

EARLY HEAD START

PARENT INTERVIEW

*FOR PARENTS OF
PRE-K CHILDREN*

MPR ID #:

DATA COLLECTOR ID#:

DATE: //

MONTH

DAY

YEAR

TIME START: : AM. . . . 01
PM. . . . 02

TIME END: : AM. . . . 01
PM. . . . 02

INTERVIEW COMPLETED IN ENGLISH 01

INTERVIEW COMPLETED IN SPANISH 02

OTHER LANGUAGE (SPECIFY): _____ 03

CHILD ASSESSMENT COMPLETED? YES 01
NO 00

**AFFIX MPR ID BARCODE
LABEL HERE**

Conducted for:

Administration on Children, Youth, and Families
U.S. Department of Health and Human Services

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BEFORE STARTING THE INTERVIEW, THE INTERVIEWER SHOULD COMPLETE THE FOLLOWING INFORMATION:

THE LAST INTERVIEW WAS THE: (CIRCLE ONE)

- 36 MONTH PARENT INTERVIEW 01
- PROGRAM EXIT INTERVIEW 02
- FIRST TRACKING INTERVIEW 03
- SECOND TRACKING INTERVIEW 04
- THIRD TRACKING INTERVIEW 05
- OTHER INTERVIEW (SPECIFY) 06

DATE OF LAST INTERVIEW: |__|_|_|/|__|_|_|/|__|_|_|
MONTH DAY YEAR

NAME OF LAST RESPONDENT: _____

NAME OF FOCUS CHILD: _____

FOCUS CHILD'S BIRTHDATE: |__|_|_|/|__|_|_|/|__|_|_|
MONTH DAY YEAR

NAME OF FATHER IDENTIFIED AT LAST BR INTERVIEW:

_____ N/A

NAME OF FATHER-FIGURE IDENTIFIED AT LAST BR INTERVIEW:

_____ N/A

THIS INTERVIEW SHOULD BE CONDUCTED WITH ONE OF THE FOCUS CHILD'S PRIMARY CAREGIVERS AND WE SHOULD STRIVE TO INTERVIEW THE SAME PRIMARY CAREGIVER THAT WAS INTERVIEWED AT THE MOST RECENT INTERVIEW. FOR MOST FOCUS CHILDREN, THE RESPONDENT WILL BE THE CHILD'S MOTHER. THESE ARRANGEMENTS SHOULD BE MADE BEFORE STARTING THE QUESTIONS BELOW.

INTERVIEWER: PLEASE NOTE: THE RESPONDENT CAN BE THE BIOLOGICAL MOTHER, GRANDMOTHER, OR ANOTHER RELATIVE OF THE CHILD. IN QUESTIONS REFERRING TO THE PARENT/MOTHER OF THE FOCUS CHILD, ADJUST THE SPECIFIC QUESTION LANGUAGE TO THE RELATIONSHIP OF THE RESPONDENT OF THE CHILD.

Hello. Thank you for agreeing to talk with us (again). As I mentioned (on the phone/when we made the appointment), the entire visit will take about 1 ½ hours. The visit has three parts. I will need to spend about 15 to 20 minutes with (CHILD), letting (him/her) show me some of the things (he/she) has been learning. Next, I will ask you to take a couple of minutes to get (CHILD) to talk with you about something exciting that's happened recently. You may want to be thinking about what event that might be. Then, I will take out an activity for (CHILD) to do while I videotape you and (him/her) together. While you, (CHILD) and I are working together, it would be best if we were not interrupted.

Finally, I will be asking you some questions about (CHILD) and your family routines. (Many of these questions are the same or similar to questions we asked you when [CHILD] was 3 years old.) As we go along, I will be telling you what we need you to do. And please, if you have any questions, feel free to ask them!

If at any time you need to take a break to take care of (CHILD) (or your other children), please let me know.

All the information you give me is confidential. Neither your name nor (CHILD)'s will be attached to any of the information you give us. If there is ever anything you are not comfortable talking about or doing, please let me know and we will skip that part.

SECTION 1

VERIFICATION OF PRIMARY CAREGIVER STATUS

Before we start the interview today, I just want to make sure that all of our information is up-to-date and that we are interviewing the correct person. Sometimes children live with different relatives, so we want to be certain that we talk with the person who has primary responsibility for (CHILD) right now.

(Questions 1.0 through 1.4 are from the EHS Tracking Interview, Q1 through Q5)

1.0 Just to be sure we are talking about the same child we asked about when we interviewed you before, please tell me the child's first and last names and birthdate:

FIRST NAME _____ LAST NAME _____

BIRTHDATE: |_|_|/|_|_|/|_|_|
MONTH DAY YEAR

1.1 Were you the respondent for the last interview we did on (DATE OF LAST INTERVIEW)?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

1.2 Are you one of the primary caregivers for (CHILD)? That is, do you have or share legal custody of (CHILD)? Or does (CHILD) currently live with you at least half of the time?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

STOP INTERVIEW AND FIND
OUT HOW TO CONTACT
ONE OF CHILD'S PRIMARY
CAREGIVERS.

- 1.3 Have any of the primary caregivers for (CHILD) changed since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW) because of a change in custody or because one of the primary caregivers needed to be away from the child for a long period?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

- 1.4 What is your relationship to (CHILD)?

CIRCLE ONE

BIOLOGICAL MOTHER 01
BIOLOGICAL FATHER 02
FOSTER, ADOPTIVE,
STEP-MOTHER 03
FOSTER, ADOPTIVE,
STEP-FATHER 04
GRANDMOTHER 05
GRANDFATHER 06
OTHER RELATIVE (SPECIFY) 07

OTHER (SPECIFY) 08

DON'T KNOW -1
REFUSED -3

Now that we have all of that information verified, is this a good time for (CHILD) to play with me? We can start with (his/her) activities right now or wait and start with the interview if you think (he/she) isn't at (his/her) best right now.

IS THIS A GOOD TIME FOR CHILD?

YES 01 GO TO CHILD ASSESSMENTS
NO 00 START INTERVIEW, RETURN TO CHILD ASSESSMENTS WHEN CHILD IS READY

SECTION 2

CHILD ASSESSMENT AND VIDEOTAPE

INTERVIEWER: WHEN ARE YOU DOING THE CHILD ASSESSMENT?

AT START OF VISIT 01

AFTER START OF
QUESTIONNAIRE 00 Which section? ☐

INTRODUCTION TO THE CHILD ASSESSMENT:

Now I would like to give (CHILD) a chance to show us some of the skills (he/she) has been learning. These activities are designed to be fun for children and we think (he/she) will enjoy most of them.

I will need a few minutes to get my materials set up. Would you please see if (CHILD) needs anything such as a bathroom break or a snack so that (he/she) will be comfortable. (Also, we need to make sure that the other children let (CHILD) do these tasks by (him/her)self.)

All the toys we will use are non-toxic, clean and safe, and have been thoroughly washed. We don't expect (CHILD) to be able to do all the tasks. They are designed for a wide range of children. Please don't try and help (him/her) out.

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SECTION 3

HEAD START, PRESCHOOL, AND CHILD CARE

We are interested in learning about (CHILD)'s preschool and child care experiences since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW).

- 3.0 First, I would like to ask you about formal childcare or preschool programs (CHILD) may have attended since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW). We want to know about child care and preschool programs, including Head Start, rather than less formal child care or babysitting arrangements.

Has (CHILD) attended any formal preschool or child care programs including Head Start since (his/her last birthday/DATE OF LAST TRACKING INTERVIEW)?

YES	01	GO TO Q3.1, FORMAL CHILD CARE GRID
NO	00	} → GO TO Q3.10, PAGE 12
DON'T KNOW	-1	
REFUSED	-3	

FORMAL CHILD CARE GRID

	MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT
<p>3.1 Please tell me the names of all the formal child care or preschool programs (CHILD) attended since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW). Start with the most recent child care or preschool program attended, including Head Start.</p> <p>INTERVIEWER: ASK Q3.1 AND Q3.2 FOR EACH PROGRAM STARTING WITH THE MOST RECENT, THEN ASK Q3.3-Q3.8 FOR EACH PROVIDER.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>3.2 Is (CHILD) currently in this program?</p>	<p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>
<p>3.3 (Is/Was) this program a Head Start Program?</p>	<p>YES... (GO TO Q3.4) ... 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>YES... (GO TO Q3.4) 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>YES... (GO TO Q3.4) 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>
<p>3.3A. What type of child care or preschool arrangement (is/was) that?</p> <p>A DAY CARE CENTER, PRESCHOOL 01</p> <p>SOME OTHER ARRANGEMENT 02</p> <p>(SPECIFY)</p>	<p>..... 01</p> <p>..... 02</p> <p>_____</p> <p>_____</p>	<p>..... 01</p> <p>..... 02</p> <p>_____</p> <p>_____</p>	<p>..... 01</p> <p>..... 02</p> <p>_____</p> <p>_____</p>
<p>3.4 INTERVIEWER'S KNOWLEDGE ABOUT PROGRAM: DO YOU KNOW FOR CERTAIN THAT THIS PROGRAM IS A HEAD START PROGRAM? THIS ITEM CAN BE COMPLETED AFTER THE INTERVIEW WHEN YOU HAVE A CHANCE TO REFER TO OTHER INFORMATION SOURCES.</p> <p>THIS IS A HEAD START PROGRAM 01</p> <p>THIS IS NOT A HEAD START PROGRAM 00</p> <p>INTERVIEWER IS UNSURE IF THIS IS A HEAD START PROGRAM -1</p>	<p>CIRCLE ONE</p> <p>..... 01</p> <p>..... 00</p> <p>..... -1</p>	<p>CIRCLE ONE</p> <p>..... 01</p> <p>..... 00</p> <p>..... -1</p>	<p>CIRCLE ONE</p> <p>..... 01</p> <p>..... 00</p> <p>..... -1</p>
<p>3.5 (Is/Was) this program primarily a ...</p> <p>Half-Day Center Based Program, 01</p> <p>Full-Day Center Based Program, or 02</p> <p>Home-Based Program 03</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... -1</p> <p>..... -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... -1</p> <p>..... -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... -1</p> <p>..... -3</p>
<p>3.6 (Is/Was) this program a ...</p> <p>Full Year, 12 Month Program or a 01</p> <p>Part-Year, 9 Month Program? 02</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... -1</p> <p>..... -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... -1</p> <p>..... -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... -1</p> <p>..... -3</p>

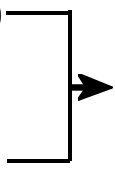
4 TH MOST RECENT	5 TH MOST RECENT	6 TH MOST RECENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
DON'T KNOW -1	DON'T KNOW -1	DON'T KNOW -1
REFUSED -3	REFUSED -3	REFUSED -3
YES. (GO TO Q3.4) 01	YES. (GO TO Q3.4) 01	YES. (GO TO Q3.4) 01
NO 00	NO 00	NO 00
DON'T KNOW -1	DON'T KNOW -1	DON'T KNOW -1
REFUSED -3	REFUSED -3	REFUSED -3
..... 01	..... 01	..... 01
..... 02	..... 02	..... 02
_____	_____	_____
_____	_____	_____
CIRCLE <u>ONE</u>	CIRCLE <u>ONE</u>	CIRCLE <u>ONE</u>
..... 01	..... 01	..... 01
..... 00	..... 00	..... 00
..... -1	..... -1	..... -1
..... 01	..... 01	..... 01
..... 02	..... 02	..... 02
..... 03	..... 03	..... 03
..... -1	..... -1	..... -1
..... -3	..... -3	..... -3
..... 01	..... 01	..... 01
..... 02	..... 02	..... 02
..... -1	..... -1	..... -1
..... -3	..... -3	..... -3

	MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT
3.7 About how many hours a week (does/did) (PROVIDER) take care of (CHILD)?	<div> <div> <div></div> <div></div> </div> <div>HOURS PER WEEK</div> <div>GO TO Q3.8</div> </div> <div>DON'T KNOW -1</div> <div>REFUSED -3</div>	<div> <div> <div></div> <div></div> </div> <div>HOURS PER WEEK</div> <div>GO TO Q3.8</div> </div> <div>DON'T KNOW -1</div> <div>REFUSED -3</div>	<div> <div> <div></div> <div></div> </div> <div>HOURS PER WEEK</div> <div>GO TO Q3.8</div> </div> <div>DON'T KNOW -1</div> <div>REFUSED -3</div>
3.7A Would you say (CHILD) typically (spends/spent) less than 2 hours a week, between 2 and 5 hours a week, between 5 and 20 hours a week, between 20 and 40 hours a week or more than 40 hours a week in this arrangement? Less than 2 hours per week 2 to 5 hours per week 5 to 20 hours per week 20 to 40 hours per week More than 40 hours per week .....	..... 01 02 03 04 05	 01 02 03 04 05	 01 02 03 04 05
3.8 About how many weeks (does/did) (CHILD) usually participate in this program? PROBE: Your best estimate is fine.	<div> <div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> </div> <div>OR</div> <div> <div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>	<div> <div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> </div> <div>OR</div> <div> <div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>	<div> <div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> </div> <div>OR</div> <div> <div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>
3.9 INTERVIEWER: IS THERE ANOTHER ARRANGEMENT?	YES. ....(GO TO COLUMN 2) .. 01 NO. ....(GO TO Q3.10) 00	YES. ....(GO TO COLUMN 3) ... 01 NO. ....(GO TO Q3.10) 00	YES. ....(GO TO COLUMN 4) ... 01 NO. ....(GO TO Q3.10) 00

4 TH MOST RECENT	5 TH MOST RECENT	6 TH MOST RECENT
<div> <div> <div></div> <div></div> <div></div> </div> <div>HOURS PER</div> <div>WEEK GO TO Q3.8</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>HOURS PER</div> <div>WEEK GO TO Q3.8</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>HOURS PER</div> <div>WEEK GO TO Q3.8</div> </div>
DON'T KNOW -1	DON'T KNOW -1	DON'T KNOW -1
REFUSED -3	REFUSED -3	REFUSED -3
..... 01	..... 01	..... 01
..... 02	..... 02	..... 02
..... 03	..... 03	..... 03
..... 04	..... 04	..... 04
..... 05	..... 05	..... 05
<div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>
YES.....(GO TO COLUMN 5) 01	YES.....(GO TO COLUMN 6) 01	
NO.....(GO TO Q3.10) 00	NO.....(GO TO Q3.10) 00	

3.10 Now, I would like to ask you about regular informal child care or babysitting arrangements that you use or may have used for (CHILD) since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW). By regular, we mean any arrangements for at least 10 hours a week that lasted 2 weeks or more. By informal, we mean any arrangements, licensed or unlicensed, that are home-based child care or babysitting arrangements.

