

**BASELINE PARENT SURVEY FOR  
HEAD START CARES**

**BASELINE MEASURES**

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, your child (INSERT CHILD’S NAME) who is enrolled in Head Start, 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 GRANDMOTHER .....9
- GREAT GRANDFATHER .....10
- 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 birth date?**

    |\_|\_|/|\_|\_|/|\_|\_|  
 DON'T KNOW.....d  
 REFUSED.....f

4. **Are you of Spanish, Hispanic, or Latino origin?**

YES.....1  
 NO.....0 → GO TO 6  
 DON'T KNOW.....d  
 REFUSED.....f

5. **Which one of these best describes you . . .**

**Mexican, Mexican American,  
 Chicano,**.....1  
**Puerto Rican,**.....2  
**Cuban, or**.....3  
**another Spanish/Hispanic/Latino  
 group?**.....4  
 DON'T KNOW.....d  
 REFUSED.....f

6. **What is your race? You may name more than one if you like.**

CODE ALL THAT APPLY

WHITE.....1  
 BLACK, AFRICAN AMERICAN,  
 OR NEGRO.....2  
 AMERICAN INDIAN OR ALASKA  
 NATIVE (SPECIFY).....3  
 \_\_\_\_\_  
 ASIAN INDIAN.....4  
 CHINESE.....5  
 FILIPINO.....6  
 JAPANESE.....7  
 KOREAN.....8  
 VIETNAMESE.....9  
 ASIAN (NOT FURTHER SPECIFIED).....10  
 NATIVE HAWAIIAN.....11  
 GUAMANIAN OR CHAMORRO.....12

- SAMOAN.....13
- OTHER PACIFIC ISLANDER  
(SPECIFY).....14

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- ANOTHER RACE (SPECIFY).....15

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- DON'T KNOW.....d
- REFUSED.....r

7. **In what country were you born?**

- USA.....1 → GO TO 9
- ANOTHER COUNTRY (SPECIFY).....2

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- DON'T KNOW.....d
- REFUSED.....r

8. **How many years have you lived in the United States?**

- |\_|\_| NUMBER
- DON'T KNOW.....d
- REFUSED.....r

**Now let's talk about [CHILD] enrolled in Head Start.**

9. **CONFIRM OR ASK: Is [CHILD] a boy or a girl?**

- GIRL.....1
- BOY.....2
- DON'T KNOW.....d
- REFUSED.....r

10. **How old is [CHILD]?**

\_\_\_\_\_ YEARS

11. **What is [CHILD]'s birth date?**

- |\_|\_| / |\_|\_| / |\_|\_|
- DON'T KNOW.....d
- REFUSED.....r

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

- YES.....1
- NO.....0 → GO TO 14
- DON'T KNOW.....d
- REFUSED.....r

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

- Mexican, Mexican American, Chicano,**.....1
- Puerto Rican,**.....2
- Cuban, or**.....3
- another Spanish/Hispanic/Latino group?**.....4
- DON'T KNOW.....d
- REFUSED.....r

14. What is [CHILD]'s race? You may name more than one if you like.

CODE ALL THAT APPLY

- WHITE.....1
- BLACK, AFRICAN AMERICAN, OR NEGRO.....2
- AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY).....3

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- ASIAN INDIAN.....4
- CHINESE.....5
- FILIPINO.....6
- JAPANESE.....7
- KOREAN.....8
- VIETNAMESE.....9
- ASIAN (NOT FURTHER SPECIFIED).....10
- NATIVE HAWAIIAN.....11
- GUAMANIAN OR CHAMORRO.....12
- SAMOAN.....13
- OTHER PACIFIC ISLANDER (SPECIFY).....14

---

- ANOTHER RACE (SPECIFY).....15

\_\_\_\_\_  
DON'T KNOW.....d  
REFUSED.....r

15. In what country was [CHILD] born?

USA.....1 → GO TO 12  
ANOTHER COUNTRY (SPECIFY).....2

\_\_\_\_\_  
DON'T KNOW.....d  
REFUSED.....r

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

|\_|\_| NUMBER  
DON'T KNOW.....d  
REFUSED.....r

17. Is Head Start your child's first formal educational experience?

- Yes-(skip to #19)
- No

18. If no, was your child in a center-based or home-based child care arrangement last year. By home-based I mean, any group care with several *non-related* children **in a home that wasn't your own**. Do not include babysitting.

