

APPENDIX A
PARENT INTERVIEW

OMB #: 0584-XXXX
Exp. Date: XX/XX/XXXX

CACFP FAMILY DAY CARE HOME STUDY PARENT QUESTIONNAIRE

MPR ID #: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

SPONSOR ID NUMBER: |_|_|_|_|_| FDCH NUMBER: |_|_|_|_|

DATE: |_|_|_|_| / |_|_|_|_| / |2|0|0|_|_|_|
MONTH DAY YEAR

INTERVIEWER ID NUMBER: |_|_|_|_|_|_|_|_|_|_|_|_|

TIME INTERVIEW BEGAN: |_|_|_|_|:|_|_|_|_| AM.....1
HOUR MINUTE
PM.....2

NOTE: All parent interviews will take place for four days, Sun. – Wed. The target week will be the previous week, Sunday through Saturday.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0584-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, ORNA, Alexandria, VA 22302.

SECTION A: INTRODUCTION

- A1. **INTRODUCTION: WHEN CALLING TO MAKE AN APPOINTMENT:** Hello, my name is (INTERVIEWER'S FULL NAME) and I am calling on behalf of the U.S. Department of Agriculture's study of Family Day Care Homes. We recently sent (you/PARENT FROM ENROLLMENT FORM) a letter describing the study. I would like to ask (you/him/her) a few questions about (your/his/her) child's experience in the day care program. [May I speak with (him/her)?]

INTERVIEWER: ATTEMPT APPOINTMENT. (IF FDCH SPONSOR IS IN "INCENTIVE STRATUM" ONLY: MENTION \$10.00 INCENTIVE TO PARENT.)

IF APPOINTMENT MADE—RECORD ON CONTACT SHEET AND POLITELY THANK RESPONDENT AND TERMINATE CALL.....(RECORD ON CONTACT SHEET).....1

WANTS TO KNOW MORE ABOUT THE STUDY....(GO TO A2)....2

DID NOT GET LETTER—VERIFY ADDRESS AND OFFER TO FAX, EMAIL, OR MAIL LETTER.....(RECORD OUTCOME ON CONTACT SHEET)....3

HOW DID YOU GET MY NAME OR NUMBER.....(GO TO A3)....4

DO INTERVIEW NOW (TELEPHONE ONLY).....(GO TO A2)....5

TARGET CHILD DECEASED.....(GO TO B6)....6

PARENT FROM ENROLLMENT FORM DECEASED.....(GO TO B6)....7

NOT INTERESTED—RECORD ON CONTACT SHEET AND TERMINATE CALL.....(RECORD ON CONTACT SHEET).....8

A2. The U.S. Department of Agriculture is interested in learning about children's experiences in family day care homes. In order to do this we have selected a sample of parents whose children are enrolled in family day care homes. You were selected as the parent of (TARGET CHILD) who is enrolled at (NAME OF FDCH). The interview usually takes about fifteen minutes, (**IF INCENTIVE STRATUM ONLY:** and we will send you \$10 when it has been completed). Participation in this study is voluntary and will not affect your child's participation in day care and any meals (he's/she's) receiving there. All information is kept private to the extent permitted by law and will not be used in any way that could identify you or your child. Can we begin now?

- YES.....(GO TO B1).....1
- NOT A GOOD TIME,
SCHEDULE INTERVIEW.....2
- REFUSED OR NOT INTERESTED—
RECORD SITUATION ON CONTACT
AND TERMINATE INTERVIEW.....3
- NOT SURE ABOUT DOING
THE SURVEY OR HAS
QUESTIONS.....(GO TO A4).....4
- NAMED PERSON NOT AVAILABLE
OR NOT CORRECT—RECORD
SITUATION ON CONTACT SHEET
AND TERMINATE INTERVIEW.....5
- NO LONGER HAS CUSTODY
OF FOSTER CHILD—ATTEMPT
INTERVIEW.....6
- TARGET CHILD RESIDES IN
GROUP HOME—ATTEMPT INTERVIEW.....7
- TARGET CHILD NOW LIVES
WITH ANOTHER PARENT OR
GUARDIAN—ATTEMPT INTERVIEW.....8
- TARGET CHILD DECEASED.....(GO TO B6).....n