Has (CHILD) attended any regular informal child care or babysitting arrangements since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW)?

YES	01	GO TO Q3.11, INFORMAL CHILD CARE GRID
NO	00	
DON'T KNOW	-1	
REFUSED	-3	

GO TO Q3.17,
PAGE 18

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INFORMAL CHILD CARE GRID

	MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT
<p>3.11 Please tell me the names of all the regular informal child care arrangements for (CHILD) since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW). Start with the most recent child care arrangement (CHILD) is in.</p> <p>INTERVIEWER: ASK Q3.11 THROUGH Q3.16 FOR EACH PROVIDER STARTING WITH THE MOST RECENT ARRANGEMENT.</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>3.12 Is (CHILD) currently in this child care arrangement?</p>	<p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>YES 01</p> <p>NO 00</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>
<p>3.12A What type of child care arrangement (is/was) it?</p> <p style="text-align: right;">CIRCLE <u>ONE</u></p> <p>CHILD'S FATHER OR STEPFATHER 01</p> <p>YOUR PARTNER OR BOYFRIEND 02</p> <p>CHILD'S GRANDPARENT OR GREAT GRANDPARENT 03</p> <p>ANOTHER RELATIVE 04</p> <p>NONRELATIVE OF CHILD 05</p> <p>OTHER ARRANGEMENT (SPECIFY) 06</p> <p>_____</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p style="text-align: right;">CIRCLE <u>ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>_____</p> <p>..... -1</p> <p>..... -3</p>	<p style="text-align: right;">CIRCLE <u>ONE</u></p> <p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... 05</p> <p>..... 06</p> <p>_____</p> <p>..... -1</p> <p>..... -3</p>	
<p>3.13 Where (does/did) this child care happen?</p> <p>In your child's home 01</p> <p>Outside your child's home at a site that is licensed, regulated, or registered 02</p> <p>Outside your child's home at a site that is <u>not</u> licensed, regulated, or registered 03</p> <p>Outside your child's home but you are unsure if the site is licensed, regulated, or registered 04</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... -1</p> <p>..... -3</p>	<p>..... 01</p> <p>..... 02</p> <p>..... 03</p> <p>..... 04</p> <p>..... -1</p> <p>..... -3</p>	

SHOW
CARD
1

4 TH MOST RECENT	5 TH MOST RECENT	6 TH MOST RECENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
DON'T KNOW -1	DON'T KNOW -1	DON'T KNOW -1
REFUSED -3	REFUSED -3	REFUSED -3
<div style="text-align: right;">CIRCLE ONE</div> 01	<div style="text-align: right;">CIRCLE ONE</div> 01	<div style="text-align: right;">CIRCLE ONE</div> 01
..... 02	..... 02	..... 02
..... 03	..... 03	..... 03
..... 04	..... 04	..... 04
..... 05	..... 05	..... 05
..... 06	..... 06	..... 06
_____	_____	_____
..... -1	..... -1	..... -1
..... -3	..... -3	..... -3
..... 01	..... 01	..... 01
..... 02	..... 02	..... 02
..... 03	..... 03	..... 03
..... 04	..... 04	..... 04
..... -1	..... -1	..... -1
..... -3	..... -3	..... -3

	MOST RECENT	2 ND MOST RECENT	3 RD MOST RECENT
3.14 About how many hours per week (does/did) (PROVIDER) take care of child?	<div> <div> <div></div> <div></div> <div></div> </div> <div>HOURS PER WEEK</div> <div>(GO TO 3.14B)</div> <div>DON'T KNOW -1</div> <div>REFUSED -3</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>HOURS PER WEEK</div> <div>(GO TO 3.14B)</div> <div>DON'T KNOW -1</div> <div>REFUSED -3</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>HOURS PER WEEK</div> <div>(GO TO 3.14B)</div> <div>DON'T KNOW -1</div> <div>REFUSED -3</div> </div>
3.14A Would you say (CHILD) typically (spends/spent) less than 2 hours a week, between 2 and 5 hours a week, between 5 and 20 hours a week, between 20 and 40 hours a week or more than 40 hours a week in this arrangement?			
Less than 2 hours per week .....	..... 01	..... 01	..... 01
2 to 5 hours per week .....	..... 02	..... 02	..... 02
5 to 20 hours per week .....	..... 03	..... 03	..... 03
20 to 40 hours per week .....	..... 04	..... 04	..... 04
More than 40 hours per week .....	..... 05	..... 05	..... 05
3.14B About how many weeks (does/did) (CHILD) usually participate in this program? PROBE: Your best estimate is fine.	<div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> <div>OR</div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> <div>OR</div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF WEEKS</div> <div>OR</div> <div> <div></div> <div></div> <div></div> </div> <div>NUMBER OF MONTHS</div> </div>
3.15 INTERVIEWER: CHECK Q3.12A AND Q3.13. IS ARRANGEMENT BY A RELATIVE IN CHILD'S HOME?	YES 01 NO 00	YES 01 NO 00	YES 01 NO 00
3.16 INTERVIEWER: IS THERE ANOTHER ARRANGEMENT?	YES... (GO TO COLUMN 2) ... 01 NO... (GO TO Q3.17) .. 00	YES... (GO TO COLUMN 3) 01 NO... (GO TO Q3.17) ... 00	YES... (GO TO COLUMN 4) ... 01 NO... (GO TO Q3.17) .. 00

4 TH MOST RECENT	5 TH MOST RECENT	6 TH MOST RECENT
<div><div><div></div><div></div><div></div></div><div>HOURS PER WEEK</div><div>(GO TO 3.14B)</div></div>	<div><div><div></div><div></div><div></div></div><div>HOURS PER WEEK</div><div>(GO TO 3.14B)</div></div>	<div><div><div></div><div></div><div></div></div><div>HOURS PER WEEK</div><div>(GO TO 3.14B)</div></div>
DON'T KNOW -1	DON'T KNOW -1	DON'T KNOW -1
REFUSED -3	REFUSED -3	REFUSED -3
<div>..... 01</div> <div>..... 02</div> <div>..... 03</div> <div>..... 04</div> <div>..... 05</div>	<div>..... 01</div> <div>..... 02</div> <div>..... 03</div> <div>..... 04</div> <div>..... 05</div>	<div>..... 01</div> <div>..... 02</div> <div>..... 03</div> <div>..... 04</div> <div>..... 05</div>
<div><div><div></div><div></div><div></div></div><div>NUMBER OF WEEKS</div><div>OR</div><div><div></div><div></div><div></div></div><div>NUMBER OF MONTHS</div></div>	<div><div><div></div><div></div><div></div></div><div>NUMBER OF WEEKS</div><div>OR</div><div><div></div><div></div><div></div></div><div>NUMBER OF MONTHS</div></div>	<div><div><div></div><div></div><div></div></div><div>NUMBER OF WEEKS</div><div>OR</div><div><div></div><div></div><div></div></div><div>NUMBER OF MONTHS</div></div>
YES 01	YES 01	YES 01
NO 00	NO 00	NO 00
YES..... (GO TO COLUMN 5) 01	YES..... (GO TO COLUMN 6) 01	
NO..... (GO TO Q3.17) 00	NO..... (GO TO Q3.17) 00	

3.17 INTERVIEWER: HAS CHILD PARTICIPATED IN A HEAD START PROGRAM (Q3.2 = 1 FOR AT LEAST ONE ARRANGEMENT)?

YES 01 GO TO Q3.22, PAGE 20

NO 00

3.18 Since (his/her third birthday/DATE OF LAST TRACKING INTERVIEW), did you apply to have (CHILD) in a Head Start program, but for some reason your child did not participate?

YES 01

NO 00

DON'T KNOW -1

REFUSED -3

→ GO TO Q3.22, PAGE 20

3.19 What (was/were) the name(s) of the Head Start program you applied to?

INTERVIEWER: PLEASE RECORD VERBATIM PARENT'S RESPONSE

3.20 INTERVIEWER'S KNOWLEDGE ABOUT PROGRAM: DO YOU KNOW FOR CERTAIN THAT (THIS/THESE) PROGRAM(S) (IS A/ARE) HEAD START PROGRAM(S)? THIS ITEM CAN BE COMPLETED AFTER THE INTERVIEW WHEN YOU HAVE A CHANCE TO REFER TO OTHER INFORMATION SOURCES.

AT LEAST ONE PROGRAM IS A
HEAD START PROGRAM 01

NONE OF THE PROGRAMS ARE
HEAD START PROGRAMS 00

INTERVIEWER IS UNSURE IF
ANY OF THE PROGRAMS ARE
HEAD START PROGRAMS -1

3.21 What was the primary reason that (CHILD) did not participate in the Head Start program?

INTERVIEWER: READ LIST. RECORD ONE RESPONSE.

CIRCLE ONE

You decided not to enroll child 01

Your family did not meet income
eligibility requirements 02

Your child was placed on the
Head Start program waiting list 03

Or was there another reason
that your child did not participate
in the Head Start
program? (SPECIFY) 04

DON'T KNOW -1

REFUSED -3

3.22 CODE WITHOUT ASKING:

INTERVIEWER: HAS FOCUS CHILD ATTENDED A FORMAL
PRESCHOOL OR CHILDCARE PROGRAM OR AN
INFORMAL CHILD CARE ARRANGEMENT EITHER
CURRENTLY OR SINCE (HIS/HER THIRD
BIRTHDAY/DATE OF LAST TRACKING INTERVIEW)?

YES 01

NO 00 GO TO Q3.23

A. (EHS Tracking Interview Q.10a) Did you receive a subsidy for any of the
preschool or child care for (CHILD) since (his/her third birthday/DATE OF
LAST TRACKING INTERVIEW)? That is, did someone else, like a
government agency or community program, help pay for (CHILD's)
preschool or child care when payment was required?

YES 01

NO 00

NO, NO PAYMENT REQUIRED 02

DON'T KNOW -1

REFUSED -3

3.23 (EHS Tracking Interview, Q11) Has (CHILD) received any special education
assistance since (his/her third birthday/DATE OF LAST TRACKING
INTERVIEW)?

YES 01

NO 00

DON'T KNOW -1

REFUSED -3

3.24 INTERVIEWER: CHECK Q3.2 AND Q3.12. IS CHILD CURRENTLY IN ANY
CHILDCARE ARRANGEMENT?

YES 01

NO 00 GO TO Q4.0

A. INTERVIEWER CHECK Q3.7, Q3.8, Q3.14 AND Q3.14B. IS THERE A
PROVIDER WHERE THE CHILD IS CARED FOR AT LEAST 10 HOURS
A WEEK FOR AT LEAST 2 WEEKS?

YES 01

NO 00 GO TO Q4.0, PAGE 24

B. IS ONE OF THE PROVIDERS A HEAD START PROGRAM?

YES 01

NO 00 GO TO Q3.25 (PAGE 23) AND
CODE HEAD START AS
ELIGIBLE PROVIDER

C. IS ONE OF THE PROVIDERS ANOTHER FORMAL PRESCHOOL
PROGRAM OTHER THAN HEAD START?

YES 01

NO 00 GO TO Q3.25 (PAGE 23) AND
CODE PRESCHOOL PROGRAM
AS ELIGIBLE PROVIDER

D. IS ONE OF THE PROVIDERS AN INFORMAL ARRANGEMENT THAT IS
REGULATED OR LICENSED?

YES 01

NO 00 GO TO Q3.25 (PAGE 23) AND
CODE REGULATED/LICENSED
INFORMAL ARRANGEMENT AS
ELIGIBLE PROVIDER

E. IS ONE OF THE PROVIDERS AN INFORMAL ARRANGEMENT THAT IS NOT REGULATED OR LICENSED?

YES 01 GO TO Q3.25 AND CODE UNREGULATED/LICENSED INFORMAL ARRANGEMENT AS ELIGIBLE PROVIDER

NO 00 GO TO Q4.0, PAGE 24

(CHART FROM 36 BR PARENT INTERVIEW, Q4.12 and Q4.13)

ELIGIBILITY FOR OBSERVATION CHART

1. BASIC RULE: CARE FOR 2 WEEKS OR MORE AT 10 HOURS PER WEEK OR MORE*.		
2.	RELATIVE	NON-RELATIVE
Child's Home	NOT ELIGIBLE	ELIGIBLE
Elsewhere	ELIGIBLE*	ELIGIBLE

*Exception: Do not ask if care is by the biological father or the father-figure.

