

Spring 2004



Parent Interview

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

Date: _____

Interviewer: _____

Interview complete

Westat

SC1. WILL THE INTERVIEW BE COMPLETED IN WHOLE OR IN PART WITH AN INTERPRETER?

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

IF YES: HAVE INTERPRETER SIGN CONFIDENTIALITY FORM BEFORE
INTERVIEW

SC2. WHAT LANGUAGE WILL BE USED? _____

INTRODUCTION

Thank you for agreeing to talk with me. The purpose of this study is to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. We also want to learn more about the program your child attends. I want to talk with you so we can understand Head Start from a parent's point of view, including some information about your child's home environment. Information from this study will be used to help Head Start better serve all children and their families.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. There are no right or wrong answers to these questions. No one from the Head Start Program will see or hear your answers. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals. Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in Head Start programs. The things you tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you or may seem sensitive in nature. If that happens, just tell me and I will move on to the next question. The interview will last about 45 minutes to an hour. You may recognize some questions from the last interview, but it is important to ask them again. When we are done, I'll send you a check for \$20 to thank you for your time. [OR FOR IN-PERSON INTERVIEWS: When we are done, I'll give you \$20 to thank you for your time.]

Before we begin, let me read the following to you:

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0970-0151 (expires 10/2006). The time required to complete this information collection is estimated to average 60 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we begin?

S. ELIGIBILITY

SC3. I want to interview the person most responsible for [CHILD]'s care. Are you that person?

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

SC4. Are you the person interviewed last fall when we conducted the fall 2000 interview?

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

IF BOTH SC3 AND SC4 ARE "YES" (1), GO TO A1, pg 6.
IF SC3 IS "YES" (1) AND SC4 IS "NO" (2), GO TO SC7.
IF SC3 IS "NO" (2), GO TO SC5.

SC5. Who is most responsible for [CHILD]'s care?

Name: _____

Address: _____

Phone: _____

SC6. Is that person available to talk with me now?

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

TERMINATE INTERVIEW AND RESCHEDULE WITH PRIMARY CAREGIVER

SC7. What is your relationship to [CHILD]?

- Biological Mother01 (GO TO BOX SC-9A)
- Biological Father.....02 (GO TO BOX SC-9A)
- Adoptive Mother.....03 (GO TO BOX SC-9A)
- Adoptive Father.....04 (GO TO BOX SC-9A)
- Stepmother.....05 (GO TO BOX SC-9A)
- Stepfather06 (GO TO BOX SC-9A)
- Grandmother.....07
- Grandfather.....08
- Great Grandmother09
- Great Grandfather10
- Sister/step sister11
- Brother/stepbrother12
- Other Relative or In-law (Female).....13
- Other Relative or In-law (Male).....14
- Foster Parent (Female).....15
- Foster Parent (Male).....16
- Other Non-relative (Female)17
- Other Non-relative (Male)18
- Parent's Partner (Female).....19
- Parent's Partner (Male).....20

SC8. Are you [CHILD]'s legal guardian?

- YES..... 1 (GO TO BOX SC-9A)
- NO..... 2

SC9. Who is [CHILD]'s legal guardian?

Name: _____

Address: _____

Phone: _____

BOX SC-9A
IF NO PARENT INTERVIEW COMPLETED
IN FALL 2003, CHECK BOX... AND
CONTINUE WITH SC10. OTHERWISE, GO
TO A1.

SC10. Is [CHILD] a boy or a girl?

- BOY..... 1
- GIRL..... 2

SC11. What is [CHILD]'s birth date?

_____/_____/19/20_____
MONTH DAY YEAR

SC12. Is [CHILD] of Spanish, Hispanic, or Latino origin?

YES 1
NO 2 (GO TO SC14)

SC13. Which one of these best describes [CHILD]...

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

SC14. What is [CHILD]'s race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

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

SC15. In what country was [CHILD] born?

USA 1 (GO TO SC17)
OTHER
(SPECIFY COUNTRY) 2

SC16. How many years has [CHILD] lived in the United States?

|____|
YEARS

SC17. When did [CHILD] begin Head Start?

_____/_____/20_____
MONTH DAY YEAR

SC18. How did you and [CHILD] first find out about this Head Start program? (CIRCLE ONLY ONE ANSWER.)

- FAMILY/FRIEND..... 01
- REFERRAL FROM ANOTHER AGENCY 02
- WORD OF MOUTH 03
- HEAD START CAME TO VISIT AT OUR HOME 04
- PREVIOUS CHILDREN IN HEAD START... 05
- FLYER/MAILING..... 06
- OTHER (PLEASE SPECIFY) _____ 07

SC19. Did you attend Head Start yourself?

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

SC20. Have you had any other children attend Head Start, or do you have other children now attending Head Start? (CIRCLE ALL THAT APPLY.)

- a. OTHER CHILDREN ATTENDED HEAD START 1
- b. OTHER CHILDREN NOW ATTENDING HEAD START 2
- c. NEITHER..... 3

SC21. Did [CHILD] participate in Early Head Start?

PROBE: Early Head Start is a program designed to provide services to enhance development of children from birth to three years of age.

- YES..... 1
- NO..... 2 (GO TO A1)

SC22. For how long?

|____|
YEARS

|____|____|
MONTHS

A. CURRENT HEAD START ENROLLMENT STATUS

A1. Is [CHILD] still enrolled in the same Head Start program as last fall, or has (he/she) stopped going to that program?

- STILL GOING TO THE SAME HEAD START PROGRAM..... 1 (GO TO A2)
- STOPPED GOING TO THAT HEAD START PROGRAM..... 2 (GO TO A4)

A2. About how often has [CHILD] missed a Head Start class during the past year?

- NEVER..... 1 (GO TO B1)
- 1-5 DAYS 2 (GO TO B1)
- 6-10 DAYS 3
- MORE THAN 10 DAYS..... 4
- DON'T KNOW 8 (GO TO B1)

A3. What is the most frequent reason for [CHILD]’s missing Head Start classes during the year?

