

OMB No.: 0970-0402

Expiration Date:



Mother and Infant Home Visiting Program Evaluation

MIHOPE
FIFTEEN MONTH FOLLOW-UP VISIT
PROTOCOL

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 0970-0402. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

February 2013

Client MPR ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Date of interview: |_|_|_|_|/|_|_|_|_|/|_|_|_|_|_|_|_|_|_|_|

Month Day Year

FIELD INTERVIEWER ID: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

MIHOPE

Fifteen Month Follow-up Visit Protocol for Field Staff

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1. Materials:

Before you leave for a family home visit, make sure you have all your materials. These include:

STUDY MATERIALS

- Contact Sheet with target respondent's full name, address, and phone number (in case you need to contact the family while you are on your way)
- "Sorry We Missed You" Card
- MIHOPE study brochure
- MIHOPE study FAQ sheet
- Show cards for respondent
- MIHOPE follow-up visit protocol (this form)

PLS-5 MATERIALS

- PLS-5 English Flip Book
- PLS-5 Manipulatives
- PLS-5 Picture Manual - English
- Pen
- Stickers and paper for stickers

HEIGHT AND WEIGHT MATERIALS

- Scale
- Stadiometer

THREE BAG MATERIALS

- Camera
- DVD
- Tripod
- Parent signboard – the back of this form
- Bag #1: Book – Goodnight Gorilla

- Bag #2: Pretend play toys

- Bag #3: Duplo Blocks

- Mat

- Stopwatch

GENERAL MATERIALS

- Mathematica cell phone
- Pen
- Mathematica ID

2. Appointments:

If at any point during the visit, the respondent asks you to come back later, schedule a firm appointment. Also document on contact sheet.

APPOINTMENT BLOCK:
RETURN DATE: _____
RETURN TIME: _____
OTHER NOTES:

3. Typefaces:

Instructions and questions that you read aloud to the child are printed in this “bold” typeface. Be sure to read all questions completely and verbatim.

INSTRUCTIONS FOR YOU THAT ARE NOT READ ALOUD ARE PRINTED IN THIS “ALL CAPITALS” TYPEFACE. THESE INSTRUCTIONS ARE JUST FOR YOU.

Written questions just for you to fill out and answer on your own without reading aloud are printed in this standard lower case typeface and are in boxes.
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4. Encouragement:

Throughout the assessment, give frequent neutral praise, such as:

You’re working hard!

Thank you for working so hard!

Thanks for being such a good listener!

You can also give the child stickers on a piece of paper with his/her name on it. Do not have the child put stickers on anything other than paper.

Do not give the child hints, read questions in a leading manner, or make facial expressions that may indicate the right or wrong answer. And you should also remind parents of this as needed.

You should make three attempts at each activity before moving on. You can come back to the activity for a fourth and final attempt later in the session.

5. Breaks:

If the child appears fidgety or tired after any section, take a short break. Place a sticker on a piece of paper with the child's name on it, or allow him/her to play briefly with a toy.

6. Double-check:

Be sure that everything is filled out completely from the beginning to the end of this booklet including times and observer ratings.

WHEN FIRST GREETING THE PARENT, ALSO SAY 'HELLO' TO THE CHILD BY GETTING TO HIS/HER EYE LEVEL.

The purpose of this visit is to learn more about your family as part of the MIHOPE study. Today, I will do some activities with [CHILD] to understand more about [CHILD]'s development. These activities are like games, and children usually find them fun.

Later, I will ask you and [CHILD] to play together with some toys that I have brought. I will record these play activities with a video camera. Altogether, this visit will probably take about an hour and a half.

Throughout this visit, you or [CHILD] can stop the activities at any time, and if at any time anyone needs to take a break, please just let me know.

You should know that participation is completely voluntary, and all the information that I collect is private. All of the results of this study will be reported for groups of families. No results will be analyzed or reported for individuals and names will not be used in our reports.

When we finish, I will give you \$20 gift card to thank you for your help, and I have a book for [CHILD].

Before we start, here is some more information for you. [GIVE PARENT INFORMATION LETTER/BROCHURE. NOTE: YOU MAY NEED TO READ THIS TO THE PARENT.] Please let me know if you have any questions.

I just need a few minutes to set-up. The first activities work best if [CHILD] sits in a high chair, otherwise we can sit at a table.

