

# COMPARISON OF ITEMS IN THE PARENT SERVICES FOLLOW-UP INTERVIEWS AND EXIT INTERVIEW

**NOTE: R stands for “Respondent.” R is the FOCUS CHILD’s primary caregiver.**

| Variable  | 6-month<br>PSI               | 15- and 26-<br>month PSI                                     | Exit Interview   |
|---|------------------------------|--|--|
| REFERENCE DATE  | Random<br>assignment<br>date | Date of last<br>Parent<br>Services<br>Follow-Up<br>Interview | Date of last<br>Parent<br>Services<br>Follow-Up<br>Interview                                       |
| <b>INTRODUCTION</b>   |                              |  |  |
| Interview date  | X                            | X  | X  |
| Whether FOCUS CHILD has a new primary caregiver   | X                            | X  | Not<br>necessary--<br>exit interview<br>conducted in<br>conjunction<br>with 36-month<br>assessment |
| Name and contact information for new caregiver  | X                            | X  |  |
| Relationship of new primary caregiver to FOCUS CHILD  | X                            | X  |  |
| Reason for change in primary caregiver  | X                            | X  |  |
| <b>FAMILY COMPOSITION AND<br/>DEMOGRAPHICS</b>  |                              |  |  |
| Family size   | X                            | X  | X  |
| Family composition (age, gender, relationships to R and FOCUS CHILD, and amount of time living with family) | X                            | X  | Not<br>necessary--<br>exit interview<br>conducted in<br>conjunction<br>with 36-month<br>assessment |
| Where absent children are   |                              | X  |  |
| Number of other household members   | X                            | X  |  |
| Head of household   | X                            | X  |  |
| Race/ethnicity (if new primary caregiver)   | X                            | X  |  |
| Marital status  | X                            | X  | X  |
| Social Security Number (if new primary caregiver)   | X                            | X  |  |
| Place of birth (if new primary caregiver)   | X                            | X  |  |

(continued)

| Variable   | 6-month<br>PSI                                      | 15- and 26-<br>month PSI                            | Exit Interview   |
|--|---|---|--|
| If not born in US, age when first moved to US (if new primary caregiver)   | X   | X   |  |
| Primary language spoken at home  | X   | X   |  |
| How well R speaks English (as judged by interviewer)   | X   | X   |  |
| <b>FAMILY GOALS</b>  |   |   |  |
| Whether R and family have goals related to education, employment, income/self-sufficiency, marriage, children, living arrangements, recreation, relationships, health, other   | X   |   |  |
| Whether goals R reported in last interview have been accomplished, are still goals, and/or are no longer goals, and whether R has any new goals  |   | X   |  |
| <b>PERCEIVED NEEDS AND RESOURCES</b>   |   |   |  |
| Dunst Family Resource Scale, with items added, adapted to interview format   | X   | X   |  |
| <b>EMPLOYMENT</b>  |   |   |  |
| Number of full- or part-time jobs R had since REFERENCE DATE   | X   | X   | X  |
| For each job since REFERENCE DATE:<br>Where R worked<br>Period of employment<br>Usual days per week worked<br>Usual hours per day worked<br>Work schedule<br>Type of employer<br>Hourly rate of pay<br>Weekly earnings (if hourly rate not given)<br>Benefits received<br>If R left job, main reason for leaving | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X | (for current job only)<br><br>X<br>X<br>X<br>X<br>X<br><br>X<br>X<br>X |
| Whether R had any odd jobs since REFERENCE DATE<br>Amount earned   | X<br>X  | X   |  |
| How much time R worked at least 20 hours per week since last interview   |   |   | X  |
| Whether respondent looked for work since REFERENCE DATE  | X   | X   |  |