A3. We got your name from lists of parents whose children attend (NAME OF FDCH). We randomly selected (TARGET CHILD)(and would like to interview you about (TARGET CHILD's) experiences with the family day care home. The interview usually takes about fifteen minutes (**IF INCENTIVE STRATUM ONLY:** and we will send you \$10 when it has been completed.) Participation in this study is voluntary and will not affect your child's participation in day care and any meals (he's/she's) receiving there. All information is kept private to the extent permitted by law and will not be used in any way that could identify you or your child. Can we begin now?

- YES.....(GO TO B1).....1
- NOT A GOOD TIME,
SCHEDULE INTERVIEW.....2
- REFUSED OR NOT INTERESTED—
RECORD SITUATION ON CONTACT
AND TERMINATE INTERVIEW.....3
- NOT SURE ABOUT DOING
THE SURVEY OR HAS
QUESTIONS.....(GO TO A4).....4
- NAMED PERSON NOT AVAILABLE
OR NOT CORRECT—RECORD
SITUATION ON CONTACT SHEET
AND TERMINATE INTERVIEW.....5
- NO LONGER HAS CUSTODY
OF FOSTER CHILD—ATTEMPT
INTERVIEW.....6
- TARGET CHILD RESIDES IN
GROUP HOME—ATTEMPT INTERVIEW.....7
- TARGET CHILD NOW LIVES
WITH ANOTHER PARENT OR
GUARDIAN—ATTEMPT INTERVIEW.....8
- TARGET CHILD DECEASED.....(GO TO B6).....n

A4. **INFORMATION FOR PARENTS' STUDY**

WHAT IS THE PURPOSE OF THE STUDY?

The U.S. Department of Agriculture is interested in learning about children's experiences in family day care homes and the meals they receive while in day care.

MY CHILD DOES NOT EAT MEALS AT THE FAMILY DAY CARE HOME

Even if your child has never eaten food at the family day care home, we need information on his or her schedule in day care. This will help us understand how the day care programs are working in your area.

HOW DID YOU GET MY NAME? WHY SHOULD I PARTICIPATE?

Families with children enrolled in your child's day care program were randomly selected from a list provided by the organization that sponsors or reimburses your family day care home provider for meals and snacks. This list included children who did and did not receive meals or snacks. The information you share will help provide an accurate picture the meals and snacks children receive in day care.

AM I REQUIRED TO PARTICIPATE?

Your participation in the survey is entirely voluntary and it will not affect you or your child's eligibility for meals or snacks at the family day care home. You may refuse to answer any question during the interview. However, your experiences and opinions are very important for the study and for the program's success. **(IF INCENTIVE STRATUM ONLY:** I will send you a check for \$10 when the interview has been completed.)

I HAVE OTHER CHILDREN WHO ATTEND DAY CARE, BUT YOU DID NOT NAME THEM

We have only identified one enrolled child to ask questions about for each household that we are contacting in the area. For the purposes of this survey, all the questions we ask you refer to (TARGET CHILD).

I DO NOT HAVE THE TIME FOR THE SURVEY

I understand how valuable your time is. This survey will only take about 15 minutes. We can try to do it now or if this time is not convenient, I can arrange to call back at a better time for you.

IS THE SURVEY CONFIDENTIAL?

Yes. All of the information we collect in the survey will be kept private to the full extent allowed by law and will be used for research purposes only. Your answers will be combined with the answers of other survey participants and will never be linked to your name or your child's name in any reports.

HOW LONG WILL THE SURVEY TAKE?

The length of the interview is different for different people, but it usually takes about 15 minutes.

WHAT IS THE INTERVIEW ABOUT?

The person who interviews you may ask you about your child's attendance in day care and the meals or snacks served by the day care program. Remember, all information is completely confidential. The information you provide will not affect the meal reimbursements your family day care home receives or your child's eligibility to receive meals.

INCENTIVE STATUS ONLY: WHEN WILL I RECEIVE MY PAYMENT?

