Tracking Survey, Internet Version

- Numbering will be made consecutive and font as well as formatting will be made consistent during programming

This collection of information is voluntary and will be used to maintain up-to-date contact information on the participants of the Early Head Start Research and Evaluation Project. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0388 (Exp. 10/1/15). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Amy Madigan; ACF / OPRE, 370 L'Enfant Promenade SW, 7th floor West, Washington, DC 20447; Attn: OMB-PRA (0970-0388).

Click on the "Next" button to proceed.

Next   Suspend

- **Please remember that all the information you provide will be shared ONLY with researchers working on the Early Head Start Follow-up Study and kept private to the extent permitted by law.**

- **If you are contacted in the future for the study, you can decide at that time whether or not to take part.**

- **When we receive your updated contact information, we will send you a check for $10 to thank you for your time.**

- **To answer, click on your answer choice(s) and use the button on the form marked "Next" to move to the next page.**

- **If you wish to change your answer to any question you may go back and change your response using the button on the form marked "Previous".**

- **Clicking on the "Suspend" button at the bottom of each page will allow you to exit this survey and come back to finish at a later time.**

- **If you have any questions, please call us on the study toll-free number at (888) 800-3748.**

Thank you!

Click on the "Next" button to proceed.

[Next]   [Suspend]

1. **We have your name as (FILL PRIMARYCAREGIVER NAME). Is this correct?**

    ○ Yes

    ○ No

[Next]   [Suspend]   [Previous]

*Q asked if Q1=NO

What is your correct name?

First: [_____]

Middle: [_____]

Last: [_____]

[Next]   [Suspend]   [Previous]

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2. **We have your child's name as (FILL CHILD NAME). Is this correct?**

  ○ Yes

  ○ No

[Next]   [Suspend]   [Previous]

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*Q asked if Q2=NO

What is your child's correct name?

First:

Middle:

Last:

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3. **Are you still (CHILD NAME)'s primary caregiver?**

   ○ Yes

   ○ No

[Next]   [Suspend]   [Previous]

* If NO, Respondent will be skipped to the "New Primary Caregiver" section of the survey

4.   What is your current home address?

Street: _____ Apt. Number: _____

City: _____ State: Select one ▼

Zip Code: _____

[Next]   [Suspend]   [Previous]

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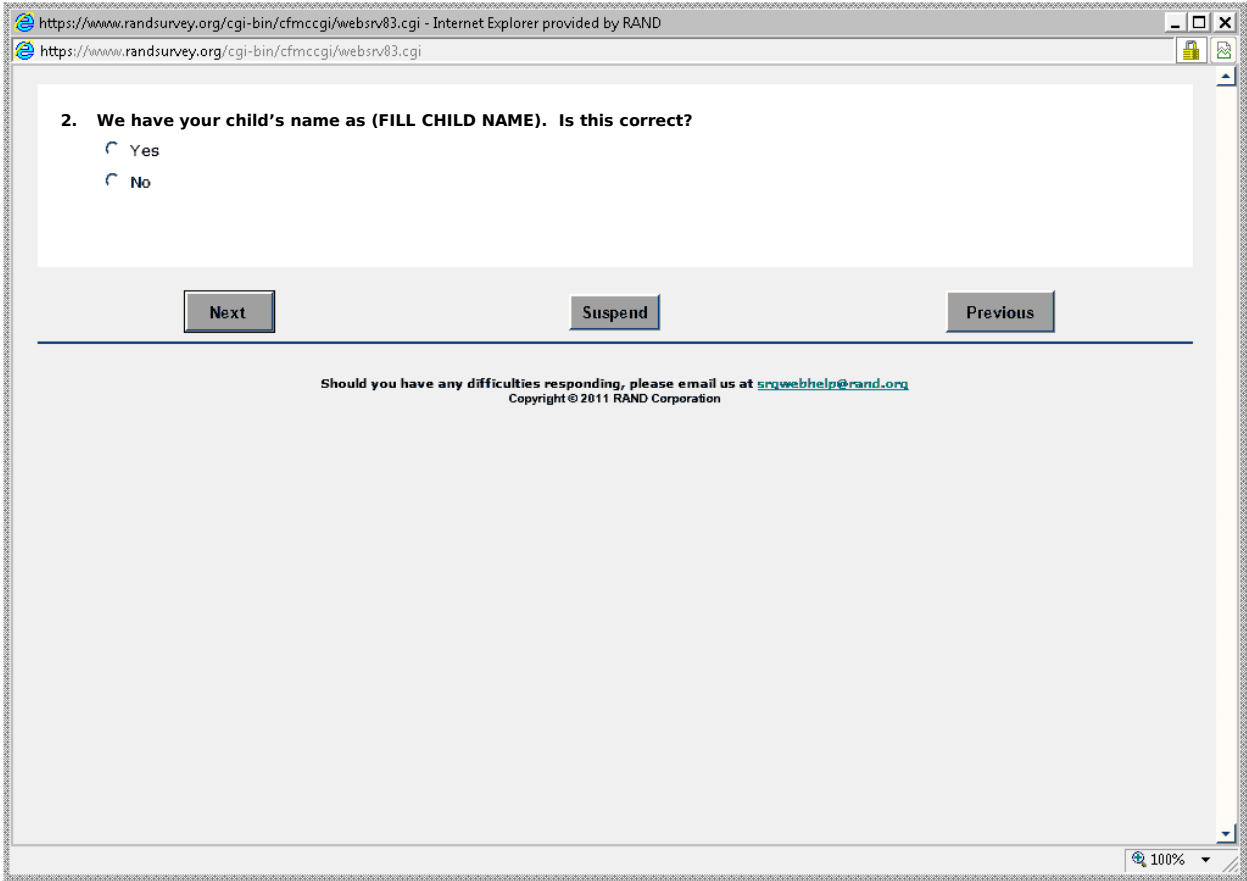5. **Do you receive mail at this address?**

