

# Head Start Family and Child Experiences Survey



## Spring '98 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 '98 Parent Interview**

**Cover Sheet**

Respondent ID number: \_\_\_ \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_

Head Start Center: \_\_\_\_\_

City and State: \_\_\_\_\_

Field Interviewer ID number: \_\_\_ \_\_\_ - \_\_\_

Date of Interview \_\_\_ / \_\_\_ / \_\_\_

month      day      year

Site Manager Quality Control Review

ID                  Date of Review

Time of interview start: \_\_\_ : \_\_\_  
                                    hour      minute

Time of interview end: \_\_\_ : \_\_\_  
                                  hour      minute

Interview location:

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

- Home-based child..... 01
- Center-based child..... 02

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

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

If so, what language will be used? \_\_\_\_\_

**IF YES: Have interpreter sign confidentiality form before interview.**

## Head Start Family and Child Experiences Survey

### SPRING '98 Parent Interview

Thank you for agreeing to talk with me again. We are continuing to learn more about families in the Head Start Program as well as learn more about the Head Start Program your child attends. We are learning how Head Start provides different kinds of services to children and families. 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 will be 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**

Again, thank you for agreeing to talk with me. We interviewed parents in the fall when their children entered the Head Start program and now we are interviewing these same parents in the spring at the end of the program year.

1. Are you the person interviewed last (MONTH OF FALL INTERVIEW) when we conducted the fall interview?

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

**SKIP TO A3**

1a. Is that person available?

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

**End interview**

**Reschedule with original respondent**

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

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

**SKIP TO 4**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**TERMINATE INTERVIEW.**

4. What is your relationship to CHILD?

**DO NOT READ LIST. CIRCLE ONE RESPONSE.**

- Mother..... 01
  - Is that birth or adopted?
    - birth ..... 19 **SKIP TO A1**
    - adopted ..... 20 **SKIP TO A1**
- Father..... 02
  - Is that birth or adopted?
    - birth ..... 21 **SKIP TO A1**
    - adopted ..... 22 **SKIP TO A1**
- Stepmother..... **SKIP TO A1**
- Stepfather..... **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
- Yes..... 02

**A. ABOUT YOUR CHILD AND FAMILY**

Remember, you may recognize some of the questions I'm going to ask from last fall, but it is important for us to ask them again.

A1. Is CHILD a boy or a girl?

- Boy ..... 01
- Girl ..... 02

A2. What is CHILD'S birth date?

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
 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 A5** 1-5 days ..... 02
- 6-10 days ..... 03
- More than 10 days ..... 04
- Don't Know ..... 99



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

**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

A5. Including any other children (or grandchildren) who may have been in Head Start, how many years have you been involved with Head Start as a (parent/grandparent/primary caregiver)? Only count the years when child(ren) (was/were) actually enrolled in Head Start.

(Suggested Probe): Is this your first child in Head Start?      \_\_\_ \_\_\_ years OR \_\_\_ \_\_\_ months



### 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	01	02	03	04	99	
b. Being open to your ideas and participation	01	02	03	04	99	
c. Supporting and respecting your family’s culture and background	01	02	03	04	99	
d. Identifying and providing services for CHILD--for example, health screening, help with speech and language development	01	02	03	04	99	
e. Identifying and helping to provide services that help your family--or example, public assistance, transportation, or job training	01	02	03	04	99	
f. Maintaining a safe program--for example, secure playgrounds, clean and tidy classrooms	01	02	03	04	99	
g. Preparing CHILD to enter kindergarten	01	02	03	04	99	
h. Helping you become more involved in groups that are active in your community			03	04	99	



- 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.	01	02	03	04	99	
b. CHILD gets lots of individual attention.	01	02	03	04	99	
c. CHILD's teacher is open to new information and learning.	01	02	03	04	99	
d. CHILD has been happy in the program.	01	02	03	04	99	
e. The teacher is warm and affectionate towards CHILD.	01	02	03	04	99	
f. CHILD is treated with respect by teachers.	01	02	03	04	99	
g. The teacher takes an interest in CHILD.	01	02	03	04	99	
h. CHILD feels accepted by the teacher.	01	02	03	04	99	
i. The teacher is supportive of you as a parent.	01	02	03	04	99	
j. You feel welcomed by the teacher.	01	02	03	04	99	
k. The teacher handles discipline matters easily without being harsh.	01	02	03	04	99	
l. The teacher seems happy and content.	01	02	03	04	99	
m. The assistant teacher/aide is warm and affectionate towards CHILD.	01	02	03	04	99	

