

EARLY HEAD START EVALUATION PARENT SERVICES FOLLOW-UP SCREENER

OMB #: 0970-0143 (6-MONTH FOLLOW-UP)

EXPIRES: 10/31/99 (6-MONTH FOLLOW-UP)

CASE ID: _____
INTERVIEWER: _____
CAPI ID: _____

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 IN4 (PAGE S-4)**

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 FOCUS CHILD, you were videotaped doing some activities together, and (he/she) was asked to do some tasks.)

6 MONTH INTERVIEW: This part of the study focuses on some of the services you use and assistance you need and the kinds of things that affect the ability of parents of young children to get jobs, attend school, and care for their children.

12, 15, 24, 36 MONTH INTERVIEW ONLY: You may remember we talked to you about six months ago about some of the services you use and assistance you need and the kinds of things that affect the ability of parents of young children to get jobs, attend school, and care for their children. We would like to talk to you again about the services you have used since we last talked to you.

Your participation is voluntary (**CONTROL GROUP ONLY:** and will not affect any benefits or services you or your child(ren) may receive now or in the future). The survey will take about 45 minutes to complete and we will give you (LOCAL RESPONDENT PAYMENT) for completing the interview.

IN3. INTERVIEWER: WAS RESPONDENT PREGNANT DURING LAST CONTACT (RANDOMIZATION)?

- YES 1 → **GO TO A**
NO 0 → **GO TO IN4 (PAGE S-4)**

A. INTERVIEWER: IS THERE A FOCUS CHILD NAME ON YOUR CONTACT SHEET?

- YES 1 → **GO TO IN4 (PAGE S-4)**
NO 0 → **READ B**

B. When you applied to Early Head Start, you were pregnant. I would like to ask you some questions about your pregnancy.

When was your baby born?

|_|_| / |_|_| / 19 |_|_|
MONTH DAY YEAR

- BABY NOT BORN 0 → **GO TO D**

C. Is your baby living with you?

- YES 1 → **GO TO H (PAGE S-3)**
NO 0

D. **INTERVIEWER: CODE IF KNOWN, OTHERWISE READ:** Why is that?

- STILL PREGNANT 0 → **GO TO IN4 (PAGE S-4)**
DECEASED 1 → **READ E AND F (PAGE S-3)**
MISCARRIAGE 2
ABORTED 3 } → **READ G (PAGE S-3)**
GAVE UP FOR ADOPTION 4 → **GO TO ENDING 3 (PAGE S-14)**
IN FOSTER CARE 5
LIVING WITH OTHER CAREGIVER 6
OTHER (SPECIFY) 7 } → **READ H (PAGE S-3)**

E. I am very sorry to hear that. Please tell me when your child died.

|_|_|/|_|_|/19|_|_|
MONTH DAY YEAR

DON'T KNOW 8

REFUSED 9

F. What was the cause of your child's death?

DON'T KNOW 8

REFUSED 9

GO TO ENDING 3 (PAGE S-14)

G. I'm very sorry to hear that. Please tell me the date of your (abortion/miscarriage)?

|_|_|/|_|_|/19|_|_|
MONTH DAY YEAR

DON'T KNOW 8

REFUSED 9

GO TO ENDING 3 (PAGE S-14)

H. What is your baby's name?

PROBE: You can give me a nickname for the baby.

I. **ASK IF NECESSARY:** Is (BABY) a boy or girl?

MALE 1

FEMALE 2

J. What is (BABY)'s social security number?

|_|_|_|-|_|_|-|_|_|_|_|_|

- DOESN'T HAVE SOCIAL SECURITY NUMBER 7
- DON'T KNOW 8
- REFUSED 9

IN4. **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 (PAGE S-5)**
- SAMPLE MEMBER NOT LIVING THERE, CHILD IS 2 → **READ IN5 (PAGE S-6)**
- SAMPLE MEMBER IS LIVING THERE, CHILD IS NOT 3 → **READ IN6 (PAGE S-6)**
- CHILD IN FOSTER CARE 4 → **GO TO IN10 (PAGE S-8)**
- CHILD GIVEN UP FOR ADOPTION 5 → **GO TO ENDING 3 (PAGE S-14)**
- NEITHER SAMPLE MEMBER NOR CHILD LIVES THERE 6 → **GO TO IN17 (PAGE S-12)**
- CHILD DECEASED 7 → **READ E AND F (PAGE S-5)**
- DON'T KNOW IF SAMPLE MEMBER OR FOCUS CHILD LIVES THERE 8 → **ASK TO SPEAK TO SOMEONE ELSE AND GO BACK TO IN4**

C. **INTERVIEWER: CODE WITHOUT ASKING, OR ASK:** Is now a good time to talk to SAMPLE MEMBER?

- YES 1 → **GO TO IN5 (PAGE S-6)**
- 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.