INTERVIEWER NOTE: IF YOU HAVE DIFFICULTY IDENTIFYING THE ELIGIBLE PROVIDER, THE FOLLOWING IS A DETAILED BREAKDOWN FOR DETERMINING WHO AND WHERE TO OBSERVE.

FIRST PRIORITY
HEAD START

SECOND PRIORITY
CENTER-BASED OVER HOME-BASED

THIRD PRIORITY
PRE-K OVER CHILD CARE

FOURTH PRIORITY
REGULATED OR LICENSED CHILD CARE OVER INFORMAL,
UNREGULATED CHILD CARE

FIFTH PRIORITY
IF ALL UNREGULATED, WHERE CHILD SPENDS MOST TIME

3.25 ELIGIBLE CURRENT PROVIDER IS:

PROVIDER NUMBER: |__|__|

PROVIDER/CENTER NAME: _____

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SECTION 4

SOCIAL COMPETENCE/SCHOOL READINESS/CHILD BEHAVIOR

- 4.0 (FACES, G1) In general, thinking about (CHILD) now or in the past 2 months, 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, somewhat or sometimes true, or not true.



(READ ITEM.) Now or within the past 2 months, has this been not true (so far as you know), been somewhat or sometimes true, or very often or often true?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	NOT TRUE	SOMEWHAT OR SOMETIMES TRUE	VERY OR OFTEN TRUE
(Items omitted because copyright does not allow us to reproduce them.)	01	02	03

These next questions are about things that different children do at different ages.
These things may or may not be true for (CHILD).

- 4.1 (FACES, F7) How often does (CHILD) like to write or pretend to write? Would you say (he/she) likes to do this . . .

CIRCLE ONE

Never, 01
Has done it once or twice, 02
Sometimes, or 03
Often? 04
DON'T KNOW -1
REFUSED -3

- 4.2 (FACES, F10) Does (CHILD) trip, stumble, or fall easily?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

- 4.3 (FACES, F14) Does (CHILD) ever look at a book with pictures and pretend to read?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

- 4.4 (New from Harvard) About how many children's books do you own? Is it . . .

CIRCLE ONE

1 - 10, 01
11 - 25, 02
26 - 50, or 03
More than 50? 04
DON'T KNOW -1
REFUSED -3

4.5 (New from Harvard) Where do you get books for your child?

CIRCLE ALL THAT APPLY

LIBRARY 01
BOOKSTORE 02
OTHER (SPECIFY) 03

DON'T KNOW -1
REFUSED -3

4.6 (New from Harvard) Do you read anything other than books with your child?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

→ GO TO Q4.7

4.6A (New from Harvard) What other types of things (other than books) do you read with (CHILD)?

CIRCLE ALL THAT APPLY

FUNNIES 01
CATALOGUES 02
CHILDREN'S MAGAZINES 03
NEWSPAPERS 04
OTHER (SPECIFY) 05

DON'T KNOW -1
REFUSED -3

4.7 (ECLS, Question 9) Do you know what school your child will attend when (he/she) starts kindergarten?

YES	01	
NO	00	} → GO TO Q4.8A
DON'T KNOW	-1	
REFUSED	-3	

4.8 What is the name of the school that your child will attend when (he/she) starts kindergarten?

SCHOOL: _____

DON'T KNOW -1

REFUSED -3

4.8A In what school district (is NAME OF SCHOOL FROM Q4.8/Will your child attend school)?

SCHOOL DISTRICT: _____

DON'T KNOW -1

REFUSED -3

SECTION 5

PARENT-CHILD ACTIVITIES

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

- 5.0 (FACES, D1) How many times have you or someone in your family read to (CHILD) in the past week? Would you say you or someone in your family read to (CHILD) . . .

PROBE: During the last 7 days.

CIRCLE ONE

Not at all 01
 Once or twice 02
 Three or more times, or 03
 Every day? 04
 DON'T KNOW -1
 REFUSED -3

- 5.1 (FACES, D3 and D4; CONTROL: SPRING 99, A3 and A4) In the past week, how often have you or has someone in your family done any of the following things with (CHILD)?



How many times in the past week have you or has someone in your family (READ STATEMENT)--would you say: zero times, one or two times, or three or more times? REPEAT FOR B-H AND CIRCLE ONE CODE FOR EACH STATEMENT.

PROBE: During the last 7 days.

	Zero Times	One or Two Times	Three or More Times
A. Told (him/her) a story?	01	02	03
B. Taught (him/her) letters, words, or numbers?	01	02	03
C. Taught (him/her) songs or music?	01	02	03
D. Worked on arts and crafts with (him/her)?	01	02	03
E. Played with toys or games indoors?	01	02	03
F. Played a game, sport, or exercised together?	01	02	03
G. Took (him/her) along while doing errands like going to the post office, the bank, or the store?	01	02	03
H. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?	01	02	03

(Questions 5.2 through 5.4 are from the HOME)

5.2 Now that (CHILD) is about to go to kindergarten, have you (or another adult or older child) started teaching (him/her) letters in the alphabet or do you think it's better to wait until (he/she) gets to school where the teacher can do it the way she wants to?

HAVE TAUGHT ALPHABET AT HOME 01
 THINKS IT'S BETTER TO WAIT 00
 DON'T KNOW -1
 REFUSED -3

5.3 How much choice is (CHILD) allowed in deciding what foods (he/she) eats at breakfast and lunch? Does (he/she) have . . .

A great deal of choice, 01
Some choice, 02
Little choice, or 03
 No choice? 04

5.4 In the past year, have you or any other family members taken or arranged to take (CHILD) to any type of a museum such as a children's museum, science, art, or history museum?

INTERVIEWER: A TRIP TO THE ZOO, CRAFT SHOW, STORES, LIBRARY, ETC. DOES NOT COUNT HERE, BUT AN ART EXHIBIT AT A LOCAL BANK OR MALL WOULD COUNT.

YES 01
 NO 00
 DON'T KNOW -1
 REFUSED -3

Source: Caldwell, B. M. & Bradley, R. H. (2003). Administration manual: Home Observation for Measurement of the Environment. Little Rock, AR: University of Arkansas at Little Rock.

SECTION 6

PARENT STRESS/MENTAL HEALTH

6.0 (EHS 36 BR Parent Interview, 11.2)

CESD
SHORT

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.

SHOW
CARD
4

How often during the past week have you felt (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? REPEAT FOR B-L AND CIRCLE ONE CODE FOR EACH.

PROBE: During the last 7 days.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	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 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. You felt lonely	01	02	03	04
K. You felt sad	01	02	03	04
L. You could not get "going"	01	02	03	04

- 6.1 (EHS 36 BR Parent Interview, 10.1) I am now going to read you a list of things that sometimes happen to people. We'd like to know which of these, if any, have happened to you in the past year.

	YES	NO
A. Has someone you were close to died or been killed in the last year?	01	00
B. During the past year, have you lived in a household where someone had a problem with alcohol or drugs?	01	00
C. Has someone abused you physically, emotionally, or sexually?	01	00

- 6.2 (EHS 36 BR Parent Interview, 10.2; EHS 36 Father Interview, 8.2) For each of the following items, please tell me how often each one happened to you in the past year?

From
FACES

(READ ITEM.) Has this happened never, once, or more than once?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	NEVER	ONCE	MORE THAN ONCE	(DO NOT READ) REFUSED
a. You heard or saw violent crime take place in your neighborhood	01	02	03	-3
b. You know someone who was victim of a violent crime in your neighborhood	01	02	03	-3
c. You were a victim of violent crime in your neighborhood	01	02	03	-3

6.3 (EHS 36 BR Parent Interview, 10.3; EHS 36 Father Interview, 8.3) Has (CHILD) been a witness to a violent crime in the past year?

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

6.4 (EHS 36 BR Parent Interview, 10.4; EHS 36 Father Interview, 8.4) Has (CHILD) been a witness to domestic violence in the past year?

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

6.5 (EHS 36 BR Parent Interview, 10.5; EHS 36 Father Interview, 8.5) Has (CHILD) been the victim of a violent crime in the past year?

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

SHOW CARD 5

HEROIN

HALLUCINOGENS (SUCH AS LSD, ANGEL DUST, PEYOTE, ECSTASY, MDMA, Mescaline)

COCAINE

MARIJUANA OR HASHISH

INHALANTS YOU SNIFF OR BREATHE (SUCH AS AMYL NITRATE, FREON, NITROUS OXIDE, WHIPPETS, GASOLINE, SPRAY PAINT)

ANALGESICS OR OTHER PRESCRIPTION PAINKILLERS (SUCH AS TYLENOL WITH CODEINE, DEMEROL, DARVON, PERCODAN, CODEINE, MORPHINE, METHADONE)

AMPHETAMINES OR OTHER STIMULANTS (SUCH AS METHAMPHETAMINE, PRELUDIN, DEXEDRINE, RITALIN, SPEED)

TRANQUILIZERS OR NERVE PILLS (SUCH AS LIBRIUM, VALIUM, ACTIVAN, MEPROBAMATE, XANAX)

SEDATIVES, INCLUDING BARBITURATES OR SLEEPING PILLS (SUCH AS SECONAL, HALCION, METHAQUALONE)

- 6.6 (EHS 24 BR Parent Interview, 13.34 and CAGE) Before I ask you the next questions, I'd like to remind you that all the information you give us on this interview will not be shared with Head Start or any other program.

The next questions are about your use of drugs on your own. By "on your own" we mean using drugs either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. Please look at the list on this card [SHOW CARD]. We do not need to know about your use of a specific drug, just whether you've used any of these drugs. With this definition in mind, have you ever used any of these drugs on your own?

YES	01	
NO	00	} → GO TO Q6.7
DON'T KNOW	-1	
REFUSED	-3	

- 6.6A Are you currently using any of these drugs on your own?

INTERVIEWER: "CURRENTLY" IS HOWEVER THE RESPONDENT DEFINES IT.

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

6.6B (CAGE) Have you ever had a problem with using drugs?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.6C (CAGE) Have you ever felt the need to cut down on your drug use?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.6D (CAGE) Have you ever been annoyed or angry because someone criticized your drug use?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.6E (CAGE) Have you ever felt guilty about your drug use?

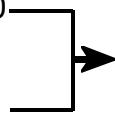
YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.6F (CAGE) Have you ever used drugs first thing in the morning to steady your nerves or get you going?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

Now I would like to talk about your use of alcohol, such as beer, wine, or hard liquor.

6.7 Have you ever drank alcohol?

YES	01	
NO	00	
DON'T KNOW	-1	
REFUSED	-3	

GO TO Q6.8

6.7A (CAGE) Do you currently drink alcohol?

INTERVIEWER: "CURRENTLY" IS HOWEVER THE RESPONDENT
DEFINES IT.

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

6.7B (CAGE) Have you ever had a problem with alcohol?

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

6.7C (CAGE) Have you ever felt the need to cut down on your drinking?

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

6.7D (CAGE) Have you ever been annoyed or angry because someone criticized your drinking?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.7E (CAGE) Have you ever felt guilty about your drinking?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.7F (CAGE) Have you ever had a drink first thing in the morning to steady your nerves or get you going (an Eye-opener)?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.8 Do you currently smoke cigarettes or use other types of tobacco?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

6.9 (EHS Tracking Interview, Q22; 36 Month BR Parent Interview, Q 11.1) In general would you say that your health is . . .

Excellent	01
Very Good	02
Good	03
Fair, or	04
Poor	05
DON'T KNOW	-1
REFUSED	-3

6.10 (EHS Tracking Interview, Q24; PSI K29) Are you, yourself, currently covered by any kind of health insurance, such as Medicaid or private insurance plan, or by a Health Maintenance Organization (HMO) that covers hospital or doctor bills?

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

SECTION 7

DISCIPLINE/ANGER MANAGEMENT

7.0 (EHS 36 BR Parent Interview, 8.5) Most children get angry at their parents from time to time. If (CHILD) got so angry that (he/she) hit you, what would you do?

HOME

PROBE: Anything else?

CIRCLE ALL THAT APPLY

- HIT (HIM/HER) BACK 01
- SEND (HIM/HER) TO
(HIS/HER) ROOM 02
- SPANK (HIM/HER) 03
- TALK TO (HIM/HER) 04
- IGNORE IT 05
- GIVE (HIM/HER) HOUSEHOLD
CHORE 06
- HOLD CHILD'S HANDS UNTIL
(HE/SHE) WAS CALM 07
- YELL AT CHILD 08
- OTHER (SPECIFY) 09
- _____
- TIME OUT 10

Source: Caldwell, B. M. & Bradley, R. H. (2003). Administration manual: Home Observation for Measurement of the Environment. Little Rock, AR: University of Arkansas at Little Rock.