    ○ Yes

    ○ No

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*Q asked if Q5=NO

Where do you receive mail?

Street: [   ]   Apt. Number: [   ]

City: [   ]   State: [Select one   ▼]

Zip Code: [   ]

[Next]   [Suspend]   [Previous]

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6. What is the best phone number to reach you on?

(⬚) ⬚ - ⬚ Ext: ⬚

What type of phone is that?

○ Cell

○ Home

○ Work

○ Other (specify) ⬚

[Next]   [Suspend]   [Previous]

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7. What other phone numbers could we call you on?

(_____) _____ - _____ Ext: _____

What type of phone is that?

○ Cell

○ Home

○ Work

○ Other (specify) _____

(_____) _____ - _____ Ext: _____

What type of phone is that?

○ Cell

○ Home

○ Work

○ Other (specify) _____

(_____) _____ - _____ Ext: _____

What type of phone is that?

○ Cell

○ Home

○ Work

○ Other (specify) _____

[Next]   [Suspend]   [Previous]

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8. What is your email address?

☐ *Click this box if you do not have email.*

Please enter a valid email address, for example: somebody@someplace.com

[   ]

[Next]   [Suspend]   [Previous]

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9. **If you work outside the home, where do you work?**

☐ *Click this box if you do not work outside the home.*

Company Name:

Company Phone: ( ) - Ext.

Street:

City: State: Select one ▼

Zip Code:

[Next] [Suspend] [Previous]

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10. Do you have any plans to move in the next year?

○ Yes

○ No

[Next]   [Suspend]   [Previous]

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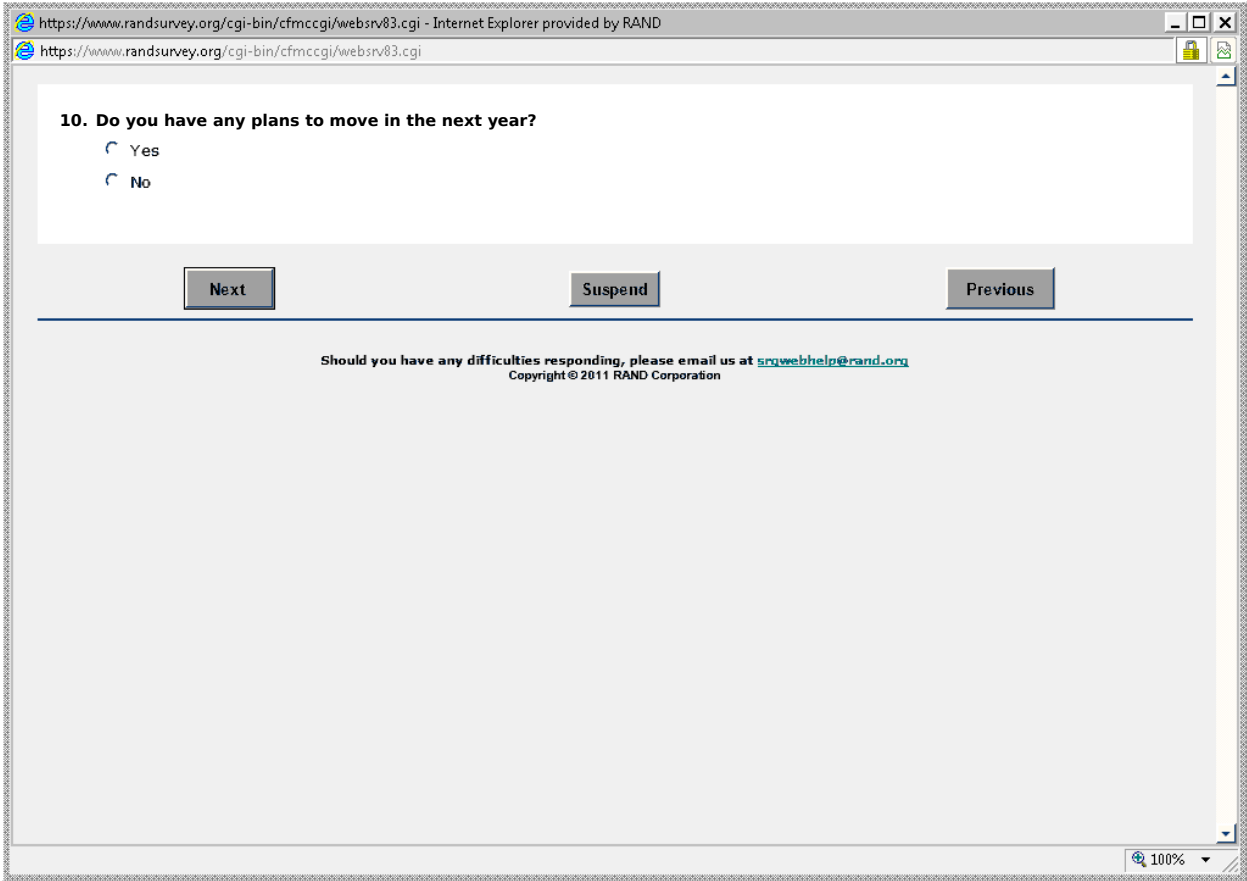
*Q asked if Q10=YES