(CIRCLE ONLY ONE)

- ILLNESS (CHILD) 01
- ILLNESS (FAMILY MEMBER)..... 02
- CONFLICT WITH PARENT’S WORK OR SCHOOL SCHEDULE 03
- LACK OF TRANSPORTATION 04
- BAD WEATHER 05
- CHILD DID NOT WANT TO GO..... 06
- PARENT DECISION NOT TO SEND CHILD OR TO SEND CHILD ELSEWHERE 07
- OTHER (PLEASE SPECIFY) _____ 08
- DON'T KNOW 98

BOX A-3a

GO TO B1.

A4. When did [CHILD] stop going to that Head Start program?

_____/_____/_____
 MONTH DAY YEAR

A5. Why did [CHILD] stop going to that Head Start program? What was the most important reason? (CIRCLE ONLY ONE)

- FAMILY MOVED 01
- ILLNESS (CHILD) 02
- ILLNESS (FAMILY MEMBER)..... 03
- CONFLICT WITH PARENT'S WORK OR SCHOOL
SCHEDULE 04
- LACK OF TRANSPORTATION 05
- BAD WEATHER 06
- CHILD DID NOT WANT TO GO..... 07
- PARENT DECISION NOT TO SEND CHILD OR TO SEND
CHILD ELSEWHERE 08
- OTHER (PLEASE SPECIFY) _____ 09
- DON'T KNOW 98

A6. After (he/she) stopped going to that Head Start program, did you enroll [CHILD] in another preschool, child care center or child development program or Head Start program?

- YES 1
- NO 2 (GO TO O3, PAGE 46)

A7. Is [CHILD] still attending this program?

- YES 1
- NO 2 (GO TO O3, PAGE 46)

A8. What kind of program is it? Is it ...

[PROBE: IF MORE THAN ONE PROGRAM, ASK ABOUT PRIMARY PROGRAM]

- A public school prekindergarten, 1
- A private school prekindergarten or nursery school, 2
- A child care center or child development program, 3
- Another Head Start program, or 4
- Some other program?.....5
- (SPECIFY) _____

A9. For how many days a week does [CHILD] go to this program?

DAYS A WEEK _____

A10. How many hours per day is [CHILD] at this program?

HOURS PER DAY _____

A11. As far as helping [CHILD] learn and get ready for school, do you think the program is ...
IF CHILD ATTENDING DIFFERENT HS PROGRAM, ASK ABOUT PREVIOUS HS PROGRAM.

- Not as good as Head Start,..... 1
- Just as good as Head Start, or..... 2
- Better than Head Start? 3

NOW SKIP TO QUESTION O3, PAGE 46

B. ACTIVITIES WITH YOUR CHILD

Now I have some questions about you and [CHILD] at home.

B1. How many times have you or someone in your family *read* to [CHILD] in the past *week*?
Would you say...

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

B2. For about how long does [CHILD] enjoy being read to at a sitting?

[PROBE: About how many minutes?]

|_____|_____|_____|
MINUTES

B3. *In the past week*, have you or someone in your family done the following things with [CHILD]?

(READ EACH ITEM BELOW)

In the past week, have you or someone in your family....

	YES	NO	One or two times	Three or more
a. Told (him/her) a story?	1	2	1	2
b. Taught (him/her) letters, words, or numbers?	1	2	1	2
c. Taught (him/her) songs or music?	1	2	1	2
d. Worked on arts and crafts with (him/her)?	1	2	1	2
e. Played with toys or games indoors?	1	2	1	2
f. Played a game, sport, or exercised together?	1	2	1	2
g. Took (him/her) along while doing errands like going to the post office, the bank, or the store? ...	1	2	1	2
h. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?	1	2	1	2
i. Talked about what happened in Head Start?	1	2	1	2
j. Talked about TV programs or videos?	1	2	1	2
k. Played counting games like singing songs with numbers or reading books with numbers?	1	2	1	2

B4. **IF YES:**

How many times have you done this *in the past week*? Would you say one or two times, or three or more?

B5. *In the past month*, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

	<u>YES</u>	<u>NO</u>
a. Visited a library?	1	2
b. Gone to a movie?	1	2
c. Gone to a play, concert, or other live show?	1	2
d. Gone to a mall?	1	2
e. Visited an art gallery, museum, or historical site?	1	2
f. Visited a playground, park, or gone on a picnic?	1	2
g. Visited a zoo or aquarium?	1	2
h. Talked with [CHILD] about (his/her) family history or ethnic heritage?	1	2
i. Attended an event sponsored by a community, ethnic, or religious group?	1	2
j. Attended an athletic or sporting event in which [CHILD] was not a player?	1	2
k. Attended a church activity or church school?	1	2

Now, I have a question about your own reading habits.

B6. How often have you read books, magazines, or the newspaper, during the past week?
Was it ...

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

C. DISABILITIES

Now I have a few questions about [CHILD]'s health.

- C1. **Before** [CHILD] started a Head Start program, did a doctor or other health or education professional ever tell you that (he/she) has any special needs or disabilities – for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

YES 1
NO 2

- C2. **Since** [CHILD] started a Head Start program, has a doctor or other health or education professional ever told you that (he/she) has any special needs or disabilities – for example, physical, emotional, language, hearing, learning difficulty, or other special needs?

YES 1 (GO TO C3)
NO 2

<p>BOX C-2A</p> <p>IF BOTH C1 AND C2 ARE "NO" (2), CHECK THIS BOX ... <input type="checkbox"/> AND GO TO D1. OTHERWISE, GO TO C3.</p>

- C3. Did someone on the Head Start staff suggest that you get a professional opinion?

YES 1
NO 2

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

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

C5. (Does/Do) [CHILD]'s (disability/disabilities) affect (his/her) ability to learn?

YES	1
NO.....	2

C6. How helpful has Head Start been or how helpful was Head Start with...

	<u>Not at all helpful</u>	<u>A little helpful</u>	<u>Helpful</u>	<u>Very helpful</u>
a. Assisting you in talking with other schools and agencies, and knowing about other resources for meeting [CHILD]'s special needs.....	1	2	3	4
b. Helping you to better meet the special needs of [CHILD] in the home—for example, providing proper diet and exercise, continuing recommended therapy, and so on.....	1	2	3	4

C7. Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?

