

**FOLLOW-UP PARENT SURVEY FOR
HEAD START CARES**

DRAFT

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Section A – Demographic Characteristics

Parent Survey

(to be completed by Parent or Primary Caregiver of child enrolled in Head Start)

I am going to ask you some questions about yourself and your family. Your answers to my questions will be kept private.

1. What is your relationship to [CHILD]?

- BIOLOGICAL MOTHER.....1
- BIOLOGICAL FATHER.....2
- ADOPTIVE MOTHER.....3
- ADOPTIVE FATHER.....4
- STEPMOTHER.....5
- STEPFATHER.....6
- GRANDMOTHER.....7
- GRANDFATHER.....8
- GREAT GRANDMOTHER9
- GREAT GRANDFATHER10
- SISTER/STEPSISTER.....11
- BROTHER/STEPBROTHER.....12
- OTHER RELATIVE OR IN-LAW
(FEMALE).....13
- OTHER RELATIVE OR IN-LAW
(MALE).....14
- FOSTER PARENT (FEMALE).....15
- FOSTER PARENT (MALE).....16
- OTHER NON-RELATIVE (FEMALE).....17
- OTHER NON-RELATIVE (MALE).....18
- PARENT'S PARTNER (FEMALE).....19
- PARENT'S PARTNER (MALE).....18
- DON'T KNOW.....d
- REFUSED.....r

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

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

3. What is your marital status? (READ CATEGORIES AND HAVE THEM CHOOSE ONLY ONE)

- ₁ Single
- ₂ Married
- ₃ Remarried
- ₄ Living with partner (not married)
- ₅ Divorced
- ₆ Separated, OR
- ₇ Widowed

4. Are you currently going to school?

- ₁ Yes
- ₀ No

Raising children is a really important job. Some parents work additionally outside the home for pay. The following questions help us to understand your family's financial situation. All of your answers will be kept private and you should feel free to skip any questions you don't feel comfortable answering.

5. Are you currently working for pay? By working, we mean a formal job – a job that has a pay stub, self-employment, or a casual pay job – a job that is “under the table” or “off the books.” Please don't count unpaid experience.

- ₁ Yes
- ₂ Yes, currently on leave
- ₃ No (*skip to question # 17*)
- ₄ Laid off

6. At the job you work the most hours, what is your occupation? _____

7. What is your hourly wage earned at this job?

\$ _____ . _____ PER HOUR

8. Including overtime, how many total hours per week do you usually work at your current job(s)?

_____ HOURS PER WEEK

9. Do the number of hours you work from week to week change: (READ CATEGORIES)

- ₁ a lot
- ₂ a fair amount
- ₃ a little, OR
- ₄ hardly at all

10. Which of the following best describes your usual weekly work schedule at your job during the last month you worked? Did you work a: (READ CATEGORIES)

- ₁ daytime shift-which is defined as: at least half the hours worked most days last month fell between 8am – 4pm
- ₂ evening shift-which is defined as: at least half the hours worked most days last month fell between 4pm and midnight

- ₃ night shift- *which is defined as: at least half the hours worked most days last month fell between midnight and 8am*
- ₄ rotating shift- *which is defined as: one that changes regularly from days to evenings to nights*
- ₅ split shift- *which is defined as: one consisting of two distinct periods each day*
- ₆ an irregular schedule- *which is defined as: one that changes from day to day, OR*
- ₇ something else (SPECIFY: _____)

13. Does your usual schedule include working on a weekend day—Saturday or Sunday?

- ₁ Yes
- ₀ No

14. How far in advance do you know which hours or shift you will work? Do you know:
 (READ CATEGORIES)

- ₁ less than a week before you are scheduled to work
- ₂ at least a week before you are scheduled to work
- ₃ at least two weeks before you are scheduled to work
- ₄ at least a month before you are scheduled to work
- ₅ more than a month before you are scheduled to work, OR
- ₆ something else (SPECIFY: _____)

15. What was the total amount **you** earned from your job(s) last month, before taxes? Please include tips, commissions, and regular overtime pay.