https://www.randsurvey.org/cgi-bin/cfmccgi/websrv83.cgi

11a. When and where do you expect to move?

Approximate Date of Move: Month: [Select one ▼] Year: [Select one ▼]

City: [ ]

State: [Select one ▼]

Country: [ ]

[Next]　　　　　[Suspend]　　　　　[Previous]

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12. **In case we are unable to reach you in the future, please give us the names and contact information of three close relatives or friends who are likely to know how to contact you. We will <u>only</u> contact these people if we are unable to contact you directly.**

<u>**1st Contact:**</u>

First Name: [_____] Middle Initial: [____] Last Name: [_____]

Best Phone Number: ([____]) [____] - [____]   Email: [_____]
What type of phone is that?
- ○ Cell
- ○ Work
- ○ Home
- ○ Other (specify) [_____]

Alternate Phone Number: ([____]) [____] - [____]
What type of phone is that?
- ○ Cell
- ○ Work
- ○ Home
- ○ Other (specify) [_____]

<u>**2nd Contact:**</u>

First Name: [_____] Middle Initial: [____] Last Name: [_____]

Best Phone Number: ([____]) [____] - [____]   Email: [_____]
What type of phone is that?
- ○ Cell
- ○ Work
- ○ Home
- ○ Other (specify) [_____]

Alternate Phone Number: ([____]) [____] - [____]
What type of phone is that?
- ○ Cell
- ○ Work
- ○ Home
- ○ Other (specify) [_____]

<u>**3rd Contact:**</u>

First Name: [_____] Middle Initial: [____] Last Name: [_____]

Best Phone Number: ([____]) [____] - [____]   Email:

100%

Bottom half of above screen:

2nd Contact:

First Name: | | Middle Initial: | | Last Name: | |

Best Phone Number: (| |) | | - | | Email: | |
What type of phone is that?

   ◌ Cell   ◌ Home

   ◌ Work   ◌ Other (specify) | |

Alternate Phone Number: (| |) | | - | |
What type of phone is that?

   ◌ Cell   ◌ Home

   ◌ Work   ◌ Other (specify) | |

3rd Contact:

First Name: | | Middle Initial: | | Last Name: | |

Best Phone Number: (| |) | | - | | Email: | |
What type of phone is that?

   ◌ Cell   ◌ Home

   ◌ Work   ◌ Other (specify) | |

Alternate Phone Number: (| |) | | - | |
What type of phone is that?

   ◌ Cell   ◌ Home

   ◌ Work   ◌ Other (specify) | |

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After your child turns 18, we would like to follow up with him or her directly. If your child is contacted in the future for the study, they can decide at that time whether or not to take part.

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12. What is your child's email address?

☐ *Click this box if they do not have email.*

Please enter a valid email address, for example: somebody@someplace.com

[Next]　　　　　　　[Suspend]　　　　　　　[Previous]

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13. **What is your child's cell phone number?**
☐ *Click this box if they do not have a Cell Phone*

(_____) _____ - _____

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14.   **Please list any other ways to reach your child directly?**

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15. Thinking ahead to when your child is 18, where do you think your child will be living?

○ **With you**

○ **With another family member**

○ **On his/her own or with roommates**

○ **In a college dorm**

○ **In the military**

○ **Somewhere else (specif**

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Now we'd like to ask you a few questions about how your child is doing.