YES 1
NO 2 (GO TO D1)

C8. Did you or another family member participate in developing an IEP or an IFSP for [CHILD]?

YES 1
NO 2

C9. Was this plan developed with Head Start staff, or with some other person or agency?

HEAD START 1
NOT HEAD START 2

C10. Is [CHILD] receiving ...

None of the services identified in the IEP
or IFSP, 1 (GO TO D1)
Some of the services, 2
Most of the services, or 3
All of the services identified in the IEP
or IFSP? 4

C11. How satisfied (are you/have you been) with those services? (Are you/Have you been) ...

Very dissatisfied, 1
Somewhat dissatisfied, 2
Somewhat satisfied, or 3
Very satisfied? 4

D. YOUR CHILD'S ACCOMPLISHMENTS

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

D1. Can [CHILD] recognize...

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

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

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

D3. Can [CHILD] button (his/her) clothes?

- YES 1
- NO 2

D4. Does [CHILD] hold a pencil properly?

- YES 1
- NO 2

D5. How often does [CHILD] like to write or pretend to write? Would you say...

- Never,..... 1 (GO TO D8)
- Has done it once or twice,..... 2
- Sometimes, or 3
- Often? 4

D6. Does [CHILD] mostly write and draw rather than scribble?

- YES 1
- NO 2

D7. Can [CHILD] write (his/her) first name even if some of the letters are backward?

- YES 1
- NO 2

D8. Does [CHILD] trip, stumble, or fall easily?

YES 1
NO 2

D9. When [CHILD] speaks, is (he/she) understandable to a stranger?

YES 1
NO 2

D10. Did [CHILD] start speaking later than other children you know? (REFERS TO PRIMARY LANGUAGE)

YES 1
NO 2

D11. Does [CHILD] stutter or stammer?

YES 1
NO 2

D12. Does [CHILD] ever look at a book with pictures and pretend to read?

YES 1
NO 2

D13. Does [CHILD] recognize (his/her) own first name in writing or in print?

YES 1
NO 2

D14. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...

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

E. YOUR CHILD'S BEHAVIOR

E1. In general, thinking about [CHILD] now or over the past month, tell me how well the following statements describe [CHILD]'s *usual* behavior: For each one, tell me if it is very true, somewhat true, or not true.

	<u>Very True</u>	<u>Somewhat True</u>	<u>Not True</u>
a. Makes friends easily?	1	2	3
b. Waits her or his turn in games or other activities?.....	1	2	3
c. Can't concentrate, can't pay attention for long?	1	2	3
d. Is very restless, and fidgets a lot?	1	2	3
e. Is unhappy, sad, or depressed?	1	2	3
f. Comforts or helps others?	1	2	3
g. Follows the rules when playing games with others?	1	2	3
h. Worries about things for a long time?.....	1	2	3
i. Accepts friends' ideas in sharing and playing?	1	2	3
j. Doesn't get along with other kids?	1	2	3
k. Feels worthless or inferior?	1	2	3
l. Has difficulty making changes from one activity to another?	1	2	3
m. Is nervous, high-strung, or tense?.....	1	2	3
n. Helps you in putting away toys, clothes, or dishes?	1	2	3
o. Is disobedient at home?	1	2	3
p. Depends on adults for what to do, and does not take the initiative?.....	1	2	3
q. When faced with a difficulty, tends to burst into tears?	1	2	3
r. Is willing to be helped when needed?	1	2	3
s. Sticks to an activity for as long as can be expected for a child of his age?.....	1	2	3
t. Acts without taking enough time to look at the problem or work out a solution?	1	2	3
u. Doesn't achieve anything constructive when in a mopey or sulky mood?	1	2	3

F. HOUSEHOLD RULES AND PARENTING PRACTICES

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

F1. In your house, are there rules or routines about...

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

F2. Sometimes children mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?

YES..... 1
NO..... 2 (GO TO F4)

F3. About how many times in the past week?

NUMBER OF TIMES |_|_|

F4. Have you used "time out" or sent [CHILD] to (his/her) room in the past week for not minding?

YES..... 1
NO..... 2 (GO TO F6)

F5. About how many times in the past week?

NUMBER OF TIMES |_|_|

F6. Here are some statements that parents of young children say about themselves. I'm going to read the statements, and after each one, please tell me how much like you that is: exactly, very much, somewhat, not much or not at all.

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

G. YOU AND YOUR FAMILY

BOX G-1A

RESPONDENT IS: *(CIRCLE ONE.)*

[CHILD]'s BIO/ADOPTIVE MOTHER 1 *(ASK QUESTIONS ABOUT RESPONDENT, STARTING WITH G7)*

SOMEONE ELSE 2 *(ASK QUESTIONS ABOUT BIO/ADOPTIVE MOTHER, STARTING WITH G1)*

BOX G-1A

RESPONDENT IS: *(CIRCLE ONE.)*

[CHILD]'s BIO/ADOPTIVE MOTHER...1 *(ASK QUESTIONS ABOUT RESPONDENT, STARTING WITH G7)*

SOMEONE ELSE 2 *(ASK QUESTIONS ABOUT BIO/ADOPTIVE MOTHER, STARTING WITH G1)*

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

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

- MOTHER IN HOUSEHOLD 1 *(GO TO G7)*
- MOTHER NOT IN HOUSEHOLD..... 2
- MOTHER DECEASED..... 3 *(GO TO BOX G-17A)*

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

- YES 1
- NO 2

G3. Since last Thanksgiving, on about how many days has [CHILD] seen (his/her) mother?

NUMBER OF DAYS |_|_|_|

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

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

OR

a. NUMBER

:

|_|_|_|

b. UNIT:

DAYS..... 1

WEEKS..... 2

MONTHS..... 3

YEARS..... 4

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

YES..... 1

NO..... 2

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

YES..... 1

NO..... 2

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

MARRIED..... 1

SEPARATED..... 2

DIVORCED..... 3

WIDOWED..... 4

NEVER MARRIED..... 5

BOX G-7A

**IF CHILD'S MOTHER IS NOT IN HOUSEHOLD (G1=2),
CHECK THIS BOX AND GO TO BOX G-17A.**

G8. Since last Thanksgiving, (have you/has she) taken any programs, courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes, or GED preparation classes?

