Child Care & Early Education
RESEARCH CONNECTIONS

ICPSR 29462

Head Start Impact Study (HSIS), 2002-2006 [United States]

United States Department of Health and Human Services. Administration for Children and Families. Office of Planning, Research and Evaluation

Spring 2004 Cohort A Parent Interview

ICPSR INTER-UNIVERSITY CONSORTIUM FOR POLITICAL AND SOCIAL RESEARCH
P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

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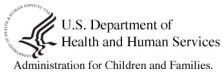

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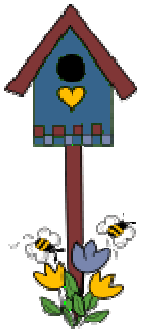

Spring 2004

Building Futures

Head Start Impact Study

Child ID number:	_____
Child name:	_____
Birth date:	_____

PARENT INTERVIEW
Cohort A

Date:_____

Interviewer: _____

Interview complete: ❑

Westat

START TIME:_____AM/PM

SC. ELIGIBILITY

WILL THE INTERVIEW BE COMPLETED USING AN INTERPRETER?

YES..... 1
NO..... 2 (GO TO SC1)

NAME OF INTERPRETER:

WHAT LANGUAGE WILL BE USED? _____

CONFIRM INTERPRETER HAS SIGNED CONFIDENTIALITY FORM THEN CONTINUE.

Hello, my name is _____and I work for Westat, the national research organization that is conducting a new and exciting study called the ***Building Futures*: Head Start Impact Study.** This study is looking at how children, both in Head Start and other preschool programs or child care learn and grow to be ready for school. You may remember us from a similar interview we conducted before.

SC1. Are you the person interviewed last spring when we conducted the spring 2003 interview?

YES 1
NO 2

SC2. We would like to interview the person most responsible for [CHILD]'s care. Are you that person?

YES ..... 1 (GO TO SC5)
NO 2

SC3. Who is most responsible for [CHILD]'s care?

Name: _____

Address: _____

_____
City State Zip

Telephone: _____

SC4. Is that person available to talk with me now?

YES..... 1 (RESTART INTERVIEW)
NO ..... 2 (RESCHEDULE INTERVIEW WITH SC3 PERSON)

SC5. What is your birth date?

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

SC6. Please confirm how you are related to [CHILD]. Are you (his/her)….

Birth Mother ..... 01 (GO TO SC9)	Birth Father..... 02 (GO TO SC9)
Adoptive Mother..... 03 (GO TO SC9)	Adoptive Father. ..... 04 (GO TO SC9)
Stepmother. 05	Stepfather..... 06
Grandmother..... 07	Grandfather 08
Great Grandmother 09	Great Grandfather 10
Sister/stepsister 11	Brother/stepbrother 12
Other Relative or In-law (Female)..... 13	Other Relative or In-law (Male)..... 14
Foster Parent (Female) 15	Foster Parent (Male). 16
Other Non-relative (Female)..... 17	Other Non-relative (Male)..... 18
Parent's Partner (Female) 19	Parent's Partner (Male)..... 20

SC7. Are you [CHILD]'s legal guardian?

YES ..... 1 (GO TO SC9)
NO 2

SC8. Who is [CHILD]'s legal guardian?

Name: _____

Address: _____

_____
City State Zip

Telephone:_____

SC9. Is now a convenient time to conduct the interview with you?

YES..... 1 (GO TO INTRODUCTION)
NO 2

IF THIS IS NOT A CONVENIENT TIME, RESCHEDULE THE INTERVIEW WITH THIS RESPONDENT.

INTRODUCTION

During the interview, 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. There are no right or wrong answers to these questions. Only the researchers will see or hear your answers. All of the study results will be reported for groups of parents; no results will be reported for individuals. Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in any Head Start, center-based, or child care program. 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 or your family. If that happens, just tell me and I will move to the next question. You may recognize some questions from previous interviews, but it is important to ask them again. The interview should take approximately 1 hour. After the interview, you will receive $20.00. It is just one of the ways that we say thank you for your time.

Before we begin, let me read the following which is required by the Federal government:

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Do you have any questions before we begin?

A. CHILD CARE

A1. Is [CHILD] currently enrolled in Head Start?

YES ..... 1 (GO TO A4)
NO 2

A2. Which of the following best describes the setting where [CHILD] spends most of the time from Monday through Friday, 9:00 a.m. to 3:00 p.m.? (NOTE: CENTER-BASED PROGRAM REFERS TO A CLASSROOM SETTING; DAYCARE HOME REFERS TO A HOME SETTING.)

Center-based program, such as a child care center, preschool or pre-kindergarten program 1
Someone else's home or day care home 2
Own home 3
Other (SPECIFY)_____ 4

A3. Which of the following best describes the person responsible for [CHILD]'s care in the setting we were just talking about, for most of the time from Monday through Friday, 9:00 a.m. to 3:00 p.m.?

A teacher 1
A relative 2
A non-relative 3
You or another parent/primary caregiver ..... 4 (GO TO A21)

A4. What is the name of this setting? (NOTE: IF CHILD IS CARED FOR BY AN INDIVIDUAL IN A SETTING THAT DOESN'T HAVE A NAME, ASK FOR THE NAME OF THE PERSON.)

_____

Name of Setting

FOR ITEMS A5-A20, USE THE SETTING IDENTIFIED IN A4.

A5. What month and year did [CHILD] begin care with [NAME OF SETTING]?

|____|____| MONTH |____|____|____|____| YEAR

A6. Which days of the week, Monday through Friday, does [CHILD] attend [NAME OF SETTING]? (CIRCLE ALL THAT APPLY)

MONDAY..... 1
TUESDAY..... 2
WEDNESDAY..... 3
THURSDAY..... 4
FRIDAY 5

A7. Altogether, how many hours per week does [CHILD] typically spend in [NAME OF SETTING]?

|_____|_____| HOURS

A8. Do you or someone in your household pay for this care?

YES..... 1 (GO TO A10)
NO..... 2

A9. Does [NAME OF SETTING] provide the care for free, or does somebody else pay the bill?

PROVIDED FREE..... 1 (GO TO A13)
SOMEBODY ELSE PAYS..... 2 (GO TO A12)
DON'T KNOW..... 8 (GO TO A13)

A10. How much do you or others in your household usually pay for this care? Please only give me the amount paid to [NAME OF SETTING] for [CHILD]'s care. A rough estimate is fine.

IF PARENT DOESN'T KNOW COST, MARK THIS BOX ☐ AND PROBE: IF you can, please give me your best estimate of what you pay specifically for [CHILD]'s care in this setting.

a. $ __ __ __. __ __

b. UNIT
DAY..... 1
WEEK..... 2
MONTH 3
OTHER (SPECIFY)..... 4
_____

A11. In addition to what you pay, does somebody else, like a government or social service agency, an employer or someone outside your household help pay for this care arrangement?

YES	1	
NO	2	(GO TO A13)
DON'T KNOW	8	(GO TO A13)

A12. Who helps pay for this care?