(continued)

| Variable  | 6-month<br>PSI  | 15- and 26-<br>month PSI                                      | Exit Interview               |
|---|---|---|------------------------------|
| Employment of other adult family members during period since REFERENCE DATE   | X   | X   |                              |
| Whether R and other adult family members participated in job search assistance programs since REFERENCE DATE  | X   | X   |                              |
| If R is not the FOCUS CHILD's mother and the FOCUS CHILD's mother lives in the household, the number of jobs she had since reference date, the dates and hours per week for those jobs, and if she left, the reason for leaving the job   | X   | X   |                              |
| <b>EDUCATION</b>  |   |   |                              |
| Highest grade completed   | X   | X   |                              |
| Types of degrees/certificates earned since REFERENCE DATE   | X   | X   | X                            |
| Dates degrees/certificates received   | X   | X   |                              |
| Number of school or training programs R attended since REFERENCE DATE   | X   | X   | X                            |
| For each school, course, or training program attended since REFERENCE DATE:<br>Name of program<br>Period of attendance<br>Usual days per week spent in program<br>Usual hours per day spent in program<br>Type of school or training program<br>If R is 19 or younger:<br>Whether R was enrolled in special program for teenage parents<br>If program is college, major course of study<br>Whether R received vocational training while in program<br>Whether R completed program<br>If not, main reason<br>If so, whether R got a certificate/degree | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X | X (most recent program only) |
| School or training attendance by other adult family members during all or part of the period since REFERENCE DATE   | X   | X   |                              |

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| Variable  | 6-month<br>PSI  | 15- and 26-<br>month PSI  | Exit Interview |
|---|---|---|----------------|
| If R is not the FOCUS CHILD's mother and the FOCUS CHILD's mother lives in the household, questions about the dates and hours of programs attended by FOCUS CHILD's mother since REFERENCE DATE, the types of programs, and if she did not complete the program, the main reason  | X   | X   |                |
| <b>CHILD CARE AND HOME VISITS</b>   |   |   |                |
| Whether R used child care on a regular basis during REFERENCE PERIOD for any children   | X   | X   |                |
| Availability of other adult family members in the household for child care in emergencies, when regular arrangements break down, and when R wants to go out   | X   |   |                |
| Availability of nearby friends or relatives for child care in emergencies, when regular arrangements break down, and when R wants to go out   | X   |   |                |
| Types of regular child care used during REFERENCE PERIOD for all children   | X   | X   |                |
| History of FOCUS CHILD's regular child care arrangement(s) lasting at least 10 hours per week since REFERENCE DATE (or birth, if FOCUS CHILD was born before intake):<br>Number of arrangements<br>Type of arrangements<br>For each arrangement:<br>Provider's age<br>Location of care<br>How R first learned of arrangement<br>Child's age when cared for in arrangement<br>Whether care ever during evenings, weekends, overnight, or early morning<br>Hours per week<br>Cost of arrangement to family<br>Whether family received subsidy<br>Why child was in arrangement | <br><br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X | <br><br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X<br><br>X |                |
| Number of regular arrangements for less than 10 hours per week  |   | X   |                |

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| Variable  | 6-month<br>PSI                     | 15- and 26-<br>month PSI                 | Exit Interview           |
|---|------------------------------------|--|--------------------------|
| Satisfaction with child care FOCUS CHILD received from main provider:<br>Overall satisfaction<br>Satisfaction with attention child received<br>Satisfaction with how much child learned<br>Satisfaction with safety<br>Satisfaction with how good provider was with children  | <br><br>X<br>X<br>X<br>X           | <br>X<br>X<br>X<br>X<br>X                |                          |
| Whether R would use a different child care arrangement for FOCUS CHILD if all arrangements were available free of charge, and if so type of arrangement preferred<br><br>...and reason R would change arrangements  | <br>X                              | <br>X<br><br>X                           |                          |
| Home visits since REFERENCE DATE:<br>Whether anyone visited R and FOCUS CHILD at home<br>Activities with home visitors<br>Where home visitor(s) came from<br>Frequency of visits from EHS home visitor and home visitors from other agencies<br>Whether same person visited each time<br>Length of average visit<br>Satisfaction with activities during home visits<br>How helpful person who visited was | <br>X<br>X<br>X<br>X<br><br>X<br>X | <br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X | <br>X<br><br>X<br>X<br>X |
| Whether R attended classes/lectures/group activities for parents/other events since REFERENCE DATE:<br>Where<br>Number of sessions<br>How helpful sessions were   | <br>X<br>X<br>X<br>X               | <br>X<br>X<br>X<br>X                     | <br>X                    |
| Whether R attended organized group programs for parents and children since REFERENCE DATE:<br>Where<br>Frequency of sessions<br>What R did in these sessions<br>Whether FOCUS CHILD played with other children<br>How helpful sessions were<br>Whether R met mothers of children FOCUS CHILD's age  | <br>X<br>X<br>X<br>X<br>X<br>X     | <br>X<br>X<br>X<br>X<br>X<br>X           | <br>X                    |