YES 1
 NO 2 (GO TO G12)

G9. (Have you/Has she) received a certificate, diploma, or degree since last Thanksgiving?

YES 1
 NO 2 (GO TO G11)
 DON'T KNOW 8 (GO TO G11)

G10. What kind of certificate, diploma, or degree (did you/did she) receive? (CIRCLE ONLY ONE)

TRADE LICENSE OR CERTIFICATE 01
 GED CERTIFICATE (OR EQUIVALENT)..... 02
 HIGH SCHOOL DIPLOMA 03
 ASSOCIATE'S DEGREE..... 04
 CHILD DEVELOPMENT ASSOCIATE (CDA)..... 05
 BACHELOR'S DEGREE 06
 GRADUATE DEGREE 07
 OTHER (SPECIFY) _____ 08

 REFUSED 97
 DON'T KNOW 98

G11. Did Head Start help (you/her) to take or locate the programs, courses, classes, or workshops that (you/she) took since last Thanksgiving?

YES 1
 NO 2

G12. (Are you/Is she) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE)

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

} GO TO BOX G-17.

G13. (Are you/Is she) still working for the same employer for whom (you were/she was) working last Thanksgiving?

YES..... 1
NO..... 2 (GO TO G15)

G14. (Are you/Is she) doing the same kind of work that (you were/she was) doing last Thanksgiving?

YES..... 1 (GO TO BOX G-17A)
NO..... 2 (GO TO G16)

G15. Where (have you/has she) worked since last Thanksgiving?
[IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

a. NAME OF COMPANY: _____

b. TYPE OF BUSINESS: _____

G16. What kind of work (are you/is she) doing and what are (your/her) most important activities or duties?

a. KIND OF WORK: _____

b. IMPORTANT DUTIES: _____

G17.

To be coded by home office only

OCCUPATION CODE: ()

Executive, Administrative, and Managerial Occupations	01
Engineers, Surveyors, and Architects	02
Natural Scientists and Mathematicians	03
Social Scientists, Social Workers, Religious Workers, and Lawyers	04
Teachers.....	05
Health Diagnosing and Treating Practitioners.....	06
Registered Nurses, Pharmacists, Dieticians, Therapists, and Physician's Assistants.....	07
Writers, Artists, Entertainers, and Athletes.....	08
Health Technologists and Technicians.....	09
Technologists and Technicians, except Health.....	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers.....	15
Construction and Extractive Occupations	16
Precision Production Occupations	17
Production Working Occupations	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers.....	20
Miscellaneous Occupations.....	21
NEVER	22
REFUSED	97
DON'T KNOW	98

BOX G-17A

RESPONDENT IS: (CIRCLE ONE.)

[CHILD]'s BIO/ADOPTIVE FATHER..... 1 (ASK QUESTIONS ABOUT
RESPONDENT, STARTING WITH G24)

SOMEONE ELSE..... 2 (ASK QUESTIONS ABOUT
BIO/ADOPTIVE FATHER,
STARTING WITH G18)

Now I'm going to ask you some questions about [CHILD]'s father.

G18. Is [CHILD]'s father in this household?

FATHER IN HOUSEHOLD 1 (GO TO G24)
FATHER NOT IN HOUSEHOLD 2
FATHER DECEASED 3 (GO TO BOX G-34A)

G19. Does [CHILD]'s father live in the same city or county as [CHILD]?

YES 1
NO 2

G20. Since last Thanksgiving, on about how many days has [CHILD] seen (his/her) father?

NUMBER OF DAYS |_|_|_|

G21. Since last Thanksgiving, how long has it been since [CHILD] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT000
DON'T KNOW998

OR

a. NUMBER

:

|_|_|

b. UNIT:

DAYS 1
WEEKS 2
MONTHS..... 3
YEARS..... 4

G22. Since last Thanksgiving, (have you/has your family) received any child support payments for [CHILD] from (his/her) father?

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

G23. Since last Thanksgiving, (have you/has your family) received any other financial support for [CHILD] from (his/her) father?

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

G24. What is (your/his) current marital status?

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

BOX G-24A
**IF CHILD'S FATHER IS NOT IN HOUSEHOLD (G18=2),
CHECK THIS BOX ... AND SKIP TO BOX G-34A.**

G25. Since last Thanksgiving, (have you/has he) taken any programs, courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes, or GED preparation classes?

YES..... 1
NO..... 2 (GO TO G29)

G26. (Have you/Has he) received a certificate, diploma, or degree since last Thanksgiving?

YES..... 1
NO..... 2 (GO TO G28)
DON'T KNOW 8 (GO TO G28)

G27. What kind of certificate, diploma, or degree (did you/did he) receive? (CIRCLE ONLY ONE)

- TRADE LICENSE OR CERTIFICATE 01
- GED CERTIFICATE (OR EQUIVALENT)..... 02
- HIGH SCHOOL DIPLOMA 03
- ASSOCIATE'S DEGREE..... 04
- CHILD DEVELOPMENT ASSOCIATE (CDA) 05
- BACHELOR'S DEGREE..... 06
- GRADUATE DEGREE..... 07
- OTHER (SPECIFY) _____ 08
- _____
- REFUSED..... 97
- DON'T KNOW..... 98

G28. Did Head Start help (you/him) to take or locate the programs, courses, classes, or workshops that (you/he) took since last Thanksgiving?

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

G29. (Are you/Is he) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE)

- WORKING FULL-TIME (35 HOURS OR MORE/WEEK) ... 01
 - WORKING PART-TIME..... 02
 - LOOKING FOR WORK 03
 - LAI D OFF FROM WORK..... 04
 - IN SCHOOL/TRAINING..... 05
 - IN JAIL/PRISON 06
 - IN MILITARY 07
 - KEEPING HOUSE..... 08
 - SOMETHING ELSE
(SPECIFY) _____
- } GO TO BOX G-34.