Mathematica will send you your check after the completion of the interview.

SECTION B: ENROLLMENT STATUS

B1. **CODE WITHOUT ASKING IF KNOWN OR ASK:** Is (TARGET CHILD) male or female?

MALE.....1
 FEMALE.....2
 DOES NOT KNOW.....d
 REFUSED.....r

B2. Does (TARGET CHILD) currently attend (FAMILY DAY CARE HOME)?

YES.....(GO TO B4).....1
 NO.....0
 DOES NOT KNOW.....(GO TO C1).....d
 REFUSED.....(GO TO C1).....r

B3. When did (she/he) stop attending FDCH?

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

DOES NOT KNOW.....d
 REFUSED.....r

B4. When did (she/he) begin attending FDCH?

PROBE: Was that in the beginning, middle, or the end of the month? **IF BEGINNING ENTER 5, IF MIDDLE ENTER 15, IF END ENTER 25.**

|_|_| / |_|_| / |_|_|.....**(GO TO C1)**
 MONTH DAY YEAR

FIRST WEEK OF SCHOOL.....(GO TO C1).....f
 NEVER ATTENDED.....n
 DOES NOT KNOW.....(GO TO C1).....d
 REFUSED.....(GO TO C1).....r

- B5. **INTERVIEWER: CHECK Q. B4 IF TARGET CHILD LEFT DAY CARE LESS THAN ONE WEEK AGO, CONTINUE INTERVIEW. OTHERWISE, TERMINATE INTERVIEW AND REPORT DISPOSITION TO YOUR SUPERVISOR.**
- B6. I am very sorry to hear about your loss. Thank you for your time. We will not do an interview. **INTERVIEWER TERMINATE CALL.**

SECTION C: PARTICIPATION IN FDCH AND RECEIPT OF MEALS

C1. The next series of questions are about the meals and snacks (TARGET CHILD) eats at (NAME OF FDCH).

Does the family day care home serve meals and snacks to (TARGET CHILD), does (he/she) usually bring food from home or, does (he/she) do both? That is, does (he/she) get meals and snacks from the family day care home and bring food from home?

PROBE: We mean the meals and snacks provided by the family day care home.

INTERVIEWER: CODE IF KNOWN.

MEALS FROM DAY CARE.....1
FOOD FROM HOME.....2
BOTH.....3
DON'T KNOW.....d
REFUSED.....r

INTERVIEWER: BEFORE BEGINNING THE NEXT SERIES OF QUESTIONS, FILL IN DATE FOR EACH DAY OF PAST WEEK.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<p>C2. My next questions are about (CHILD's NAME) attendance (NAME OF FAMILY DAY CARE HOME) last week from Sunday, (DATE) to Saturday, (DATE).</p>	<p>____/____ MONTH DAY</p>	<p>____/____ MONTH DAY</p>	<p>____/____ MONTH DAY</p>	<p>____/____ MONTH DAY</p>	<p>____/____ MONTH DAY</p>	<p>____/____ MONTH DAY</p>	<p>____/____ MONTH DAY</p>
<p>C3. First, which days did (he/she) attend day care last week?</p> <p>AS NECESSARY: Did (he/she) attend on (DAY)?</p> <p>PROBE: By last week, I mean from Sunday, (DATE) to Saturday (DATE)?</p> <p>INTERVIEWER: MARK ONE RESPONSE FOR EACH DAY.</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>
<p>C4. Next, I will ask about which meals or snacks the FDCH provided to your child each during last week, that is, from Sunday, (DATE) to Saturday, (DATE).</p> <p>Did (NAME OF CHILD) get breakfast at FDCH on (DAY)?</p> <p>ASK FOR EACH DAY CHILD ATTENDED.</p> <p>CODE IF KNOWN.</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>
<p>C5. Did (NAME OF CHILD) get mid-morning snack at FDCH on (DAY)?</p> <p>ASK FOR EACH DAY CHILD ATTENDED.</p> <p>CODE IF KNOWN.</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>	<p>YES.....1</p> <p>NO.....0</p> <p>DON'T KNOW....d</p> <p>REFUSED.....r</p>