	YES	NO
a. Does a government or social service agency help?	1	2
b. Does an employer help?	1	2
c. Does someone else help? (SPECIFY)_____	1	2

A13. Does [NAME OF SETTING] provide free transportation for your child to attend care?

YES	1
NO	2
NOT APPLICABLE	3

A14. In the past month, about how often has [CHILD] been absent from this setting?

NEVER	1
1– 5 DAYS	2
6–10 DAYS	3
MORE THAN 10 DAYS	4
DON'T KNOW	8

A15. Since last September, have you received home visits to talk about [CHILD]'s growth and development from [NAME OF SETTING]?

YES	1	
NO	2	(GO TO A18)
NOT APPLICABLE	3	(GO TO A18)

A16. In the last four weeks [CHILD] was in this arrangement, how many home visits, if any, did you have?

|_____|_____| VISITS

IF THE NUMBER OF VISITS = 0, GO TO A18.

A17. On average, how long were these visits?

Less than one hour	1
One to two hours.....	2
More than two hours	3

A18. Now I'm going to ask you about [CHILD]'s experience in this setting. Please let me know which answer best describes [CHILD]'s experience. Tell me if it is never, sometimes, often, or always.

	Never	Sometimes	Often	Always
a. [CHILD] feels safe and secure in care.....	1	2	3	4
b. [CHILD] gets lots of individual attention.....	1	2	3	4
c. [CHILD]'s caregiver is open to new information and learning....	1	2	3	4

A19. Since [CHILD] started in this setting, how satisfied are you with how well the (program/provider) is doing in each of the following areas. (USE RESPONSE CARD.)

Would you say very dissatisfied, somewhat dissatisfied, somewhat satisfied, or very satisfied.

	Very dissatisfied	Some-what dissatisfied	Some-what satisfied	Very satisfied
a. Helping [CHILD] to grow and develop.....	1	2	3	4
b. Being open to your ideas and participation.....	1	2	3	4
c. Supporting and respecting your family's culture and background.....	1	2	3	4

A20. What are the major ways you feel [NAME OF SETTING] helped [CHILD] and your family this year? PROBE: Anything else?

_____

_____

_____

_____

Now I am going to ask you a few questions about other child care or preschool settings, thinking about a different time period during the day.

A21. (In addition to the setting we just talked about,) does [CHILD] regularly spend time in any other child care or preschool arrangement, including care by relatives or neighbors, Monday through Friday, 8 a.m. to 6 p.m for 5 or more hours per week? Do not include time with you or another parent.

YES..... 1
NO ..... 2 (GO TO A41)

USE THE CHART ON THE NEXT PAGE TO RECORD THE INFORMATION ON ADDITIONAL CARE SETTINGS. IF TWO CARE SETTINGS PROVIDED, PROBE FOR ADDITIONAL CARE SETTINGS AND RECORD THE INFORMATION FOR THE ADDITIONAL CARE SETTINGS ON THE BOTTOM OF PAGE 10.

A22. Which of the following best describes the additional care setting that [CHILD] is in Monday through Friday, 8:00 a.m. to 6:00 p.m.? If there is more than one setting, please start with the setting that is used most often. (NOTE: CENTER-BASED PROGRAM REFERS TO A CLASSROOM SETTING; DAYCARE HOME REFERS TO A HOME SETTING.) (CIRCLE ONE RESPONSE.)	A23. Which of the following best describes the person responsible for [CHILD]'s care in this setting? (CIRCLE ONE RESPONSE.)	A24. What is the name of this setting? (NOTE: IF CHILD IS CARED FOR BY AN INDIVIDUAL IN A SETTING THAT DOESN'T HAVE A NAME, ASK FOR THE NAME OF THE PERSON)	A25. What month and year did [CHILD] begin going to [NAME OF SETTING]?	A26. Which days does [CHILD] attend [NAME OF SETTING]? (CIRCLE ALL THAT APPLY.)	A27. Altogether, how many hours per week does [CHILD] attend [NAME OF SETTING]?
A22a. Center-based program (non-Head Start)……2 Someone else's home (day care home)……..3 Own home……..4 Other (SPECIFY)_____5	A23a. Teacher……1 Relative……2 Non-relative…….3	A24a. _____ Name of Setting	A25a. _____ Month _____ Year	A26a. Mon Tue Wed Thu Fri	A27a. _____ Hours A27b. Any additional care settings? YES…….1 NO……2 (IF NO, GO TO BOX BEFORE A28.)
A22b. Center-based program (non-Head Start)……2 Someone else's home (day care home)……..3 Own home……..4 Other (SPECIFY)_____5	A23b. Teacher……1 Relative……2 Non-relative…….3	A24b. _____ Name of Setting	A25b. _____ Month _____ Year	A26b. Mon Tue Wed Thu Fri	A27c. _____ Hours A27d. Any additional care settings? YES…….1 NO……2 (IF NO, GO TO BOX BEFORE A28.)

FOR ITEMS A28-A40, USE THE SETTING IDENTIFIED IN A24a.

A28. Do you or someone in your household pay for this care?

YES ..... 1 (GO TO A30)
NO 2

A29. Does [NAME OF SETTING] provide the care for free, or does somebody else pay the bill?

PROVIDED FREE..... 1 (GO TO A33)
SOMEBODY ELSE PAYS..... 2 (GO TO A32)
DON'T KNOW..... 8 (GO TO A33)

A30. How much do you or others in your household usually pay for this care? Please only give me the amount paid to [NAME OF SETTING] for [CHILD]'s care. A rough estimate is fine.

IF PARENT DOESN'T KNOW COST, MARK THIS BOX ☐ AND PROBE: If you can, please give me your best estimate of what you pay specifically for [CHILD]'s care in this setting.

a. $ __ __ __. __ __

b. UNIT
DAY 1
WEEK..... 2
MONTH 3
OTHER (SPECIFY)..... 4
_____

A31. In addition to what you pay, does somebody else, like a government or social service agency, an employer or someone outside your household help pay for this care arrangement?

YES 1
NO..... 2 (GO TO A33)
DON'T KNOW..... 8 (GO TO A33)

A32. Who helps pay for this care?

	YES	NO
a. Does a government or social service agency help?.....	1	2
b. Does an employer help?.....	1	2
c. Does someone else help? (SPECIFY)_____	1	2

A33. Does [NAME OF SETTING] provide free transportation for your child to attend care?

YES 1
NO 2
NOT APPLICABLE..... 3

A34. In the past month, about how often has [CHILD] been absent from this setting?

NEVER 1
1– 5 DAYS 2
6–10 DAYS 3
MORE THAN 10 DAYS 4
DON'T KNOW 8

A35. Since last September, have you received home visits to talk about [CHILD]'s growth and development from [NAME OF SETTING]?

YES 1
NO ..... 2 (GO TO A38)
NOT APPLICABLE..... 3 (GO TO A38)

A36. In the last four weeks that [CHILD] was in this arrangement, how many home visits, if any, did you have?

|_____|_____| VISITS

IF THE NUMBER OF VISITS = 0, GO TO A38.

A37. On average, how long were these visits?