G30. (Are you/Is he) still working for the same employer for whom (you were/he was) working last Thanksgiving?

- YES..... 1
- NO..... 2 (GO TO G32)

G31. (Are you/Is he) doing the same kind of work that (you were/he was) doing last Thanksgiving?

- YES..... 1 (GO TO BOX G-34A)
- NO..... 2 (GO TO G33)

G32. Where (have you/has he) worked since last Thanksgiving?

[IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

a. NAME OF COMPANY: _____

b. TYPE OF BUSINESS: _____

G33. What kind of work (are you/is he) doing and what are (your/his) most important activities or duties?

a. KIND OF WORK: _____

b. IMPORTANT DUTIES: _____

G34.

<i>To be coded by home office only</i>	
OCCUPATION CODE: ()	
Executive, Administrative, and Managerial Occupations	01
Engineers, Surveyors, and Architects	02
Natural Scientists and Mathematicians	03
Social Scientists, Social Workers, Religious Workers, and Lawyers	04
Teachers.....	05
Health Diagnosing and Treating Practitioners.....	06
Registered Nurses, Pharmacists, Dieticians, Therapists, and Physician's Assistants.....	07
Writers, Artists, Entertainers, and Athletes.....	08
Health Technologists and Technicians.....	09
Technologists and Technicians, except Health	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers.....	15
Construction and Extractive Occupations	16
Precision Production Occupations	17
Production Working Occupations	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers.....	20
Miscellaneous Occupations.....	21
NEVER	22
REFUSED	97
DON'T KNOW	98

BOX G-34A

IF RESPONDENT IS NEW OR HAS CHANGED SINCE THE FALL
CHECK THIS BOX AND GO TO G35. OTHERWISE, GO TO G49.

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

G35. What is your birth date?

_____/_____/19_____
MONTH DAY YEAR

G36. Are you of Spanish, Hispanic, or Latino origin?

YES 1
NO 2 (GO TO G38)

G37. Which one of these best describes you...

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

G38. What is (your) race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

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

G39. What is the highest grade or year of school that you completed? (CIRCLE ONLY ONE)

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

G40. Is any language other than English spoken in your home?

- YES 1
- NO 2 (GO TO G49)

G41. What are those languages? (CIRCLE ALL THAT APPLY)

- a. FRENCH. 01
- b. SPANISH..... 02
- c. CAMBODIAN (KHMER). 03
- d. CHINESE 04
- e. HAITIAN CREOLE 05
- f. HMONG..... 06
- g. JAPANESE 07
- h. KOREAN 08
- i. VIETNAMESE 09
- j. ARABIC..... 10
- k. OTHER (SPECIFY) _____.. 11

G42. What language is spoken most frequently to [CHILD] at home?

- FRENCH. 01
- SPANISH..... 02
- CAMBODIAN (KHMER). 03
- CHINESE 04
- HAITIAN CREOLE 05
- HMONG..... 06
- JAPANESE..... 07
- KOREAN 08
- VIETNAMESE 09
- ARABIC 10
- OTHER
(SPECIFY) _____.. 11
- ENGLISH..... 12 (GO TO G49)

G43. How well do you... (READ RESPONSE OPTIONS)

	<u>Not at all</u>	<u>Not Well</u>	<u>Well</u>	<u>Very Well</u>
a. Understand English?	1	2	3	4
b. Speak English?	1	2	3	4
c. Read English?	1	2	3	4

G44. How well do you ... (READ RESPONSE OPTIONS)

	<u>Not at all</u>	<u>Not Well</u>	<u>Well</u>	<u>Very Well</u>
a. Speak [LANGUAGE LISTED IN G42]? 4		1	2	3
b. Read [LANGUAGE LISTED IN G42]? 4		1	2	3
c. Write [LANGUAGE LISTED IN G42]? 4		1	2	3

G45. If you read to your children, what language do you usually use now? (SELECT ONE)

- ENGLISH..... 1
- [LANGUAGE LISTED IN G42].....2
- BOTH ENGLISH AND [LANGUAGE LISTED
IN G42]..... 3
- UNABLE TO/DO NOT READ TO CHILDREN.....4

G46. Is someone from Head Start available to speak to you in [LANGUAGE from G42]?

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

G47. Does [CHILD] ever need or want a member of the Head Start teaching staff to speak in [LANGUAGE from G42]?

- YES..... 1
- NO..... 2 (GO TO G49)

G48. Is there someone in the classroom at Head Start available for [CHILD] to speak in [LANGUAGE from G42]?

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

G49. Including yourself, how many adults age 18 and older live in your household?

NUMBER OF ADULTS |_|_|

H. INCOME AND HOUSING

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

H1. Is [CHILD] covered by Medicaid or under a state health insurance program, such as CHIP?

YES 1
NO 2

H2. Is [CHILD] covered by health insurance other than Medicaid through (your job) or the job of another employed adult?

YES 1
NO 2

H3. Did you receive any of the following other sources of household income or support since last Thanksgiving?

	<u>YES</u>	<u>NO</u>
a. Welfare, TANF, or general assistance	1	2
b. Unemployment insurance.....	1	2
c. Food Stamps	1	2
d. WIC -- Special supplemental food program for Women, Infants, and Children	1	2
e. Child support	1	2
f. SSI or Social Security Retirement, Disability, or Survivor's benefits	1	2
g. Payments for providing foster care.....	1	2
h. Energy assistance	1	2

BOX H-3A

IF ANY OF H3 a, c, OR d WERE ANSWERED YES, CHECK THIS BOX.... THEN ASK H4. OTHERWISE, GO TO H5.

H4. In some states people who receive different types of public assistance are being required to do certain things such as take courses, get job training, or find a job. Are you or is someone else in the household required to...

	<u>YES</u>	<u>NO</u>
a. Attend job training?	1	2
b. Attend school or a GED class?	1	2
c. Get a job?	1	2
d. Do something else? (SPECIFY) _____	1	2

H5. What was [(your total income/the combined total income of (you and your husband/wife)] in the past calendar year -- that is, 2003 -- including salaries or other earnings, interest, retirement, and so on?