### 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, or three more times.

How often have you ...	Not yet	Once or twice	3 or more times
a. Volunteered or helped out in CHILD's classroom?	01	02	03
b. Observed in CHILD's classroom for at least 30 minutes?	01	02	03
c. Prepared food or materials for special events such as a holiday celebration or special cultural event?	01	02	03
d. Helped with field trips or other special events?	01	02	03
e. Attended Head Start social events such as bazaars or fairs for children and families?	01	02	03
f. Attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?	01	02	03
g. Attended parent-teacher conferences?	01	02	03
h. Visited with a Head Start staff member in your home?	01	02	03
i. Attended a Head Start event with spouse or partner?	01	02	03
j. Attended a Head Start event with another adult?	01	02	03
k. Participated in Policy Council, monitoring-related activities, or other Head Start planning groups?	01	02	03
l. Called or visited another Head Start parent on a matter related to Head Start ?	01	02	03
m. Prepared or distributed newsletters, fliers, or Head Start materials?	01	02	03
n. Participated in fundraising activities?	01	02	03
o. Other (Please describe): _____ _____ _____	01	02	03



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.

<div style="border: 1px solid black; padding: 2px; display: inline-block;">READ LIST.</div>	NO	YES
a. Your need for child care	01	02
b. Your work schedule interferes	01	02
c. Your school or training schedule interferes	01	02
d. You need transportation	01	02
e. You don't know others at Head Start	01	02
f. You feel uncomfortable at Head Start	01	02
g. You have health problems that interfere	01	02
h. CHILD's teacher is uncomfortable with parents in the classroom	01	02
i. Head Start doesn't provide enough opportunities for you to participate	01	02
j. You have had bad experiences with Head Start in the past	01	02
k. You are uncomfortable because of language or cultural differences	01	02
l. You have concern for your safety while getting to Head Start	01	02
m. You need more support from your spouse or partner	01	02
n. Other (Please specify) _____	01	02

### 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**

- |                          |    |                   |
|--------------------------|----|-------------------|
| Not at all.....          | 01 | <b>SKIP TO D2</b> |
| Once or twice.....       |    | 02                |
| Three or more times..... |    | 03                |
| Every day.....           |    | 04                |

D1a. Who read to CHILD in the past week?

**DO NOT READ LIST. CIRCLE ALL THAT APPLY**

- |                              |    |
|------------------------------|----|
| Mother/Mother-figure .....   | 01 |
| Father/Father-figure .....   | 02 |
| Other household member ..... | 03 |
| Non-household member .....   | 04 |

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



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- HouseholdM ember
a. Told (him/her) a story?	01	02	1-2	3+	01	02	03	04
b. Taught (him/her) letters, words, or numbers?	01	02	1-2	3+	01	02	03	04
c. Taught (him/her) songs or music?	01	02	1-2	3+	01	02	03	04
d. Worked on arts and crafts with (him/her)?	01	02	1-2	3+	01	02	03	04
e. Played with toys or games indoors?	01	02	1-2	3+	01	02	03	04
f. Played a game, sport, or exercised together?	01	02	1-2	3+	01	02	03	04
g. Took (him/her) along while doing errands like going to the post office, the bank, or the store?	01	02	1-2	3+	01	02	03	04
h. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?	01	02	1-2	3+	01	02	03	04
i. Talked about what happened in Head Start?	01	02	1-2	3+	01	02	03	04
j. Talked about TV programs or videos?	01	02	1-2	3+	01	02	03	04
k. Played counting games like singing? songs with numbers or reading books with numbers	01	02	1-2	3+	01	02	03	04