Less than one hour 1
One to two hours..... 2
More than two hours 3

A38. Now I'm going to ask you about [CHILD]'s experience in this setting. Please let me know which answer best describes [CHILD]'s experience. Tell me if it is never, sometimes, often, or always.

	Never	Sometimes	Often	Always
a. [CHILD] feels safe and secure in care.....	1	2	3	4
b. [CHILD] gets lots of individual attention.....	1	2	3	4
c. [CHILD]'s caregiver is open to new information and learning.....	1	2	3	4

A39. Since [CHILD] started in this setting, how satisfied are you with how well the (program/provider) is doing in each of the following areas? Would you say very dissatisfied, somewhat dissatisfied, somewhat satisfied, or very satisfied?
(USE RESPONSE CARD.)

	Very dissatisfied	Some-what dissatisfied	Some-what satisfied	Very satisfied
a. Helping [CHILD] to grow and develop.....	1	2	3	4
b. Being open to your ideas and participation.....	1	2	3	4
c. Supporting and respecting your family's culture and background.....	1	2	3	4

A40. What are the major ways you feel [NAME OF SETTING] helped [CHILD] and your family this year? PROBE: Anything else?

A41. How old was [CHILD] when (he/she) first started in any child care arrangement outside of parent/primary caregiver care for 10 or more hours per week or was child never in care?

a. |___|___|

b. UNIT
MONTHS..... 1
YEARS..... 2

c. NEVER IN CARE..... 3

A42. Now, I have a few final questions about your child care arrangements for [CHILD]. Since September, how often would you say the following things have happened? Would you say never, sometimes, often, or always?

	Never	Sometimes	Often	Always
a. My child has been in a familiar place with people (he/she) knows ..	1	2	3	4
b. My child has had stability in (his/her) child care relationships.....	1	2	3	4
c. There has been too much turnover in my child's care providers.....	1	2	3	4

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… (CIRCLE ONE RESPONSE.)

Not at all, ... 1
Once or twice,..... 2
Three or more times, or..... 3
Every day?..... 4

B2. For about how long does [CHILD] enjoy being read to at a sitting? PROBE: About how many minutes?

|_____|_____| MINUTES

B3. How often did your child ask you to read books in the past week? Was it…(CIRCLE ONE RESPONSE.)

Not at all 1
Once or twice..... 2
Three or more times , or..... 3
Every day..... 4

B4. How often does your child show interest in reading labels, people's names, or signs (such as signs for McDonald's)? Would you say…(CIRCLE ONE RESPONSE.)

Never..... 1
Once or twice so far 2
Once or twice in the past month, or 3
Once or twice in the past week..... 4

B5. Now I am going to ask you some questions about what you do with your child Monday through Friday from 8:00 a.m. to 6:00 p.m. Parents who work daily may do these activities during the evening hours. For these questions, you need to focus on the daytime hours. During the day, how often do you or someone in your household do each of the following reading and language activities with [CHILD]? (USE RESPONSE CARD.)

		Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Every day
a.	Work on learning the names of the letters.....	1	2	3	4	5	6
b.	Practice writing the letters of the alphabet.....	1	2	3	4	5	6
c.	Discuss new words	1	2	3	4	5	6
d.	Have [CHILD] tell you a story	1	2	3	4	5	6
e.	Practice the sounds that letters make or phonics	1	2	3	4	5	6
f.	Listen to you read stories where (he/she) sees the print such as Big Books.....	1	2	3	4	5	6
g.	Listen to you read stories where (he/she) doesn't see the print.....	1	2	3	4	5	6
h.	Retell or make up stories.....	1	2	3	4	5	6
i.	Show [CHILD] how to read a book or magazine (the way to hold it, point to words).....	1	2	3	4	5	6
j.	Have [CHILD] practice writing or spelling (his/her) name.....	1	2	3	4	5	6
k.	Learn about rhyming words and word families such as cat, mat, sat.....	1	2	3	4	5	6
l.	Practice or teach directional words such as over, up, or in.	1	2	3	4	5	6

IF ALL B5a-B5-l = 1 (NEVER), GO TO B7.

B6. What materials do you use to work on reading and language activities?

_____

_____

_____

B7. During the day, how often does [CHILD] do each of the following math activities? (USE RESPONSE CARD.)

		Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Every day
a.	Count out loud	1	2	3	4	5	6
b.	Work with shape blocks	1	2	3	4	5	6
c.	Count things such as small toys or chips, to learn math	1	2	3	4	5	6
d.	Play math-related games	1	2	3	4	5	6
e.	Use music to understand math ideas	1	2	3	4	5	6
f.	Use dance or act out stories to practice math ideas such as numbers, size or shapes	1	2	3	4	5	6
g.	Work with rulers, measuring cups, spoons, or other measuring instruments	1	2	3	4	5	6
h.	Talk about the calendar or days of the week	1	2	3	4	5	6

IF ALL B7a-B7h = 1 (NEVER), GO TO B9.

B8. What materials do you use to work on numbers or math activities?

_____

_____

_____

B9. Do you regularly use an organized educational approach (like tapes, workbooks, or computer programs) for reading, language, or math activities?

YES 1
NO ..... 2 (GO TO B12)

B10. Do you use a specific curriculum or combination of curricula?

YES, specific curriculum 1
YES, combination 2
NO ..... 3 (GO TO B12)

B11. If your main curriculum has a name, what is that name? (SPECIFY BELOW)

_____

B12. During the day, how often does [CHILD] do each of the following activities? (USE RESPONSE CARD.)

	Never	Once a month or less	Two or three times a month	Once or twice a week	Three or four times a week	Every day
a. Work on arts and crafts.....	1	2	3	4	5	6

IF B12a = 1 (NEVER), GO TO B12b.
OTHERWISE ASK,

What materials do you use? _____

b. Play with games or toys indoors.....	1	2	3	4	5	6
c. Play sports or exercise.....	1	2	3	4	5	6
d. Help with chores such as cleaning, setting the table, caring for pets, or cooking.....	1	2	3	4	5	6

B13. Do you have a daily routine that you usually follow (In other words, do you usually feed [CHILD], or have (him/her) play or nap at certain times)?

YES..... 1
NO..... 2

B14. Do you keep track of how [CHILD] learns and grows by:

	YES	NO
a. Keeping notes about (his/her) behavior or progress	1	2
b. Collecting samples of [CHILD]'s work.....	1	2
c. Collecting photos	1	2
d. Chart (his/her) behavior or skills with stars or stickers	1	2
e. Other (SPECIFY) _____	1	2

B15. *In the past month,* that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

		YES	NO
a.	Gone to a movie	1	2
b.	Gone to a play, concert, or other live show	1	2
c.	Visited an art gallery, museum, or historical site	1	2
d.	Visited a playground, park, zoo, or gone on a picnic	1	2
e.	Talked with [CHILD] about (his/her) family history or ethnic heritage	1	2
f.	Attended an event sponsored by a community, ethnic, or religious group	1	2
g.	Taken [CHILD] along while doing errands like going to the post office, the bank, or the store?	1	2

Now, I have some questions about your reading habits.