EXIT SCREENER

READ IF CHILD IS DECEASED:

E. I am very sorry to hear that. Please tell me the date of FOCUS CHILD’s death?

|__|__| / |__|__| / 19 |__|__|
 MONTH DAY YEAR

- DON’T KNOW 8
- REFUSED 9

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

- DON’T KNOW 8
- REFUSED 9

GO TO ENDING 3 (PAGE S-14)

INTERVIEWER: CODE IF KNOWN, IF RESPONDENT IS STILL PREGNANT, CODE "YES".

IN5. 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 S-11)**

NO 0

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 3 (PAGE S-14)**

DON'T KNOW 8 → **GO TO IN17 (PAGE S-12)**

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

BROTHER OR SISTER 5

OTHER RELATIVE (SPECIFY) 6

➔ GO TO IN14 (PAGE S-9)

FOSTER PARENT 7 ➔ GO TO IN10 (PAGE S-8)

ADOPTIVE PARENT 8 ➔ GO TO ENDING 3
(PAGE S-14)

OTHER NONRELATIVE 98 ➔ GO TO IN14 (PAGE S-9)

CHILD DECEASED 99 ➔ READ A AND B (PAGE S-8)

A. I am very sorry to hear that. Please tell me the date of FOCUS CHILD's death?

____/____/19____
MONTH DAY YEAR

DON'T KNOW 8
REFUSED 9

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

DON'T KNOW 8
REFUSED 9

GO TO ENDING 3 (PAGE S-14)

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 DIVISION OF YOUTH AND FAMILY SERVICES), OBTAIN THE ENTIRE NAME.

NAME OF AGENCY: _____

DON'T KNOW 8
REFUSED 9

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

FULL NAME OF CASE WORKER: _____

DON'T KNOW 8
REFUSED 9

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:_____
SUITE/ROOM 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
DON'T KNOW 8
REFUSED 9

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 → **GO TO ENDING 1 (PAGE S-14)**

KNOWN INDIVIDUAL - YOU ARE TALKING TO → **GO TO IN16 B (PAGE S-11)**

KNOWN INDIVIDUAL - YOU NEED TO CONTACT → **GO TO ENDING 1 (PAGE S-14)**

IN16. IS CAREGIVER THE PERSON ON THE CONTACT SHEET?

YES 1 → **READ IN16A**

NO 0 → **READ IN16B**

IN16A. **READ IF SAMPLE MEMBER DID NOT HAVE BABY:** Even though you did not have your baby, we would like to interview you.

READ TO EVERYONE: (Before we begin/Now), I would like to explain more about this part of the study. The interview is about you and your family. I will ask you about the goals and resources your family has and the services you may have received to help you meet those goals. The interview will take about 45 minutes and we will pay you (LOCAL RESPONDENT PAYMENT) for completing it.

GO TO CAPI

IN16B. **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.

IF ON TELEPHONE:

We need to have you sign a form consenting to be part of the study. To do this, I need to visit you in person to discuss the study and then interview you. When would be a good time for me to come?

INTERVIEWER: RECORD DATE AND TIME ON CONTACT SHEET.

EXIT SCREENER

IF IN PERSON:

Before we begin, I would like to read this form with you. It describes the study and why it is important for you to participate. **REVIEW CONSENT FORM WITH PERSON AND HAVE (HIM/HER) SIGN IT.**

GO TO CAPI

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.

CIRCLE ALL THAT APPLY

YES, SAMPLE MEMBER 1 → GO TO IN18

YES, FOCUS CHILD 2 → GO TO IN19 (PAGE S-13)

NO 0 → GO TO ENDING 1
(PAGE S-14)

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?

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 SAMPLE MEMBER, BE SURE TO RECORD FULL NAME.

MAILING ADDRESS

STREET ADDRESS

NAME: _____

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

YES 1 → RECORD BELOW

NO 0 → GO TO IN19 (PAGE S-13)

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.

<u>MAILING ADDRESS</u>	<u>STREET ADDRESS</u>
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 S-14)**

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

(_____-_____-_____

(_____-_____-_____

(_____-_____-_____

GO TO ENDING 2

ENDING 1

Thank you very much for your time. For this study, we can only interview SAMPLE MEMBER or the person responsible for FOCUS CHILD.

EXIT SCREENER AND CONTACT PERSONS LISTED ON THE “PEOPLE WHO CAN HELP FIND ME” FORM.

ENDING 2

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.

ENDING 3

I’m sorry. Because (you do not have your baby/your baby died), the questions in the survey will not apply to you. Thank you very much for your time.

EXIT SCREENER