(COMBINED) TOTAL INCOME..... \$ __ __ __, __ __ __ (GO TO H7)

OR

REFUSED..... 97 (GO TO H7)
 DON'T KNOW..... 98 (GO TO H6)

H6. Was it . . .

\$25,000 or less, or 1 (READ SET 1)
 More than \$25,000? 2 (READ SET 2)

H6a. [SET 1] Was it...

\$5,000 or less,..... 01
 \$5,000 to \$10,000, 02
 \$10,001 to \$15,000, 03
 \$15,001 to \$20,000, or..... 04
 \$20,001 to \$25,000? 05

H6b. [SET 2] Was it...

\$25,001 to \$30,000, 06
 \$30,001 to \$35,000, 07
 \$35,001 to \$40,000, 08
 \$40,001 to \$50,000, 09
 \$50,001 to \$75,000, or..... 10
 More than \$75,000? 11

H7. Including yourself, how many adults contribute to your household income?

|_|_| NUMBER OF ADULTS

H8. Now, including everyone in your household, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine.

HOUSEHOLD INCOME \$ __ , __ __ __ (GO TO H10)
(AMOUNT PER MONTH)

OR

REFUSED 97 (GO TO H10)
DON'T KNOW 98 (GO TO H9)

H9. Would you say it was...

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

H10. The next questions are about housing. Do you now live in ...

A house, apartment, or trailer with your family only,..... 1
A house, apartment, or trailer you share with another family, 2
Transitional housing (apartment) or a homeless shelter, or . 3
Somewhere else? (PLEASE SPECIFY) 4

H11. How many times have you moved in the last twelve months?

Times

H12. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

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

I. CHILD CARE

11. Now let's talk about any child care arrangements that you use for [CHILD] **right now**.

[INTERVIEWER NOTE: CHILD CARE DOES NOT INCLUDE TIME IN HEAD START OR PREKINDERGARTEN CLASS, BUT MAY INCLUDE SEPARATE CHILD CARE AT THE HEAD START CENTER OR IN THE PREKINDERGARTEN PROGRAM BEFORE OR AFTER CLASS.]

Is [CHILD] in child care before or after Head Start (or Prekindergarten)?

BEFORE HEAD START 01
AFTER HEAD START 02
BOTH BEFORE/AFTER HEAD START 03
BEFORE PREKINDERGARTEN..... 04
AFTER PREKINDERGARTEN..... 05
BOTH BEFORE/AFTER PREKINDERGARTEN 06
NOT IN CARE 07 (GO TO J1)

12. In how many different child care arrangements does [CHILD] spend time each week?

NUMBER OF ARRANGEMENTS |____|____|

13. Where is that child care provided?

[IF MORE THAN ONE, PROBE: Think about the one where [CHILD] spends the most time.]

AT [CHILD]'S HOME BY A RELATIVE..... 01
AT [CHILD]'S HOME BY A NON-RELATIVE 02
IN A RELATIVE'S HOME 03
IN A FRIEND OR NEIGHBOR'S HOME 04
FAMILY DAY CARE HOME 05
OTHER CHILD CARE CENTER/ CHILD DEVELOPMENT
PROGRAM 06
AT HEAD START (NOT INCLUDING TIME IN CLASS) 07
OTHER (PLEASE SPECIFY)_____ 08

14. How many hours per week is this child care used?

HOURS PER WEEK |____|____|

15. Who pays for this child care?

	<u>YES</u>	<u>NO</u>
a. Do you pay for it yourself?.....	1	2
b. Does a government agency pay?.....	1	2
c. Does an employer pay?	1	2
d. Does someone else pay?	1	2
e. Do you trade child care with someone else?.....	1	2
f. Is it free or no charge?	1	2
g. Other (PLEASE SPECIFY)_____	1	2

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

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

J. HEALTH AND SAFETY PRACTICES

J1. Now I'm going to ask you about your family's health care needs. Overall, would you say [CHILD]'s health is...

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

J2. Does [CHILD] have an illness or condition that requires regular ongoing care?

YES 1
NO..... 2

J3. Would you say your health in general is ...

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

J4. Does any impairment or health problem keep you from working at a job or business?

YES 1 (GO TO J6)
NO..... 2

J5. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

YES 1
NO..... 2

J6. Does anyone in your household, (other than [CHILD]), have an illness or condition that requires regular ongoing care?

YES 1
NO..... 2

J7. Do you smoke tobacco such as cigarettes or cigars?

YES 1
NO..... 2

J8. Is there (anyone/anyone else) in your household who smokes tobacco, like cigarettes or cigars?

YES 1
 NO 2

J9. Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?
 (CIRCLE ONLY 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 OR COMMUNITY HEALTH CENTER 04
 A MIGRANT HEALTH CLINIC..... 05
 THE INDIAN HEALTH SERVICE 06
 SOMEPLACE ELSE (SPECIFY) _____ 07

J10. (Has/Did) Head Start (helped/help) you find a regular health care provider for [CHILD]?

HAVE RESPONDENT EXPLAIN AND CODE BELOW.

PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS	01	} IF YES, USE CODES 01 THROUGH 04
MADE REFERRALS, FOR EXAMPLE, PHONE CALLS.....	02	
PROVIDED HEALTH CARE DIRECTLY	03	
HELPED IN SOME OTHER WAY (PLEASE SPECIFY) _____	04	
HAD A HEALTH CARE PROVIDER PRIOR TO ENROLLMENT	05	} IF NO, USE CODES 05 THROUGH 08
HEAD START (HAS/DID) NOT (HELPED/HELP) BUT I WISH IT (WOULD/HAD).....	06	
FOUND A HEALTH CARE PROVIDER ON MY OWN.....	07	
OTHER (EXPLANATION) _____	08	

J11. Where do you usually go for routine medical care? (CIRCLE ONLY ONE)

THE SAME PLACE AS [CHILD]..... 01
 A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO 02
 AN OUTPATIENT CLINIC RUN BY THE HOSPITAL 03
 THE EMERGENCY ROOM AT A HOSPITAL 04
 A PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER 05
 A MIGRANT HEALTH CLINIC..... 06
 THE INDIAN HEALTH SERVICE 07
 SOMEPLACE ELSE (SPECIFY) _____ .. 08

J12. (Has/Did) Head Start (helped/help) you find a regular health care provider for yourself?

