Proposed Draft Version of Interview Introduction for Family Members

Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with Westat.

As you may recall, the Rehabilitation Services Administration (RSA) in the U.S. Department of Education has asked you to be part of a study about the Helen Keller National Center (HKNC). RSA grants funding to HKNC to provide independent living and vocational rehabilitation services to deaf-blind individuals, and training for families and service providers who work with deaf-blind individuals. RSA wants to make sure that the services offered are working well for individuals who are deaf-blind, their families, service providers, and the public. HKNC is working with RSA and an independent contractor, Westat, to conduct the study. Westat is an employee-owned company that provides research and evaluation services to the federal government and other clients.

You have been selected because you have a family member who is deaf-blind and have spent time at HKNC New York.. Your opinion about HKNC is important to the government and HKNC. Your participation in the interview is voluntary. Your information is important to give a complete picture of HKNC and how it helps deaf-blind people and their families nationwide. The information will be used in a report about HKNC.

I will be taking notes during the interview. HKNC staff are not participating in this interview. Information you give us will be securely maintained by Westat.

Do you have any questions?

May we begin with the interview?

Telephone Interview with Family Members

*INSERT INTRODUCTION AND INFORMED CONSENT VERIFICATION*

**BACKGROUND QUESTIONS**

1. We understand that one or more members of your immediate family are deaf-blind.

 Is that correct?

NO 1 (TERMINATE

 INTERVIEW)

YES, ONE 2

YES, MORE THAN ONE 3

 (SPECIFY NUMBER) \_\_\_\_\_\_

2. How old is each family member who is deaf-blind, and what is (his/her) relationship to you?

|  |  |  |
| --- | --- | --- |
| PERSON | AGE | RELATIONSHIP |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

**CONTACTS WITH REGIONAL OFFICES**

3. Have you ever had contact with a regional representative of the Helen Keller National Center regarding (either of/any of) your family member(s) who are deaf-blind?

YES 1 (ASK A-E)

NO 2 (GO TO Q5)

A. When or over what time period did you have contact with the regional representative?

 [IF MANY OR FREQUENT CONTACTS, ASK RESPONDENT TO DESCRIBE MOST IMPORTANT CONTACTS, OR CONTACTS IN GENERAL.]

B. How old was your family member when you first had contact with the regional representative?

\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROX. AGE

C. IF NOT MENTIONED: Which regional office was it?

D. What was the reason for your (most important) contact(s)? (Please describe.)

 PROBES: To obtain . . .

 Information? What information?

 Services or assistance? What services or assistance?

 A referral to HKNC?

E. Please describe the services or support you received.

 PROBE: How helpful were the services or support . . .

 Were they very helpful, somewhat helpful, or not helpful?

 IF NOT MENTIONED:

F. As a result of your contact with the HKNC regional representative, was your family member able to live more independently?

YES 1 (ASK G)

NO 2

G. Please describe.

 IF NOT MENTIONED:

H. As a result of your contact with the HKNC regional representative, was your family member able to learn skills for a job, find a job, or keep a job they already had?

Learn skills for a job 1

Find a job 2

Keep a job 3

Received no help with a job 4

I. Please explain.

4. Overall, how satisfied were you with the outcome of your contact(s) with the HKNC regional representative? Were you …

Very satisfied 1

Somewhat satisfied 2

Somewhat dissatisfied, or 3

Very dissatisfied? 4

**CONTACTS WITH HKNC in NEW YORK**

5. In the past 4 years, did one or more of your family members attend the Helen Keller National Center in New York?

YES 1

NO 2 (GO TO Q9)

6. Please describe what other options you considered before your family member attended HKNC in New York.

7. Did your family member attend HKNC in New York for any of the following reasons:

 YES NO

a. Your community did not offer the services that your family
 member could receive from HKNC NY 1 2

b. In your opinion, the services offered at HKNC NY were more effective or

 efficient than the services in your community 1 2

c. Community services were difficult to get to 1 2

8. In what ways did your family member benefit from attending HKNC in New York?

 PROBE:

 Did HKNC help the family member live more independently? Please describe what happened.

 Did HKNC help the family member attain vocational goals? Please describe what happened.

9. Did you receive any services or support as a family member from staff at HKNC in New York?

YES 1 (ASK A-B)

NO 2

A. Please describe the services or support.

 (PROBE: Did you go to HKNC in New York with your family member when he or she started the program?)

B. As a result of your contact with HKNC in New York . . .

- Were you better able to support your family member to live more independently?

YES 1

NO 2

 Please explain your answer.

- Was your family member better able to live more independently after attending HKNC in New York?

YES 1

NO 2

 Please explain your answer.

- Was your family member better able to learn skills for a job, find a job, or keep a job after attending HKNC in New York?

YES 1

NO 2

 Please explain your answer.

10. In your opinion, what are the strong points of the program at HKNC NY?

11. How do you think HKNC in New York could improve its programs to better meet your needs or the needs of your family member?