify) _____ ____ Nonrelative

P7c. Address: _____

Street

Phone

Town/City

State

Zip Code

P8a. Contact 2 name: _____

P8b. Relationship to respondent: ____ Relative (specify) _____ ____ Nonrelative

P8c. Address: _____

Street

Phone

Town/City

State

Zip Code

P9a. Contact 3 name: _____

P9b. Relationship to respondent: ____ Relative (specify) _____ ____ Nonrelative

P9c. Address: _____

Street

Phone

Town/City

State

Zip Code

GET SIGNATURE BELOW. REMOVE SECTION P FROM QUESTIONNAIRE. 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

Date

Head Start Family and Child Experiences Survey

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
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