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?	01	02	01	02	03	04
b. Gone to a movie?	01	02	01	02	03	04
c. Gone to a play, concert, or other live show?	01	02	01	02	03	04
d. Gone to a mall?	01	02	01	02	03	04
e. Visited an art gallery, museum, or historical site?	01	02	01	02	03	04
f. Visited a playground, park, or gone on a picnic?	01	02	01	02	03	04
g. Visited a zoo or aquarium?	01	02	01	02	03	04
h. Talked with CHILD about (his/her) family history or ethnic heritage?	01	02	01	02	03	04
i. Attended an event sponsored by a community, ethnic, or religious group?	01	02	01	02	03	04
j. Attended an athletic or sporting event in which CHILD was not a player?	01	02	01	02	03	04

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
b. Comic books .....	01	02
c. Magazines for children .....	01	02
d. Magazines for adults like Newsweek or People or Sports Illustrated .....	01	02
e. Newspapers .....	01	02
f. Catalogs .....	01	02
g. Religious books like a bible or prayer book	01	02
h. Dictionaries or encyclopedias .....	01	02
i. Other books like novels or biographies or non- fiction .....	01	02



**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**

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
- Mental retardation..... 02
- A speech impairment..... 03
- A language impairment ..... 04
- An emotional/behavioral disorder ..... 05
- Deafness..... 06
- Another hearing impairment..... 07
- Blindness..... 08
- Another visual impairment..... 09
- An orthopedic impairment..... 10
- Another health impairment lasting six months or more ..... 11
- Autism ..... 12
- Traumatic brain injury ..... 13
- Non-categorical/Developmental delay ..... 14
- Other (Please specify)..... 15
- Don't Know ..... 99

E3. Was this special need or disability diagnosed by a professional after CHILD enrolled in Head Start?

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

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

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

**SKIP TO E7**

**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
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

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
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

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
b. State or local health or social service agency?	01	02	99
c. Doctor or clinic?	01	02	99
d. Head Start?			
d. Some other source (Please specify)?_____	01	02	99

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
- 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**
- Yes..... 02

E14. How? \_\_\_\_\_

### 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
- 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
- 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

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

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

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

F6. Does CHILD hold a pencil properly?

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

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

**READ LIST. CIRCLE ONE RESPONSE.**

- Never..... 01
- 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
- Yes..... 02

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

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

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

No..... 01

Yes..... 02

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

No..... 01

Yes..... 02

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

No..... 01

Yes..... 02

F13. Does CHILD stutter or stammer?

No..... 01

Yes..... 02

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

No..... 01 **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
- 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
- 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
- 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
b. Enjoys learning?	01	02	03
c. Has temper tantrums or hot temper?	01	02	03
d. Can't concentrate, can't pay attention for long?	01	02	03
e. Is very restless, and fidgets a lot?	01	02	03
f. Likes to try new things?	01	02	03
g. Shows imagination in work and play?	01	02	03
h. Is unhappy, sad, or depressed?	01	02	03
i. Comforts or helps others?	01	02	03
j. Hits and fights with others?	01	02	03
k. Worries about things for a long time?	01	02	03
l. Accepts friends' ideas in sharing and playing?	01	02	03
m. Doesn't get along with other kids?	01	02	03
n. Wants to hear that he or she is doing okay?	01	02	03
o. Feels worthless or inferior?	01	02	03
p. Makes changes from one activity to another with difficulty?	01	02	03
q. Is nervous, highstrung, or tense?	01	02	03
r. Acts too young for (his/her) age?	01	02	03
s. Is disobedient at home?	01	02	03

## H. GETTING READY FOR KINDERGARTEN

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

**READ LIST. CIRCLE ONE RESPONSE.**

- |                                   |    |                   |
|-----------------------------------|----|-------------------|
| Returning to Head Start .....     | 01 | <b>SKIP TO I1</b> |
| Attending Pre-Kindergarten .....  | 02 |                   |
| Attending Kindergarten .....      | 03 |                   |
| Attending another preschool ..... | 04 |                   |
| Not attending any school .....    | 05 | <b>SKIP TO I1</b> |
| Don't Know .....                  | 99 | <b>SKIP TO I1</b> |

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

**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
b. How many hours CHILD can watch TV?	01	02	03
c. What kinds of food CHILD eats?	01	02	03
d. What time CHILD goes to bed?	01	02	03
e. What chores CHILD does?	01	02	03