- My child attended a center-based child care arrangement last year
- My child attended a home-based child care arrangement last year
- Neither (SPECIFY:\_\_\_\_\_)

19a. How many days each week does [CHILD] go to [PROGRAM NAME]?

|\_|\_| NUMBER  
DON'T KNOW.....d  
REFUSED.....r

19b. How many hours each week does [CHILD] go to [PROGRAM NAME]?

|\_|\_| NUMBER  
DON'T KNOW.....d  
REFUSED.....r

20. Does your child spend time in extended day/wraparound/after-school services at their Head Start center?  
<sub>1</sub> Yes  
<sub>0</sub> No-(skip to #21)

20a. If yes, how many total hours per week does your child spend in extended day/wraparound/after-school services at their Head Start center?

\_\_\_\_\_ HOURS

21. Does your child spend time in **another** child care arrangement, other than Head Start & extended day/wraparound/after-school services?  
<sub>1</sub> Yes  
<sub>0</sub> No-(skip to #23)

21a. **How many days each week does [CHILD] currently spend in another child care arrangement (other than Head Start & extended day/wraparound/after-school services)?**

|\_|\_| NUMBER  
DON'T KNOW.....d  
REFUSED.....r

21b. How many hours each week does your child currently spend in **another** child care arrangement (other than Head Start & extended day/wraparound/after-school services)?

|\_|\_| NUMBER  
DON'T KNOW.....d  
REFUSED.....r

**22. If using another child care arrangement (besides Head Start & extended day/wraparound at Head Start), what kind of arrangement is your child in for at least 5 hours a week? Choose all that apply. (READ CATEGORIES)**

- <sub>a</sub> Your spouse or partner who is not the child's biological parent
- <sub>b</sub> The child's grandparent or great grandparent
- <sub>c</sub> The child's sibling or half-sibling
- <sub>d</sub> Another of your child's relatives
- <sub>e</sub> A babysitter or non-relative in your child's home
- <sub>f</sub> A family daycare or other non-relative in another home, where a Head Start or Early Head Start program was **not** offered
- <sub>g</sub> A preschool, nursery school, or daycare center, where a Head Start or Early Head Start program was **not** offered
- <sub>h</sub> An extended day program before or after school, lessons, or activities like, boys or girls club, YMCA or YWCA, OR
- <sub>i</sub> Some other kind of arrangement (Specify: \_\_\_\_\_)



**My next questions are about the people who live in the same household as you and [CHILD].**

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

|\_|\_| NUMBER  
 DON'T KNOW.....d  
 REFUSED.....f

24. Please list the relationships of those adults to your child (*Start with yourself*)

| Adult | Relationship to <b>Your Child</b> |
|-------|-----------------------------------|
| a.    | <b>Respondent</b>                 |
| b.    |                                   |
| c.    |                                   |
| d.    |                                   |
| e.    |                                   |
| f.    |                                   |
| g.    |                                   |

25. **Including [CHILD], how many children age 17 and younger live in your household?**

|\_|\_| NUMBER  
 DON'T KNOW.....d  
 REFUSED .....f

26. Please list the relationships, and ages of those children. (*Start with child enrolled in Head Start*)

| Child | Relationship to <b>Your Child</b> | Age |
|-------|-----------------------------------|-----|
| a.    | <b>Child in Head Start</b>        |     |
| b.    |                                   |     |
| c.    |                                   |     |
| d.    |                                   |     |
| e.    |                                   |     |
| f.    |                                   |     |

|    |  |  |
|----|--|--|
| g. |  |  |
| h. |  |  |

27. How many years have you lived at your current address? \_\_\_\_\_ YEARS

28. How many times have you moved in the past year? \_\_\_\_\_ TIMES IN PAST YEAR (If none, write 0)

29. Which of the following best describes your housing arrangement last month? If you have more than one arrangement, choose the one where you spent the most time last month. Did you: (READ CATEGORIES)

- <sub>1</sub> own your own home or apartment
- <sub>2</sub> rent your home or apartment
- <sub>3</sub> live in emergency or temporary housing (e.g. shelter)
- <sub>4</sub> live with friends or relatives and pay rent to them
- <sub>5</sub> live with friends or relatives and not pay rent to them, OR
- <sub>6</sub> have some other housing arrangement (SPECIFY: \_\_\_\_\_)

30. Do you live in: (READ CATEGORIES)

- <sub>1</sub> public housing (housing owned by a federal, state or local government agency)
- <sub>2</sub> private housing that is subsidized by government aid (e.g. Section 8 or housing vouchers)
- <sub>3</sub> private housing with no help from the government (e.g. entire rent bill is paid without any public assistance to a landlord, family member, or friend), OR
- <sub>4</sub> You own your home or apartment

