EARLY HEAD START EVALUATION
PARENT-CHILD QUESTIONNAIRE

OMB #: 0970-0143 (14/24-MONTH QUEX)

EXPIRES: 10/31/99 (14-MONTH QUEX)

CASE ID: _____

INTERVIEWER: _____

SCREENER

IN1. Hello, I'm (NAME) and I'm (calling) from (LOCAL RESEARCH INSTITUTION). May I please speak with SAMPLE MEMBER/NAME ON CONTACT SHEET?

SAMPLE MEMBER AVAILABLE 1

SAMPLE MEMBER NOT
AVAILABLE . . . . 0 → **GO TO IN3 (PAGE 2)**

IN2. Recently we sent you a letter about the study (LOCAL RESEARCH INSTITUTION) is doing with the U.S. Department of Health and Human Services to learn more about the needs and experiences of (parents/guardians) of young children. When you applied to Early Head Start, you were told that you would be called about this study a few times over the next few years and you agreed to help us. ([TIME] ago you were interviewed about some of the services you use and assistance you need.)

14 MONTH INTERVIEW: This part of the study focuses on you and FOCUS CHILD. We would like to visit your home, interview you, and spend some time with FOCUS CHILD, allowing (him/her) to show us all the things (he/she) has been learning. We would also like to videotape you and FOCUS CHILD doing some activities together.

24, 36 MONTH INTERVIEW ONLY: You may remember that we visited you and FOCUS CHILD at home when (he/she) was about 14 months old. We interviewed you and did some activities with FOCUS CHILD, allowing (him/her) to show us all the things (he/she) learned. We also videotaped you and FOCUS CHILD doing some activities together. We would like to visit you at home again and do a similar set of activities.

Your participation is voluntary. The visit will take between 2.5 and 3.5 hours to complete and we will give you (LOCAL INCENTIVE) for completing the interview. Do you have any questions?

IN3.   **INTERVIEWER, CODE IF KNOWN, OTHERWISE, READ:** Does SAMPLE
MEMBER/NAME ON CONTACT SHEET live here?

    YES 1

    NO 0

    DON'T KNOW 8

A.   **INTERVIEWER, CODE IF KNOWN, OTHERWISE, READ:** Does FOCUS
CHILD still live with (you/SAMPLE MEMBER/NAME ON CONTACT
SHEET)?

    YES 1

    NO 0

    DON'T KNOW 8

B.   **INTERVIEWER, CODE WITHOUT ASKING:**

    BOTH SAMPLE MEMBER AND
    FOCUS CHILD LIVING THERE . . . . 1 → **GO TO C**

    SAMPLE MEMBER NOT LIVING
    THERE, CHILD IS . . . . 2 → **READ IN4 (PAGE 4)**

    SAMPLE MEMBER IS LIVING
    THERE, CHILD IS NOT . . . . 3 → **READ IN5 (PAGE 4)**

    CHILD IN FOSTER CARE . . . . 4 → **GO TO IN10 (PAGE 6)**

    GIVEN UP FOR ADOPTION . . . . 5 → **GO TO ENDING 2 (PAGE 11)**

    NEITHER SAMPLE MEMBER
    NOR CHILD LIVES THERE . . . . 6 → **GO TO IN17 (PAGE 8)**

    CHILD DECEASED . . . . 7 → **READ E AND F (PAGE 3)**

    DON'T KNOW IF SAMPLE
    MEMBER OR FOCUS CHILD
    LIVES THERE . . . . 8 → **ASK TO SPEAK TO
                                                                   SOMEONE ELSE**

C.   **INTERVIEWER: CODE WITHOUT ASKING, OR ASK: IS NOW A GOOD
TIME TO TALK TO SAMPLE MEMBER?**

    YES . . . . 1 → **GO TO IN4 (PAGE 4)**

    NO 0

D. When would be a good time to (call back/return) to talk with SAMPLE
    MEMBER/NAME ON CONTACT SHEET?

    PROBE: We are conducting a survey of (parents/guardians) of young
              children.