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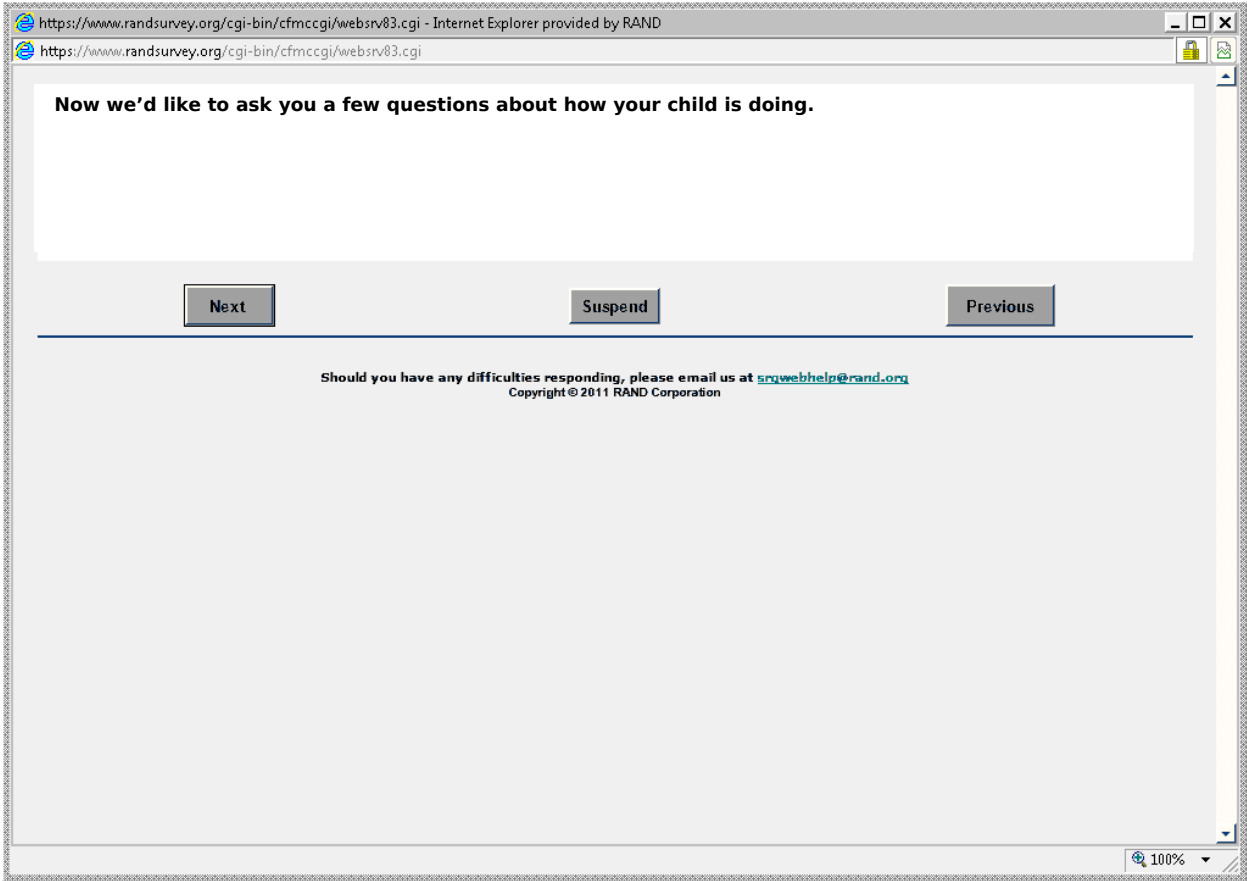
16. Will (or did) your child graduate high school or get a GED before Fall 2013?

   ○ **Yes, Graduated high school**

   ○ **Yes, GED**

   ○ **No**

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*Q asked if Q16=YES

17. If Yes, will (or does) your child go to college?

○ Yes

○ No

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18. What school will your child attend in Fall 2013?

☐ *Click this box if the child will not be in school.*

School | **City:** |

19. What grade will your child be in Fall 2013?

Grade: |

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20. What do you think are the chances your child will graduate from college?

- ○ **No chance**
- ○ **Some chance**
- ○ **About 50/50**
- ○ **Pretty likely**
- ○ **It will happen**

| Next | Suspend | Previous |

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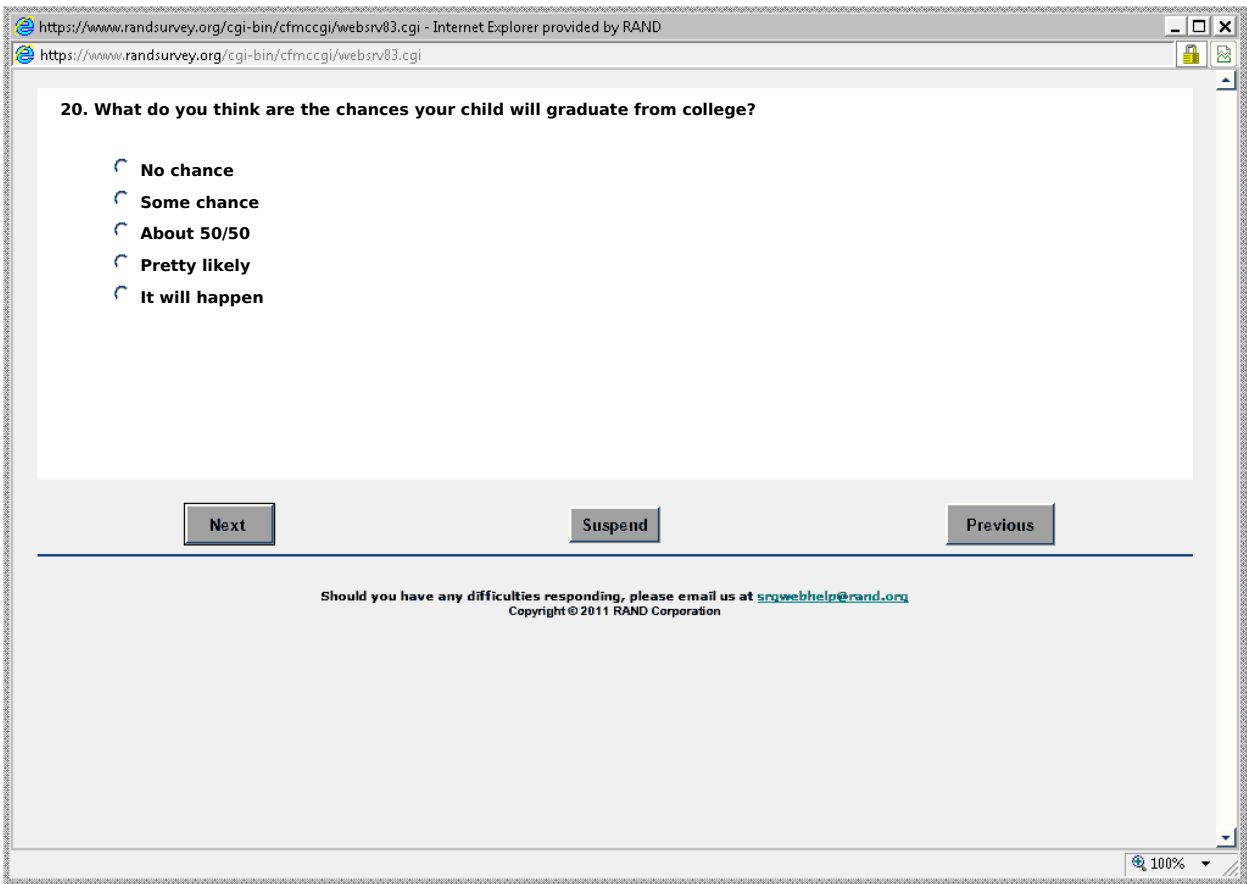
21. What do you think are the chances your child will have a good job by age 30?