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

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

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

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

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
- Pick up child and leave place..... 02
- Leave and expect child to follow..... 03
- Talk to child..... 04
- Threaten to take away treats/privileges..... 05
- Shout at child..... 06
- Spank child..... 07
- Slap or shake (him/her)..... 08
- Threaten "time out" when you get home..... 09
- Threaten another punishment at home..... 10
- Threaten child with response of other household adult..... 11
- Try to calm child down ..... 12
- Give in to child's tantrum ..... 13
- Other (Please specify) \_\_\_\_\_ 14

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

- No ..... 01 **SKIP TO J1**
- Yes ..... 02

18. What are some examples?

**DO NOT READ LIST. CIRCLE ALL THAT APPLY.**

- Use time out..... 01
- Ignore child..... 02
- Talk to child..... 03
- Positive reinforcement ..... 04
- Other (please specify)\_\_\_\_\_ 05

**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

J2. What is your current marital status?

Single, never married.....	01
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

J4. *Including CHILD*, how many children age 17 and younger live in your household? \_\_\_\_\_ number of children

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)																										
b. (Respondent)																										
c.																										
d.																										
e.																										
f.																										
g.																										
h.																										
i.																										
j.																										
<p>RELATIONSHIP CODES:</p> <table> <tr> <td>01=Mother</td> <td>07=Great grandmother</td> <td>13=Foster parent (female)</td> </tr> <tr> <td>02=Father</td> <td>08=Great grandfather</td> <td>14=Foster parent (male)</td> </tr> <tr> <td>03=Stepmother</td> <td>09=Sister/Stepsister</td> <td>15=Other non-relative (female)</td> </tr> <tr> <td>04=Stepfather</td> <td>10=Brother/Stepbrother</td> <td>16=Other non-relative (male)</td> </tr> <tr> <td>05=Grandmother</td> <td>11=Other relative or in-law (female)</td> <td>17=Parent's partner (female)</td> </tr> <tr> <td>06=Grandfather</td> <td>12=Other relative or in-law (male)</td> <td>18=Parent's partner (male)</td> </tr> <tr> <td></td> <td></td> <td>99=Don't know/Didn't Respond</td> </tr> </table>						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
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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**

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

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

J15. 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 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
- 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.**

- Working..... 01
- IF YES: What is her occupation? \_\_\_\_\_
- Unemployed..... 02
- Looking for Work..... 03
- Laid off..... 04
- In School/training..... 05
- In Jail/prison..... 06
- In Military..... 07
- Something Else (Please specify)\_\_\_\_\_ 08
- Don't Know..... 99

**INTERVIEWER: IF FATHER IS RESPONDENT ..... SKIP TO J25**

**IF FATHER IS NOT RESPONDENT AND**

**NOT IN HOUSEHOLD..... GO TO J18**

**IN HOUSEHOLD..... SKIP TO J23**

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

- No..... 01
- 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
- 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
- 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 J25**

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

- No ..... 01 **SKIP TO J23**
- Yes..... 02

J22. 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 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
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

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
IF YES: What is his occupation? _____	
Unemployed.....	02
Looking for Work.....	03
Laid off.....	04
In School/training.....	05
In Jail/prison.....	06
In Military.....	07
Something Else (Please specify)_____.....	08
Don't Know.....	99

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

No..... 01

**SKIP TO J27**

Yes.....

02

J26. 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

J27. Have you completed a certificate, diploma, or degree since (MONTH OF FALL INTERVIEW)?

No..... 01

**SKIP TO J29**

Yes.....

02

J28. 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

J29. What language is most frequently spoken in your home?

**DO NOT READ LIST. CIRCLE ONE RESPONSE.**

- English ..... 01
- French ..... 02
- Spanish..... 03
- Cambodian (Khmer)..... 04
- Chinese..... 05
- Haitian Creole..... 06
- Hmong..... 07
- Japanese..... 08
- Korean..... 09
- Vietnamese..... 10
- Arabic..... 11
- Other (Please specify)\_\_\_\_\_ 12

**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

K2. How many jobs do you have currently? \_\_\_\_\_ jobs

**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?

<u>K3.</u>	<u>K4.</u>		
JOB DESCRIPTIONS	JOB STATUS		
	<u>Seasonal</u>	<u>Full-time</u>	<u>Part-time</u>
1. _____	01	02	03
2. _____	01	02	03
3. _____	01	02	03

K5. In how many of the last six months have you worked? \_\_\_\_\_ months worked

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

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

K7. Not including yourself, how many other adults contribute to your household income? \_\_\_\_\_ adults

K8. Is CHILD covered by health insurance other than Medicaid through your job(s) or the job of another employed adult?