HAVE RESPONDENT EXPLAIN AND CODE BELOW.

PROVIDED INFORMATION, INCLUDING BROCHURES,
 MEETINGS, OR CONVERSATIONS 01
 MADE REFERRALS, FOR EXAMPLE, PHONE CALLS..... 02
 PROVIDED HEALTH CARE DIRECTLY 03
 HELPED IN SOME OTHER WAY
 (PLEASE SPECIFY) _____ 04

IF YES, USE CODES
 01 THROUGH 04

HAD A HEALTH CARE PROVIDER PRIOR TO
 ENROLLMENT 05
 HEAD START (HAS/DID) NOT (HELPED/HELP) BUT
 I WISH IT (WOULD/HAD)..... 06
 FOUND A HEALTH CARE PROVIDER ON MY OWN..... 07
 OTHER (EXPLANATION) _____ 08

IF NO, USE CODES
 05 THROUGH 08

J13. Please tell me if you follow certain safety practices. Please tell me if it is never, sometimes, most of the time, or always. Do you ...

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

[IF THERE ARE NO FIREARMS IN THE HOUSEHOLD, WRITE "NA"]

K. COMMUNITY SERVICES

Families with young children sometimes need help of various kinds. Now I'd like to know about whether Head Start has helped your family.

K1. Did you or another family member complete a Head Start Family Needs Assessment or Family Partnership Agreement in which you were asked about your family's particular needs, interests, goals, strengths, and so on?

YES 1
NO 2

K2. Have you or anyone in your household received any of these community or government services since last Thanksgiving?

	<u>YES</u>	<u>NO</u>
a. Help with housing	1	2
b. Training for a job	1	2
c. Help finding a job.....	1	2
d. Help to go to school or college	1	2
e. Classes in English as a Second Language	1	2
f. Transportation to or from work or training	1	2
g. Child care	1	2
h. Alcohol or drug treatment or counseling.....	1	2
i. Advice from a lawyer	1	2
j. Mental health services or counseling	1	2
k. Help dealing with family violence	1	2
l. Help or counseling for other family problems	1	2
m. Dental or Orthodontic care	1	2

BOX K-2A

IF ANY OF K2 WERE ANSWERED YES, CHECK THIS BOX...

THEN ASK K3. OTHERWISE, GO TO L1.

K3. Did Head Start make you aware of or help you to obtain (this service/these services)?

YES 1
NO 2

L. GETTING READY FOR KINDERGARTEN

L1. Where will [CHILD] attend school this coming fall? Will (he/she) be ...

- Returning to Head Start, 1 (GO TO M1)
- Attending Pre-Kindergarten,..... 2
- Attending Kindergarten, 3
- Attending another preschool, 4
- Not attending any school, or 5 (GO TO M1)
- Don't know yet?..... 8 (GO TO M1)

L2. What is the name of the school [CHILD] will attend next year?

SCHOOL NAME

L3. Where is the elementary school located?

STREET (IF KNOWN)

CITY

M. SOCIAL SUPPORT

- M1. Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family.

Please tell me how helpful each of the following have been to you in terms of raising (CHILD) over the past month or so.

How helpful (have/has) [_____] been? Would you say...	Not very <u>helpful</u>	Somewhat <u>helpful, or</u>	Very <u>helpful?</u>	N/A
a. CHILD's father.....	1	2	3	4
INTERVIEWER NOTE: IF RESPONDENT IS [CHILD]'S FATHER, CODE 4 (NA)				
b. CHILD's mother.....	1	2	3	4
INTERVIEWER NOTE: IF RESPONDENT IS [CHILD]'S MOTHER, CODE 4 (NA)				
c. Your current spouse or partner	1	2	3	4
INTERVIEWER NOTE: IF CURRENT SPOUSE OR PARTNER IS [CHILD]'S FATHER/MOTHER, CODE 4 (NA)				
d. CHILD's grandparents.....	1	2	3	4
e. Other relatives	1	2	3	4
f. Your friends	1	2	3	4
g. Co-workers	1	2	3	4
h. Professional helpgivers like counselors or social workers	1	2	3	4
i. Head Start staff	1	2	3	4
j. Other parents you have met through Head Start	1	2	3	4
k. Other child care providers	1	2	3	4
l. Religious or social group member.....	1	2	3	4
m. Is there anyone else who has been helpful? (Please specify) _____	1	2	3	4

N. YOUR FEELINGS

N1. I'm going to read a list of feelings or attitudes people have about themselves. After I read each one, please tell me if you *strongly disagree*, *disagree*, *agree*, or *strongly agree* that you feel this way. (CIRCLE ONE RESPONSE FOR EACH ITEM.)

	Strongly <u>Disagree</u>	Disagree	Agree	Strongly <u>Agree</u>
a. There is really no way I can solve some of the problems I have.....	1	2	3	4
b. Sometimes I feel that I'm being pushed around in life.....	1	2	3	4
c. I have little control over the things that happen to me.	1	2	3	4
d. I can do just about anything I really set my mind to do.....	1	2	3	4
e. I often feel helpless in dealing with the problems of life.....	1	2	3	4
f. What happens to me in the future depends mostly on me.	1	2	3	4
g. There is little I can do to change many of the important things in my life.....	1	2	3	4

N2. I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the past week: *rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time?* (CIRCLE ONE RESPONSE FOR EACH ITEM.)

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

O. PARENT INVOLVEMENT AND SATISFACTION WITH HEAD START

O1. Please indicate how often you have participated in the following activities at [CHILD]'s Head Start center since the beginning of this Head Start year.

For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week.