IF PARENT USES TIME OUT (10 ABOVE) AND/OR IF PARENT SENDS CHILD TO HIS/HER ROOM (02 ABOVE), THEN CONTINUE WITH Q7.0A. OTHERWISE, GO TO Q7.1.

7.0A How long do you (usually send (CHILD) to (his/her) room (and/or) (put (him/her) in time out)?

INTERVIEWER: CALCULATE TIME IN MINUTES EVEN IF RESPONDENT REPORTS ANSWER IN SOME OTHER UNIT OF TIME.

|_|_| MINUTES

DON'T KNOW -1

REFUSED -3

7.1

HOME

(EHS 36 BR Parent Interview, 8.4) Sometimes children mind pretty well and sometimes they don't. In the past week, have you or has anyone in the household spanked (CHILD) because (he/she) was misbehaving or acting up?

PROBE: During the last seven days.

YES 01

NO 00

DON'T KNOW -1

REFUSED -3

GO TO Q8.0

A. How often did this happen in the past week?

|_|_| TIMES

SECTION 8

CHILD HEALTH

The next questions are about special services (CHILD) may have had and (CHILD's) health and development. Remember, everything you say to me is confidential and will not be shared with Head Start or any other agency or program.

8.0 (QUESTIONS 8.0 to 8.4 ARE NEW FROM THE DISABILITIES WORK GROUP) Has (CHILD) been found eligible for services by (NAME OF LOCAL PART B PROGRAM(S))?

YES	01	
NO	00	} → GO TO Q8.2
DON'T KNOW	-1	
REFUSED	-3	

8.1 Is there a plan or IEP developed for (CHILD)?

YES	01
NO	00
DON'T KNOW	-1
REFUSED	-3

INTERVIEWER: SHOW PARENT THE LOCAL IFSP AND/OR IEP FORMS
DEPENDING ON WHICH ARE USED AT YOUR SITE FOR THIS
AGE.

8.2 Is (CHILD) getting help from early intervention or special education programs, (NAME OF LOCAL PART B PROGRAM(S)), or other agencies that help children with special needs? For example, is (he/she) getting special help with talking or communicating, using (his/her) feet or legs, or with behavior or emotions?

YES	01	
NO	00	} → GO TO Q8.5
DON'T KNOW	-1	
REFUSED	-3	

8.3 How old was (CHILD) when (he/she) started getting this help?

|_|_| MONTHS

8.4 Please tell me in what area(s) (CHILD) gets this help:

	<u>YES</u>	<u>NO</u>
A. Health?	01	00
B. Vision?	01	00
C. Hearing?	01	00
D. Talking or communicating?	01	00
E. Using hands or arms?	01	00
F. Using feet or legs?	01	00
G. Behavior or emotions?	01	00
H. Other (SPECIFY)	01	00

8.5 (FACES, M3) In the last year, did you take (CHILD) for well-child care or regular check-ups?

YES 01 GO TO Q8.7
NO 00
DON'T KNOW -1
REFUSED -3

8.6 (FACES, M4) Why not?

CIRCLE ALL THAT APPLY

- NO PHYSICIAN NEARBY 01
NO TRANSPORTATION 02
NOT ENOUGH MONEY 03
NOT SICK ENOUGH TO NEED A
DOCTOR 04
COULD NOT GET TIME OFF FROM
WORK 05
PLACE WAS NOT OPEN WHEN I
COULD GO 06
NO CARE FOR OTHER CHILDREN 07
OTHER (SPECIFY) 08
-
- DON'T KNOW -1
REFUSED -3

8.7 (FACES, M5) Where does (CHILD) go for routine medical care, like well-child care or regular check-ups?

CIRCLE ONE

- 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 04
A MIGRANT HEALTH CLINIC 05
THE INDIAN HEALTH SERVICE 06
COMMUNITY HEALTH CENTER 07
OTHER (SPECIFY) 08
-
- DON'T KNOW -1
REFUSED -3

8.8 (FACES, M6) How were (CHILD's) health care services primarily paid for?

CIRCLE ONE

DIRECT PAYMENT (OUT-OF-POCKET) . 01
PRIVATE INSURANCE 02
MEDICAID 03
CHIP OR (LOCAL NAME)04
FREE CARE 05
OTHER (SPECIFY) 06

DON'T KNOW -1
REFUSED -3

8.9 In the last year, did you take (CHILD) to visit a dentist for a routine check-up and/or cleaning?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

(NEW)

8.10 A. Since (his/her) third birthday, has (CHILD) had or been diagnosed by a health professional or any other professional with any of the following conditions? (READ LIST OF CONDITIONS)

B. IF "YES", ASK: Did (CHILD) receive treatment for this?

		A.		B.	
		<u>YES</u>	<u>NO</u>	<u>TX</u> <u>YES</u>	<u>TX</u> <u>NO</u>
a.	Allergies	01	00	01	00
b.	Anemia	01	00	01	00
c.	Asthma	01	00	01	00
d.	Diabetes	01	00	01	00
e.	Emotional problem like ADD or ADHD	01	00	01	00
f.	Epilepsy	01	00	01	00
g.	Hearing problems	01	00	01	00
h.	High blood pressure	01	00	01	00
i.	Injuries or accidents requiring medical care (e.g., stitches, fractures, etc.)	01	00	01	00
j.	Kidney or urinary problems	01	00	01	00
k.	Lead poisoning	01	00	01	00
l.	Obesity/overweight	01	00	01	00
m.	Short stature (i.e., too short)	01	00	01	00
n.	Tuberculosis	01	00	01	00
o.	Underweight	01	00	01	00
p.	Vision problems requiring glasses or other intervention	01	00	01	00

- 8.11 (EHS Tracking Interview, Q21; 36 Month BR Parent Interview, Q2.1) Overall, since ((CHILD)'s third birthday/ DATE OF LAST TRACKING INTERVIEW), would you say (CHILD)'s health has been . . .

Excellent 01
Very Good 02
Good 03
Fair, or 04
Poor 05
DON'T KNOW -1
REFUSED -3

- 8.12 (EHS Tracking Interview, Q23; PSI K31) Is (CHILD) currently covered by any kind of health insurance, such as Medicaid or private insurance plan, or by a Health Maintenance Organization (HMO) that covers hospital or doctor bills?

YES 01
NO 00
DON'T KNOW -1
REFUSED -3

SECTION 9

HOUSEHOLD COMPOSITION

- 9.0 (EHS Parent Interview, 3.1) Not including you and (CHILD), how many other people lived in this (house/apartment) with you during the past 30 days?

|_|_| PEOPLE

NO ONE ELSE--ONLY SELF

AND (CHILD) 00 GO TO Q9.5,
PAGE 50

- 9.1 (EHS Tracking Interview, 15) Not including yourself, how many adults 18 years or older lived in this (house/apartment) with you during the past 30 days?

|_|_| ADULTS

NO OTHER ADULTS 00

- 9.2 (EHS Tracking Interview, 16) Not including (CHILD), how many children 17 years of age and under lived in this (house/apartment) with you during the past 30 days?

|_|_| CHILDREN

NO OTHER CHILDREN 00

- 9.3 (EHS Parent Interview, 3.2) Are any of these people (your/MOTHER'S) spouse or partner?

YES 01

NO 00

DON'T KNOW -1

REFUSED -3

9.4 (EHS Parent Interview, 3.3) How (are these people/is this person) related to (CHILD)?

CIRCLE CODE THEN RECORD NUMBER OF PEOPLE IN BOXES.

CIRCLE ALL THAT APPLY

FATHER 01 | |

STEPPARENT 02 | |

AUNT, UNCLE, GREAT-AUNT OR
GREAT-UNCLE 03 | |

GRANDPARENT OR GREAT GRANDPARENT ... 04 | |

SIBLING (BROTHER OR SISTER) 05 | |

STEPBROTHER OR STEPSISTER 06 | |

NEPHEW OR NIECE 07 | |

COUSIN 08 | |

OTHER RELATIVE OR IN-LAW 09 | |

NON-RELATIVE ADULT (INCLUDE MOTHER'S
PARTNER, BOYFRIEND) 10 | |

NON-RELATIVE CHILD 11 | |

OTHER (SPECIFY) 12 | |

MOTHER 13 | |

FOSTER MOTHER 14 | |

FOSTER PARENT 15 | |

TOTAL SHOULD EQUAL NUMBER IN Q9.0, PAGE 48

- 9.5 The next question is about your educational background. What is the highest grade or year of regular school that you have completed?

CODE GED AS 12

	<u>CIRCLE ONE CODE</u>							
NONE	00							
ELEMENTARY, MIDDLE, OR JR. HIGH SCHOOL	01	02	03	04	05	06	07	08
HIGH SCHOOL	09	10	11	12				
COLLEGE OR VOCATIONAL SCHOOL ...	13	14	15	16				
POST COLLEGE	17	18	19	20+				
DON'T KNOW					-1			
REFUSED					-3			

9.6 (EHS Exit Interview, QE3) What types of degrees, diplomas, or certificates have you received?

PROBE: IF RESPONDENT SAYS “NONE”, ASK: Did you complete an elementary, middle, or junior high school program?

PROBE: IF RESPONDENT SAYS “HIGH SCHOOL DIPLOMA”, ASK: Did you receive your high school diploma through a GED program?

CIRCLE THE CODE FOR EACH DIPLOMA OR CERTIFICATE REPORTED.

	CIRCLE ALL THAT APPLY
A. NONE	00
B. ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL DIPLOMA ...	01
C. ABE OR ADULT BASIC EDUCATION CERTIFICATE (PRE-GED)	02
D. GED CERTIFICATE	03
E. HIGH SCHOOL DIPLOMA	04
F. AA OR ASSOCIATES DIPLOMA OR DEGREE (TWO-YEAR)	05
G. BA OR BS OR COLLEGE DIPLOMA OR DEGREE (FOUR-YEAR) ...	06
H. ESL OR ENGLISH AS A SECOND LANGUAGE CERTIFICATE	07
I. VOCATIONAL, TECHNICAL, OR TRADE DIPLOMA, CERTIFICATE OR DEGREE (SPECIFY)	08
J. NURSING DEGREE (LPN <u>OR</u> RN)	09
K. BUSINESS CERTIFICATE OR DEGREE	10
L. SECRETARIAL CERTIFICATE OR DEGREE	11
M. OTHER TYPES (SPECIFY)	12
N. MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST	13
O. CHILD CARE CERTIFICATE/TEACHERS AIDE	14
P. GRADUATE DEGREE (MA, PH.D., MD, JD, TH.D.)	15
Q. CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL	16

- 9.7 (EHS Tracking Interview; PSI, QD40) How much time in the past six months have you held a job or jobs in which you worked at least 20 hours per week? Would you say you've worked at least 20 hours per week for all of the time, most of the time, about half the time, less than half the time, or never?

ALL OF THE TIME 01
MOST OF THE TIME 02
ABOUT HALF THE TIME 03
LESS THAN HALF THE TIME 04
NEVER 05
DON'T KNOW -1
REFUSED -3

- 9.8 (EHS Tracking Interview; PSI, QD40) Are you currently working, in school, in a training program, or doing something else?

PROBE:IF RESPONDENT IS NOT WORKING, ASK: Are you looking for work?

CIRCLE ALL THAT APPLY

WORKING 01
UNEMPLOYED 02
LOOKING FOR WORK 03
LAID OFF 04
IN SCHOOL/TRAINING 05
KEEPING HOUSE/PARENTING 06
IN MILITARY 07
ON DISABILITY LEAVE 08
ON FAMILY CARE LEAVE
(MATERNITY, PATERNITY,
OR FAMILY CARE) 09
DON'T KNOW -1
REFUSED -3

9.8A INTERVIEWER: IS RESPONDENT CURRENTLY WORKING AT A JOB OR
IN MILITARY SERVICE? IS "01" OR "07" CIRCLED IN
Q9.8 ABOVE?

YES 01

NO 00

DON'T KNOW -1

REFUSED -3

GO TO Q9.14,
PAGE 55

9.9 (EHS Tracking Interview) How many different jobs do you currently have?
Include odd jobs, paid babysitting jobs, work in your own business, or other
types of jobs you currently have.

PROBE: Count babysitting, housekeeping, or odd jobs for different families
together as one job.

|_|_| DIFFERENT JOBS

DON'T KNOW -1

REFUSED -3

INTERVIEWER: IF THE RESPONDENT CURRENTLY WORKS AT MORE THAN 3 JOBS, ASK Q9.10 TO Q9.13 FOR THE 3 JOBS WHERE THE RESPONDENT WORKS THE MOST HOURS IN A TYPICAL WEEK.