B16. How often have you read books, magazines, or the newspaper, during the past week? Was it …. (CIRCLE ONE RESPONSE.)

Not at all, ... 1
Once or twice,..... 2
Three or more times, or..... 3
Every day?..... 4

B17. Which of the following do you have in your home?

		YES	NO
a.	Comic books	1	2
b.	Books for children	1	2
c.	Magazines for children	1	2
d.	Magazines for adults, like *Newsweek* or *People* or *Sports Illustrated*	1	2
e.	Newspapers	1	2
f.	Catalogs	1	2
g.	Religious books like a bible or prayer book	1	2
h.	Dictionaries or encyclopedias	1	2
i.	Other books like novels or biographies or non-fiction	1	2

B18. In the past month did you take any books home from the library?

YES 1
NO 2

C. DISABILITIES

Now I have a few questions about [CHILD]'s health and well-being.

C1. Do you have any serious concerns about [CHILD]'s development or behavior?

YES 1
NO ..... 2 (GO TO C3)

C2. Has anyone helped you with these concerns? (CIRCLE ALL THAT APPLY.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

C3. Did a doctor or other professional ever tell you that [CHILD] has any special needs or disabilities—for example, physical difficulties, emotional, language, hearing, or learning difficulties, or other special needs?

YES 1
NO ..... 2 (GO TO C6)

C4. How did the doctor or other health or education professional describe [CHILD]'s needs? Does [CHILD] have…

		YES	NO
a.	A specific learning disability	1	2
b.	Mental retardation.....	1	2
c.	A speech or language impairment.....	1	2
e.	An emotional/behavioral disorder	1	2
f.	Deafness or another hearing impairment.....	1	2
h.	Blindness or another visual impairment.....	1	2
j.	An orthopedic impairment	1	2
k.	Another health impairment lasting six months or more.....	1	2
l.	Autism	1	2
m.	Traumatic brain injury	1	2
n.	Non-categorical/Developmental delay	1	2
o.	Any other disability (SPECIFY) _____	1	2

IF NO SETTING IN A4 AND A24a,
CHECK BOX ☐ AND GO TO C6.
OTHERWISE GO TO C5.

C5. How helpful has your child's care provider been with…(READ EACH ITEM BELOW) Would you say not at all helpful, a little helpful, helpful, or very helpful?

	Not at all helpful	Somewhat helpful	Very helpful
a. Identifying [CHILD'S] special needs or disabilities.....	1	2	3
b. Suggesting you get a professional opinion	1	2	3
c. Finding resources to meet [CHILD'S] special needs	1	2	3
d. Helping you to provide for [CHILD'S] special needs at home (for example, diet and exercise, recommended therapy).....	1	2	3

C6. Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?

YES..... 1
NO ..... 2 (GO TO SECTION D)

C7. Did someone help you get the IEP/IFSP or the services described in the IEP/IFSP?

YES.....1
NO .....2 (GO TO SECTION D)

C8. Who helped you? Was it… (CIRCLE ALL THAT APPLY.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

D. YOUR CHILD'S ACCOMPLISHMENTS

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…

All of the letters of the alphabet,. 1
Most of them, ... 2
Some of them, or 3
None of them?.. 4

D2. How high can [CHILD] count? Would you say…

Not at all, ... 1
Up to five, ... 2
Up to ten, ... 3
Up to twenty,..... 4
Up to fifty, or. 5
Up to 100 or more?. 6

D3. How often does [CHILD] like to write or pretend to write? Would you say…

Never,..... 1 (GO TO D5)
Has done it once or twice, ... 2
Once or twice in the past month, or 3
One or more times in the past week? 4

D4. Can [CHILD] write (his/her) first name even if some of the letters are backward?

YES 1
NO 2

D5. Does [CHILD] trip, stumble, or fall easily?

YES 1
NO 2

D6. When [CHILD] speaks, is (he/she) understandable to a stranger?

YES 1
NO 2

D7. Did [CHILD] start speaking later than other children you know? (REFERS TO PRIMARY LANGUAGE)

YES 1
NO 2

D8. Does [CHILD] stutter or stammer?

YES 1
NO 2

D9. How often does [CHILD] pretend to read out loud?

Never 1
Has done it once or twice 2
Once or twice in the past month 3
One or more times in the past week 4

D10. How often does your child look at books alone or with another child?

Never 1
Has done it once or twice 2
Once or twice in the past month 3
One or more times in the past week 4

D11. Does [CHILD] recognize (his/her) own first name in writing or in print?

YES 1
NO 2

D12. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say…

None of them 1
Some of them, or 2
All of them..... 3

D13. Can [CHILD] recognize shapes such as a circle, square, triangle, or rectangle?

None of them 1
Some of them, or 2
All of them..... 3

D14. Now I'm going to read you a list of some activities and behaviors. Does [CHILD] do these things on a regular basis, or rarely or not at all?

		Regularly	Rarely/Not at all
a.	Talks with familiar adults	1	2
b.	Enjoys having visitors	1	2
c.	Shares newly learned ideas	1	2
d.	Keeps self occupied	1	2
e.	Takes care of personal belongings	1	2
f.	Asks for assistance with difficult tasks, such as picking up heavy items, putting on clothes, or locating lost items	1	2
g.	Expresses feelings	1	2
h.	Expresses needs to adults	1	2
i.	Helps with simple household tasks	1	2
j.	Notices when others are happy, sad, angry	1	2
k.	Offers comfort when others are in distress	1	2
l.	Gets along with other family members	1	2

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, sometimes true, or not true.

	Very True	Sometimes True	Not True
a. Makes friends easily?	1	2	3
b. Enjoys learning?	1	2	3
c. Has temper tantrums or hot temper?	1	2	3
d. Can't concentrate or pay attention for long?	1	2	3
e. Is very restless, and fidgets a lot?	1	2	3
f. Likes to try new things?	1	2	3
g. Shows imagination in work and play?	1	2	3
h. Is unhappy, sad, or depressed?	1	2	3
i. Comforts or helps others?	1	2	3
j. Hits and fights with others?	1	2	3
k. Worries about things for a long time?	1	2	3
l. Accepts friends' ideas in sharing and playing?	1	2	3
m. Doesn't get along with other kids?	1	2	3
n. Wants to hear that he or she is doing okay?	1	2	3
o. Feels worthless or inferior?	1	2	3
p. Has difficulty making changes from one activity to another?	1	2	3
q. Is nervous, high-strung, or tense?	1	2	3
r. Acts too young for (his/her) age?	1	2	3
s. Is disobedient at home?	1	2	3

F. HOUSEHOLD RULES AND PARENTING PRACTICES

F0. Here are some statements that parents of young children say about themselves. I'm going to read the statements, and after each one, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you. (USE RESPONSE CARD.)