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| Variable  | 6-month<br>PSI | 15- and 26-<br>month PSI | Exit Interview |
|---|----------------|--------------------------|----------------|
| Whether R attended parent support groups since REFERENCE DATE:  | X              | X                        | X              |
| Where   | X              | X                        |                |
| Number of sessions  | X              | X                        |                |
| Average duration of session   | X              |                          |                |
| How helpful sessions were   | X              | X                        |                |
| <b>TRANSPORTATION</b>   |                |                          |                |
| Main method of transportation   | X              | X                        |                |
| Whether R has a driver's license  | X              | X                        |                |
| Distance from R's home to nearest public transportation   | X              | X                        |                |
| Whether R received assistance with arranging or paying for transportation since REFERENCE DATE            | X              | X                        |                |
| From what source  | X              | X                        |                |
| <b>HOUSING</b>  |                |                          |                |
| Current type of housing   | X              | X                        |                |
| Current housing situation (own, rent, receive free, ...)  | X              | X                        |                |
| Whether R lives in public housing or receives a rent subsidy  | X              | X                        |                |
| Receipt of assistance with finding housing since REFERENCE DATE   | X              | X                        |                |
| Whether R moved since REFERENCE DATE  | X              | X                        |                |
| Number of times   | X              | X                        |                |
| Whether R's family moved in with another household since REFERENCE DATE because it needed a place to live |                | X                        |                |
| Receipt of energy assistance since REFERENCE DATE   | X              | X                        |                |
| Whether R has ever been homeless since REFERENCE DATE   | X              | X                        | X              |
| For how long  | X              | X                        |                |
| Satisfaction with neighborhood as a place to raise children   | X              | X                        |                |

(continued)

| Variable   | 6-month<br>PSI        | 15- and 26-<br>month PSI | Exit Interview |
|--|-----------------------|--------------------------|----------------|
| <b>SOCIAL SUPPORT</b>  |                       |                          |                |
| Vignettes: Whether R has someone to turn to for help in various situations, and if so, number of people who could help and number of these who live in the household   | X                     | X                        |                |
| Whether R has someone she/he can count on to provide various types of emotional support  | X                     |                          |                |
| Whether R is having regular arguments or problems with various people  | X                     |                          |                |
| Whether R or other family members have been bothered by bill collectors in past year   | X                     | X                        |                |
| Whether R has a telephone in her/his home  | X                     | X                        |                |
| Whether R has a close friend that she/he talks with at least once a week   | X                     |                          |                |
| Whether R has contacted a family member who doesn't live with her/him in the last two weeks  | X                     |                          |                |
| Whether R is a member of various community groups  | X                     | X                        |                |
| Whether R does any unpaid volunteer work for a group or organization<br>If yes, number of hours per week<br>What group or organization   | X<br>X<br>X           | X<br>X                   |                |
| <b>HEALTH STATUS</b>   |                       |                          |                |
| R's perceived general health status  | X                     | X                        |                |
| MOS-36 Short Form question on health limitations on activities (moved from Parent Interview)   | X                     | X                        |                |
| If R is FOCUS CHILD's mother,<br>Number of times pregnant since REFERENCE DATE<br>If currently pregnant, due date<br>Whether R got prenatal care during this or most recent pregnancy<br>Month of pregnancy when first went for prenatal care<br>Number of prenatal visits | X<br>X<br>X<br>X<br>X |                          |                |