1. CHECK THE CONTACT SHEET TO SEE WHETHER THE MOTHER HAS COMPLETED THE FIFTEEN MONTH FOLLOW-UP SURVEY.

€ YES- SURVEY IS COMPLETED. **GO TO SECTION D- PLS-5**

€ NO- SURVEY HAS NOT BEEN COMPLETED. CONTINUE BELOW.

2. SAY TO MOTHER: **In addition to the activities we are going to do with [CHILD], we also have a telephone survey we would like you to complete. Our records show that you have not finished the survey yet. If it is alright with you, I can call up the telephone interviewer now and you can complete the phone survey while I do the first set of activities with [CHILD]. You will receive a \$25 gift card for completing the survey.**
3. CALL MATHEMATICA AT 877-542-6731.
4. PROVIDE MOTHER'S MPRID (ON FRONT OF PROTOCOL) AND NAME TO SOC SUPERVISOR.
5. CONFIRM MOTHER'S NAME AND DATE OF BIRTH WITH THE SOC SUPERVISOR. IF THE NAME OR DOB OF THE MOTHER IS INCORRECT ON THE CONTACT SHEET, LET THE SOC SUPERVISOR KNOW NOW SO THAT IT CAN BE CHANGED IN THE SMS.
6. WAIT WHILE MATHEMATICA SUPERVISOR TRANSFERS CALL TO A TELEPHONE INTERVIEWER.
7. CONFIRM WITH TELEPHONE INTERVIEWER THE MPRID OF THE CASE AND THE NAME AND ADDRESS OF THE MOTHER TO CONFIRM THAT THE INTERVIEWER HAS PULLED UP THE CORRECT CASE.
8. GIVE MOTHER THE CELL PHONE AND THE SET OF SHOW CARDS TO USE DURING THE SURVEY INTERVIEW.

FIND A QUIET AREA TO CONDUCT THE PLS-5 ASSESSMENT. IN ORDER OF PREFERENCE:

- (1) CHILD IN HIGH CHAIR, YOU ARE AT AN ADULT-SIZED TABLE,
- (2) BOTH AT CHILD-SIZED TABLE;
- (3) BOTH AT ADULT TABLE;
- (4) BOTH ON THE FLOOR.

YOU NEED A PLACE WHERE THE CHILD CAN REACH THE PIECES WITHOUT DIFFICULTY. TAKE TIME TO SET-UP YOUR PLS-5 ITEMS SO THAT YOU CAN EASILY FLOW FROM ONE TO THE NEXT. HAVE THE PLS-5 MATERIALS CLOSE AT HAND. BE SURE TO KEEP THEM OUT OF CHILD'S REACH AND EYESIGHT. ALSO HAVE STICKERS, PAPER, AND A PEN.

SAY TO THE PARENT: **Before I start these games with [CHILD], I have to explain a few things to you. It is very important that [CHILD] completes these activities on his/her own without any help. You may be in the room, but you should be out of [CHILD]'s sight. I know that it can be tempting to make comments or try to help [CHILD], but it is important for me to record how [CHILD] answers all by him/herself so please do not say anything that can influence his/her response. Also, you should know that for research purposes, I can only ask the questions in specific ways. Finally, I want you to know that these activities are challenging, and [CHILD] is not expected to get them all correct. Do you have any questions? (ANSWER ANY QUESTIONS.)**

GO TO CHILD AND AT HIS/HER EYE LEVEL, SAY:

My name is [INTERVIEWER NAME], and I am going to play some games with you.

Is your name [CHILD]?

I have some games for us to play.

ADMINISTER PLS-5 WARM-UP ITEMS.

SIT AT THE TABLE WITH THE CHILD TO CONDUCT THE ENGLISH PLS-5.

SAY TO THE CHILD: **I have some pictures to show you and some games to play. Please listen carefully.**

MIHOPE ENGLISH PLS-5 FORM

Items in this section are from the Preschool Language Scale, 5th Edition (PLS-5).

MATERIALS: SCALE, STADIOMETER.

SAY TO CHILD: **Thank you for playing those games with me.**

SET UP THE SCALE AND THE STADIOMETER. IF POSSIBLE, PLACE SCALE ON A HARD FLOOR.

Now, I would like to measure your height and weight. Let's walk over to the scale. Please take off your shoes.

WEIGH AND RECORD WEIGHT 1.

MEASURE AND RECORD HEIGHT 1.

ROUND HEIGHT TO THE NEAREST CM. IF 5 MM OR MORE, ROUND UP, IF 1-4 MM, ROUND DOWN.

WEIGH AND RECORD WEIGHT 2.

MEASURE AND RECORD HEIGHT 2.