No..... 01  
 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 (TANF)	01	02
b. Unemployment Insurance	01	02
c. Food Stamps	01	02
d. WIC--Special Supplemental Food Program for Women, Infants, and Children	01	02
<b>NOTE: If Yes in d.:</b> d1. Is CHILD receiving WIC benefits?	01	02
e. Child support	01	02
f. SSI or SSDI	01	02
g. Social Security Retirement or Survivor's benefits	01	02
h. Loan repayments--for example, from friends, relatives, and so forth	01	02
i. Medicaid or medical assistance	01	02
j. Payments for providing foster care	01	02
k. Energy assistance	01	02
l. Money given to the family	01	02
m. Education grants/assistance	01	02
n. Other (Please specify) _____	01	02



**COMPLETE TABLE (a - l). IF K9a AND K9c and K9d ARE all NO, THEN SKIP TO K11**

K10. To continue to receive welfare or public assistance, are you required to ...

	<u>NO</u>	<u>YES</u>	<u>NA</u>
a. Attend job training?	01	02	03
b. Attend school or a GED class?	01	02	03
c. Get a job?	01	02	03
d. Do something else? (Please specify) _____ _____	01	02	03

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

K10a. How have these changes or requirements affected your life now?

**DO NOT READ LIST. CIRCLE ALL THAT APPLY.**

Changes have no effect .....	01
More difficult to find child care .....	02
More difficult to obtain subsidies to help pay for child care .....	03
Friends or relatives depended on for support are not available because of their work or training requirements .....	04
Need to provide more support to family and/or friends .....	05
Transportation needs have increased .....	06
Reduced time for involvement in Head Start .....	07
A reduction in other benefits .....	08
Other (Please specify) _____.....	09
Don't know .....	99

K10b. How has Head Start been a help or a problem for you as you deal with these changes?

**DO NOT READ LIST. CIRCLE ALL THAT APPLY.**

- Helped me understand about the welfare reform requirements ..... 01
- Helped with child care ..... 02
- Helped get needed education or training ..... 03
- Helped find a job..... 04
- Helped get transportation ..... 05
- Required too much participation ..... 06
- Required participation at inconvenient times ..... 07
- Head Start had done nothing ..... 08
- Head Start does not understand welfare reform requirements ..... 09
- Head Start sessions are not long enough ..... 10
- Other (Please specify ) ..... 12
- Don't know ..... 99

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.

FAMILY ..... \$  ,       

- SKIP TO K13** Refused ..... 98
- SKIP TO K13** Don't Know..... 99



K12. 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

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 **SKIP TO K14**
- A house, apartment, or trailer that you share ..... 02
- Transitional housing ..... 03
- SKIP TO K14** A homeless shelter .....
- 04 **SKIP TO K14** Or someplace else? (Please specify) .....
- 05 **SKIP TO K14**

K13a. How long have you shared housing? \_\_\_\_\_ months OR \_\_\_\_\_ years

K13b. 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

K14. How many times have you moved in the last six months? \_\_\_\_\_ times moved

K15. Do you currently live in public or subsidized housing?

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



K16. Since (MONTH OF LAST INTERVIEW) have you been homeless or not had a regular place to live?

No..... 01

**SKIP TO L1**

Yes..... 02

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

**SKIP TO L1**

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

K18. 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

**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

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 September.

**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 September, have you or anyone in your household <u>needed</u> ...		<b>IF YES IN L2:</b> Have you received it?		<b>IF YES IN L3:</b> 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	
	<b>INCOME ASSISTANCE</b>				
a. Income assistance--like welfare, SSI, unemployment insurance	01	02	01	02	
b. Food and nutrition assistance-- like Food Stamps or WIC	01	02	01	02	
c. Help with housing	01	02	01	02	
d. Help with utilities (running water, hot water, heat, telephone service)	01	02	01	02	
	<b>EMPLOYMENT ASSISTANCE</b>				
e. Job training and employment assistance	01	02	01	02	
f. Education assistance -- for example, GED, college, learning to read, English as a second language	01	02	01	02	
g. Help getting transportation to a job or training	01	02	01	02	