- ○ No chance
- ○ Some chance
- ○ About 50/50
- ○ Pretty likely
- ○ It will happen

[Next]   [Suspend]   [Previous]

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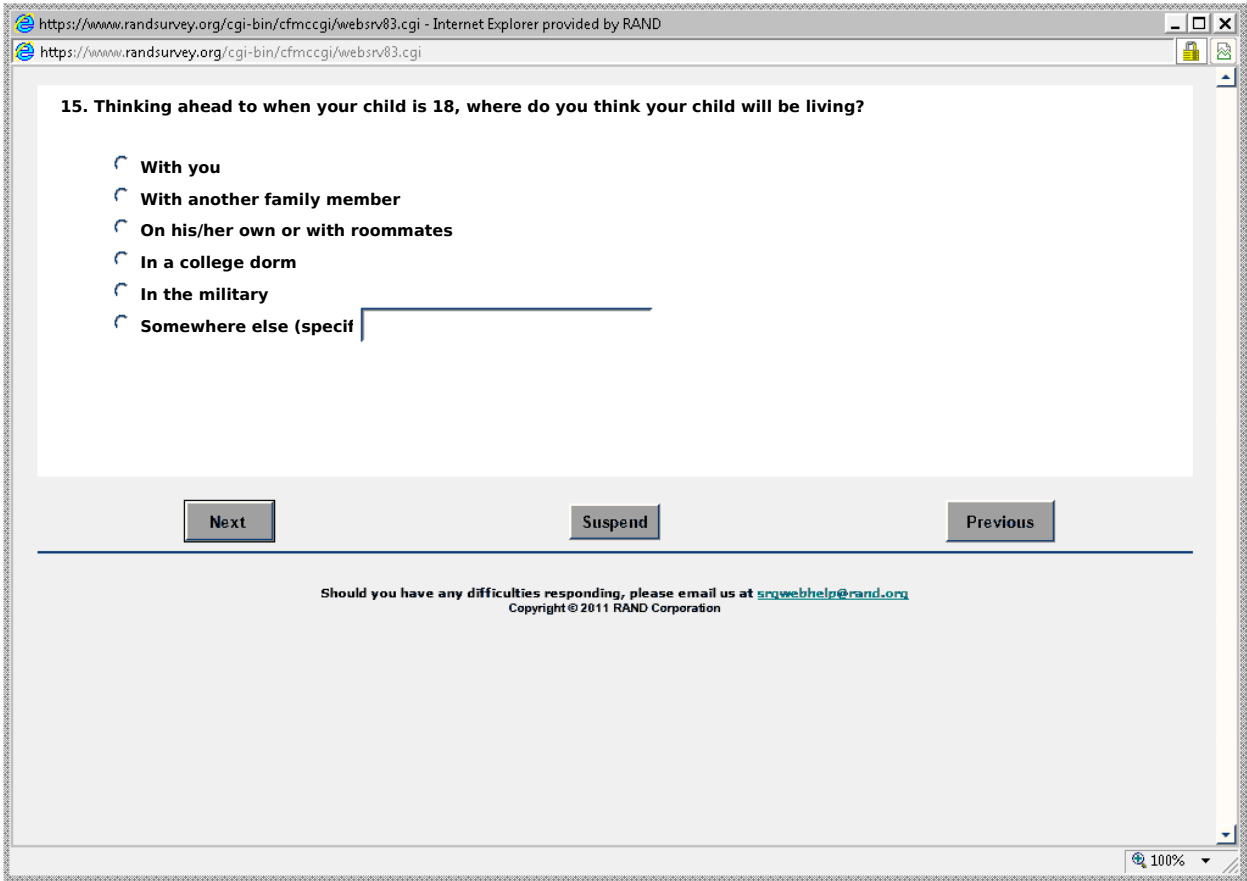Copyright © 2011 RAND Corporation