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| Variable   | 6-month<br>PSI | 15- and 26-<br>month PSI | Exit Interview              |
|--|----------------|--------------------------|-----------------------------|
| Number of living children R/FOCUS CHILD's mother has given birth to since REFERENCE DATE   | X              | X                        | X                           |
| For each child:  |                | X                        | For most recent birth only: |
| Birth date   | X              | X                        | X                           |
| Whether got prenatal care before birth   |                | X                        | X                           |
| If yes, month when first got prenatal care   |                | X                        |                             |
| Birth weight   | X              | X                        | X                           |
| Gender   | X              | X (focus child)          |                             |
| Date of last period before becoming pregnant with child  |                |                          |                             |
| If born more than 2 weeks before or after expected due date, number of weeks early or late                                       | X              | X                        | X                           |
| Whether any pregnancy complications  | X              | X                        | X                           |
| Number of days in hospital for medical problems after birth  | X              | X                        | X                           |
| Number of days in NICU after birth   | X              | X                        | X                           |
| Whether attended Lamaze or other prepared childbirth classes before birth  | X              | X                        |                             |
| Whether R/child's mother received instruction on breastfeeding after child's birth   | X              |                          |                             |
| Whether breast-fed   | X              | X                        | X                           |
| Age of child when stopped breastfeeding (FOCUS CHILD ONLY)   | X              |                          |                             |
| Age when child started eating (FOCUS CHILD ONLY)   | X              |                          |                             |
| If R is not FOCUS CHILD's mother, number of births she has had since REFERENCE DATE  |                | X                        |                             |
| If R is FOCUS CHILD's MOTHER,  |                |                          |                             |
| Number of miscarriages since REFERENCE DATE  | X              |                          |                             |
| Number of abortions since REFERENCE DATE   | X              |                          |                             |
| Whether R and/or any other household members smoke cigarettes or use other types of tobacco                                      | X              | X                        |                             |
| FOCUS CHILD's health status (Perceived Health Scale)   | X              | X                        | X                           |
| Whether FOCUS CHILD has physical, emotional, or mental conditions that limit or prevent ability to do usual childhood activities | X              |                          |                             |



(continued)

| Variable   | 6-month<br>PSI | 15- and 26-<br>month PSI | Exit Interview |
|--|----------------|--------------------------|----------------|
| Whether FOCUS CHILD has a condition that has lasted 30 days or longer or requires regular use of medicines or other drugs  | X              |                          |                |
| Whether FOCUS CHILD is limited in any way in any activities because of an impairment or a health problem   |                | X                        | X              |
| For each area (hearing, sight, communication, speech, use of arms/hands, and use of legs/feet):<br>How well FOCUS CHILD functions compared with other children about the same age<br>Has a professional diagnosed a problem<br>If yes, age at diagnosis, severity of problem, whether device prescribed, and functioning with device |                | X<br>X<br>X              |                |
| Whether a doctor ever told R that FOCUS CHILD has various conditions   | X              | X                        |                |
| Whether FOCUS CHILD has ever been diagnosed with high level of lead in blood   | X              | X                        |                |
| General perceived health status of each of FOCUS CHILD's siblings  | X              | X                        |                |
| <b>HEALTH CARE SERVICES</b>  |                |                          |                |
| Whether R has a regular health care provider   | X              | X                        | X              |
| Where R usually goes for health care   | X              | X                        |                |
| Whether FOCUS CHILD has a regular health care provider   | X              | X                        | X              |
| Where FOCUS CHILD usually goes for health care   | X              | X                        | X              |
| Whether FOCUS CHILD has gone to a dentist since REFERENCE DATE   | X              | X                        |                |
| Number of other family members who have visited the dentist since REFERENCE DATE   | X              | X                        |                |