(Questions 9.10 through 9.12 from EHS Tracking Interview, 14a through 14d; Question 9.9 from EHS 36 Month Father Interview)

	CURRENT JOB WITH MOST HOURS	CURRENT JOB WITH SECOND MOST HOURS	CURRENT JOB WITH THIRD MOST HOURS
<p>9.10 Please tell me where you currently work starting with the job where you work the most number of hours.</p> <p>PROBE FOR DON'T KNOW OR REFUSED: We don't need to know the name of the place-we just need some way to refer to it. Should I use "Job #1" or some other name?</p>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<p>9.11 About how many hours per week do you usually work at EMPLOYER? Please include regular overtime hours.</p>	<p>____ HOURS PER WEEK</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>____ HOURS PER WEEK</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>____ HOURS PER WEEK</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>
<p>9.12 What is your hourly wage at this job?</p>	<p>\$ ____ / HOUR (GO TO Q9.14)</p> <p>NOT PAID BY HOUR 01</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>\$ ____ / HOUR (GO TO Q9.14)</p> <p>NOT PAID BY HOUR 01</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>\$ ____ / HOUR (GO TO Q9.14)</p> <p>NOT PAID BY HOUR 01</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>
<p>9.13 How much are your weekly earnings before taxes and other deductions? Please include tips, commissions, and regular overtime pay you may have received?</p>	<p>\$ _____</p> <p>PER WEEK 01</p> <p>PER DAY 02</p> <p>ONCE EVERY 2 WEEKS 03</p> <p>TWICE A MONTH 04</p> <p>PER MONTH 05</p> <p>PER YEAR 06</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>\$ _____</p> <p>PER WEEK 01</p> <p>PER DAY 02</p> <p>ONCE EVERY 2 WEEKS 03</p> <p>TWICE A MONTH 04</p> <p>PER MONTH 05</p> <p>PER YEAR 06</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>	<p>\$ _____</p> <p>PER WEEK 01</p> <p>PER DAY 02</p> <p>ONCE EVERY 2 WEEKS 03</p> <p>TWICE A MONTH 04</p> <p>PER MONTH 05</p> <p>PER YEAR 06</p> <p>DON'T KNOW -1</p> <p>REFUSED -3</p>

- 9.14 (EHS Tracking Interview; PSI, M51-M52) During the past six months what was the amount of money all the members of your family received before taxes and deductions during a typical month? Please include your own income and that of all members of your family that lived with you. Include money you received from jobs, welfare, or any other source. Do not include in-kind resources such as FOOD STAMPS or material goods. Also do not include income from other families that may live in your (house/apartment).

PROBE: Your best estimate would be fine.

\$, PER MONTH (FAMILY INCOME) GO TO Q9.15

DON'T KNOW -1

REFUSED -3

- 9.14A Would you say your family's monthly income is . . .

Less than \$200, 01

Between \$200 and \$400, 02

Between \$400 and \$600, 03

Between \$600 and \$800, 04

Between \$800 and \$1,000, 05

Between \$1,000 and \$1,200, 06

Between \$1,200 and \$1,400, 07

Between \$1,400 and \$1,600, 08

Between \$1,600 and \$1,800, 09

Between \$1,800 and \$2,000, 10

Between \$2,000 and \$2,200, 11

Between \$2,200 and \$2,400, 12

Between \$2,400 and \$2,600, 13

Between \$2,600 and \$2,800, 14

Between \$2,800 and \$3,000 or 15

Over \$3,000? 16

DON'T KNOW -1

REFUSED -3

- 9.15 (EHS Tracking Interview; PSI, M1) Now I would like to ask you about kinds of income and support you and members of your family who live with you are currently receiving. Do you or any other family members who live with you currently receive . . .

TYPE OF INCOME/SUPPORT	Currently Receiving?			
	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>REFUSED</u>
A. A check or income from TANF (formerly AFDC) for welfare for families with children?	01	00	-1	-3
B. A check or income from General Assistance or General Relief?	01	00	-1	-3
C. A check or income from Supplemental Security Income (SSI)?	01	00	-1	-3
D. A check or income from Social Security Retirement, Disability (SSDI), Survivor's Benefits (SSA)?	01	00	-1	-3
E. Unemployment insurance benefits?	01	00	-1	-3
F. Food Stamps?	01	00	-1	-3
G. WIC vouchers?	01	00	-1	-3
H. Child Support Payments?	01	00	-1	-3
I. Medicaid or medical assistance?	01	00	-1	-3
J. Other (SPECIFY)	01	00	-1	-3

- 9.16 (EHS Tracking Interview, Q19; PSI wording) How many times have you moved since ((CHILD)'s third birthday/DATE OF LAST TRACKING INTERVIEW)?

|_|_| TIMES MOVED

DON'T KNOW -1

REFUSED -3

- 9.17 (EHS Tracking Interview, Q20; PSI, H8) Have you been homeless since ((CHILD)'s third birthday/DATE OF LAST TRACKING INTERVIEW)?

YES 01

NO 00

DON'T KNOW -1

REFUSED -3

- 9.18 (EHS Tracking Interview, Q25; PSI L1) Social workers, family workers, case managers, and family advocates can provide a variety of services. For example, they may help a person find a job, get help for a medical or drug problem, get help for a child with special needs, offer advice about how to improve someone's life, or help a person apply for government programs or benefits.

Since ((CHILD)'s third birthday/DATE OF LAST TRACKING INTERVIEW), did you or your family meet or talk with a social worker, case manager, service coordinator, or family advocate from any of the following types of programs or places at home, in person or over the phone?

INTERVIEWER: READ LIST. CIRCLE CODE FOR EACH TYPE OF SERVICE.

TYPE OF SERVICE	Currently Receiving?			
	YES	NO	DON'T KNOW	REFUSED
A. Early Head Start	01	00	-1	-3
B. Head Start	01	00	-1	-3
C. Parenting Support Services	01	00	-1	-3
D. Family home visit programs	01	00	-1	-3
E. TANF case management services	01	00	-1	-3
F. Job training/counseling	01	00	-1	-3
G. Housing assistance (incl., home heating)	01	00	-1	-3
H. Disability Services	01	00	-1	-3
I. Substance abuse services	01	00	-1	-3
J. Violence/anger management services	01	00	-1	-3
K. Mental health services	01	00	-1	-3
L. Child protective services	01	00	-1	-3
M. Any other programs or agencies? (SPECIFY)	01	00	-1	-3
_____	01	00	-1	-3
_____	01	00	-1	-3
_____	01	00	-1	-3

SECTION 10

ABOUT CHILD'S FATHER

10.0 (EHS Parent Interview, Section 5)

INTERVIEWER: YOU ARE INTERVIEWING . . .

CIRCLE ONE

MOTHER 01

FATHER 02

GRANDMOTHER 03

OTHER FEMALE
RELATIVE (SPECIFY) 04

OTHER (SPECIFY) 05

GO TO SECTION 11,
PAGE 75

FOSTER MOTHER 06

FOSTER FATHER 07

INTERVIEWER: IF YOU ARE INTERVIEWING (CHILD's) FATHER, ADJUST THE WORDING OF THE FOLLOWING QUESTIONS APPROPRIATELY AND REPLACE THE WORD "FATHER/FATHER-FIGURE" WITH "MOTHER/MOTHER-FIGURE" THROUGHOUT SECTION 10.

The next questions are about (CHILD)'s father and other men who might be important to (him/her).

10.1 What is your relationship with (CHILD)'s biological father now? Is he your . . .

CIRCLE ONE

Husband, 01

Live-in partner, 02

Boyfriend, 03

Friend, 04

Something else, or (SPECIFY) 05

Are you not in any relationship
with him at all? 06

SEPARATED/DIVORCED 07

DECEASED 08

ESTABLISHING MEN TO ASK ABOUT

10.2 CODE WITHOUT ASKING IF KNOWN:

CCDP

Now, I'd like to talk about (CHILD) and (his/her) relationship with (his/her) father. Does (CHILD)'s biological father live with you and (CHILD)?

CIRCLE ONE

- CHILD USUALLY LIVES WITH
BIOLOGICAL FATHER 01 GO TO Q10.4,
PAGE 61
- CHILD LIVES WITH BIOLOGICAL
FATHER SOME OF THE TIME
(SPLIT CUSTODY) 02
- CHILD DOES NOT LIVE WITH
BIOLOGICAL FATHER 03
- VOLUNTEERED: BIOLOGICAL
FATHER DECEASED 04
- DON'T KNOW WHO BIOLOGICAL
FATHER IS 05

- 10.3 Is there someone (else) who you consider to be like a father to (CHILD)? This should be someone who spends time playing with (CHILD), taking care of (him/her) and, in general, doing the kinds of things a man who is close to a young child might do with (him/her).

YES 01

NO 00 GO TO SECTION 10,
INSTRUCTIONS BELOW

- A. Is this person your husband, partner, boyfriend, or (CHILD's) grandfather, or another relative, or someone else?

CIRCLE ONE

HUSBAND 01

PARTNER 02

BOYFRIEND 03

MATERNAL GRANDFATHER 04

PATERNAL GRANDFATHER 05

OTHER RELATIVE 06

OTHER (SPECIFY) 99

→ GO TO C

- B. What is his relationship to you?

BROTHER 01

FRIEND 02

OTHER (SPECIFY) 99

- C. Does he live in this (house/apartment) with you?

YES 01

NO 00

SECTION 10 INSTRUCTIONS:

Q10.2		Q10.3	ASK THE FOLLOWING:
01	+	NOT ASKED	= SECTION 10A
02, 03	+	00	= SECTION 10B, PAGE 65
02, 03	+	01	= SECTIONS 10B AND 10C, PAGE 65 THROUGH 74
04, 05, OR NOT ASKED	+	01	= SECTION 10C, PAGE 71
04, 05, OR NOT ASKED	+	00	= GO TO SECTION 11, PAGE 75

THIS PAGE IS INTENTIONALLY BLANK.

SECTION 10A

RESIDENT BIOLOGICAL FATHER

(EHS Parent Interview, Section 5A)

10.4 CODE WITHOUT ASKING IF KNOWN:

What is (CHILD)'s biological father's first name?

ECCO

REFUSED -3

CONTINUE. READ "HE"
OR "[CHILD'S] FATHER"
AS THE SUBSTITUTION IN
REMAINING QUESTIONS.

10.5 Is (FATHER) currently working, in school, in a training program or is he doing something else?

ECCO

CIRCLE ALL THAT APPLY

WORKING 01

UNEMPLOYED 02

LOOKING FOR WORK 03

LAID OFF 04

IN SCHOOL/TRAINING 05

IN JAIL/PRISON 06

IN MILITARY 07

SOMETHING ELSE (SPECIFY) 08

RETIREED 09

DISABLED 10

IN TREATMENT 11

DON'T KNOW -1

REFUSED -3

10.5A What is the highest grade or year of regular school that he has completed?

CODE GED AS 12

CIRCLE ONE CODE

NONE	00								
ELEMENTARY, MIDDLE, OR JR. HIGH SCHOOL	01	02	03	04	05	06	07	08	
HIGH SCHOOL	09	10	11	12					
COLLEGE OR VOCATIONAL SCHOOL ...	13	14	15	16					
POST COLLEGE	17	18	19	20+					
DON'T KNOW					-1				
REFUSED					-3				

GO TO 10.6

10.5B What types of degrees, diplomas, or certificates has (FATHER) received?

PROBE: IF RESPONDENT SAYS “NONE”, ASK: Did he complete an elementary, middle, or junior high school program?

PROBE: IF RESPONDENT SAYS “HIGH SCHOOL DIPLOMA”, ASK: Did he receive his high school diploma through a GED program?

CIRCLE THE CODE FOR EACH DIPLOMA OR CERTIFICATE REPORTED.

	CIRCLE ALL THAT APPLY
A. NONE	00
B. ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL DIPLOMA	01
C. ABE OR ADULT BASIC EDUCATION CERTIFICATE (PRE-GED)	02
D. GED CERTIFICATE	03
E. HIGH SCHOOL DIPLOMA	04
F. AA OR ASSOCIATES DIPLOMA OR DEGREE (TWO-YEAR) .	05
G. BA OR BS OR COLLEGE DIPLOMA OR DEGREE (FOUR-YEAR)	06
H. ESL OR ENGLISH AS A SECOND LANGUAGE CERTIFICATE	07
I. VOCATIONAL, TECHNICAL, OR TRADE DIPLOMA, CERTIFICATE OR DEGREE (SPECIFY)	08
J. NURSING DEGREE (LPN <u>OR</u> RN)	09
K. BUSINESS CERTIFICATE OR DEGREE	10
L. SECRETARIAL CERTIFICATE OR DEGREE	11
M. OTHER TYPES (SPECIFY)	12
N. MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST	13
O. CHILD CARE CERTIFICATE/TEACHERS AIDE	14
P. GRADUATE DEGREE (MA, PH.D., MD, JD, TH.D.)	15
Q. CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL . .	16
DOES NOT KNOW	-1
REFUSED	-3

10.6 Has (FATHER) been living with you since (CHILD)'s third birthday?

PROBE:For the whole time?

YES 01

NO 00 GO TO Q10.7

A. Since (CHILD)'s third birthday, how many months has he lived with you?

|_|_| MONTHS

10.7 In the past month, how often has (FATHER) looked after (CHILD) while you did other things? Was it . . .

CCDP

PROBE:The last 30 days.

CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

Once or twice, or 04

Never? 05

HOME

10.7B And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

YES 01

NO 00

Which meals?

CIRCLE ALL
THAT APPLY

Breakfast 01

Lunch 02

Dinner 03

GO TO SECTION 11, PAGE 75

SECTION 10B

NON-RESIDENT BIOLOGICAL FATHER

(EHS Parent Interview, Section 5B)
10.9 INTERVIEWER:CHECK Q10.2, PAGE 59. IS THERE A NON-RESIDENT BIOLOGICAL FATHER TO ASK ABOUT (Q10.2=02 OR 03)?