31. Do you own or lease a car?

- <sub>1</sub> Own
- <sub>2</sub> Rent/Lease
- <sub>3</sub> Do not have a car

32. What is the name of your neighborhood public elementary school?

- 
- <sub>0</sub> Don't know

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

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

34. What is the highest grade of school that you have completed?(READ CATEGORIES)

- <sub>1</sub> Less than 12<sup>th</sup> grade
- <sub>2</sub> G.E.D.
- <sub>3</sub> High school diploma
- <sub>4</sub> Some college (\_\_\_\_\_years)
- <sub>5</sub> Associates Degree
- <sub>6</sub> Bachelor's Degree
- <sub>7</sub> Graduate school (\_\_\_\_\_years), OR
- <sub>8</sub> Graduate Degree (SPECIFY FIELD: \_\_\_\_\_)

35. Are you currently going to school?

- <sub>1</sub> Yes
- <sub>0</sub> 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.**

36. 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.

- <sub>1</sub> Yes
- <sub>2</sub> Yes, currently on leave
- <sub>3</sub> No (*skip to question # 46*)
- <sub>4</sub> Laid off

37. At the job you work the most hours, what is your occupation? \_\_\_\_\_

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

\$ \_\_\_\_\_ . \_\_\_\_\_ PER HOUR

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

\_\_\_\_\_ HOURS PER WEEK

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

- <sub>1</sub> a lot
- <sub>2</sub> a fair amount
- <sub>3</sub> a little, OR
- <sub>4</sub> hardly at all

41. 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)

- <sub>1</sub> daytime shift-*which is defined as: at least half the hours worked most days last month fell between 8am – 4pm*
- <sub>2</sub> evening shift-*which is defined as: at least half the hours worked most days last month fell between 4pm and midnight*
- <sub>3</sub> night shift- *which is defined as: at least half the hours worked most days last month fell between midnight and 8am*

- <sub>4</sub> rotating shift- *which is defined as: one that changes regularly from days to evenings to nights*
- <sub>5</sub> split shift- *which is defined as: one consisting of two distinct periods each day*
- <sub>6</sub> an irregular schedule- *which is defined as: one that changes from day to day, OR*
- <sub>7</sub> something else (SPECIFY: \_\_\_\_\_)

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

- <sub>1</sub> Yes
- <sub>0</sub> No

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

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

44. 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

45. 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

46. 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"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
| b. A check or income from TANF (formerly AFDC) for welfare for families with children?                 | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
| c. A check or income from General Assistance or General Relief?  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
| d. A check or income from Supplemental Security Income (SSI)?  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
| e. A check or income from Social Security Retirement, Disability (SSDI), or Survivor's Benefits (SSA)? | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
| f. Unemployment insurance benefits?  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
| g. WIC vouchers?   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |
| h. Food stamps?  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>2</sub> |

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

47. 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

48. 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

49. 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 – K-6 Kessler Psychological Distress Scale**

The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.

| Q1. During the past 30 days, about how often did you feel ... | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|------------------|----------------------|------------------|------------------|-----------------|
| a. ...nervous?  | 1                | 2                    | 3                | 4                | 5               |
| b. ...hopeless?   | 1                | 2                    | 3                | 4                | 5               |
| c. ...restless or fidgety?                                    | 1                | 2                    | 3                | 4                | 5               |
| d. ...so depressed that nothing could cheer you up?           | 1                | 2                    | 3                | 4                | 5               |
| e. ...that everything was an effort?                          | 1                | 2                    | 3                | 4                | 5               |
| f. ...worthless?  | 1                | 2                    | 3                | 4                | 5               |

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**Section C – Parenting Stress Index, Short Form (PSI)**

Directions: In answering the following questions, please think about the child you are most concerned about.

The questions on the following pages ask you to mark an answer which best describes your feelings. While you may not find an answer which exactly states your feelings, please mark the answer which comes closest to describing how you feel. YOUR FIRST REACTION TO EACH QUESTION SHOULD BE YOUR ANSWER.

Please mark the degree to which you agree or disagree with the following statements by filling in the number which best matches how you feel. If you are not sure, please fill in #3.