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
C6. Did (NAME OF CHILD) get lunch at FDCH on (DAY)? ASK FOR EACH DAY CHILD ATTENDED. CODE IF KNOWN.	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....0	NO.....0	NO.....0	NO.....0	NO.....0	NO.....0	NO.....0
	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d
	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r
C7. Did (NAME OF CHILD) get a mid-afternoon snack at FDCH on (DAY)? ASK FOR EACH DAY CHILD ATTENDED. CODE IF KNOWN.	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....0	NO.....0	NO.....0	NO.....0	NO.....0	NO.....0	NO.....0
	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d
	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r
C8. What other meals or snacks such as supper or early morning or evening snack did (NAME OF CHILD) get at FDCH on (DAY)? ASK FOR EACH DAY CHILD ATTENDED. CODE IF KNOWN.	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>
	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1
	Supper.....2	Supper.....2	Supper.....2	Supper.....2	Supper.....2	Supper.....2	Supper.....2
	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3
	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d
REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	
C9. INTERVIEWER: CHECK Q.C1. DID CHILD BRING ANY FOOD FROM HOME (C1=2 OR 3)?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....0—	NO.....0—	NO.....0—	NO.....0—	NO.....0—	NO.....0—	NO.....0— GO TO C11
C10. On (DAY), which meals or snacks did (CHILD'S NAME) bring from home to replace the meal or snack (he/she) could get from the FDCH?	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ALL THAT APPLY</u>
	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1	Early Snack.....1
	Breakfast.....2	Breakfast.....2	Breakfast.....2	Breakfast.....2	Breakfast.....2	Breakfast.....2	Breakfast.....2
	Mid-AM snack....3	Mid-AM snack....3	Mid-AM snack....3	Mid-AM snack....3	Mid-AM snack....3	Mid-AM snack....3	Mid-AM snack....3
	Lunch.....4	Lunch.....4	Lunch.....4	Lunch.....4	Lunch.....4	Lunch.....4	Lunch.....4
	Mid-PM snack....5	Mid-PM snack....5	Mid-PM snack....5	Mid-PM snack....5	Mid-PM snack....5	Mid-PM snack....5	Mid-PM snack....5
	Supper.....2	Supper.....2	Supper.....2	Supper.....2	Supper.....2	Supper.....2	Supper.....2
	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3	Evening Snack...3
	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d	DON'T KNOW....d
REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	REFUSED.....r	

C11. Does (TARGET CHILD) usually attend day care more often than this past week, less often, or about the same as this past week?

- MORE OFTEN.....1
- LESS OFTEN.....2
- ABOUT THE SAME AS.....(GO TO C19).....3
- DOES NOT KNOW.....d
- REFUSED.....r

C12. How many days a week did (he/she) usually have an early morning snack at day care?

|__| NUMBER OF DAYS

- NONE, DID NOT EAT EARLY SNACK AT DAY CARE.....0
- DOES NOT KNOW.....d
- REFUSED.....r

C13. How many days a week did (he/she) usually have breakfast at day care?

|__| NUMBER OF DAYS

- NONE, DID NOT EAT BREAKFAST AT DAY CARE.....0
- DOES NOT KNOW.....d
- REFUSED.....r

C14. How many days a week did (he/she) usually have a mid-morning snack at day care?

|__| NUMBER OF DAYS

- NONE, DID NOT EAT MID-MORNING SNACK AT DAY CARE.....0
- DOES NOT KNOW.....d
- REFUSED.....r

C15 How many days a week did (he/she) usually have lunch at day care?

|__| NUMBER OF DAYS

NONE, DID NOT EAT LUNCH

AT DAY CARE.....0

DOES NOT KNOW.....d

REFUSED.....r

C16. How many days a week did (he/she) usually have a mid-afternoon snack at day care?

|__| NUMBER OF DAYS

NONE, DID NOT EAT MID-AFTERNOON SNACK

AT DAY CARE.....0

DOES NOT KNOW.....d

REFUSED.....r

C17. How many days a week did (he/she) usually have supper at day care?