	Exactly like you	Very much like you	Some-what like you	Not much like you	Not at all like you
a. There are times I just don't have the energy to make my child behave as (he/she) should…….	1	2	3	4	5
b. My child and I have warm intimate moments together……	1	2	3	4	5
c. I teach my child that misbehavior or breaking the rules will always be punished one way or another……...	1	2	3	4	5
d. I encourage my child to be curious, to explore, and to question things……...	1	2	3	4	5
e. I do not allow my child to get angry with me……	1	2	3	4	5
f. I am easygoing and relaxed with my child…	1	2	3	4	5
g. I believe that a child should be seen and not heard……	1	2	3	4	5
h. I make sure my child knows that I appreciate what (he/she) tries to accomplish…….	1	2	3	4	5
i. I have little or no difficulty sticking with my rules for my child even when close relatives (including grandparents) are there…….	1	2	3	4	5
j. I encourage my child to be independent of me……	1	2	3	4	5
k. Once I decide how to deal with a misbehavior of my child, I follow through on it……...	1	2	3	4	5
l. I believe physical punishment to be the best way of disciplining…….	1	2	3	4	5
m. I control my child by warning (him/her) about the bad things that can happen to (him/her)……	1	2	3	4	5

Now I'd like to ask you a few questions about how you deal with your child at home.

F1. Please answer yes or no to the following items. In your house, are there rules or routines about…

	YES	NO
a. What TV programs [CHILD] can watch?	1	2
b. How many hours [CHILD] can watch TV?	1	2
c. What kinds of food [CHILD] eats?.....	1	2
d. What time [CHILD] goes to bed?	1	2
e. What chores [CHILD] does?	1	2

F2. About how many hours does [CHILD] usually watch TV in your home each day?

|____|____| HOURS

F3. Sometimes children mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?

YES 1
NO ..... 2 (GO TO F5)

F4. About how many times in the past week?

|____|____| NUMBER OF TIMES

F5. Have you used "time out" or sent [CHILD] to (his/her) room in the past week for not minding?

YES 1
NO ..... 2 (GO TO F7)

F6. About how many times in the past week?

|____|____| NUMBER OF TIMES

F7.

Pianta, R. C., *Child-Parent Relationship Scale*. Copyright © 1992, Charlottesville, VA: University of Virginia. All rights reserved.

G. YOU AND YOUR FAMILY

RESPONDENT IS: *(CIRCLE ONE.)*

[CHILD]'s BIRTH/ADOPTIVE MOTHER.....	**1**	***(ASK QUESTIONS ABOUT RESPONDENT, GO TO G6a.)***
<u>NOT</u> [CHILD]'s BIRTH/ADOPTIVE MOTHER.....	**2**	***(ASK QUESTIONS ABOUT BIRTH MOTHER, GO TO G1.)***

Now I'm going to ask you some questions about (you/[CHILD]'s mother).

G1. Is [CHILD]'s mother in this household?

MOTHER IN HOUSEHOLD..... 1 (GO TO G7)
MOTHER NOT IN HOUSEHOLD 2
MOTHER DECEASED..... 3 (GO TO BOX BEFORE G13)

G2. Does [CHILD]'s mother live in the same city or county as [CHILD]?

YES 1
NO..... 2

G3. In the past month, on about how many days has [CHILD] seen (his/her) mother?

|__|__|__| DAYS

G4. How long has it been since [CHILD] last had contact with (his/her) mother?

NEVER HAD CONTACT 000
DON'T KNOW.....998

OR

a. NUMBER:

|__|__|__|

b. UNIT:
DAYS..... 1
WEEKS..... 2
MONTHS 3
YEARS..... 4

G5. Since September, has your family received any child support payments for [CHILD] from (his/her) mother?

YES 1
NO..... 2

G6. Since September, has your family received any other financial support for [CHILD] from (his/her) mother?

YES 1
NO 2

G6a. What was the first language (you /she) earned to speak?

ENGLISH 1
SPANISH 2
ENGLISH AND SPANISH EQUALLY 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY 4
ANOTHER LANGUAGE (SPECIFY) _____ 5

G7. What is (your/her) current marital status?

MARRIED 1
SEPARATED 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED 5

IF CHILD'S MOTHER IS NOT IN HOUSEHOLD (G1=2), CHECK THIS BOX .... ☐ AND GO TO BOX BEFORE G13.

G8. Since September, (have you/has she) attended or enrolled in any courses from a school, college or university?

YES 1
NO 2

G9. What is the highest grade or year of school that (you/she) completed? (CIRCLE ONE RESPONSE.) (PROBE: IF COMPLETED 12TH GRADE, Did you earn a diploma?)

UP TO 8TH GRADE 01
9TH TO 11TH GRADE 02
12TH GRADE BUT NO DIPLOMA 03
HIGH SCHOOL DIPLOMA..... 04
GED 05
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO
VOC/TECH DIPLOMA 06
VOC/TECH DIPLOMA AFTER HIGH SCHOOL 07
SOME COLLEGE BUT NO DEGREE 08
ASSOCIATE'S DEGREE..... 09
BACHELOR'S DEGREE..... 10
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.... 11
MASTER'S DEGREE (MA, MS)..... 12
DOCTORATE DEGREE (PhD, EdD) 13
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 14

G10. (Have you/has she) ever had any of the following child care or early education training or workshops that were not for college credit? (CIRCLE ALL THAT APPLY.)

Workshops/training at a child care center..... 1
Training by a local agency 2
Training workshops at a local or national conference..... 3
Classes in high school 4
Other (SPECIFY)_____ 5
NO TRAINING 6

G11. (Are you/Is she) <u>currently</u> working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE.)

WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) 01
WORKING PART-TIME..... 02
LOOKING FOR WORK..... 03
LAID OFF FROM WORK..... 04
IN SCHOOL/TRAINING..... 05
IN JAIL/PRISON..... 06
IN MILITARY 07
KEEPING HOUSE..... 08
SOMETHING ELSE
(SPECIFY) _____ 09

GO TO BOX BEFORE G13

G12. (Are you/Is she) still working for the same employer for whom (you were/she was) working 12 months ago?

YES 1
NO 2

RESPONDENT IS: *(CIRCLE ONE.)*

[CHILD]'s BIRTH/ADOPTIVE FATHER..... **1** ***(ASK QUESTIONS ABOUT RESPONDENT, GO TO G18a)***

NOT [CHILD]'s BIRTH/ADOPTIVE FATHER..... **2** ***(ASK QUESTIONS ABOUT BIRTH FATHER, GO TO G13)***

G13. Is [CHILD]'s father in this household?

FATHER IN HOUSEHOLD..... 1 (GO TO G19)
FATHER NOT IN HOUSEHOLD 2
FATHER DECEASED ..... 3 (GO TO BOX BEFORE G25)

G14. Does [CHILD]'s father live in the same city or county as [CHILD]?

YES 1
NO 2

G15. In the past month, on about how many days has [CHILD] seen (his/her) father?

|__|__|__| DAYS

G16. How long has it been since [CHILD] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT.....000
DON'T KNOW.....998

OR

a. NUMBER:

|__|__|__|

b. UNIT:
DAYS..... 1
WEEKS..... 2
MONTHS 3
YEARS..... 4

G17. Since September, has your family received any child support payments for [CHILD] from (his/her) father?