YES 01

NO 00

GO TO SECTION 10C,
Q10.23, PAGE 71

10.10 CODE WITHOUT ASKING IF KNOWN:
What is (CHILD)'s biological father's first name?

ECCO

REFUSED -3

CONTINUE. READ "HE" OR
"[CHILD'S] FATHER"AS THE
SUBSTITUTION IN
REMAINING QUESTIONS.

10.11 Is (FATHER) currently working, in school or training program or is he doing something else?

ECCO

CIRCLE ALL THAT APPLY

WORKING 01

UNEMPLOYED 02

LOOKING FOR WORK 03

LAID OFF 04

IN SCHOOL/TRAINING 05

IN JAIL/PRISON 06

IN MILITARY 07

SOMETHING ELSE (SPECIFY) 08

RETIREED 09

DISABLED 10

IN TREATMENT 11

DON'T KNOW -1

REFUSED -3

10.12 What is the highest grade or year of regular school that he has completed?

CODE GED AS 12

	<u>CIRCLE ONE CODE</u>							
NONE	00							
ELEMENTARY, MIDDLE, OR JR. HIGH SCHOOL	01	02	03	04	05	06	07	08
HIGH SCHOOL	09	10	11	12				
COLLEGE OR VOCATIONAL SCHOOL ...	13	14	15	16				
POST COLLEGE	17	18	19	20+				
DON'T KNOW					-1	] → GO TO 10.13		
REFUSED					-3			

10.12A What types of degrees, diplomas, or certificates has (FATHER) received?

PROBE: IF RESPONDENT SAYS “NONE”, ASK: Did he complete an elementary, middle, or junior high school program?

PROBE: IF RESPONDENT SAYS “HIGH SCHOOL DIPLOMA”, ASK: Did he receive his high school diploma through a GED program?

CIRCLE THE CODE FOR EACH DIPLOMA OR CERTIFICATE REPORTED.

	CIRCLE ALL THAT APPLY
A. NONE	00
B. ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL DIPLOMA	01
C. ABE OR ADULT BASIC EDUCATION CERTIFICATE (PRE-GED)	02
D. GED CERTIFICATE	03
E. HIGH SCHOOL DIPLOMA	04
F. AA OR ASSOCIATES DIPLOMA OR DEGREE (TWO-YEAR) .	05
G. BA OR BS OR COLLEGE DIPLOMA OR DEGREE (FOUR-YEAR)	06
H. ESL OR ENGLISH AS A SECOND LANGUAGE CERTIFICATE	07
I. VOCATIONAL, TECHNICAL, OR TRADE DIPLOMA, CERTIFICATE OR DEGREE (SPECIFY)	08

J. NURSING DEGREE (LPN <u>OR</u> RN)	09
K. BUSINESS CERTIFICATE OR DEGREE	10
L. SECRETARIAL CERTIFICATE OR DEGREE	11
M. OTHER TYPES (SPECIFY)	12

N. MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST	13
O. CHILD CARE CERTIFICATE/TEACHERS AIDE	14
P. GRADUATE DEGREE (MA, PH.D., MD, JD, TH.D.)	15
Q. CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL . .	16
DOES NOT KNOW	-1
REFUSED	-3

10.13 Since (CHILD)'s third birthday, has (CHILD) had any contact with (FATHER)?

YES 01

NO 00 GO TO Q10.19

10.14 And, in the last three months since (MONTH), about how often has (CHILD) seen (his/her) father? Was it . . .

CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

About once a month, 04

Less often than that, or 05

Never? 06 GO TO Q10.19

10.15 In the past month, how often has (FATHER) looked after (CHILD) while you did other things? Was it . . .

CCDP

PROBE: In the last 30 days.

CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

Once or twice, or 04

Never? 05

HOME

10.15B And, in a typical day, do you, (FATHER) and (CHILD) get to eat together?

YES 01

NO 00

Which meals?

CIRCLE ALL
THAT APPLY

Breakfast 01

Lunch 02

Dinner 03

10.16 THERE IS NO QUESTION 10.16.

10.17 THERE IS NO QUESTION 10.17.

10.18 THERE IS NO QUESTION 10.18.

10.19 Since (CHILD)'s third birthday, have you made a new legal agreement, a new informal agreement, is your old agreement unchanged, or do you now have no arrangement at all with (FATHER)?

PROBE: Do you have a new legal arrangement, a new informal agreement, is your old agreement unchanged, or do you now have no arrangement at all with (FATHER) regarding things like child support and visitation?

CIRCLE ONE

NEW LEGAL 01

NEW INFORMAL 02

UNCHANGED 03 GO TO Q10.21

NOT NEEDED, MARRIED TO

FATHER 04

NONE 05

GO TO Q10.23,
PAGE 71

10.20 Since (CHILD)'s third birthday, did you have to go to court to establish that (FATHER) was (CHILD)'s legal father?

YES 01

NO 00

REFUSED -3

A. When was a (formal/informal) agreement reached about child support payments? (What month and year?)

PROBE: Your best estimate will be fine.

|_|_| / 20 |_|_|
MONTH YEAR

DON'T KNOW -1

REFUSED -3

10.21 How much per month is (FATHER) supposed to pay for (CHILD)'s support?

ECCO

PROBE: Your best estimate will be fine.

\$ |__|__|__| PER MONTH

NONE 00

DON'T KNOW -1

A. Since (DATE IN Q10.20A/CHILD's third birthday) how many times have you received money from (CHILD)'s father for (his/her) support?

|__|__| TIMES

NEVER 00

DON'T KNOW -1

SECTION 10C

FATHER FIGURE

(EHS Parent Interview, Section 5C)

10.23 INTERVIEWER:CHECK Q10.3, PAGE 60. IS THERE A FATHER-FIGURE
TO ASK ABOUT (10.3 = 01)?

YES 01

NO 00 GO TO SECTION 11,
PAGE 75

10.24 My next questions are about (PERSON IN Q10.3A OR B) whom you feel is an
important man in (CHILD)'s life. What is his first name?

ECCO

REFUSED -3

CONTINUE. READ "HE"
OR "FATHER FIGURE" AS
THE SUBSTITUTION IN
REMAINING QUESTIONS.

10.25 CODE WITHOUT ASKING IF KNOWN:
Is this the person you told us about when (CHILD) was 36 months old?

INTERVIEWER:IF NOT KNOWN, CHECK PAGE 1 TO SEE IF THE NAME
OF THE FATHER-FIGURE RECORDED IS THE SAME AS
THE NAME GIVEN IN Q10.24. IF THE NAMES ARE THE
SAME, CIRCLE "YES" AND CONTINUE WITH Q10.26. IF
THERE IS NO FATHER-FIGURE LISTED ON PAGE 1,
THEN ASK RESPONDENT THE ABOVE QUESTION AND
CIRCLE APPROPRIATE RESPONSE BELOW.

YES 01

NO 00

DON'T KNOW-1

10.26

ECCO

Is (FATHER-FIGURE) currently working, in school or training program or is he doing something else?

CIRCLE ALL THAT APPLY

WORKING 01
 UNEMPLOYED 02
 LOOKING FOR WORK 03
 LAID OFF 04
 IN SCHOOL/TRAINING 05
 IN JAIL/PRISON. 06
 IN MILITARY 07
 SOMETHING ELSE (SPECIFY) 08

RETIRED 09
 DISABLED 10
 IN TREATMENT 11
 DON'T KNOW -1
 REFUSED -3

10.27A What is the highest grade or year of regular school that he has completed?

CODE GED AS 12

CIRCLE ONE CODE

NONE 00
 ELEMENTARY, MIDDLE, OR
 JR. HIGH SCHOOL 01 02 03 04 05 06 07 08
 HIGH SCHOOL 09 10 11 12
 COLLEGE OR
 VOCATIONAL SCHOOL ... 13 14 15 16
 POST COLLEGE 17 18 19 20+
 DON'T KNOW -1
 REFUSED -3

} → GO TO 10.29

10.27B (EHS Exit Interview, QE3; PSI, QE2) What types of degrees, diplomas, or certificates has (FATHER-FIGURE) received?

PROBE: IF RESPONDENT SAYS "NONE", ASK: Did he complete an elementary, middle, or junior high school program?

PROBE: IF RESPONDENT SAYS "HIGH SCHOOL DIPLOMA", ASK: Did he receive his high school diploma through a GED program?

CIRCLE THE CODE FOR EACH DIPLOMA OR CERTIFICATE REPORTED.

	CIRCLE ALL THAT APPLY
A. NONE	00
B. ELEMENTARY, MIDDLE, OR JUNIOR HIGH SCHOOL DIPLOMA	01
C. ABE OR ADULT BASIC EDUCATION CERTIFICATE (PRE-GED)	02
D. GED CERTIFICATE	03
E. HIGH SCHOOL DIPLOMA	04
F. AA OR ASSOCIATES DIPLOMA OR DEGREE (TWO-YEAR) ..	05
G. BA OR BS OR COLLEGE DIPLOMA OR DEGREE (FOUR-YEAR)	06
H. ESL OR ENGLISH AS A SECOND LANGUAGE CERTIFICATE	07
I. VOCATIONAL, TECHNICAL, OR TRADE DIPLOMA, CERTIFICATE OR DEGREE (SPECIFY)	08
J. NURSING DEGREE (LPN <u>OR</u> RN)	09
K. BUSINESS CERTIFICATE OR DEGREE	10
L. SECRETARIAL CERTIFICATE OR DEGREE	11
M. OTHER TYPES (SPECIFY)	12
N. MEDICAL ASSISTANT, CNA, DENTAL HYGIENIST	13
O. CHILD CARE CERTIFICATE/TEACHERS AIDE	14
P. GRADUATE DEGREE (MA, PH.D., MD, JD, TH.D.)	15
Q. CHILD DEVELOPMENT ASSOCIATE (CDA) CREDENTIAL ...	16
DOES NOT KNOW	-1
REFUSED	-3

10.29 Has (FATHER-FIGURE) lived with you since (CHILD)'s third birthday?

YES 01

NO 00 GO TO Q10.30

A. How many months has he lived with you since (CHILD)'s third birthday?

|_|_| MONTHS

10.30 In the past month, how often has (FATHER-FIGURE) looked after (CHILD) while you did other things? Is it . . .

CCDP

PROBE: In the last 30 days.

CIRCLE ONE

Every day or almost every day, 01

A few times a week, 02

A few times a month, 03

HOME

Once or twice, or 04

Never? 05

10.30B And, in a typical day, do you, (FATHER-FIGURE) and (CHILD) get to eat together?

YES 01

NO 00

Which meals?

CIRCLE ALL
THAT APPLY

Breakfast 01

Lunch 02

Dinner 03

IF CHILD ASSESSMENTS OR VIDEOTAPING NOT DONE YET, DO THEM
BEFORE SECTION 11.

SECTION 11

WRAP UP QUESTIONS FOR RESPONDENT

(SECTION 12 36 BR PARENT INTERVIEW, 12.1 AND 12.2)

11.1 Before we finish up, I have a few questions about how typical today was.

Was this a typical day for (CHILD)?

PROBE: Don't count my being here.

YES 01 GO TO Q11.2
NO 00

11.A Why not?

PROBE: Any other reasons?

CIRCLE ALL THAT APPLY

CHILD WAS SICK 01
PARENT WAS SICK 02
CHILD OFF SCHEDULE (DID NOT
SLEEP, EAT, WAKE UP, ETC. AT
REGULAR TIME) 03
CHILD BEHAVIOR DIFFERENT IN
OTHER WAY 04
FEWER CHILDREN AROUND THAN
USUAL 05
MORE CHILDREN AROUND THAN
USUAL 06
TANTRUMS/ACTED UP/LESS
COOPERATIVE THAN USUAL 07
MORE COOPERATIVE THAN USUAL/
UNUSUALLY WELL BEHAVED 08
OTHER (SPECIFY) 09

CHILD USUALLY AT DAY CARE/
SCHOOL PARENT AT WORK 10

11.1B How different was it? Was it . . .

CIRCLE ONE

Only slightly different, 01

Somewhat different, or 02

Really different? 03

11.2 How much did my presence disrupt the routine or affect your activities or (CHILD)'s? Would you say . . .

CIRCLE ONE

Only slightly, 01

Somewhat, or 02

A great deal? 03

FOLLOW-UP INTERVIEW WITH CHILD CARE PROVIDER

11.3 CHECK QUESTION 3.25, PAGE 23. IS THERE AN ELIGIBLE PROVIDER?

YES 01
NO 00 GO TO Q12.0

FULL NAME OF PROVIDER OR CENTER: _____

OFFICE ONLY PROVIDER ID: |_|_|_|_|_|_|_|_|_|
--

- 11.4 For another part of this study we would like to spend a little time with (CHILD) when (he/she) is in pre-school, a child care center, or in child care. We would like your consent to contact (PROVIDER) and ask (him/her/them) if we may observe (CHILD) when (he/she) is there. We will give (PROVIDER/CENTER) \$20 for participating.

Is it okay for us to contact (PROVIDER/CENTER)?

YES 01
NO 00

TRY AND ADDRESS CONCERNS, IF STILL A REFUSAL, GO TO Q12.0

- A. In order for us to contact (PROVIDER), we would like you to sign this consent form so that (PROVIDER) will know that you have given your okay for this visit. We would not want to ask (PROVIDER) to let us in without being able to show (him/her/them) something from you.