	L2.		L3.		L4.
	Since September, have you or anyone in your household <u>needed</u> ...		<b>IF YES IN L2:</b> Have you received it?		<b>IF YES IN L3:</b> 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	02	01	02	
i. Child care for other children in the household	01	02	01	02	
<b>HEALTH CARE</b>					
j. MEDICAID/local name for MEDICAID	01	02	01	02	
k. Medical or dental care for CHILD	01	02	01	02	
l. Medical or dental care for adults	01	02	01	02	
m. Alcohol or drug abuse treatment or counseling	01	02	01	02	
n. Mental health services	01	02	01	02	
<b>SOCIAL SERVICES</b>					
o. Legal aid	01	02	01	02	
p. Help dealing with family violence	01	02	01	02	
q. Help in solving other family problems	01		01		



**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.

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

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

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

\_\_\_ \_\_\_ arrangements

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
- 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

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

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

M5. How many hours a week is this care used? \_\_\_\_\_ hours per week

M6. Who pays for this child care?

**READ LIST.**

	NO	YES
a. Do you pay for it yourself?	01	02
b. Does a government agency pay?	01	02
c. Does an employer pay?	01	02
d. Does someone else pay?	01	02
e. Do you trade child care with someone else?	01	02
f. Is it free or no charge? (PROBE for other categories)	01	02
g. Other (Please specify)_____	01	02



- 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

**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
- Very Good..... 02
- Good..... 03
- Fair..... 04
- Poor..... 05

N2. Since (MONTH OF LAST INTERVIEW), has CHILD had an illness or condition that requires regular, ongoing care?

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

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

**READ LIST. CIRCLE ONE RESPONSE.**

- A private doctor, private clinic, or HMO ..... 01
- An outpatient clinic run by a hospital ..... 02
- The emergency room at a hospital..... 03
- Public health department or community health center ..... 04
- A migrant health clinic..... 05
- The Indian Health Service..... 06
- Other (Please specify)..... 07
- Don't Know ..... 99

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

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

**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
- 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)\_\_\_\_\_ 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
- 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)\_\_\_\_\_ 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
b. Washing hands before meals	01	02
c. Washing hands after using toilet	01	02
d. Eating nutritious and healthful foods	01	02
e. Exercising and staying fit	01	02

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

**CIRCLE ONE RESPONSE.**

Excellent.....	01
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
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
Yes.....	02

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

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

N12. Where do you go for **routine** medical care?

**READ LIST. CIRCLE ONE RESPONSE.**

The same place as CHILD .....	01
A private doctor, private clinic, or HMO .....	02
An outpatient clinic run by a hospital .....	03
The emergency room at a hospital.....	04
Public health department or community health center .....	05
A migrant health clinic.....	06
The Indian Health Service.....	07
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
b. Eating more nutritious or healthful food	01	02
c. Brushing your teeth more regularly	01	02
d. Using seat belts more regularly	01	02
e. Improving safety in your home	01	02

N14. Does anyone in your household smoke cigarettes regularly?

No .....	01
Yes .....	02
Refused .....	98

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

No .....	01
Yes .....	02
Refused .....	98

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

No .....	01
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
b. Keep medicines in childproof bottles and out of children's reach	01	02	03	04	05	99
c. Have at least one operating smoke detector in your home with a working battery	01	02	03	04	05	99
d. Keep cleaning materials out of reach of children and/or in locked cabinets	01	02	03	04	05	99
e. Have a first-aid kit at home	01	02	03	04	05	99
f. Keep the poison control center number and other emergency numbers by the telephone	01	02	03	04	05	99
g. Supervise CHILD when crossing the street or riding tricycles/bicycles near traffic	01	02	03	04	05	99
h. Keep matches and cigarette lighters out of CHILD's reach	01	02	03	04	05	99
i. Supervise CHILD when (he/she) is in the bathtub	01	02	03	04	05	99
j. Keep firearms under lock and key	01	02	03	04	05	99

**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 (MONTH OF LAST INTERVIEW).

**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
b. I heard or saw violent crime take place in my neighborhood.	01	02	03	98
c. I know someone who was victim of a violent crime in my neighborhood.	01	02	03	98
d. I was a victim of violent crime in my neighborhood.	01	02	03	98
e. I was a victim of violent crime in my home.	01	02	03	98

P2a. Has CHILD been a witness to a violent crime since (MONTH OF LAST INTERVIEW)?