\$ _____ , _____ . _____ PER MONTH
 AMOUNT

16. To the best of your knowledge, what was the total amount earned by those **adults in your household** last month, before taxes? Please include tips, commissions, and regular overtime pay.

\$ _____ , _____ . _____ PER MONTH
 AMOUNT

17. We would like to know about other kinds of income and support you and members of your household are currently receiving. Do you or any other household members currently receive:

	Yes	No
a. Child support or alimony?	<input type="radio"/> ₁	<input type="radio"/> ₂
b. A check or income from TANF (formerly AFDC) for welfare for families with children?	<input type="radio"/> ₁	<input type="radio"/> ₂
c. A check or income from General Assistance or General Relief?	<input type="radio"/> ₁	<input type="radio"/> ₂
d. A check or income from Supplemental Security Income (SSI)?	<input type="radio"/> ₁	<input type="radio"/> ₂
e. A check or income from Social Security Retirement, Disability (SSDI), or Survivor's Benefits (SSA)?	<input type="radio"/> ₁	<input type="radio"/> ₂
f. Unemployment insurance benefits?	<input type="radio"/> ₁	<input type="radio"/> ₂
g. WIC vouchers?	<input type="radio"/> ₁	<input type="radio"/> ₂
h. Food stamps?	<input type="radio"/> ₁	<input type="radio"/> ₂
i. Medicaid or medical assistance?	<input type="radio"/> ₁	<input type="radio"/> ₂

Appendix A.5: Head Start CARES Follow-up Parent Survey
Updated December 22, 2008

j. SCHIP (Child Health Plus) or other free health insurance for child (SPECIFY: _____)	<input type="radio"/> ₁	<input type="radio"/> ₂
k. Free or reduced lunch at school for your children?	<input type="radio"/> ₁	<input type="radio"/> ₂
l. Temporary financial assistance for families who have a child with disabilities/special needs (Respite care/Family support)?	<input type="radio"/> ₁	<input type="radio"/> ₂
m. Other (SPECIFY: _____)	<input type="radio"/> ₁	<input type="radio"/> ₂

18. What was the total income of all members of your household including yourself from all sources in the last month and including Food Stamp benefits, **before taxes**? (IF RESPONDENT IS HAVING TROUBLE WITH THEIR ANSWER SAY: "YOUR BEST ESTIMATE IS FINE")

\$ _____ , _____
AMOUNT

19. What was the total income of all members of your household including yourself from all sources in the last year and including Food Stamp benefits, **before taxes**? (IF RESPONDENT IS HAVING TROUBLE WITH THEIR ANSWER SAY: "YOUR BEST ESTIMATE IS FINE")

\$ _____ , _____
AMOUNT

20. If your income were to stop suddenly, for how many weeks would you be able to cover your basic expenses (housing, food, car, etc.) on your current savings?

_____ WEEKS

Section B – Emotion-Related Parenting Styles Self-Test

1. When my child is acting sad, he turns into a real brat.
2. Children often act sad to get their way.
3. I don't mind dealing with a child's sadness, so long as it doesn't last too long.
4. When my child is sad, I try to help the child explore what is making him sad.
5. When my child is sad, we sit down to talk over the sadness.
6. When my child is sad, I try to help him figure out why the feeling is there.
7. When she gets sad, I warn her about not developing a bad character.
8. When my child is angry, it's time to solve a problem.
9. When my child gets angry, my goal is to get him to stop.
10. It's important to help the child find out what caused the child's anger.

Factor 1: Dismissing/Disapproving: Items 1,2,3,7,9

Factor 2: Emotion Coaching: Items 4,5,6,8,10

The Likert scale ranges from 1 (always false) to 5 (always true).