(continued)

| Variable  | 6-month<br>PSI                     | 15- and 26-<br>month PSI      | Exit Interview   |
|---|------------------------------------|-------------------------------|--|
| Number of times FOCUS CHILD visited a doctor,<br>nurse, or other medical person since<br>REFERENCE DATE:<br>For routine check-ups<br>For acute or chronic health problems or other<br>reasons<br>In a hospital emergency room<br>Number of emergency room visits for<br>accidents or injuries | X<br><br>X (FC)<br>X (FC)<br><br>X | X<br><br>X<br>X<br><br>X<br>X | X  |
| Whether R or other family members visited a<br>doctor, nurse, or other health care provider since<br>REFERENCE DATE<br>Which family members visited a provider<br>Whether any of the visits were to an<br>emergency room  |                                    | X<br><br>X<br>X               |  |
| Number of family members who received treatment<br>for an emotional, personal, or mental problems not<br>including drug or alcohol treatment since<br>REFERENCE DATE  | X                                  | X                             |  |
| Number of family members who received treatment<br>for a drug or alcohol problem since REFERENCE<br>DATE  | X                                  | X                             |  |
| Whether each child in family received<br>immunizations since REFERENCE DATE   | X                                  | X                             | X (focus child<br>only)  |
| Whether FOCUS CHILD and/or other children in<br>family received screening tests since REFERENCE<br>DATE<br>Types of screening tests FOCUS CHILD<br>received   | X<br><br>X                         | X<br><br>X                    |  |
| Eligibility for early intervention services   |                                    | X                             | X  |
| Receipt of early intervention services<br>Whether coordinated with EHS (treatment group<br>only)<br>Satisfaction with services  |                                    | X<br>X<br>X                   | X  |
| Medicaid coverage   | X                                  | X                             | X (combined<br>with health<br>insurance or<br>HMO<br>coverage) |

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| Variable  | 6-month<br>PSI | 15- and 26-<br>month PSI | Exit Interview                            |
|---|----------------|--------------------------|---|
| Health insurance or HMO coverage  | X              | X                        | X (combined<br>with Medicaid<br>coverage) |
| Dental insurance coverage   | X              | X                        |   |
| <b>OTHER SERVICES</b>   |                |                          |   |
| Programs or places where R met with a social<br>worker/case manager/family advocate   | X              | X                        | X   |
| Frequency of meetings with case managers from<br>each program at home, in person, or by telephone                                 | X              | X                        | X   |
| Whether R or family always met with the same case<br>manager from each program  | X              | X                        |   |
| Language case manager from each program used<br>with R  | X              |                          |   |
| Whether R had any trouble understanding case<br>manager from each program   | X              |                          |   |
| If yes, whether someone was there to translate  | X              |                          |   |
| If yes, whether translator was family/friend or<br>from the program   | X              |                          |   |
| Whether R talked with case manager from each<br>program about various topics listed   | X              | X                        |   |
| For case manager from EHS and other case<br>manager with whom R met most frequently,<br>satisfaction with:                        |                |                          |   |
| Services obtained for children with help of case<br>manager   | X              | X                        |   |
| Services obtained for R and family with help of<br>case manager   | X              | X                        |   |
| Services received with help of case manager<br>were services R feels she/he needed most   | X              | X                        |   |
| How often R was able to meet with case manager  | X              | X                        |   |
| Amount of information case manager has about<br>where to go for services  | X              | X                        |   |
| Overall relationship with case manager  | X              | X                        |   |
| Amount of time case manager is available to<br>meet with R  | X              | X                        | X   |
| For case manager whom R met with the most,<br>Client Relationship Scale adapted from<br>Barnard's Nurse-Client Relationship Scale | X              | X                        |   |