    **INTERVIEWER: RECORD DATE AND TIME FOR CALL BACK/RETURN
                  VISIT ON CONTACT SHEET.**

    Thank you for your time. I will (call back/return) when SAMPLE
    MEMBER/NAME ON CONTACT SHEET is available.

<div style="text-align:center">

EXIT SCREENER

</div>

    READ IF CHILD IS DECEASED:
E. I am sorry to hear that. Please tell me what was the date of FOCUS
    CHILD's death?

    |___|___| / |___|___| / **19** |___|___|
    MONTH   DAY   YEAR

F. What was the cause of FOCUS CHILD's death?

    _____

    _____

    _____

<div style="text-align:center">

GO TO ENDING 2 (PAGE 11)

</div>

IN4.   Are you the person who lives with FOCUS CHILD and has primary responsibility for (her/his) care; (are you/who is) the person who makes decisions about FOCUS CHILD's care, including (her/his) daily routine, health care, and child care?

PROBE: Who is the person who has primary responsibility for caring for FOCUS CHILD?

YES . . . . 1 → **GO TO IN16 (PAGE 8)**

NO 0

IN5.   Is FOCUS CHILD living separately from (you/[his/her] mother) permanently or just for a few days or weeks?

PERMANENTLY . . . . 1 → **GO TO IN6**

SHORT TIME . . . . 2 → **GO TO SCHEDULING A, (PAGE 11)**

IN6.   Who currently has primary responsibility for caring for FOCUS CHILD?

PROBE: This would be the person who makes decisions about FOCUS CHILD's care, including (his/her) daily routine, health care, and child care.

CAREGIVER'S FULL NAME: _____

CHILD GIVEN UP FOR
ADOPTION . . . . 7 → **GO TO ENDING 2 (PAGE 11)**

DON'T KNOW . . . . 8 → **GO TO IN17 (PAGE 8)**

IN7.   What is CAREGIVER's address?

STREET:_____

APT. NUMBER:_____

CITY:_____

STATE:_____   ZIP CODE:_____

DON'T KNOW 8

REFUSED 9

IN8.   What is CAREGIVER's telephone number?

TELEPHONE NUMBER: (_____)-_____-_____

NO TELEPHONE 7

DON'T KNOW 8

REFUSED 9

IN9.   What is CAREGIVER's relationship to FOCUS CHILD?

PARENT . . . . 1 ⌉
GRANDPARENT . . . . 2 |
AUNT OR UNCLE . . . . 3 |
COUSIN . . . . 4 | → **GO TO IN14 (PAGE 7)**
BROTHER OR SISTER . . . . 5 |
OTHER RELATIVE (SPECIFY) . . . . . . 6 ⌋

_____

FOSTER PARENT . . . . 7 → **GO TO IN10 (PAGE 6)**

ADOPTIVE PARENT . . . . 8 → **GO TO ENDING 2 (PAGE 11)**

OTHER NONRELATIVE . . . . 98 → **GO TO IN14 (PAGE 7)**

CHILD DECEASED . . . . 99 → **READ A AND B (PAGE 6)**

A. I am sorry to hear that. Please tell me what was the date of the child's death?

|___|___| / |___|___| / **19** |___|___|
MONTH   DAY   YEAR

B. What was the cause of FOCUS CHILD's death?

_____

_____

_____

IN10. What is the name of the agency that placed FOCUS CHILD with his/her foster parents?

INTERVIEWER: BE SURE TO GET THE COMPLETE NAME. IF THE PERSON GIVES YOU AN ACRONYM (SUCH AS DYFS FOR DEPARTMENT OF YOUTH AND FAMILY SERVICES), OBTAIN THE ENTIRE NAME.

NAME OF AGENCY:_____

IN11. What is the name of the FOCUS CHILD's case worker?