HAND RESPONDENT CONSENT FORM AND READ WITH HER
--

- B. Please tell me (PROVIDER)'s address and telephone number.

ADDRESS: _____

PHONE NUMBER: () - _____ - _____

- C. We would appreciate your telling (PROVIDER) that we will be calling (him/her/them) in a few days.

FOLLOW-UP INTERVIEW WITH FATHER/FATHER-FIGURE:

12.0 INTERVIEWER: IS SITE PART OF FATHER STUDY?

YES 01

NO 00

GO TO SECTION 13,
PAGE 84

12.1 INTERVIEWER: CHECK QUESTIONS 10.2 AND 10.3.

A. DOES CHILD LIVE WITH (HIS/HER) BIOLOGICAL FATHER?

YES 01 GO TO Q12.2

NO 00

B. CHILD HAS ...

NON-RESIDENT BIOLOGICAL
FATHER BUT NO FATHER-
FIGURE 01

NO IDENTIFIED FATHER—ONLY
A FATHER-FIGURE 02

GO TO Q12.2

NON-RESIDENT BIOLOGICAL
FATHER AND A FATHER-FIGURE 03

FOLLOW INSTRUCTIONS
IN BOX BELOW

NO BIOLOGICAL FATHER
(RESIDENT OR NON-RESIDENT)
AND NO FATHER-FIGURE 04

GO TO SECTION 13,
PAGE 84

IF YOUR SITE WILL ONLY INTERVIEW ONE FATHER OR
FATHER-FIGURE, GO TO Q12.3.

IF YOUR SITE WILL INTERVIEW BOTH THE NON-RESIDENTIAL
FATHER AND THE FATHER-FIGURE, GO TO Q12.4

12.2 (BIOLOGICAL FATHER OR FATHER-FIGURE ONLY—CHOOSE APPROPRIATE LANGUAGE)

We may want to talk to (FATHER/FATHER-FIGURE) and ask him some of the same types of questions we have asked you. And we may also want to videotape him playing with (CHILD). We may be able to give him something to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

A. What is his full name?

GO TO Q12.5, PAGE 82

12.3 (CHILD HAS BOTH NON-RESIDENT BIOLOGICAL FATHER AND FATHER-FIGURE)

We may want to talk to the man who spends the most time with (CHILD) and is most important in (his/her) life. We may want to ask this person some of the same types of questions we have asked you. And we may want to videotape him playing with (CHILD). We may be able to give him something to thank him for helping us learn more about (CHILD) and his relationship with (him/her).

REFER TO (Q10.14 AND Q10.15, PAGE 68) AND (Q10.30, PAGE 74).

I see from what you told me earlier that (CHILD) spends more time with (NON-RESIDENT FATHER OR FATHER-FIGURE) than with (FATHER-FIGURE OR NON-RESIDENT FATHER). Is (NON-RESIDENT FATHER OR FATHER-FIGURE) the person I should interview and videotape with [CHILD]?

YES	01	GO TO B
NO	00	GO TO A

A. Why do you feel we should interview (FATHER/FATHER-FIGURE)?
RECORD VERBATIM

B. RESPONDENT'S CHOICE IS ...

NON-RESIDENT FATHER	01
FATHER-FIGURE	02

C. What is his full name?

GO TO Q12.5, PAGE 82

SITE INTERVIEWING BOTH FATHER/FATHER-FIGURE:

- 12.4 We may want to talk to both (CHILD)'s father and the man who spends the most time with (CHILD) and is important in (his/her) life and is like a father to the child. We may want to ask these persons separately some of the same types of questions we have asked you. [And we may want to videotape the FATHER/FATHER-FIGURE playing with (CHILD).] We may be able to give him them something to thank them for helping us learn about (CHILD) and his relationship with (him/her).

- A. Is (FATHER-FIGURE) the person we should interview as the (CHILD)'s father-figure?

YES 01 GO TO B
NO 00

- A-1. Is there somebody else we should interview that you feel is an important man in (CHILD)'s life?

YES 01
NO 00 GO TO E

- A-2. Who would that person be?

NAME: _____

- A-3. So we can understand the change, please tell me why you feel we should interview (NEW) instead of (OLD).

- B. Do you have any objections to having us interview him?

YES 01 GO TO E
NO 00

D. What is (FATHER-FIGURE)'s address, phone number, and the best time to reach him?

SAME ADDRESS AS RESPONDENT OR

E. When it comes to (NON-RESIDENT BIOLOGICAL FATHER), do you have any objections to us attempting to reach him to be in this study?

YES 01 GO TO G

NO 00

F. What is (NON-RESIDENT BIOLOGICAL FATHER)'s address, phone number, and the best time to reach him?

SAME ADDRESS AS RESPONDENT OR

GO TO Q12.6,PAGE 83

- G. It is possible that some of the fathers/father-figures will hear about this study and will ask us to become a part of it. If they approach us, we'd still like to talk with them. If they calls us, may we talk with them?

RECORD HER RESPONSE

CONTINUE WITH Q12.6

- 12.5A Do you have any objections to having us interview (FATHER/FATHER-FIGURE)?

YES 01 GO TO B
NO 00 GO TO C

- B. It is possible that some of the fathers will hear about this study and will ask us to become a part of it. If he approaches us, we'd still like to talk with him. If he calls us, may we talk with him?

RECORD HER RESPONSE

CONTINUE WITH Q12.6

- C. What is (FATHER/FATHER-FIGURE)'s address, phone number, and the best time to reach him?

SAME ADDRESS AS RESPONDENT OR

INTERVIEWER: IF RESPONDENT IS UNSURE HOW TO CONTACT
FATHER/FATHER-FIGURE, ASK:

D. Do you know anyone else who would know how to contact
(FATHER/FATHER-FIGURE)?

YES 01 GO TO E

NO 00

E. What is this person's name, address, and phone number?

Name: _____

Address: _____

Phone: |_|_|_|_|-|_|_|_|_|-|_|_|_|_|

12.6 A. HAVE YOU IDENTIFIED A NON-RESIDENT FATHER OR NON-RESIDENT
FATHER-FIGURE AS THE PERSON TO INTERVIEW AND VIDEOTAPE?

YES 01

NO 00 GO TO SECTION 13

B. HAVE MOTHER SIGN LOCAL CONSENT FORM TO INTERVIEW AND
VIDEOTAPE NON-RESIDENT FATHER OR NON-RESIDENT FATHER-
FIGURE.

INTERVIEWER: IF FATHER/FATHER-FIGURE IS AVAILABLE NOW, ASK
RESPONDENT FOR A MINUTE TO SPEAK WITH HIM
ABOUT THE INTERVIEW.

SECTION 13

INTERVIEWER OBSERVATIONS

INTERVIEWER: RATE ON THE BASIS OF YOUR PERSONAL OBSERVATIONS OF THE HOME AND THE CAREGIVER/CHILD INTERACTIONS AT THE TIME OF YOUR VISIT. IF YOU ARE NOT ABLE TO OBSERVE SOME OF THE FOLLOWING ITEMS, AND IT IS POSSIBLE TO ASK THE CAREGIVER TO SHOW YOU WHERE THE TOYS, PUZZLES, ETC. ARE KEPT WITHOUT COMPROMISING RAPPORT OR BEING TOO INVASIVE, PLEASE DO SO AND CODE THE ITEMS ACCORDING TO WHAT YOU WERE SHOWN. FOR THOSE ITEMS THAT YOU HAVE OBSERVED AND FOR WHICH YOU DO NOT NEED TO ASK FOR FURTHER INFORMATION FROM THE CAREGIVER, PLEASE COMPLETE AFTER YOU HAVE LEFT THE HOME.

FOR ALL OF THE QUESTIONS REGARDING THE NATURE OF TOYS THAT THE FOCUS CHILD HAS AVAILABLE TO HIM/HER, PLEASE GIVE CREDIT FOR TOYS THAT ARE SHARED WITH OTHER SIBLINGS AS LONG AS THE FOCUS CHILD IS ABLE TO PLAY WITH THEM UNLESS IT IS SPECIFIED THAT THE TOYS HAVE TO BELONG SOLELY TO THE FOCUS CHILD.

(Questions 13.0 through 13.32 are from the HOME)

A. LEARNING STIMULATION

- 13.1 CHILD HAS TOYS THAT TEACH COLORS, SIZES, AND SHAPES.
Some of examples of these types of toys are blocks, balls, sorting toys, colored shapes like wooden circles, squares, and triangles, counting games, shaping and sorting cubes, pressouts, play school, and pegboards.

YES 01

NOT OBSERVED IN ANY ROOM 00

NOT OBSERVED-ACCESS LIMITED 02

- 13.2 CHILD HAS THREE OR MORE PUZZLES.
The puzzles must be appropriate to the child's age, and all of the pieces must be present. Many times a parent will say that the child has lots of puzzles, but will then note that she doesn't know where to find all of the pieces. If the puzzles do not have all of the pieces present, do not give credit for this item.

YES 01

NOT OBSERVED IN ANY ROOM 00

NOT OBSERVED-ACCESS LIMITED 02

13.3 CHILD HAS USE OF A RECORD PLAYER, TAPE DECK, CD PLAYER, OR TAPE RECORDER AT HOME AND AT LEAST FIVE CHILDREN'S RECORDS OR TAPES.

The record player, etc. may belong to the parents as long as the child has his/her own records and is allowed to use the record player to play them.

YES 01

NOT OBSERVED IN ANY ROOM 00

NOT OBSERVED-ACCESS LIMITED 02

13.4 CHILD HAS TOYS OR GAMES PERMITTING FREE EXPRESSION.

Examples of these types of toys are crayons and paper, puppets, toy cars and trucks, doll house with dolls, barn with animals, toy kitchen area with play food and play dishes, painting supplies, dress-up clothes, clay, finger paints, playdough, and paint.

YES 01

NOT OBSERVED IN ANY ROOM 00

NOT OBSERVED-ACCESS LIMITED 02

13.5 CHILD HAS TOYS OR GAMES NECESSITATING REFINED MOVEMENTS.

Examples of these types of toys are blocks that can be stacked, small building toys like interlocking blocks or Lincoln Logs, beads of different sizes that can be strung, finger puppets, zip, button, and snap activities, scissors and paper, paint by number (simple level), dot book, coloring books and crayons, and paper dolls.

YES 01

NOT OBSERVED IN ANY ROOM 00

NOT OBSERVED-ACCESS LIMITED 02

Source: Caldwell, B. M. & Bradley, R. H. (2003). Administration manual: Home Observation for Measurement of the Environment. Little Rock, AR: University of Arkansas at Little Rock.

- 13.6 CHILD HAS TOYS OR GAMES FACILITATING LEARNING NUMBERS.
Examples of these types of toys are books that teach numbers, small objects to count, balance scales, rulers, number puzzles, magnetic numbers, number games like dominoes, number lotto, or playing cards, blocks, and books teaching numbers.

YES 01
NOT OBSERVED IN ANY ROOM 00
NOT OBSERVED-ACCESS LIMITED 02

- 13.7 CHILD HAS AT LEAST TEN CHILDREN'S BOOKS.
These must be children's books in readable condition. They can be shared with siblings or have been handed down by older children.

YES 01
NOT OBSERVED IN ANY ROOM 00
NOT OBSERVED-ACCESS LIMITED 02

B. LANGUAGE STIMULATION

- 13.8 CHILD HAS TOYS THAT TEACH THE NAMES OF ANIMALS.
Examples of these types of toys are large farm animal or zoo animal toys (plastic or stuffed), animal Memory© games, baby animal lotto, real pictures of animals in books or on posters, videotapes about animals, animal puzzles, and circus games.

YES 01
NOT OBSERVED IN ANY ROOM 00
NOT OBSERVED-ACCESS LIMITED 02

C. VARIETY IN EXPERIENCE

- 13.9 CHILD HAS A REAL OR TOY MUSICAL INSTRUMENT.
Examples of these types of toys are tambourines, recorders, and toy drums.

YES 01
NOT OBSERVED IN ANY ROOM 00
NOT OBSERVED-ACCESS LIMITED 02

D. LEARNING STIMULATION

13.10 AT LEAST 10 BOOKS APPROPRIATE FOR ADULTS ARE VISIBLE IN THE HOUSE/APARTMENT.

To receive credit 10 books must be visible to the child. Professional journals and high quality magazines like National Geographic can be counted, but each set can only be counted as one set regardless of the number of magazines in each set.

YES 01

NOT OBSERVED IN ANY ROOM 00

NOT OBSERVED-ACCESS LIMITED 02

E. LANGUAGE STIMULATION

13.11 PARENT TEACHES CHILD SIMPLE VERBAL MANNERS.

To receive credit for this indicator, the caregiver must make an effort to remind the child to use verbal manners like saying “please” and “thank you” when appropriate.

YES 01

NO 00

13.12 CAREGIVER USES CORRECT GRAMMAR AND PRONUNCIATION.

To receive credit the caregiver must be able to communicate with you. Pronunciation with enough precision that the caregiver can be understood is more important than precise grammar.

EASILY UNDERSTOOD 01

NOT EASILY UNDERSTOOD 00

13.13 PARENT ENCOURAGES CHILD TO TALK AND TAKES TIME TO LISTEN.

To receive credit, the caregiver must converse with the child and when the child talks to him/her, he/she must listen and not ignore or interrupt the child. A good example of encouraging the child to talk would be asking him/her questions that require answers of more than one or two words. Good evidence that he/she takes time to listen would be the caregiver establishing eye contact or looking at the child as he/she talks to her.

