

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

Thank you for your participation in the Head Start CARES research study. As part of this study, we would like you to answer some questions about you and (INSERT CHILD'S NAME). This information is crucial in helping us understand the impacts of Head Start CARES on children. Your participation is completely voluntary and you may, without penalty, skip any questions you do not wish to answer. However, we hope you will try to answer as many as you can.

*Please know that the answers to these questions will be kept **completely private** and will be used for research purposes only. To make sure we keep your information as private to the extent permitted by law, all electronic data files that we have will be password-protected. This survey will take approximately 20 minutes to complete. You will receive \$20 for completing this survey, to reimburse you for your time and effort. Thank you!*

I am going to ask you some questions about yourself, your child (INSERT CHILD'S NAME) who was enrolled in Head Start last year, and your family. You are allowed to skip any question you do not wish to answer and please remember that your answers to my questions will be kept private to the extent permitted by law.

The following questions ask about [CHILD] and his/her current school.

127. What school is [CHILD] currently attending?

128. What is the address of the school?

ZIPCODE |_|_|_|_|_|_|_|_|

129. What is [CHILD]'s teacher's name?

130. What grade is [CHILD] currently in?

- Preschool 1
- Kindergarten 2
- Transition grade 3
- First grade 4
- Don't know 16
- Refused 17

131. What type of school is [CHILD] currently enrolled in?

- Public 1
- Private 2
- Parochial 3
- Don't know 16
- Refused 17

132. Does [CHILD] receive special education services?

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

133. **Does [CHILD] receive ESOL/ELL/ESL services?**

(If respondent is unsure, say: ESOL means English for Speakers of Other Languages; ELL means English Language Learners; ESL means English as a Second Language)

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

In this section, I will ask you some questions about your interactions with the people at [CHILD]'s current school.

Items 1-10 below = items 32-41 in the final survey. Item 11 = 134.

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"/>

Item 12 = 135; Item 13 = 137; Item 14 = 139; Item 15 = 141

The following questions ask more about your experience with [CHILD]'s current school.

On a scale of 1 to 5, with 1 being "strongly disagree" and 5 indicating "strongly agree", please rate how you feel about the following:

135. **My school has been a good place for my child to be.**

- Strongly disagree.....1
 Disagree.....2
 Neutral.....3
 Agree.....4
 Strongly agree.....5
 DON'T KNOW.....d
 REFUSED.....f

136. **I worry about crime and violence in my child's school.**

- Strongly disagree.....1
- Disagree.....2
- Neutral.....3
- Agree.....4
- Strongly agree.....5
- DON'T KNOW.....d
- REFUSED.....r

137. **The people at my child's school are doing good things for her or him.**

- Strongly disagree.....1
- Disagree.....2
- Neutral.....3
- Agree.....4
- Strongly agree.....5
- DON'T KNOW.....d
- REFUSED.....r

138. **Students are often threatened or bullied at my child's school.**

- Strongly disagree.....1
- Disagree.....2
- Neutral.....3
- Agree.....4
- Strongly agree.....5
- DON'T KNOW.....d
- REFUSED.....r

139. **I have confidence in the people at my child's school.**

- Strongly disagree.....1
- Disagree.....2
- Neutral.....3
- Agree.....4
- Strongly agree.....5
- DON'T KNOW.....d
- REFUSED.....r

140. **Most students in my child's school think it is ok to fight if someone insults them.**

- Strongly disagree.....1
- Disagree.....2
- Neutral.....3
- Agree.....4
- Strongly agree.....5
- DON'T KNOW.....d
- REFUSED.....r

141. **My child's teacher is doing a good job of preparing her or him for next year.**

- Strongly disagree.....1
- Disagree.....2
- Neutral.....3
- Agree.....4
- Strongly agree.....5
- DON'T KNOW.....d
- REFUSED.....r

142. **My child's school is a safe place.**

- Strongly disagree.....1
- Disagree.....2
- Neutral.....3
- Agree.....4
- Strongly agree.....5
- DON'T KNOW.....d
- REFUSED.....r

143. **During this school year at your child's school, have children brought weapons to school?**

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

144. **During this school year at your child's school, have children or teachers been physically attacked or involved in fights?**

- YES.....1

NO.....0
DON'T KNOW.....d
REFUSED.....r

Now I am going to ask you some questions about [CHILD]. The next statements describe the behavior of many children. Tell me how often [CHILD] displays certain social skills.

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

[CHILD]...