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22. Has your child ever had any contact with the juvenile justice system? This would include:

- **being picked up by the police for breaking the law,**
- **being found guilty for a crime or a delinquent offense,**
- **being on probation or court supervision,**
- **being held at juvenile hall or in jail**

○ **Yes**

○ **No**

○ **Don't Know**

<div style="text-align:center">

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</div>

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23. Overall, would you describe your child's health as...

- ○ **Excellent**
- ○ **Very good**
- ○ **Good**
- ○ **Fair**
- ○ **Poor?**

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Now a few questions about you.

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24. What is the highest grade or year of school that you have completed?

- ○ **Less than high school**
- ○ **High school or GED**
- ○ **Vocational school or 2 year Associate's Degree**
- ○ **College or graduate school**

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25. Which of the following best describes your present work or school situation?

○ **Working full-time (35 hours a week or more)**

○ **Working part-time (less than 35 hours per week)**

○ **Unemployed and looking for work**

○ **Unemployed and not looking for work**

○ **Full-time homemaker**

○ **In school**

○ **Too disabled to work**

○ **Some other situation (spec** _____

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26. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

Have you felt calm and peaceful?

    ○ **All of the time**   ○ **Most of the time** ○ **A good bit of the time** ○ **Some of the time** ○ **A little of the time** ○ **None of the time**

Did you have a lot of energy?

    ○ **All of the time**   ○ **Most of the time** ○ **A good bit of the time** ○ **Some of the time** ○ **A little of the time** ○ **None of the time**

Have you felt downhearted and blue?

    ○ **All of the time**   ○ **Most of the time** ○ **A good bit of the time** ○ **Some of the time** ○ **A little of the time** ○ **None of the time**