YES 1
NO 2

G18. Since September, has your family received any other financial support for [CHILD] from (his/her) father?

YES 1
NO 2

G18a. What was the first language (you /he) learned to speak?

ENGLISH 1
SPANISH 2
ENGLISH AND SPANISH EQUALLY 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY 4
ANOTHER LANGUAGE (SPECIFY) _____ 5

G19. What is (your/his) current marital status?

MARRIED 1
SEPARATED 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED 5
REFUSED 7
DON'T KNOW 8

IF CHILD'S FATHER IS NOT IN HOUSEHOLD (G13=2), CHECK THIS BOX … ☐ AND GO TO BOX BEFORE G25.

G20. Since September, (have you/has he) attended or enrolled in any courses from a school, college or university?

YES 1
NO 2

G21. What is the highest grade or year of school that (you/she) completed? (CIRCLE ONE RESPONSE.) (PROBE: IF COMPLETED 12TH GRADE, Did you earn a diploma?)

UP TO 8TH GRADE 01
9TH TO 11TH GRADE 02
12TH GRADE BUT NO DIPLOMA 03
HIGH SCHOOL DIPLOMA..... 04
GED 05
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO
VOC/TECH DIPLOMA 06
VOC/TECH DIPLOMA AFTER HIGH SCHOOL 07
SOME COLLEGE BUT NO DEGREE 08
ASSOCIATE'S DEGREE..... 09
BACHELOR'S DEGREE..... 10
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.... 11
MASTER'S DEGREE (MA, MS)..... 12
DOCTORATE DEGREE (PhD, EdD) 13
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 14

G22. (Have you/has he) ever had any of the following child care or early education training or workshops that were not for college credit? (CIRCLE ALL THAT APPLY.)

Workshops/training at a child care center..... 1
Training by a local agency 2
Training workshops at a local or national conference..... 3
Classes in high school 4
Other (SPECIFY)_____ 5
NO TRAINING 6

G23. (Are you/Is he) <u>currently</u> working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE.)

WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) 01
WORKING PART-TIME..... 02
LOOKING FOR WORK..... 03
LAID OFF FROM WORK..... 04
IN SCHOOL/TRAINING..... 05
IN JAIL/PRISON..... 06
IN MILITARY 07
KEEPING HOUSE..... 08
SOMETHING ELSE
(SPECIFY) _____ 09

GO TO BOX BEFORE G25

G24. (Are you/Is he) still working for the same employer for whom (you were/he was) working 12 months ago?

YES 1
NO 2

IF RESPONDENT IS CHILD'S BIRTH/ADOPTIVE MOTHER OR BIRTH/ADOPTIVE FATHER, OR SAME RESPONDENT AS SPRING (SC1 = YES), CHECK THIS BOX ☐ AND GO TO G32. OTHERWISE GO TO G25.

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

G25. What is your birth date?

_____/_____ /19 _____
MONTH DAY YEAR

G26. Are you of Spanish origin, Hispanic, or Latino?

YES 1
NO ..... 2 (GO TO G28)

G27. Which one of these best describes you?

Mexican, Mexican American, Chicano, ... 1
Puerto Rican,..... 2
Cuban, or 3
Another Spanish/Hispanic/Latino group? 4

G28. What is your race? You may name more than one if you like. (CIRCLE ALL THAT APPLY.)

a. WHITE 01
b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) _____. 03
d. ASIAN INDIAN 04
e. CHINESE 05
f. FILIPINO 06
g. JAPANESE 07
h. KOREAN 08
i. VIETNAMESE 09
j. ASIAN (NOT FURTHER SPECIFIED) 10
k. NATIVE HAWAIIAN 11
l. GUAMANIAN OR CHAMORRO 12
m. SAMOAN 13
n. OTHER PACIFIC ISLANDER
(SPECIFY) _____. 14
o. ANOTHER RACE
(SPECIFY) _____ 15

G29. What is the highest grade or year of school that you completed? (CIRCLE ONE RESPONSE.)
(PROBE: IF COMPLETED 12TH GRADE, Did you earn a diploma?)

UP TO 8TH GRADE 01
9TH TO 11TH GRADE 02
12TH GRADE BUT NO DIPLOMA 03
HIGH SCHOOL DIPLOMA 04
GED 05
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO
VOC/TECH DIPLOMA 06
VOC/TECH DIPLOMA AFTER HIGH SCHOOL 07
SOME COLLEGE BUT NO DEGREE 08
ASSOCIATE'S DEGREE 09
BACHELOR'S DEGREE 10
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.... 11
MASTER'S DEGREE (MA, MS) 12
DOCTORATE DEGREE (PhD, EdD) 13
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 14

G30. Have you ever had any of the following child care or early education training or workshops that was not for college credit? (CIRCLE ALL THAT APPLY.)

No training	1
Workshops/training at a child care center	2
Training by a local agency	3
Training workshops at a local or national conference	4
Classes in high school	5
Other (SPECIFY)_____	6

G31. Since September, have you attended or enrolled in any courses from a school, college or university?

YES	1
NO	2

G32. Please tell me the first name of everyone in your household.

PROBE: Is there anyone else in your household?

G32a. First Name	G32b. How is [NAME] related to [CHILD]? (See codes below)	G32c. How old is [NAME]?
a. [CHILD]		
b. RESPONDENT		
c.		
d.		
e.		
f.		
g.		
h.		
i.		
j.		
k.		
l.		
m.		
n.		
o.		

RELATIONSHIP CODES:

01=Birth Mother	12=Brother/Stepbrother
02=Birth Father	13=Other relative or in-law (female)
03=Adoptive Mother	14=Other relative or in-law (male)
04=Adoptive Father	15=Foster parent (female)
05=Stepmother	16=Foster parent (male)
06=Stepfather	17=Other non-relative (female)
07=Grandmother	18=Other non-relative (male)
08=Grandfather	19=Parent's partner (female)
09=Great grandmother	20=Parent's partner (male)
10=Great grandfather	97=Refused
11=Sister/Stepsister	98=Don't know/Didn't Respond

H. INCOME, HOUSING, AND NEIGHBORHOOD CHARACTERISTICS

Now I would like to ask you some questions about the sources of income for your household. This information will remain confidential.

H1. Is [CHILD] covered by health insurance other than Medicaid through your job or the job of another employed adult?

YES 1
NO 2

H2. Is [CHILD] covered by Medicaid or under a state health insurance program?

YES 1
NO ..... 2 (GO TO H5)

H3. Did someone help you get this insurance?

YES 1
NO ..... 2 (GO TO H5)

H4. Who helped you? (CIRCLE ALL THAT APPLY.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

H5. In the past three months, have you had difficulty…

		YES	NO
a.	Paying your rent?.....	1	2
b.	Paying your electric and heating bills?.....	1	2
c.	Buying food for your family?.....	1	2
d.	Buying clothes for your child(ren)?.....	1	2

H6. Including yourself, how many adults contribute to your household income?

|__|__| ADULTS

H7. Now, including *everyone* in your household, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine.