FULL NAME OF CASE WORKER:_____

IN12. Do you have a telephone number where I can reach CASE WORKER?

TELEPHONE NUMBER: (_____)-____-_____

DON'T KNOW 8

REFUSED 9

IN13. Do you have the address for NAME OF AGENCY?

        STREET:_____

        APT. NUMBER:_____

        CITY:_____

        STATE:_____ ZIP CODE:_____

        DON'T KNOW 8

        REFUSED 9

IN14. When did (you/SAMPLE MEMBER) stop having responsibility for FOCUS CHILD?

        |___|___| / |___|___| / **19** |___|___|
        MONTH   DAY   YEAR

IN15. Why did (you/SAMPLE MEMBER) give up primary responsibility for FOCUS CHILD? **RECORD VERBATIM THEN CIRCLE ALL THAT APPLY.**

_____

_____

_____

                          CIRCLE ALL THAT APPLY

        PARENT'S HEALTH 1

        DRUG USE 2

        ALCOHOL USE 3

        COULDN'T AFFORD CHILD 4

        STATE MANDATED 5

        DIDN'T WANT TO RAISE CHILD 6

   A. **INTERVIEWER: NEW CAREGIVER IS . . .**

   AGENCY (CHECK IN10) ➜ **GO TO ENDING 1 (PAGE 11)**
   KNOWN INDIVIDUAL - YOU ARE TALKING TO ➜ **GO TO IN16 (PAGE 8)**
   KNOWN INDIVIDUAL - YOU NEED TO CONTACT ➜ **GO TO ENDING 1 (PAGE 11)**

IN16. **INTERVIEWER: IF CAREGIVER IS NOT THE PERSON ON CONTACT SHEET, READ:** Recently we sent SAMPLE MEMBER/NAME ON CONTACT SHEET a letter about a study LOCAL RESEARCH INSTITUTION is doing with the U.S. Department of Health and Human Services. The purpose of the study is to learn more about the needs and experiences of (parents/guardians) of young children. When SAMPLE MEMBER/NAME ON CONTACT SHEET applied to Early Head Start (she/he) agreed to help us with this study. Since you are the person responsible for FOCUS CHILD, we would like to talk to you about the study and interview you about FOCUS CHILD. We would also like to videotape you and FOCUS CHILD playing together.

Your participation is voluntary. The visit will take between 2.5 and 3.5 hours to complete and we will give you (LOCAL INCENTIVE) for completing the interview. Do you have any questions?

<div style="text-align:center; border:2px solid black; display:inline-block; padding:8px;">

GO TO SCHEDULING B (PAGE 11)

</div>

IN17. Do you know anyone who would know where to find SAMPLE MEMBER and/or FOCUS CHILD or someone who knows where to find them? SAMPLE MEMBER agreed to be part of a research study and it is important for us to talk to (him/her) or the person who has FOCUS CHILD.

<u>CIRCLE ALL THAT APPLY</u>

YES, SAMPLE MEMBER . . . . 1 → **GO TO IN18 (PAGE 9)**

YES, FOCUS CHILD . . . . 2 → **GO TO IN19 (PAGE 10)**

NO . . . . 0 → **GO TO ENDING 1 (PAGE 11)**

IF PERSON KNOWS HOW TO FIND SAMPLE MEMBER:

IN18. Do you have an address where I can contact SAMPLE MEMBER or someone who would know where (he/she) is?

$$\text{YES} \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots 1 \rightarrow \textbf{RECORD BELOW IN A}$$

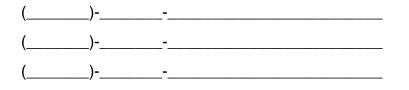$$\text{NO} \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots 0 \rightarrow \textbf{READ B}$$