(continued)

| Variable  | 6-month<br>PSI | 15- and 26-<br>month PSI | Exit Interview           |
|---|----------------|--------------------------|--------------------------|
| <b>OTHER FAMILY SUPPORT SERVICES</b>  |                |                          |                          |
| Whether R or other family members received various types of assistance since REFERENCE DATE (welfare, general assistance, SSA/SSI, Unemployment Insurance, food stamps, and WIC vouchers) | X              | X                        | X (current receipt only) |
| For each type of assistance received since REFERENCE DATE, months during which R or family received assistance, average amount received per month   | X              | X                        |                          |
| Welfare history of R (whether ever received welfare, if so, whether received within the last three years and when first applied)  | X              | X                        |                          |
| Amount of income R received from friends or relatives who did not live with her/him since REFERENCE DATE  | X              | X                        |                          |
| Whether R received child support payments since REFERENCE DATE<br>Amount  | X<br>X         | X<br>X                   | X (current receipt only) |
| Whether R received foster care payments since REFERENCE DATE<br>Amount  |                | X<br>X                   |                          |
| If R is divorced, amount R received in alimony payments since REFERENCE DATE  | X              | X                        |                          |
| Amount of income R received from any other source since REFERENCE DATE  | X              | X                        |                          |
| Whether R or family received emergency assistance since REFERENCE DATE<br>Types of assistance received  | X<br>X         | X<br>X                   | X                        |
| Description of any other services received or programs that tried to help R and family achieve goals since REFERENCE DATE   | X              | X                        |                          |
| Amount of money all family members received last year, before taxes and other deductions  | X              | X                        | X                        |

(continued)

| Variable   | 6-month<br>PSI | 15- and 26-<br>month PSI | Exit Interview |
|--|----------------|--------------------------|----------------|
| Welfare reform questions   |                |                          |                |
| How well informed R feels about the new work requirement   | X              | X                        |                |
| What R knows about the new work requirement  | X              | X                        |                |
| How well informed R feels about new child care provisions and services   | X              | X                        |                |
| Where R got information about new welfare requirements   | X              | X                        |                |
| If R is on welfare, whether R is worried about what will happen to family when welfare benefits end<br>What R is worried about |                | X<br>X                   |                |
| Whether R has a self-sufficiency pact<br>What is included<br>Whether R is meeting the terms of the pact                        |                | X<br>X<br>X              |                |
| Whether EHS has been a help or a hindrance as R has tried to meet the demands of welfare reform, and how                       |                | X                        |                |
| How the new requirements are affecting R and her family now  | X              | X                        |                |
| Whether R has been affected in other areas related to welfare reform<br>How R has been affected                                |                | X<br>X                   |                |
| Whether any changes associated with welfare reform have affected R's child or her relationship with her child<br>If so, how    |                | X<br>X                   |                |
| Whether any of these changes have affected R's relationship with FOCUS CHILD's father<br>If so, how                            |                | X<br>X                   |                |

(continued)

| Variable  | 6-month<br>PSI | 15- and 26-<br>month PSI | Exit Interview |
|---|----------------|--------------------------|----------------|
| <b>TRACKING INFORMATION</b>   |                | X                        |                |
| <b>EHS PROGRAM EXPERIENCES</b>  |                |                          |                |
| How long R's family participated in EHS   |                |                          | X              |
| Whether R's family left EHS before FOCUS<br>CHILD was 3<br>If so, reason family left<br>If not, program FOCUS CHILD will be after<br>leaving EHS  |                |                          | X<br>X<br>X    |
| How often R participated in various EHS program<br>activities (home visits, group activities for parents<br>and children, parent education meetings, social<br>events, volunteering in the classroom, volunteering<br>to help out with other activities, EHS Policy<br>Council) |                |                          | X              |
| How much time R spent participating in EHS<br>program activities in a typical month   |                |                          | X              |
| How much time FOCUS CHILD spent participating<br>in EHS program activities in a typical month   |                |                          | X              |
| Satisfaction with help or support received from EHS<br>program in a range of areas  |                |                          | X              |
| Two most important things EHS program helped<br>R's family with   |                |                          | X              |
| Whether there was anything about the EHS<br>program that made it hard to participate<br>If yes, what  |                |                          | X<br>X         |