- 1 – Strongly agree
- 2 – Agree
- 3 – Not sure
- 4 – Disagree
- 5 – Strongly disagree

1. I often have the feeling that I cannot handle things very well.
2. I find myself giving up more of my life to meet my children's needs than I ever expected.
3. I feel trapped by my responsibilities as a parent.
4. Since having this child I have been unable to do new and different things.
5. Since having a child I feel that I am almost never able to do things that I like to do.
6. I am unhappy with the last purchase of clothing I made for myself.
7. There are quite a few things that bother me about my life.
8. Having a child has caused more problems than I expected in my relationship with my spouse (male/female friend).
9. I feel alone and without friends.
10. When I go to a party I usually expect not to enjoy myself.
11. I am not as interested in people as I used to be.
12. I don't enjoy things as I used to.
13. My child rarely does things for me that make me feel good.
14. Most times I feel that my child likes me and wants to be close to me.
15. My child smiles at me much less than I expected.
16. When I do things for my child I get the feeling that my efforts are not appreciated very much.
17. When playing, my child doesn't often giggle or laugh.
18. My child doesn't seem to learn as quickly as most children.
19. My child doesn't seem to smile as much as most children.
20. My child is not able to do as much as I expected.
21. It takes a long time and it is very hard for my child to get used to new things.
22. I feel that I am
  1. A very good parent,
  2. A better than average parent,
  3. An average parent,
  4. A person who has some trouble being a parent,
  5. Not very good at being a parent.
23. I expected to have closer and warmer feelings for my child than I do and this bothers me.
24. Sometimes my child does things that bother me just to be mean.

25. My child seems to cry or fuss more often than most children.
26. My child generally wakes up in a bad mood.
27. I feel that my child is very moody and easily upset.
28. My child does a few things which bother me a great deal.
29. My child reacts very strongly when something happens that my child doesn't like.
30. My child gets upset easily over the smallest thing.
31. My child's sleeping or eating schedule was much harder to establish than I expected.
32. I have found that getting my child to do something or stop doing something is:
  1. Much harder than I expected,
  2. Somewhat harder than I expected,
  3. About as hard as I expected,
  4. Somewhat easier than I expected,
  5. Much easier than I expected.
33. Think carefully and count the number of things which your child does that bothers you. For example: dawdles, refuses to listen, overactive, cries, interrupts, fights, whines, etc. Please fill in the number which includes the number of things you counted.
  1. 1-3
  2. 4-5
  3. 6-7
  4. 8-9
  5. 10+
34. There are some things my child does that really bother me a lot.
35. My child turned out to be more of a problem than I had expected.
36. My child makes more demands on me than most children.



**Section D – Parent-Teacher Involvement Questionnaire (primary caregiver version)**

**Parent-Teacher Involvement Questionnaire**

*General instructions: Next, I'm going to ask you some questions about your interactions with the people at your child's school.*

|  | Not at all            | A little              | Some                  | A lot                 | A great deal          |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How welcome do you feel visiting your child's class?                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. How much do you enjoy talking to your child's teacher?                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How much do you think your child's teacher cares about her or him?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. How much do you think your child's teacher is interested in getting to know you?          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. How comfortable have you felt talking to your child's teacher?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. How much does your child's teacher seem to pay attention to your suggestions?             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. How often do you ask your child's teacher questions or make suggestions about your child? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. How often do you take your child to a public library?                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. How often do you read to your child?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. How often do you play games with your child to teach him or her new things?              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. How often do you volunteer in your child's class?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

*General instructions: Tell me how much you agree or disagree with each of the following statements.*

|   | Strongly Disagree     | Disagree              | Not sure              | Agree                 | Strongly Agree        |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 12. Your child's school has been a good place for your child to be.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. The people at your child's school are doing good things for her or him.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. You have confidence in the people at your child's school.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Your child's teacher is doing a good job of preparing her or him for next year. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Section E – 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 F – Financial Resources, Housing and Connection to Social Institutions**

Questions getting at everyday experiences of being undocumented – Hirokazu Yoshikawa from Early Childhood Cohort Study of the Center for Research on Culture, Development, and Education

Please do not share without permission.

Now I'm going to ask you about some financial resources.

| Do you have ...         | Ye | No | IF No: Could you get one if you wanted to? | Ye | No | Does anyone else in your household have.. | Ye | No | Don't know |
|-------------------------|----|----|--|----|----|---|----|----|------------|
|                         | s  |    |  | s  |    |   | s  |    |            |
| S1. A checking account? |    |    | S1.1                                       |    |    | S1.2                                      |    |    |            |
| S2. A savings account?  |    |    | S2.1                                       |    |    | S2.2                                      |    |    |            |
| S3. A credit card?      |    |    | S3.1                                       |    |    | S3.2                                      |    |    |            |
| S4. A driver's license? |    |    | S4.1                                       |    |    | S4.2                                      |    |    |            |

Now I'd like to ask some questions about the apartment or house you live in.