(PROBE: IF RESPONDENT REPORTS $3,000 OR MORE LAST MONTH, THEN VERIFY THAT REPORTED AMOUNT IS ONLY FOR LAST MONTH AND NOT FOR THE ENTIRE YEAR.)

HOUSEHOLD INCOME..... $ __ , __ __ __ (GO TO H9)
(AMOUNT LAST MONTH ONLY)

OR

REFUSED ..... 97 (GO TO H9)
DON'T KNOW..... 98 (GO TO H8)

H8. Would you say it was…

Less than $250, ... 01
Between $251 and $500, ... 02
Between $501 and $1,000,..... 03
Between $1,001 and $1,500,..... 04
Between $1,501 and $2,000,..... 05
Between $2,001 and $2,500, or..... 06
Over $2,500?..... 07
REFUSED 97
DON'T KNOW..... 98

H9. How many times has [CHILD] moved in the last 12 months?

|____| TIMES

H10. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

OWNS OR IS BUYING HOME OR APARTMENT 1
RENTS (WITHOUT PUBLIC ASSISTANCE)..... 2
PUBLIC OR SUBSIDIZED HOUSING..... 3
SOME OTHER ARRANGEMENT 4

H11. In the past year, has [CHILD] ever been a witness to a violent crime?

YES 1
NO..... 2

H12. In the past year, has [CHILD] ever been a victim of a violent crime?

YES 1
NO..... 2

I. HEALTH AND SAFETY PRACTICES

I-1. Now I'm going to ask you about your family's health care needs. Overall, would you say [CHILD]'s health is…

Excellent, ... 1
Very Good, ... 2
Good, ... 3
Fair, or. 4
Poor? 5

I-2. Would you say your health in general is …

Excellent, ... 1
Very Good, ... 2
Good, ... 3
Fair, or 4
Poor? 5

I-3. Does [CHILD] have an illness or condition that requires regular ongoing care?

YES 1
NO. 2

I-4. In the last month, how many times has [CHILD] seen a doctor or other medical professional, or visited a clinic or emergency room <u>for an injury</u>?

NEVER 0
ONCE 1
TWICE 2
THREE OR MORE 3
DON'T KNOW 4
REFUSED 5

I-5. Has [CHILD] been seen by a dentist since September?

YES 1
NO ..... 2 (GO TO I-8)

I-6. Did someone help you get this dental care for [CHILD]?

YES 1
NO ..... 2 (GO TO I-8)

I-7. Who helped you? (CIRCLE ALL THAT APPLY.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

I-8. Do you have a place where you usually take [CHILD] for routine medical care such as regular check-ups? Places can include a doctor's office, a clinic or health center, a hospital emergency room, or a hospital outpatient clinic.

YES 1
NO. ..... 2 (GO TO I-12)

I-9. Where does [CHILD] go for this care? (CIRCLE ONLY ONE.)

A private doctor 01
An outpatient clinic 02
The emergency room at a hospital..... 03
Someplace else (SPECIFY)_____ 04

I-10. Did someone help you find this medical care provider?

YES 1
NO ..... 2 (GO TO I-12)

I-11. Who helped you? (CIRCLE ALL THAT APPLY.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

I-12. Has a professional screened or tested [CHILD's] hearing or vision since September?

	YES	NO	DON'T KNOW
a. HEARING.....	1	2	8
b. VISION.....	1	2	8

IF BOTH I-12A AND I-12B ARE "NO" OR"DON'T KNOW", GO TO I-15.

I-13. Did someone help you obtain this health screening?

YES 1
NO ..... 2 (GO TO I-15)

I-14. Who helped you? (CIRCLE ALL THAT APPLY.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

I-15. Has [CHILD] had a health care need for which you could not get services?

YES 1
NO 2

I-16. Do you or anyone else in your household smoke tobacco such as cigarettes or cigars?

YES 1
NO. 2

I-17. During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say…

Less than once a week,..... 1
1 or 2 days per week,..... 2
3 or 4 days per week,..... 3
5 or 6 days per week,..... 4
Every day, or..... 5
Never?..... 6 (GO TO I-19)

I-18. On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks per day did you usually have?

|____|____| DRINKS PER DAY

I-19. Is there (anyone/anyone else) in your household that drinks alcohol?

YES 1
NO 2

I-20. Is there anyone in your household who uses drugs?

YES 1
NO 2

I-21. Please tell me if you follow certain safety practices. Please tell me if it is never, sometimes, often, or always. Do you …

	Never	Sometimes	Often	Always
a. Use a safety seat or seat belt for [CHILD] when in the car?	1	2	3	4
b. Keep medicines in childproof bottles and out of children's reach?	1	2	3	4
c. Have at least one operating smoke detector in your home with a working battery?	1	2	3	4
d. Keep cleaning materials out of reach of children and/or in locked cabinets?	1	2	3	4
e. Have a first-aid kit at home?.....	1	2	3	4
f. Keep the poison control center number and other emergency numbers by the telephone?.....	1	2	3	4
g. Supervise [CHILD] when crossing the street or riding tricycles/bicycles near traffic?	1	2	3	4
h. Keep matches and cigarette lighters out of [CHILD]'s reach?	1	2	3	4
i. Supervise [CHILD] when (he/she) is in the bathtub?	1	2	3	4
j. Keep firearms under lock and key?.....	1	2	3	4

(IF THERE ARE NO FIREARMS IN THE HOUSEHOLD, WRITE "NA.")

J. COMMUNITY SERVICES

Many types of community services are available for families with young children. Now I'd like to ask about services your family has received.

J1. Since September, has anyone helped you set goals for your family?

YES 1
NO ..... 2 (GO TO J3)

J2. Who helped you? (CIRCLE ALL THAT APPLY.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

J3. If you or your family needed help getting services, is there one person or place you would go to get help with this?

YES 1
NO ..... 2 (GO TO J5)

J4. Would you go to… (CIRCLE ONLY ONE.)

A friend or relative? 1
Someone from a Head Start program? 2
Another of [CHILD]'s child care providers?..... 3
Some other person or agency?
(SPECIFY)_____ 4

J5. Since September, have you or anyone in your household received any of the following services?			J6. (IF YES) Did anyone help you get this service? Was it a friend or relative, Head Start, another care provider, or some other person or agency? (CIRCLE ALL THAT APPLY.)				
	YES	NO	Friend or Relative	Head Start	Another Care Provider	Other	NOT APPLI-CABLE
a. Income assistance, including welfare, SSI, or unemployment insurance	1	2	1	2	3	4	5
b. Food and nutrition assistance, including food stamps or WIC	1	2	1	2	3	4	5
c. Help with housing	1	2	1	2	3	4	5
d. Help with utilities (water, heat, electric, telephone)	1	2	1	2	3	4	5
e. Job training and employment assistance	1	2	1	2	3	4	5
f. Alcohol or drug abuse treatment or counseling	1	2	1	2	3	4	5
g. Family counseling or mental health services	1	2	1	2	3	4	5
h. Help dealing with family violence	1	2	1	2	3	4	5
i. Foster care payments	1	2	1	2	3	4	5

J7. Did you or anyone in your household need any services that were not received?