Section C – Behavior Problems Index (BPI)

Section P11 – BEHAVIOR PROBLEMS INDEX				72
CHECK ITEM 24	Refer to age of sample child.	1 <input type="checkbox"/> Under 5 years old (Cover Page)		
		2 <input type="checkbox"/> 5+ years old (Intro)		
INTRO	<p>Now I am going to read some statements that describe the behavior of many children. Please tell me whether each statement has been OFTEN true, SOMETIMES true, or NOT true of -- during the past 3 months?</p> <p>The first statement is: "Has sudden changes in mood or feelings." Has that been OFTEN true, SOMETIMES true, or NOT true of -- in the past 3 months.</p> <p>Record response and continue with statement 2.</p> <p>Read list repeating categories and/or time reference as needed.</p>			
		Often true (a)	Sometimes true (b)	Not true (c)
1. Has sudden changes in mood or feelings.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 73
2. Feels or complains that no one loves ---.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 74
3. Is rather high strung, tense, or nervous.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 75
4. Cheats or tells lies.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 76
5. Is too fearful or anxious.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 77
6. Argues too much.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 78
7. Has difficulty concentrating, cannot pay attention for long.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 79
8. Is easily confused, seems to be in a fog.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 80
9. Bullies, or is cruel or mean to others.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 81
10. Is disobedient at home.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 82
11. Is disobedient at school.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 83
12. Does not seem to feel sorry after --- misbehaves.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 84
13. Has trouble getting along with other children.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 85
14. Has trouble getting along with teachers.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 86
15. Is impulsive, or acts without thinking.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 87
16. Feels worthless or inferior.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 88
17. Is not liked by other children.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 89
18. Has a lot of difficulty getting --- mind off certain thoughts, has obsessions.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 90
19. Is restless or overly active, cannot sit still.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 91
20. Is stubborn, sullen, or irritable.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 92
21. Has a very strong temper and loses it easily.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 93
22. Is unhappy, sad or depressed.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 94
23. Is withdrawn, does not get involved with others.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 95
24. Breaks things on purpose, deliberately destroys --- own or others' things.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 96
25. Clings to adults.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 97
26. Cries too much.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 98
27. Demands a lot of attention.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 99
28. Is too dependent on others.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 100
29. Feels others are out to get ---.		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 101

Section P11 – BEHAVIOR PROBLEMS INDEX – Continued			
	Often true (a)	Sometimes true (b)	Not true (c)
30. Hangs around with kids who get into trouble.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 102
31. Is secretive, keeps things to [himself/herself].	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 103
32. Worries too much.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> 104
Notes			

Section D – Social Skills Rating System (SSRS): Social Skills scale – Parent-Preschool items

My child...

1. Follows instructions
2. Helps you with household tasks without being asked
3. Appropriately questions household rules that may be unfair
4. Attempts household tasks before asking for your help
5. Gives compliments to friends or other children in the family
6. Participates in activities
7. Politely refuses unreasonable requests from others
8. Introduces herself or himself to new people without being told
9. Uses free time at home in an acceptable way
10. Asks permission before using another family member's property
11. Responds appropriately when hit or pushed by other children
12. Volunteers to help family members with tasks
13. Invites others to your home
14. Avoids situations that are likely to result in trouble
15. Starts conversations rather than waiting for others to talk first
16. Keeps room clean and neat without being reminded
17. Completes household tasks within a reasonable time
18. Controls temper in conflict situations with you
19. Controls temper when arguing with other children
20. Expresses feelings when wronged
21. Follows game rules
22. Attends to instructions
23. Shows interest in a variety of things
24. Answers phone appropriately
25. Makes friends easily
26. Compromises in conflict situations
27. Puts away toys or other household property
28. Waits turn in games
29. Receives criticism well
30. Congratulates family members on accomplishments
31. Follows rules
32. Is self-confident in social situations such as parties or group outings
33. Attends to speakers at meetings such as in church or youth groups
34. Joins group activities without being told to
35. Ends disagreements with you calmly
36. Is liked by others
37. Asks sales clerks for information or assistance
38. Communicates problems
39. Speaks in appropriate tone of voice at home

Each question is answered on a three-point scale: 0 – Never, 1 – Sometimes, 2 – Very Often

Section E – School Performance

1. How well do you think your child is doing in his/her school work this year?

	Not well at all	Below Average	Average	Well	Very Well
a. Reading?	1	2	3	4	5
b. Writing?	1	2	3	4	5
c. Mathematics?	1	2	3	4	5
d. Overall?	1	2	3	4	5

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