|__| NUMBER OF DAYS

NONE, DID NOT EAT SUPPER

AT DAY CARE.....0

DOES NOT KNOW.....d

REFUSED.....r

C18. How many days a week did (he/she) usually have an evening snack at day care?

|__| NUMBER OF DAYS

NONE, DID NOT EAT EVENING SNACK

AT DAY CARE.....0

DOES NOT KNOW.....d

REFUSED.....r

C19. My next question is about your satisfaction with meals at (TARGET CHILD's) day care. How satisfied are you with the healthfulness of the food (TARGET CHILD) is served at day care? Overall are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

PROBE: Very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

VERY SATISFIED.....1
SOMEWHAT SATISFIED.....2
SOMEWHAT DISSATISFIED.....3
VERY DISSATISFIED.....4
DOES NOT KNOW.....d
REFUSED.....r

C20. Does your family day care home have sign-in and sign-out procedures for arrival and departure from day care?

YES.....1
NO.....(GO TO C25).....0
DON'T KNOW.....(GO TO D1).....d
REFUSED.....(GO TO D1).....r

C21. Has the family day care home given you any instructions about signing your child in and out?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

C22. Do you or the person who takes your child need to sign your name and write the time your child arrives at and departs from day care?

YES.....1
NO.....(GO TO C24).....0
DON'T KNOW.....(GO TO D1).....d
REFUSED.....(GO TO D1).....r

C23. Would you say you or the person who takes your child always signs in and out, usually signs in and out, sometimes signs in and out, or never signs in and out?

- USUALLY SIGNS IN.....(GO TO C24).....1
- SOMETIMES SIGNS IN.....2
- NEVER SIGNS IN.....3
- DON'T KNOW.....(GO TO C24).....d
- REFUSED.....(GO TO C24).....r

C23a. Please tell me why you might not sign your child in and out from daycare.

C24. Please describe the system (TARGET CHILD's) day care has for signing (him/her) in and out.

(GO TO C26)

C25. Would you be willing to sign your children in and out of day care each time you dropped them off or picked them up?

- YES.....1
- NO.....0
- DON'T KNOW.....(GO TO D1).....d
- REFUSED.....(GO TO D1).....r

C26. How difficult would it be for you to sign your name and the time when you drop off and pick up your children? Would you say it would be very difficult, somewhat difficult, not too difficult, or not difficult at all?

- VERY DIFFICULT.....1
- SOMEWHAT DIFFICULT.....2
- NOT TOO DIFFICULT.....(GO TO C27).....3
- NOT DIFFICULT AT ALL.....(GO TO C27).....4
- DON'T KNOW.....(GO TO C27).....d
- REFUSED.....(GO TO C27).....r

C26.1 Why would it be difficult to do this?

C27. Do you think the sign-in and sign-out form could be useful or valuable?

- YES.....1
- NO.....(GO TO D1).....0
- DON'T KNOW.....(GO TO D1).....d
- REFUSED.....(GO TO D1).....r

C28. How or when would this form be useful or valuable?

(GO TO D1)

SECTION D: DEMOGRAPHIC CHARACTERISTICS

D1. Just a few more questions. What is TARGET CHILD's birth date?

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

DOES NOT KNOW.....d

REFUSED.....r

D2. What is the primary language spoken in your home?

CIRCLE

ONE

ENGLISH.....1

SPANISH.....2

FARSI OR PERSIAN.....3

VIETNAMESE.....4

ARABIC.....5

TONGAN.....6

OTHER ASIAN LANGUAGE.....7

FRENCH.....8

ITALIAN.....9

RUSSIAN.....10

OTHER (SPECIFY).....11

DON'T KNOW.....d

REFUSED.....r

D3. Those are all my questions. Thank you for participating in our study.

ONLY IF INCENTIVE STRATUM: Please tell me your mailing address so we can send you the check for \$10 that we mentioned at the beginning of the interview. It might take three or four weeks for the check to arrive.

ADDRESS: _____

ZIP CODE: _____

TIME INTERVIEW ENDED: |__|__|:|__|__| AM.....1
 HOUR MINUTE PM.....2