| Next | Suspend | Previous |

Thank you for the updated information. To thank you for your time, we will send you a check for $10. You should receive it in two to three weeks. Thank you for taking part in the Early Head Start Follow-Up Study!
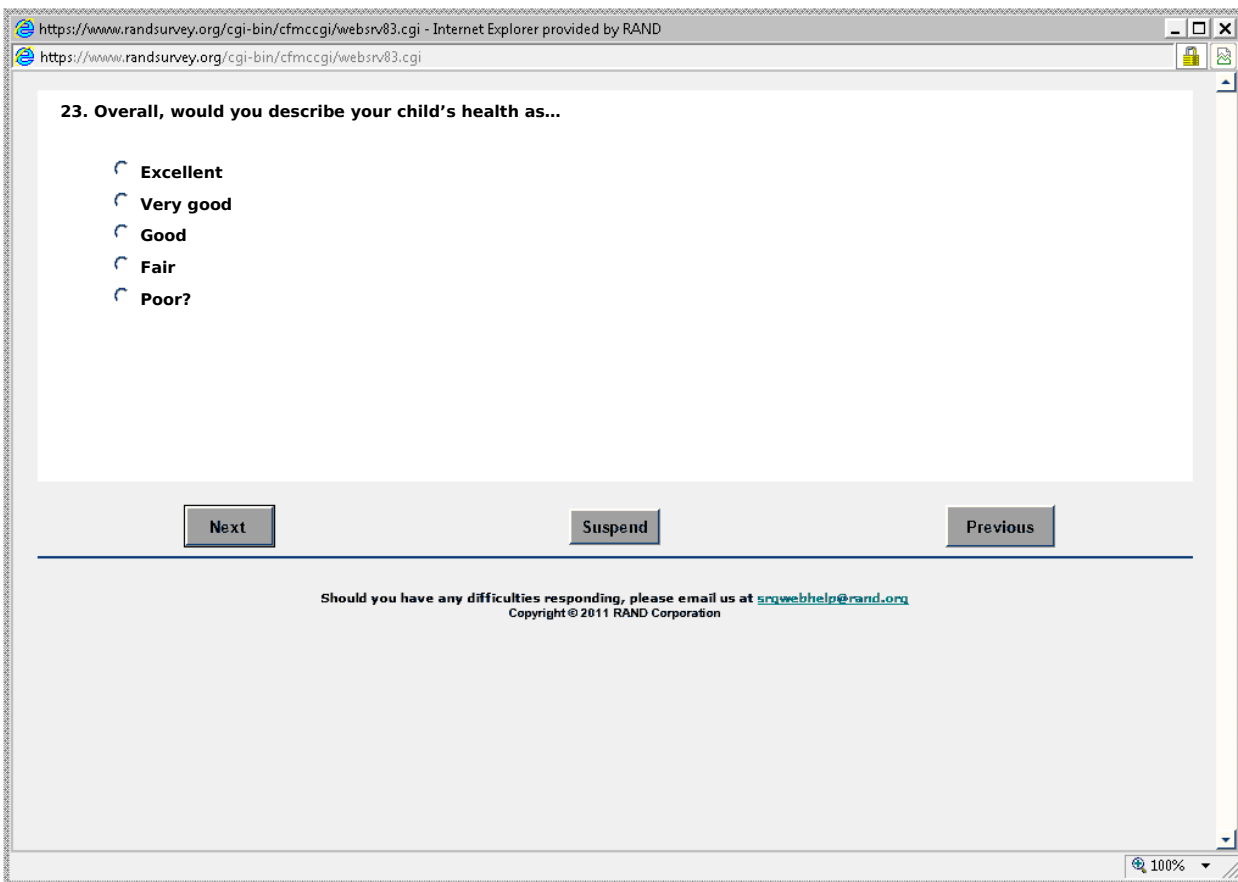
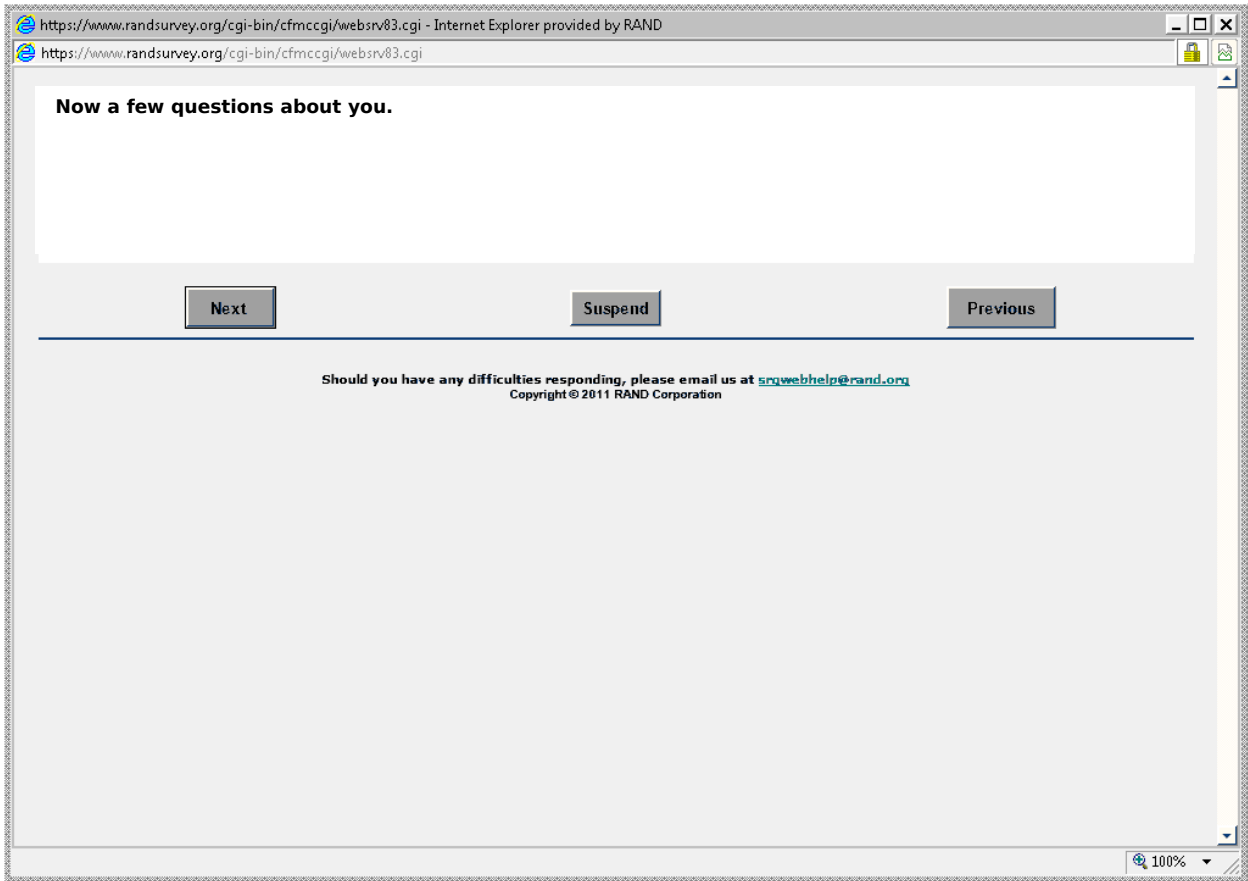SUBMIT   Suspend   Previous