A. **INTERVIEWER: RECORD COMPLETE ADDRESS; INCLUDE APARTMENT NUMBER; RECORD STREET ADDRESS IN ADDITION TO MAILING ADDRESS IF DIFFERENT. IF PERSON WHO KNOWS SAMPLE MEMBER, BE SURE TO RECORD FULL NAME.**

<u>MAILING ADDRESS</u>   <u>STREET ADDRESS</u>

NAME:_____

_____   _____

_____   _____

_____   _____

_____   _____

B. Do you have a telephone number where I can reach SAMPLE MEMBER or someone who knows where (he/she) is?

$$\text{YES} \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots 1 \rightarrow \textbf{RECORD BELOW}$$

$$\text{NO} \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots 0 \rightarrow \textbf{GO TO IN19 (PAGE 10)}$$

C. **INTERVIEWER: RECORD ANY POSSIBLE TELEPHONE NUMBERS WHERE SAMPLE MEMBER CAN BE LOCATED. RECORD AREA CODE.**

(_____)-_____-_____

(_____)-_____-_____

(_____)-_____-_____

IF PERSON KNOWS HOW TO FIND FOCUS CHILD:

IN19. Do you have the address where I can find FOCUS CHILD or someone who knows where (he/she) is?

        YES . . . . 1 → **RECORD BELOW IN A**

        NO . . . . 0 → **READ B**

A. **INTERVIEWER: RECORD COMPLETE ADDRESS; INCLUDE APARTMENT NUMBER; RECORD STREET ADDRESS IN ADDITION TO MAILING ADDRESS IF DIFFERENT. IF PERSON WHO KNOWS FOCUS CHILD, BE SURE TO RECORD FULL NAME.**

MAILING ADDRESS   STREET ADDRESS

NAME:_____

_____   _____

_____   _____

_____   _____

_____   _____

B. Do you have a telephone number where I can reach FOCUS CHILD or someone who knows where (he/she) is?

        YES . . . . 1 → **RECORD BELOW IN C**

        NO . . . . 0 → **GO TO ENDING 2 (PAGE 11)**

C. **INTERVIEWER: RECORD ANY POSSIBLE TELEPHONE NUMBERS WHERE FOCUS CHILD CAN BE REACHED. RECORD AREA CODE.**

(_____)-_____-_____

(_____)-_____-_____

(_____)-_____-_____

SCHEDULING A

When will (he/she) be back with your (his/her) mother?

|___|___| |___|___|
MONTH   DAY

RECORD THIS ON CONTACT SHEET AND SCHEDULE CALLBACK OR APPOINTMENT.

SCHEDULING B

When would be a good time for me to come and spend some time with you and FOCUS CHILD? This should be a time when FOCUS CHILD is likely to be awake and alert and when interruptions will be at a minimum.

INTERVIEWER: RECORD DATE AND TIME ON CONTACT SHEET.

ENDING 1

Thank you very much for your time. For this study, we can only interview the person who currently has primary responsibility for FOCUS CHILD.

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END OF SCREENER
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UPDATE "PEOPLE WHO CAN HELP FIND ME FORM" THEN THANK RESPONDENT AND END INTERVIEW.

ENDING 2

I'm sorry because (you [did/do] not have your baby/your baby died) the questions in the survey will not apply to you.

ENDING 3

Thank you very much for your time. If you should hear from SAMPLE MEMBER or the person responsible for FOCUS CHILD, please ask (him/her) to contact (SITE COORDINATOR) at (LOCAL RESEARCH INSTITUTION) at (TELEPHONE NUMBER) and say that (he/she) is calling about the Parent Services Interview.

INTERVIEWER: IF NECESSARY, LEAVE WRITTEN INFORMATION ON "SORRY I MISSED YOU" NOTE PAD PROVIDED.

> **EXIT SCREENER AND CONTACT PEOPLE LISTED IN IN18 AND IN19 AND PERSONS LISTED ON THE "PEOPLE WHO CAN HELP FIND ME" FORM.**