CHECK TO SEE IF WEIGHT 1 AND WEIGHT 2 ARE WITHIN .2 KG. IF NOT, WEIGH A THIRD TIME AND RECORD IN WEIGHT BOX 3.

CHECK TO SEE IF HEIGHT 1 AND HEIGHT 2 ARE WITHIN 2 CM. IF NOT, MEASURE A THIRD TIME AND RECORD IN HEIGHT BOX 3.

SAY TO MOTHER: Now I am going to take your height and weight. This will only take a minute.

SET UP THE SCALE AND THE STADIOMETER. IF POSSIBLE, PLACE SCALE ON A HARD FLOOR.

Now, I would like to measure your height and weight. Let's walk over to the scale. Please take off your shoes.

WEIGH AND RECORD WEIGHT 1.

MEASURE AND RECORD HEIGHT 1.

ROUND HEIGHT TO THE NEAREST CM. IF 5 MM OR MORE, ROUND UP, IF 1-4 MM, ROUND DOWN.

WEIGH AND RECORD WEIGHT 2.

MEASURE AND RECORD HEIGHT 2.

CHECK TO SEE IF WEIGHT 1 AND WEIGHT 2 ARE WITHIN .2 KG. IF NOT, WEIGH A THIRD TIME AND RECORD IN WEIGHT BOX 3.

CHECK TO SEE IF HEIGHT 1 AND HEIGHT 2 ARE WITHIN 2 CM. IF NOT, MEASURE A THIRD TIME AND RECORD IN HEIGHT BOX 3.

MEASUREMENTS FOR MOTHER:

CHECK HERE IF MOTHER IS WEARING SHOES

SUBTRACT WEIGHT 2 FROM WEIGHT 1, IF GREATER THAN OR LESS THAN .2 KG, TAKE A THIRD MEASUREMENT.

WEIGHT 1 | | kg 46-106 kg

WEIGHT 2 | | kg 46-106 kg

WEIGHT 2 SUBTRACTED FROM WEIGHT 1 = | kg

IF DIFFERENCE IS MORE THAT \pm .2 kg

WEIGHT 3 | | kg 46-106 kg

SUBTRACT HEIGHT 2 FROM HEIGHT 1, IF GREATER THAN OR LESS THAN 2 CM, TAKE A THIRD MEASUREMENT.

HEIGHT 1 | cm 150-176 cm

HEIGHT 2 | cm 150-176 cm

HEIGHT 2 SUBTRACTED FROM HEIGHT 1 = | cm

IF DIFFERENCE IS MORE THAT \pm 2 cm

HEIGHT 3 | cm 150-176 cm

SAY TO CHILD: **Thanks for doing those fun activities with me.**

PUT HEIGHT AND WEIGHT EQUIPMENT AWAY

IF PARENT IS COMPLETING SURVEY WITH SOC: KEEP PLAYING GAMES WITH CHILD UNTIL PARENT IS AVAILABLE.

I. GENERAL INTRODUCTION. READ SLOWLY—AS WRITTEN.

Next, I am going to record you and [CHILD] playing with some materials. Just so you know, all the materials have been cleaned before this visit.

Altogether, the activities where you play together will take about 10 minutes.

Once we start, I'd like to complete each activity without interruptions. If you or [CHILD] need a break, now would be a good time. Also, if the phone rings, voice mail could get it or if someone comes to the door, I would appreciate if someone else took care of it, or, if you wouldn't mind, I could answer it. Is that OK?

IF OTHER FAMILY MEMBERS ARE PRESENT, ADD:

Could you please let the other people in the (house/apartment) know that you'll need some time now without interruptions? If you wouldn't mind, if any family members forget and come into this area while we are recording, I will ask them to leave so that you are not interrupted.

IF THERE ARE OTHER CHILDREN, BE SURE TO WORK OUT A STRATEGY WITH THE PARENT FOR OCCUPYING THEM AND KEEPING THEM OUT OF [CHILD]'S VIEW. THIS MAY REQUIRE THAT YOU WATCH THE CHILDREN DURING THE THREE BAGS.

IF PARENT OR CHILD IS WEARING A HAT, ASK THEM IF THEY CAN TAKE IT OFF BEFORE THE VIDEOTAPING ACTIVITIES.