ENCOURAGES CHILD TO TALK 01

DOES NOT ENCOURAGE TALK 00

13.14 WHEN SPEAKING OF CHILD, CAREGIVER'S VOICE CONVEYS POSITIVE FEELING.

Is the caregiver pleased with his/her child? Does he/she enjoy the child and talk about him/her in a pleasant, joyful manner rather than talk in a flat tone which communicates, "She's here, so I'll put up with her."

POSITIVE 01

NOT POSITIVE 00

F. PHYSICAL ENVIRONMENT

13.15 STRUCTURAL SAFETY OF THE HOME: THE HOME'S STATE OF DISREPAIR OR NEGLECT AND THOSE ASPECTS OF THE PHYSICAL ENVIRONMENT THAT COULD BE POTENTIALLY DANGEROUS TO A YOUNG CHILD AS WELL AS OBJECTS WHICH MIGHT CAUSE INJURY.

CIRCLE ONE

Parts of the home appear unsafe;
home creates a dangerous environment
for the preschool child; plaster coming
off ceiling or walls; stairway with boards
missing; exposed electrical wiring;
kitchen cabinets do not have doors;
dangerous objects present 01

Home is neither unsafe nor safe; some
obvious safety modifications and repairs
to physical environment are needed but
the environment does not suggest
imminent harm or danger to preschool
child; water stains on some ceilings or
walls, wallpaper in need of some repair ... 02

No obvious repairs to the home are
necessary 03

- 13.16 OUTSIDE PLAY ENVIRONMENT: REFERS TO AREAS OUTSIDE AND AROUND THE HOME WHERE A YOUNG CHILD COULD PLAY, INCLUDING ANY BACKYARD SPACE, THE AREA IN FRONT OF THE HOME, AND ANY POSSIBLE PLAY AREA WITHIN ONE BLOCK OF HOUSE. BEFORE BEGINNING THE VISIT OR AFTER CONCLUDING THE VISIT, PLEASE DRIVE AROUND APPROXIMATELY ONE BLOCK OF HOUSE TO EXAMINE POSSIBLE OUTSIDE PLAY SPACES OF THE CHILD. THE RATING SHOULD INCLUDE ADEQUACY OF SPACE OF PLAY AREA.

CIRCLE ONE

- Home has no outside play area or play area is littered with garbage, dangerous objects (e.g., broken glass) or other hazards (e.g., broken toys with sharp edges, large ditches) 01
- Preschool child could not safely use play area unsupervised (e.g., too close to street, next to "hang-out" for older children and adults); backyard area is too small for a young child's outdoor activities (e.g., 10' x 10' enclosed area) 02
- Safe play area of adequate space with several toys or activity props 03
- COULDN'T OBSERVE 04

- 3.17 CONDITION OF STREET WHERE CHILD LIVES: THE CONDITION OR QUALITY OF THE ENVIRONMENT DIRECTLY OUTSIDE THE CHILD'S HOME. RATINGS ARE BASED ON THE NEIGHBORHOOD AS SEEN FROM THE FRONT OR THE BACK OF THE CHILD'S HOME (E.G., THE BLOCK OR STREET ON WHICH THE CHILD LIVES).

CIRCLE ONE

- Presence of abandoned cars, debris in the streets and on the sidewalks, abandoned buildings 01
- There may be one abandoned car, graffiti on one or two walls in the neighborhood or on a mailbox yet most homes are well-kept and have generally clean and well-maintained sidewalks 02
- No evidence of debris or garbage in the streets; houses and yards appear well-maintained 03

13.18 ADEQUATE LIVING SPACE FOR NUMBER OF INDIVIDUALS IN THE HOME: THE RELATIVE ROOMINESS OF THE HOME ENVIRONMENT.

CIRCLE ONE

Inadequate living space available, overcrowded living conditions (e.g., a one bedroom home where preschool child sleeps in parents' bedroom or living room, three or more individuals in one bedroom, preschool child has no other play area than his bedroom) 01

Living space is adequate though somewhat cramped (e.g., house does not have living space that would be the equivalent of at least one 9' x 12' or 10' x 10' room per person) 02

Adequate or better living space in the home as indicated by at least one 9' x 12' room or 10' x 10' per person (e.g., preschool child has his/her own bedroom in addition to indoor play area or playroom; parents and other siblings have their own bedroom, living room and dining room present) 03

13.19 OVERALL PHYSICAL ORGANIZATION OF THE HOUSE:

CIRCLE ONE

Home is cluttered making it difficult to walk around objects, unable to find a clear space to do assessment activities 01

Home is moderately cluttered with clothes and other items out and not put away, (e.g., vacuum cleaner out, children's schoolwork scattered in living room area, several pairs of shoes and boots scattered throughout home, objects and clothes line staircases) 02

Home is neat and generally organized 03

13.20 CLEANLINESS:

CIRCLE ONE

Home is strewn with trash; kitchen area has
dirty dishes from several meals; floors are
markedly dirty 01

Home is generally clean though floors
may need to be vacuumed or washed,
noticeable dust on furniture 02

Home is clean and appears to have been
cleaned recently or on a regular basis 03

13.21 INTERIOR OF APARTMENT/HOME IS NOT DARK OR PERCEPTUALLY
MONOTONOUS.

To receive credit for this, there should be some natural light in the house/
apartment. If the doors and windows are closed up with the blinds drawn, and
it is difficult to see paperwork/conduct the video protocol, then do not give
credit for this item. There should also be some effort to liven up the home
and make it more attractive.

CIRCLE ONE

Apartment is too dark; there is very little
furniture in the home and everything in
the room is the same general color; few,
if any, pictures on the wall 01

Apartment is somewhat dark; presence of
some furniture of different colors; presence
of some, but not many pictures on
the wall 02

Apartment is not too dark; conscience
effort to "liven up" the living space and
make the home more attractive, including
having different colored furniture, pictures
on the walls, etc. 03

INTERVIEWER: IN THE FOLLOWING ITEMS, AN ADULT REFERS TO ANOTHER ADULT MEMBER OF THE HOUSEHOLD AND OLDER CHILD REFERS TO A CHILD WHO IS ACTING WITHIN A CAREGIVING ROLE.

G. WARMTH AND ACCEPTANCE

13.22 CAREGIVER CONVERSES WITH CHILD AT LEAST TWICE DURING VISIT (SCOLDING AND DEGRADING COMMENTS ARE NOT COUNTED).

This item involves parental conversation, not just vocalization which can be any sounds or words exchanged with the child. The caregiver must make an effort to converse with the child and ask questions, to talk about things of interest, or to engage in verbal interchange other than scolding or degrading comments. Credit may also be given If another adult or older child (12 years of age or older) performs the task.

CONVERSES 01
DID NOT CONVERSE 00

13.23 CAREGIVER ANSWERS CHILD'S QUESTIONS OR REQUESTS VERBALLY.

In order to receive credit for this item the caregiver must make an effort to answer most of the questions for the child. If the caregiver is unable to answer it at the moment, he/she may tell the child he/she doesn't know but that they will look up the answer later. Responses such as "Mother's busy, go away" or "Don't bother me now" do not receive credit. If the child makes no verbal request, the score would be "00". Credit may also be given If another adult or older child (12 years of age or older) performs the task.

ANSWERS 01
DID NOT ANSWER 00

13.24 CAREGIVER USUALLY RESPONDS VERBALLY TO CHILD'S TALKING.

The key here is that the caregiver recognizes and acknowledges the child's vocalizations and does not ignore them 50% of the time. For a score of "01" the response may be a word or series of words or sounds such as, "Uh huh," "Um" or "Sure." If the child does not vocalize in any way during the interview, thereby giving no opportunity for response, the score would be "00." Credit may also be given If another adult or older child (12 years of age or older) performs the task.

RESPONDS VERBALLY 01
DOES NOT RESPOND VERBALLY 00

- 13.25 CAREGIVER SPONTANEOUSLY PRAISES CHILD’S QUALITIES OR BEHAVIOR TWICE DURING VISIT.
The key word here is “spontaneous,” but since most caregivers enjoy talking about and are proud of their children, this is not too hard to observe. Frequently a caregiver will tell you how well his/her child throws a ball or runs and will brag on how well he/she dresses himself/herself or can get his/her own drink. Do not give credit if the you bring up a topic and lead the parent into praising the child.

SPONTANEOUS PRAISE 01
NOT SPONTANEOUS PRAISE 00

- 13.26 CAREGIVER CARESSES, KISSES OR CUDDLES CHILD AT LEAST ONCE DURING VISIT.
This need not be a wild burst of showy affection. Simple signs of concern such as a caregiver gently tucking the child’s shirt in, holding him/her on his/her lap, holding a hand, or a gentle pat on the shoulder would all receive a “01.” Credit may also be given If another adult or older child (12 years of age or older) performs the task.

AFFECTIONATE 01
NOT AFFECTIONATE 00

- 13.27 CAREGIVER SETS UP SITUATION THAT ALLOWS CHILD TO “SHOW OFF” DURING VISIT.
Does the caregiver consciously try to get the child to sing a song, count, show how a toy works or anything that allows the child to do something to impress the visitor? It is not necessary for the child to actually demonstrate some achievement in order to receive credit, just that the parent ask the child to do something to “show off”.

SHOW OFF 01
DID NOT SHOW OFF 00

H. VARIETY IN EXPERIENCE

13.28 CAREGIVER USES COMPLEX SENTENCE STRUCTURE AND SOME LONG WORDS IN CONVERSING.

If the caregiver makes an attempt at carrying on a regular conversation instead of just finding a way to answer all of the questions with “Yes” or “No” or “I don’t know” and not giving any explanation, this should be scored “01.”

COMPLEX 01

NOT COMPLEX 00

13.29 CHILD’S ART WORK IS DISPLAYED SOMEPLACE IN THE HOUSE

To receive credit for this item, you must see art work created by the child hanging up or being displayed in some other manner in the house in a area that is visible to the child and others in the home.

ART WORK IS DISPLAYED 01

ART WORK IS NOT DISPLAYED 00

COULDN’T OBSERVE 02

I. ACCEPTANCE

13.30 CAREGIVER DOES NOT SCOLD (YELL) OR DEROGATE CHILD MORE THAN ONCE DURING VISIT.

In this item all remarks must be made to the child; that is, the caregiver must tell the child that he is a bad boy and not simply tell the interviewer that the child is bad. If this occurs more than once during the visit, the item should be scored “00.”

DID NOT SCOLD 01

SCOLDED 00

- 13.31 CAREGIVER DOES NOT USE PHYSICAL RESTRAINT, SHAKE, GRAB, OR PINCH CHILD DURING VISIT.
In a younger child the caregiver might be apt to hold the child in his/her lap even though the child struggles to get down. An older child might be placed in a chair to keep him/her out of the way, or he/she might be jerked back for handling items on a table or pulled away if he/she tried to climb on the interviewer's lap.

DID NOT USE RESTRAINT 01

RESTRAINED 00

- 13.32 CAREGIVER NEITHER SLAPS OR SPANKS CHILD DURING VISIT.
This item goes hand in hand with 13.31. In this item the slaps and spanks must be in anger or as a reprimand for some wrongdoing. An affectionate pat on the bottom as the caregiver sends the child out to play does not mean the item should receive a "00."

DID NOT SLAP OR SPANK 01

SLAPPED OR SPANKED 00

Source: Caldwell, B. M. & Bradley, R. H. (2003). Administration manual: Home Observation for Measurement of the Environment. Little Rock, AR: University of Arkansas at Little Rock.

(SECTION 13 36 BR PARENT INTERVIEW, 13.23, 13.24, 13.25, AND 13.26)

- 13.33 DURING THE ENTIRE VISIT, HOW AT EASE DID THE PARENT APPEAR?

CIRCLE ONE

VERY UNCOMFORTABLE 01

SLIGHTLY ILL AT EASE 02

MODERATELY COMFORTABLE 03

COMPLETELY COMFORTABLE
AND AT EASE 04

- 13.34 DURING THE ENTIRE VISIT, HOW DISRUPTIVE DO YOU THINK YOUR PRESENCE WAS?

CIRCLE ONE

NOT AT ALL DISRUPTIVE 01

MINIMALLY DISRUPTIVE 02

MODERATELY DISRUPTIVE 03

HIGHLY DISRUPTIVE 04

13.35 DURING THE ENTIRE VISIT, HOW MUCH DID THE CHILD TRY TO INTERACT WITH YOU?

CIRCLE ONE

DIDN'T NOTICE YOU AT ALL 01

A FEW GLANCES OR SMILES ONLY 02

QUITE NUMEROUS GLANCES,
SMILES, VOCALIZATIONS 03

PROLONGED WATCHING AND
NUMEROUS ATTEMPTS TO
INTERACT 04

13.36

I HAVE READ THIS COMPLETED QUESTIONNAIRE AND CERTIFY THAT ALL QUESTIONS REQUIRING ANSWERS HAVE BEEN APPROPRIATELY FILLED IN, AND THAT THIS INTERVIEW HAS BEEN ADMINISTERED TO THE DESIGNATED SAMPLE MEMBER.

INTERVIEWER

____|____|____|____|
ID NUMBER

DATE