How often have you ...	Not <u>yet</u>	Once or <u>twice</u>	Several <u>times</u>	About once a <u>month</u>	At least once <u>a week</u>
a. Volunteered or helped out in [CHILD]'s classroom? .	1	2	3	4	5
b. Observed in [CHILD]'s classroom for at least 30 minutes?.....	1	2	3	4	5
c. Prepared food or materials for special events such as a holiday celebration or special cultural event?....	1	2	3	4	5
d. Helped with field trips or other special events?.....	1	2	3	4	5
e. Attended Head Start social events such as bazaars or fairs for children and families?	1	2	3	4	5
f. Attended parent education meetings or workshops focusing on topics such as job skills or child-rearing? 5		1	2	3	4
g. Attended parent-teacher conferences?.....	1	2	3	4	5
h. Visited with a Head Start staff member in your home? 5		1	2	3	4
i. Attended a Head Start event with spouse or partner? 5		1	2	3	4
INTERVIEWER NOTE: IF NO SPOUSE OR PARTNER, WRITE "NA" IN RIGHT MARGIN					
j. Attended a Head Start event with another adult?	1	2	3	4	5
k. Participated in Policy Council, monitoring-related activities, or other Head Start planning groups?	1	2	3	4	5
l. Called or visited another Head Start parent on a matter related to Head Start?	1	2	3	4	5
m. Prepared or distributed newsletters, fliers, or Head Start materials?	1	2	3	4	5
n. Participated in fundraising activities?	1	2	3	4	5
o. Other (Please describe): _____ _____ _____	1	2	3	4	5

O2. Some parents have a hard time participating in their child's Head Start program. Please tell me if any of the following things have kept you from participating as much as you would like in [CHILD]'s Head Start program this past year?

	<u>YES</u>	<u>NO</u>
a. Your need for child care	1	2
b. Your work schedule interferes.....	1	2
c. Your school or training schedule interferes	1	2
d. You need transportation	1	2
e. You don't know others at Head Start.....	1	2
f. You feel uncomfortable at Head Start	1	2
g. You have health problems that interfere	1	2
h. [CHILD]'s teacher is uncomfortable with parents in the classroom	1	2
i. Head Start doesn't provide enough opportunities for you to participate.....	1	2
j. You have had bad experiences with Head Start in the past.....	1	2
k. You are uncomfortable because of language or cultural differences	1	2
l. You have concern for your safety while getting to Head Start ...	1	2
m. You need more support from your spouse or partner	1	2
n. Other (Please specify) _____	1	2

INTERVIEWER NOTE: THERE IS A DIFFERENT STEM FOR
PARENTS OF CHILDREN NO LONGER ATTENDING HEAD START

Now I would like to ask you some questions about [CHILD]'s Head Start program.

O3. Based on what has happened at Head Start since [CHILD] started the Head Start program, how satisfied are you with how well Head Start is doing in each of the following areas:

FOR PARENTS OF CHILDREN NO LONGER IN HEAD START, ASK:

Based on what happened while [CHILD] was in Head Start, how satisfied were you with how well Head Start did in each of the following areas:

	<u>Very dissatisfied</u>	<u>Some- what dissatisfied</u>	<u>Some- what satisfied</u>	<u>Very satisfied</u>
a. Helping [CHILD] to grow and develop	1	2	3	4
b. Being open to your ideas and participation	1	2	3	4
c. Supporting and respecting your family's culture and background.....	1	2	3	4
d. Identifying and providing services for [CHILD]— for example, health screening, help with speech and language development	1	2	3	4
e. Identifying and helping to provide services that help your family—for example, public assistance, transportation, or job training.....	1	2	3	4
f. Maintaining a safe program—for example, secure play-grounds, clean and tidy classrooms	1	2	3	4
g. Preparing [CHILD] to enter kindergarten.....	1	2	3	4
h. Helping you become more involved in groups that are active in your community.....	1	2	3	4

O4. Now I'm going to ask you about [CHILD]'s and your experience in Head Start. Please let me know which answer best describes [CHILD]'s and your Head Start experience.

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
a. [CHILD] feels safe and secure in Head Start	1	2	3	4
b. [CHILD] gets lots of individual attention	1	2	3	4
c. [CHILD]'s teacher is open to new information and learning.....	1	2	3	4
d. [CHILD] has been happy in the program.....	1	2	3	4
e. The teacher is warm and affectionate towards [CHILD]	1	2	3	4
f. [CHILD] is treated with respect by teachers.....	1	2	3	4
g. The teacher takes an interest in [CHILD]	1	2	3	4
h. [CHILD] feels accepted by the teacher.....	1	2	3	4
i. The teacher is supportive of you as a parent	1	2	3	4
j. You feel welcomed by the teacher	1	2	3	4
k. The teacher handles discipline matters easily without being harsh.....	1	2	3	4
l. The teacher seems happy and content	1	2	3	4
m. The assistant teacher/aide is warm and affectionate towards [CHILD].....	1	2	3	4

O5. What are the major ways you feel Head Start helped [CHILD] this year?
 PROBE: Anything else?

O6. What are the major ways you think Head Start helped your family this year?
 PROBE: Did they help your family in any other areas besides educating [CHILD]? What else?

O7. If you could change anything about Head Start that you think would help it better serve children and their families, what would it be?

BOX O-7A

FOR PARENTS OF CHILDREN NO LONGER ATTENDING HEAD START,
CHECK BOX... AND SKIP TO Q2. OTHERWISE, GO TO BOX P-1A.

BOX P-1A

IF R DID NOT RECEIVE K-FAST IN FALL 2003,
CHECK BOX... AND CONTINUE WITH SECTION P.

OTHERWISE GO TO Q1.

COMPLETE AFTER INTERVIEW IS CONCLUDED.

R: CONFIDENCE RATINGS

R1. Interview Completion Code:

- Respondent terminated interview prematurely 1
- Respondent refused interview 2
- Respondent unable to respond (PLEASE SPECIFY)..... 3

- Interview completed 4

R2. Please rate the following qualities of the respondent, the interviewing situation, and the data.

The Respondent (was/had):

a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty
g. Interviewed without interruptions	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low