2. SET-UP PREPARATION

MATERIALS:

CAMERA

DVD

TRIPOD

PARENT SIGNBOARD – THE BACK OF THIS FORM

BAG #1: BOOK – GOODNIGHT GORILLA

BAG #2: PRETEND PLAY TOYS

BAG #3: DUPLO BLOCKS

MAT

STOPWATCH

PLACE MAT ON THE FLOOR

SELECT LOCATION FOR RECORDING—SELECT A GOOD FLOOR PLAY SPACE. THIS SHOULD BE OUT OF THE HOUSEHOLD TRAFFIC AS MUCH AS POSSIBLE.

SET-UP THE CAMERA AND TRIPOD. ADJUST THE LIGHTING—AVOID BACK LIGHTING.

MAKE SURE TRIPOD IS AT CORRECT LEVEL. MAKE SURE YOU POSITION THE CAMERA SO YOU CAN FRAME THE PARENT, CHILD, AND THE ACTIVITY.

3. START THE CAMERA

4. RECORD SIGNBOARD – USE BACK COVER OF THIS FORM

First, I need to record your ID number on the DVD.

REACH AROUND AND HOLD THE SIGNBOARD IN FRONT OF THE CAMERA, CHECK THAT IT IS READABLE. READ THE SIGNBOARD AND RECORD IT FOR 15 SECONDS, THEN CONTINUE.

CONTINUE RECORDING.

5. THREE BAGS TASK GENERAL INSTRUCTIONS:

ASK THE PARENT AND CHILD TO SIT DOWN ON THE MAT. STACK BAG #1 ON TOP OF BAG # 2 ON TOP OF BAG #3 TO THE PARENT'S LEFT.

This first activity will take about 10 minutes. We would like you and [CHILD] to spend this time with the activities in these three bags. During this activity, you may play with [CHILD] if you like.

I am video-recording so please face the camera and try to stay on the mat. Please start with Bag #1 first and move on to Bag #2 and Bag #3 when you want. I will let you know when the play time is over. Do you have any questions?

START THE STOPWATCH.

SAY TO THE PARENT: **You can begin now.**

THROUGHOUT THE ACTIVITY: CHECK FRAMING

THROUGHOUT, IF CHILD/PARENT MOVES FROM THE MAT, OR TURNS AWAY FROM THE CAMERA, FOR 15 SECONDS OR MORE, PROMPT THEM TO RETURN TO THE MAT/OR DIRECT THEM TO TURN AROUND.

INTERVIEWER RECORD THE FOLLOWING INFORMATION:

TB1. Are other family members present in the room during the
Three-Bags?

YES.....1

(If yes, who? _____)

NO.....0

TB2. What language(s) do the parent and child use during the Three-Bags?

MARK ALL THAT APPLY

ENGLISH

1

CHECK THE STOPWATCH. AT THE END OF 10 MINUTES, SAY TO THE CHILD: **That is the end of this activity, could you clean up the toys with your [CAREGIVER]?**

CHECK THAT THE CAMERA IS STILL RECORDING THE ACTIVITY ON THE MAT.

FINISH PACKING BAG AND USE CHECKLIST TO VERIFY YOU HAVE EVERYTHING.

SAY TO PARENT: **Thank you so much! [CHILD] can have this book as a gift. GIVE BOOK(S) TO CHILD. Those were all of the activities that I needed to do with [CHILD]. The incentive payment/s will be mailed to you within 3 weeks.**

FIELD STAFF: TAKE NOTES DURING YOUR VISIT. DO NOT COMPLETE THIS SECTION UNTIL AFTER YOUR VISIT HAS ENDED AND YOU HAVE LEFT THE HOME.

DO NOT READ ANY OF THESE QUESTIONS ALOUD TO PARTICIPANT (WITH EXCEPTION OF I16).

OBSERVATIONS OF STUDY PARTICIPANT AND FOCAL CHILD

Items I1 – I15 from Infant-Toddler HOME (IT- HOME)

OBSERVATIONS OF HOME INTERIOR

Items I16 to I22 from Early Childhood-HOME (EC-HOME)

Item I23 – I24 from Middle Childhood HOME (MC-HOME)

OBSERVATIONS OUTSIDE OF HOME/BUILDING AND NEIGHBORHOOD

Items I25 to I27 from Early Childhood-HOME (EC-HOME)

Items I28 to I31 from Project on Human Development in Chicago Neighborhoods scale (PHCDN)

- 1. Double-check that MIHOPE protocol is filled in completely and has MPRID on the front cover.**
- 2. Write MPRID on the DVD and any other materials you are shipping back to Mathematica.**
- 3. Complete the shipping transmittal form for the cases and materials you are shipping back to Mathematica.**