- 1. Follows instructions**
- 2. Helps you with household tasks without being asked**
- 3. Attempts household tasks before asking for your help**
- 4. Uses free time at home in an acceptable way**
- 5. Responds appropriately when hit or pushed by other children**
- 6. Volunteers to help family members with tasks**
- 7. Avoids situations that are likely to result in trouble**
- 8. Keeps room clean and neat without being reminded**
- 9. Completes household tasks within a reasonable time**
- 10. Controls temper in conflict situations with you**
- 11. Controls temper when arguing with other children**
- 12. Follows game rules**
- 13. Attends to instructions**
- 14. Puts away toys or other household property**
- 15. Waits turn in games**
- 16. Congratulates family members on accomplishments**
- 17. Follows rules**
- 18. Ends disagreements with you calmly**
- 19. Communicates problems**

20. Speaks in appropriate tone of voice at home

*Please tell me whether the statement has been **OFTEN** true, **SOMETIMES** true, or **NOT** true of [CHILD] since the beginning of the school year? **Items 1-28 below = items 56-83 in the final survey. (Do not administer 29-32)***

Section P11 — BEHAVIOR PROBLEMS INDEX			
CHECK ITEM 24	Refer to age of sample child.	1 <input type="checkbox"/> Under 5 years old (Cover Page)	72
		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.	If child is 12+ years old, go to 29.	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.	If child is under 12 years, go to Cover Page	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

Having a child can sometimes be stressful. The next questions are about how stressful having [CHILD] has been for you and the ways in which you have had to adjust your life. Please tell us the

degree to which you agree or disagree with the following statements by telling me the one that best matches how you feel.

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

(Mark "Not Sure" for "Don't Know")

1. You often have the feeling that you cannot handle things very well.
2. You find yourself giving up more of your life to meet your children's needs than you ever expected.
3. You feel trapped by your responsibilities as a parent.
4. Since having this child you have been unable to do new and different things.
5. Since having a child you feel that you are almost never able to do things that you like to do.
6. There are quite a few things that bother you about your life.
7. Having a child has caused more problems than you expected in your relationship with your spouse (male/female friend).
8. You feel alone and without friends.
9. When you go to a party you usually expect not to enjoy yourself.
10. You are not as interested in people as you used to be.
11. You don't enjoy things as you used to.
12. How would describe yourself as a parent? Do you feel that you are:

- A very good parent/caregiver?.....1
- A better than average parent/caregiver?.....2
- An average parent/caregiver?.....3
- A person who has some trouble being a parent/caregiver?.....4
- Not very good at being a parent/caregiver?.....5
- DON'T KNOW.....d
- REFUSED.....r

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

19. During the past 30 days, about how often did you feel...

(Read responses as necessary).

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

Now I would like to ask you some more questions about you and your family. All of your answers will be kept private and you should feel free to skip any questions you don't feel comfortable answering.

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

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

145. How many times has your family moved in the last year?

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

|_|_| NUMBER

DON'T KNOW.....d

REFUSEDr

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.

Include instructions for the interviewer: "your best estimate is fine" here

118. 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.

- Yes
- Yes, currently on leave
- No (skip to question # 124)
- Laid off
- OMIT
- DON'T KNOW
- REFUSED

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

(IF RESPONDENT IS HAVING TROUBLE WITH THEIR ANSWER SAY: "YOUR BEST ESTIMATE IS FINE")

\$ _____ . _____ PER HOUR

Don't Know or Refused

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

_____ HOURS PER WEEK

Don't Know or Refused

124. 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. OMIT	<input type="radio"/> O ₁	<input type="radio"/> O ₂
b. A check or income from TANF (formerly AFDC) for welfare for families with children?	<input type="radio"/> O ₁	<input type="radio"/> O ₂
c. OMIT	<input type="radio"/> O ₁	<input type="radio"/> O ₂
d. Unemployment insurance benefits?	<input type="radio"/> O ₁	<input type="radio"/> O ₂
e. Food stamps?	<input type="radio"/> O ₁	<input type="radio"/> O ₂
f. Medicaid or medical assistance, such as SCHIP or other free health insurance for child? (SPECIFY: _____)	<input type="radio"/> O ₁	<input type="radio"/> O ₂
g. OMIT	<input type="radio"/> O ₁	<input type="radio"/> O ₂

125. 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")

\$ _____ , _____ per month
AMOUNT

Don't know or Refused – **SKIP TO 125a**

125a. Would you say that it was more or less than \$1,500 a month? [CHOOSE ONE]

- 1 More than \$1,500 **SKIP TO 125b**
- 2 Exactly \$1,500 **SKIP TO END**
- 3 Less than \$1,500 **SKIP TO 125c**
- 8 Don't know (VOL) **SKIP TO END**
- 9 Refused (VOL) **SKIP TO END**

125b. Would you say that it was . . . [CHOOSE ONE]

- 1 More than \$1,500 but less than \$2,000 **SKIP TO END**
- 2 At least \$2,000 but less than \$2,500 **SKIP TO END**
- 3 \$2,500 or more? **SKIP TO END**
- 8 Don't know (VOL) **SKIP TO END**
- 9 Refused (VOL) **SKIP TO END**

125c. Would you say that it was . . . [CHOOSE ONE]

- 1 At least \$1,200 but less than \$1,500
- 2 At least \$800 but less than \$1,200
- 3 Less than \$800?
- 8 Don't know (VOL)

9 Refused (VOL)