

TABLE 1

FACES 2009 HS PARENT INTERVIEW ADDITIONS/MODIFICATIONS

Item number	<i>Construct</i> Item (where available)	Action
CC12g CC12h	For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things (during this school year): g. Provides information to you about what your child is studying in school h. Is open to your ideas and participation	Add (spring)
D3l-n	In the past week, have you or someone in your family done the following things with [CHILD]? l. played a board game or a card game m. played with blocks n. counted different things	Add (fall and spring)
D8a D8b	a. Of the adults living in your household including yourself, how many speak a language other than English to [CHILD]? b. Of the children living in your household other than [CHILD], how many speak a language other than English to [CHILD]?	Add (fall; spring new respondent only)
D14a	About how many of the children's books that you have in your home now including library books are written in a language other than English?	Add (fall; spring new respondent only)
D14b1-8	<i>Materials in the home in English and other languages (separate item for each language)</i> 1 and 2. Comic books or magazines for children 3 and 4. Computer programs or games for children 5 and 6. Books or magazines for adults 7 and 8. CDs or tapes	Add (fall; spring new respondent only)
D16c D16d	c. How well do you speak your first language? d. How well do you understand your first language?	Add (fall; spring new respondent only)

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D16e1-3	How important is it to you that... 1. [CHILD] knows the English language? 2. [CHILD] communicates needs, wants, and thoughts verbally in (his/her) primary language? 3. you improve your English speaking, reading, and/or writing skills?	Add (fall; spring new respondent only)
D17a	<i>Person at Head Start that can speak to parent in his/her first language</i>	Add (fall; spring new respondent only)
E5	Does [CHILD] watch TV or videos in the room where (he/she) sleeps?	Drop
E5a	Does [CHILD] watch TV, videos, or DVDs while eating meals?	Add (fall and spring)
E5b	What languages are spoken in the television programs [CHILD] watches?	Add (fall and spring)
E7	Is there a park or playground within walking distance of your home where [CHILD] can play? (Modifying prior question, E6, to ask about yard, park, or playground where child can safely play)	Drop
E8 E9	<i>Physical Activity</i> 8. About how many days each week (Sunday to Saturday) does [CHILD] get any physical activity like running around, playing sports, climbing on a jungle gym, or swimming when not in Head Start or child care? 9. About how much time would you say [CHILD] spends getting physical activity on each of those days?	Add (spring)
H7a	During the past 7 days, how many <u>times</u> did [CHILD] eat fresh, canned or frozen fruit like bananas, peaches, or apples?	Add (fall and spring)
H7b	During the past 7 days, how many times did [CHILD] eat vegetables other than potatoes (for example, carrots, tomatoes, or green beans)?	Add (fall and spring)

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H11a1-3	<i>Level of agreement with statements about child's sleep</i> 1. My child has a safe place to sleep at night. 2. My child sleeps soundly through the night. 3. My child wakes up full of energy.	Add (fall and spring)
H11b	About how many nights in the last week (Sunday to Saturday) would you say [CHILD] brushed (his/her) teeth before bed?	Add (fall and spring)
I1i I1j I1k	<i>Frequency of participation in various Head Start Activities</i> i. Attended a Head Start event with spouse or partner. j. Attended a Head Start event with another adult. l. Called or visited another Head Start parent on a matter related to Head Start.	Drop
I1q	<i>Frequency of participation in various Head Start Activities</i> Participated in Parent Committee or other Head Start planning groups.	Add (fall and spring)
I2p	<i>Barriers to participation in Head Start</i> The opportunities Head Start provides are not of interest to you?	Add (fall and spring)
J16a J16b	<i>Mother-child separations</i> a. In the last 12 months / since (MONTH AND YEAR OF LAST INTERVIEW)], how many times have (you/[CHILD]'s mother) and [CHILD] been separated for a week or more? b. There are many reasons for children not living with their parents. Please tell me why [CHILD] and (you/(his/her) mother) have been separated.	Add (fall and spring)
M8a	What was the main reason for your most recent move?	Add (fall and spring)

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P5a P5b	a. Does [CHILD] have a regular health care provider? b. Please tell me how much you agree with the following statement. [CHILD]'s regular care provider works with me as a partner to make sure all of (his/her) health needs are met.	Add (fall and spring)
P13o	Has a doctor, nurse, or other medical professional told you that [CHILD] has a need to lose weight?	Add (fall and spring)
P17-41	<i>Child disability item set</i>	Reduce to spring only
P19a, P22a P19b, P22b	<i>Concerns about child's 1) ability to pay attention or learn and 2) overall activity level:</i> a. Was medication suggested or prescribed? b. Is [CHILD] currently taking medication for this problem/diagnosis?	Add (spring)
Q1a	In the past year, has there been a time when you needed to go see a doctor or go to the hospital but couldn't go?	Add (fall and spring)
Q7a-c	<i>Smoking in the home</i> a. Do you or other household members smoke anywhere inside the home? b. Including yourself, how many people currently smoke inside your home? c. On the average, about how many days per week do people who live there smoke anywhere inside your home?	Add (spring)
Q8	Other than yourself, how many people currently smoke at home?	Drop
S3	Did Head Start make you aware of or help you obtain this/these services? (a modified version of this question has been added to address each service a household has received)	Drop
S3a-n	<i>Various services household members might have received</i> Did Head Start make you aware of or help you obtain this service?	Add (spring)

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W1i-k	<p><i>Satisfaction with aspects of Head Start</i></p> <ul style="list-style-type: none"> i. Supporting your relationship with [CHILD]. j. Helping [CHILD] to develop English language skills. k. Helping [CHILD]'s language development. 	Add (spring)
W2o W2p	<p><i>How often parents had certain experiences at Head Start</i></p> <ul style="list-style-type: none"> o. The administrators are/were supportive of you as a parent. p. Your relationship with your family services worker is/was supportive and helpful. 	Add (spring)
W3a-f	<p>For each statement that I read you, please tell me how well [CHILD]'s Head Start program has been doing the following things (during this school year):</p> <ul style="list-style-type: none"> a. Lets you know (between parent-teacher conferences) how [CHILD] is doing in the program. b. Helps you understand what children at [CHILD]'s age are like. c. Makes you aware of chances to volunteer at the program. d. Provides workshops, materials, or advice about how to help [CHILD] learn at home. e. Provides information on community services to help [CHILD] or your family f. Understands the needs of families who don't speak English. 	Add (spring)