No .....	01
Yes .....	02
Refused .....	98
Don't know .....	99

P2b. Has CHILD been a witness to domestic violence since (MONTH OF LAST INTERVIEW)?

No .....	01
Yes .....	02
Refused .....	98
Don't know .....	99

P3a. Has CHILD been the victim of a violent crime since (MONTH OF LAST INTERVIEW)?

No .....	01
Yes .....	02
Refused .....	98
Don't know .....	99

P3b. Has CHILD been the victim of domestic violence since (MONTH OF LAST INTERVIEW)?

No .....	01
Yes .....	02
Refused .....	98
Don't know .....	99

P4. Since (MONTH OF LAST INTERVIEW) have you, another household member (or a non-household biological parent) been arrested or charged with any crime by the police?

No .....	<b>SKIP TO P5</b>
Yes .....	02
Refused .....	98

**SKIP TO P5**

P4a. Who was arrested or charged?

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	Refused .....98
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**SKIP TO P5**

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

No .....	01
Yes .....	02
Refused .....	98

P5. Since (MONTH OF LAST INTERVIEW) has CHILD lived apart from you (or mother) not including vacations or shared custody arrangements?

No ..... 01

**SKIP TO Q1**

Yes ..... 02

Refused ..... 98

**SKIP TO Q1**

P5a. For how long? \_\_\_\_\_  
Refused ..... 98

P5b. With whom? \_\_\_\_\_  
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
b. Sometimes I feel that I'm being pushed around in life.	01	20	03	04
c. I have little control over the things that happen to me.	01	02	03	04
d. I can do just about anything I really set my mind to do.	01	02	03	04
e. I often feel helpless in dealing with the problems of life.	01	02	03	04
f. What happens to me in the future depends mostly on me.	01	02	03	04
g. There is little I can do to change many of the important things in my life.	01	02	03	04

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
b. You did not feel like eating; your appetite was poor	01	02	03	04
c. That you could not shake off the blues, even with help from your family and friends	01	02	03	04
d. You had trouble keeping your mind on what you were doing	01	02	03	04
e. Depressed	01	02	03	04
f. That everything you did was an effort	01	02	03	04
g. Fearful	01	02	03	04
h. Your sleep was restless	01	02	03	04
i. You talked less than usual	01	02	03	04
j. Lonely	01	02	03	04
k. Sad	01	02	03	04
l. You could not get "going"	01	02	03	04

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, 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
b. Grandparents or other relatives	01	02	03	99
c. Your friends	01	02	03	99
d. Co-workers	01	02	03	99
e. Professional helpgivers	01	02	03	99
f. Head Start staff	01	02	03	99
g. Other child care providers	01	02	03	99
h. Religious or social group member	01	02	03	99
i. Anyone else (Please specify) _____	01	02	03	99

Q4. Thinking back over CHILD'S last year in Head Start, what are the major ways Head Start has helped CHILD? **PROBE:** What else?

**INTERVIEWERS: RECORD ANSWERS BELOW. CODE RESPONSES ON PAGE 62 AFTER END OF INTERVIEW.**

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Q5. What are the major ways Head Start has helped your family?  
**PROBE:** Did they help your family in any other areas besides educating CHILD? What else?

**INTERVIEWERS: RECORD ANSWERS BELOW. CODE RESPONSES ON PAGE 62 AFTER END OF INTERVIEW.**

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**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		
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			
<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	_____		
			Don't Know .....	99	99

**ATTENTION:**

**NEW RESPONDENT..... GO TO SUPPLEMENT**

**OTHERWISE, CONTINUE WITH NEXT PAGE**

Q6. If you could change anything about Head Start that you think would help it better serve children and families, what would it be?

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**SKIP TO Section S**

**R: CONFIDENCE RATINGS**

**COMPLETE AFTER INTERVIEW IS CONCLUDED.**

R1. Interview Completion Code:

Respondent terminated interview prematurely .....	01
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
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty
g. Interviewed without interruption	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low

**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  
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