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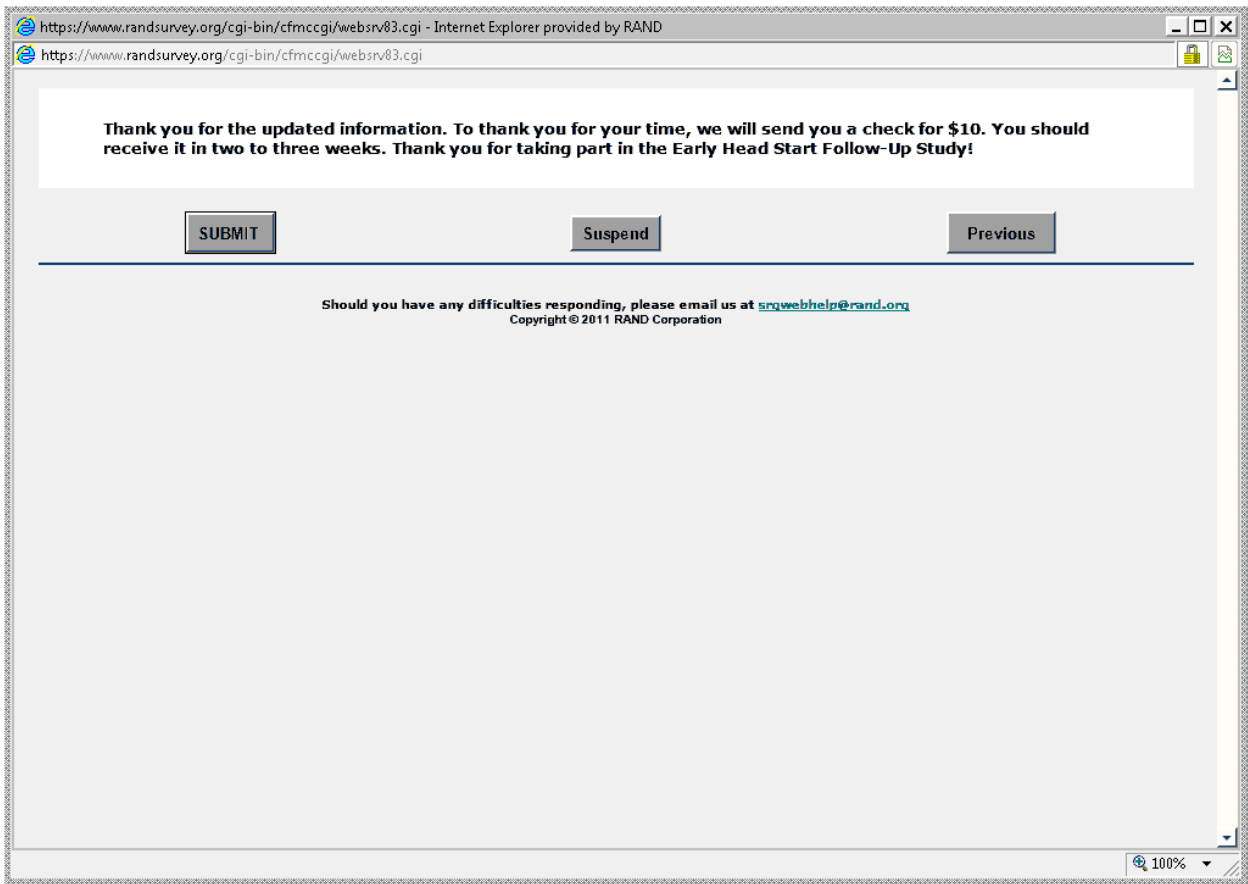
* IF R is not current primary caregiver (Q3=NO)

1. **Who is this child's primary caregiver now? (What is his/her name)?**
   ☐ *Click this box if you do not know.*

   First: _____ Middle: _____ Last: _____

2. **What is this person's relationship to the child?**

   ○ Parent   ○ Non-relative foster parent

   ○ Grandparent   ○ Other non-relative

   ○ Other relative   ○ Someone else (specify): _____

3. **About when did this person become the child's primary caregiver?**

   Month: [Select one ▾] Year: [Select One ▾]

   [Next]   [Suspend]   [Previous]

4. **What is the best phone number to reach the child's primary caregiver on?**

(_____) _____ - _____ Ext: _____

What type of phone is that?

- ○ Cell
- ○ Home
- ○ Work
- ○ Other (specify) _____

[Next]   [Suspend]   [Previous]

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5. **Do you have any other phone numbers for the child's primary caregiver?**

([   ]) [   ] - [   ] Ext: [   ]

What type of phone is that?

- ○ Cell
- ○ Home
- ○ Work
- ○ Other (specify) [   ]

([   ]) [   ] - [   ] Ext: [   ]

What type of phone is that?

- ○ Cell
- ○ Home
- ○ Work
- ○ Other (specify) [   ]

([   ]) [   ] - [   ] Ext: [   ]

What type of phone is that?

- ○ Cell
- ○ Home
- ○ Work
- ○ Other (specify) [   ]

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6.   What is the child's primary caregiver's email address?

☐ *Click this box if you do not know.*

Please enter a valid email address, for example: somebody@someplace.com

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7. What is the child's current home address?

Street: [   ]   Apt. Number: [   ]

City: [   ]   State: [Select one   ▼]

Zip Code: [   ]

8. What is the child's permanent home address?

☐ *Same as above address*

Street: [   ]   Apt. Number: [   ]

City: [   ]   State: [Select one   ▼]

Zip Code: [   ]

[Next]   [Suspend]   [Previous]

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Thank you for your help. When we receive your updated information, we will send you a check for $10.

If you are in contact with the child's new primary caregiver, we'd appreciate it if you could give him/her our toll-free number: 1-888-800-3748 and let him/her know we are trying to reach him/her about the study.

Thank you for taking part in the Early Head Start Follow-Up Study!

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