|  |                                      |   |                                    |  |                                      |
|--|--------------------------------------|---|------------------------------------|--|--------------------------------------|
| S4   | Is this broken or in need of repair? | IF NO: When was the last time this was broken or in need of repair? | How long did it take to get fixed? | Unit of time:                                    | Who did you contact to get it fixed? |
| S4.1. Toilets, sinks or bathtubs             | Yes / No                             | DATE:   | #: _____<br>OR<br>Never            | Was that:<br>Days/Weeks<br>Months/Years<br>Never | _____<br><br>OR Nobody               |
| S4.2. Windows, walls, ceilings or doors      | Yes / No                             | DATE:   | #: _____<br>OR<br>Never            | Was that:<br>Days/Weeks<br>Months/Years<br>Never | _____<br><br>OR Nobody               |
| S4.3 Heat                                    | Yes / No                             | DATE  | #: _____<br>OR<br>Never            | Was that:<br>Days/Weeks<br>Months/Years<br>Never | _____<br><br>OR Nobody               |
| S4.4. Outside of house or apartment building | Yes / No                             | DATE:   | #: _____<br>OR<br>Never            | Was that:<br>Days/Weeks<br>Months/Years<br>Never | _____<br><br>OR Nobody               |

Y10. CONNECTION TO SOCIAL INSTITUTIONS: Now I'd like to ask you a few questions about things that happen to some people and how you would respond in those situations.

| Y10.1. If a boss at work owed you money but refused to pay you, what would you do?                        | Definitel<br>y Not | Probabl<br>y Not | Probabl<br>y Yes | Definitel<br>y Yes |
|---|--------------------|------------------|------------------|--------------------|
| Y10.1. Call the police<br>1   | 1                  | 2                | 3                | 4                  |
| Y10.1. Complain to this boss<br>2   | 1                  | 2                | 3                | 4                  |
| Y10.1. Talk to co-workers<br>3  | 1                  | 2                | 3                | 4                  |
| Y10.2. If a wall needed repair in your apartment, what would you do?                                      |                    |                  |                  |                    |
| Y10.2. Complain to the city<br>1  | 1                  | 2                | 3                | 4                  |
| Y10.2. Contact the landlord<br>2  | 1                  | 2                | 3                | 4                  |
| Y10.2. Fix it myself or with the help of friends<br>3   | 1                  | 2                | 3                | 4                  |
| Y10.3. If a teacher or caregiver of your child was rude to him or her, what would you do?                 |                    |                  |                  |                    |
| Y10.3. Complain to the principal.<br>1  | 1                  | 2                | 3                | 4                  |
| Y10.3. Talk to the teacher.<br>2  | 1                  | 2                | 3                | 4                  |
| Y10.3. Explain to your child that people act that way sometimes.<br>3                                     | 1                  | 2                | 3                | 4                  |
| Y10.4. If there were drug dealers on your street in the afternoon, what would you do?                     |                    |                  |                  |                    |
| Y10.4. Talk to neighbors to try to figure out solutions<br>1  | 1                  | 2                | 3                | 4                  |
| Y10.4. Call or contact city officials<br>2  | 1                  | 2                | 3                | 4                  |
| Y10.4. Call the police<br>3   | 1                  | 2                | 3                | 4                  |
| Y10.5. If someone at work said something bad about [insert respondent's ethnic group], what would you do? |                    |                  |                  |                    |
| Y10.5. Talk to that person about it<br>1  | 1                  | 2                | 3                | 4                  |
| Y10.5. Talk to a boss about it<br>2   | 1                  | 2                | 3                | 4                  |
| Y10.5. Talk to your co-workers about it<br>3  | 1                  | 2                | 3                | 4                  |
| Y10.5. Keep it to myself<br>4   | 1                  | 2                | 3                | 4                  |

Section G – Behavior Problems Index (BPI)

| Section P11 – BEHAVIOR PROBLEMS INDEX   |   |   |                            | 72                             |
|---|---|---|----------------------------|--------------------------------|
| <b>CHECK ITEM 24</b>  | Refer to age of sample child.   | 1 <input type="checkbox"/> Under 5 years old (Cover Page) |                            |                                |
|   |   | 2 <input type="checkbox"/> 5+ years old (Intro)           |                            |                                |
| <b>INTRO</b>  | <p>Now I am going to read some statements that describe the behavior of many children. Please tell me whether each statement has been <b>OFTEN</b> true, <b>SOMETIMES</b> true, or <b>NOT</b> true of -- during the past 3 months?</p> <p>The first statement is: "Has sudden changes in mood or feelings." Has that been <b>OFTEN</b> true, <b>SOMETIMES</b> true, or <b>NOT</b> 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<br>(a)   | Sometimes true<br>(b)      | Not true<br>(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<br>(a)          | Sometimes true<br>(b)      | Not true<br>(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 H – 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