YES.....1
NO.....2 (GO TO SECTION K)

J8. What were these services?

_____

_____

_____

_____

K. GETTING READY FOR KINDERGARTEN

K1. Where will [CHILD] attend school this coming fall? Will (he/she) be …

Attending Head Start,	1	
Attending Pre-Kindergarten,	2	
Attending Kindergarten,	3	
Attending another preschool,	4	
Not attending any school, or	5	(GO TO K4)
Don't know yet?	8	(GO TO K4)

K2. What is the name of the school [CHILD] will attend next year?

_____
SCHOOL NAME

K3. Where is the school located?

_____
STREET (IF KNOWN)

_____
CITY

K4. To what extent do you agree with each of the following statements on children's preparation for school? Would you say that you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following statements…..(USE RESPONSE CARD.)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Attending preschool for example, nursery, pre-kindergarten, or Head Start is very important for success in kindergarten.....	1	2	3	4	5
b. Children who begin formal reading and math instruction in preschool will do better in elementary school.....	1	2	3	4	5
c. Parents should make their children know the alphabet before they start kindergarten	1	2	3	4	5
d. Most children should learn to read in kindergarten	1	2	3	4	5
e. Parents need help in learning how to teach their children how to read.....	1	2	3	4	5
f. Parents should set aside time every day for their kindergarten children to practice schoolwork	1	2	3	4	5
g. Homework should be given to kindergarten children almost everyday	1	2	3	4	5
h. Parents should read to their children and play counting games at home regularly.....	1	2	3	4	5

L. SOCIAL SUPPORT

L1. 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. Please tell me how helpful each of the following have been to you in terms of raising [CHILD] in the past month.

How helpful (have/has) [ITEM] been? Would you say not very helpful, somewhat helpful, or very helpful?	Not very helpful	Some-what helpful, or	Very helpful?	NA-Not applicable
a. Your current spouse or partner.....	1	2	3	4
IF RESPONDENT IS CHILD's BIRTH/ ADOPTIVE FATHER, CIRCLE 4 (NA) IN L1b. IF RESPONDENT IS CHILD's BIRTH/ ADOPTIVE MOTHER, CIRCLE 4 (NA) IN L1c.				
b. [CHILD's] (birth/adoptive) father if different from current spouse or partner ...	1	2	3	4
c. [CHILD's] (birth/adoptive) mother if different from current spouse or partner ...	1	2	3	4
d. [CHILD's] grandparents.....	1	2	3	4
e. Other relatives	1	2	3	4
f. Your friends	1	2	3	4
g. Professional help givers like counselors or social workers.....	1	2	3	4
IF NO SETTING IN A4 AND A24a, CIRCLE 4 (NA) in L1h.				
h. [CHILD'S] care provider	1	2	3	4
i. Religious or social group member	1	2	3	4
j. Is there anyone else who has been helpful? (SPECIFY) _____....	1	2	3	4

M. YOUR FEELINGS

M1. 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: rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time? (CIRCLE ONE RESPONSE FOR EACH ITEM.) (USE RESPONSE CARD.)

	Rarely or Never	Some or a Little	Occa-sionally or Moderate	Most or All
a. Bothered by things that usually don't bother you	1	2	3	4
b. You did not feel like eating; your appetite was poor	1	2	3	4
c. That you could not shake off the blues, even with help from your family and friends.....	1	2	3	4
d. You had trouble keeping your mind on what you were doing.....	1	2	3	4
e. Depressed	1	2	3	4
f. That everything you did was an effort.....	1	2	3	4
g. Fearful.....	1	2	3	4
h. Your sleep was restless	1	2	3	4
i. You talked less than usual	1	2	3	4
j. Lonely.....	1	2	3	4
k. Sad.....	1	2	3	4
l. You could not get "going".....	1	2	3	4

N. PARENT INVOLVEMENT

IF NO SETTING IN A4 AND A24a,
CHECK THIS BOX … ☐ AND GO TO SECTION O.
OTHERWISE GO TO N1.

N1. Please indicate how often you have participated in the following activities at [CHILD]'s care setting since the beginning of this program year. For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week. (USE RESPONSE CARD.)

How often have you …	Not yet	Once or twice	Several times	About once a month	At least once a week
a. Volunteered or observed in [CHILD]'s care setting?	1	2	3	4	5
b. Attended parent-[teacher/care provider] conferences?	1	2	3	4	5
c. Attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?	1	2	3	4	5
d. Attended or helped out with activities such as fieldtrips, fundraising, Policy Council, or other planning groups?	1	2	3	4	5
e. Other (SPECIFY): _____ _____	1	2	3	4	5

Thank you very much for your cooperation.

END TIME: _____ AM/PM

COMPLETE AFTER INTERVIEW IS CONCLUDED.

Q. CONFIDENCE RATINGS

Q1. Interview Completion Code:

Respondent terminated interview prematurely 1
Respondent refused interview 2
Respondent unable to respond (SPECIFY)..... 3
_____
Interview completed 4

Q2. Please rate the following qualities of the respondent, the interviewing situation, and the quality of 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 interruptions	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

R. OBSERVATION

IN ANSWERING THE FOLLOWING QUESTIONS, PROVIDE YOUR RATING OF THE CHILD'S HOME.

R1. Was interview conducted in child's home?

YES ..... 1 (GO TO R2)
NO ..... 2 (STOP – DO NOT ANSWER ADDITIONAL QUESTIONS

R2. Overall, the home is safe, clean, and free of hazards.

1	2	3	4	5	6	7
Inadequate		Minimal		Good		Excellent

R3. Overall, basic hygiene standards are maintained.

1	2	3	4	5	6	7
Inadequate		Minimal		Good		Excellent

R4. A variety of learning materials are available.

1	2	3	4	5	6	7
Inadequate		Minimal		Good		Excellent

NOTE: Examples of learning materials include children's books; toys which teach colors, sizes, and shapes (e.g., shape sorting cubes, pressouts, mailbox, pegboards, etc.); puzzles; record player or tape recorder and records or tapes; toys or games that permit free expression (e.g., clay, play dough, crayons and paper, paint and paper, finger paints and paper, paste and scraps of paper, etc.); toys or games requiring refined movements (e.g., small building materials such as LEGOS, train sets requiring assembly, dolls with clothes that can be put on and taken off, string beads, etc.); and toys or games that help teach numbers (e.g., puzzles with numbers, games, computer games, dominos, playing cards, etc.).

R5. Were any preschool age children present at any time during the interview?

YES 1
NO ..... 2 (STOP – DO NOT ANSWER ADDITIONAL QUESTIONS

R6. Overall, the relationship between the parent/primary caregiver and the child(ren) is warm and sensitive.

1	2	3	4
Not at all	Somewhat	Quite a lot	Very much

R7. Overall, the relationship between the parent/primary caregiver and the child(ren) is harsh and hostile.

1	2	3	4
Not at all	Somewhat	Quite a lot	Very much

If found, return to:
Westat
1650 Research Boulevard
Room WB120F – 7433.04.07
Rockville, MD 20850