

OMB Control Number:

Expiration Date:

Length of time for instrument: 2.25 hours

APPENDIX D:

FPRQ Cognitive Interview Instruments for Eligible Parents

October 24, 2013

Instruments included:

- Cognitive Interview Screener
- Cognitive Interview Consent Form
- FPRQ Parent Survey
- Cognitive Interview Protocol – Parent Survey

**Cognitive Interview Screener
Family-Provider Relationship Quality Measurement Project**

PARENTS

A) IF POTENTIAL PARTICIPANT CALLS IN:

Thank you for calling us. Child Trends is conducting for the Office of Head Start and the Office of Planning, Research, and Evaluation of the Administration for Children and Families in the U.S. Department of Health and Human Services a research study on the relationships between Head Start Family Service Workers and the families that they serve. We are in the process of developing a survey about what is important in this relationship and we will be conducting interviews with parents and Family Service Workers to help us improve the questions we are working on. We are recruiting parents this study.

The interview will last approximately 2 hours. As a token of our appreciation, we will give you \$50 at the end of the interview.

In order to make sure that you are eligible to participate in the study, I need to ask you a few questions. This will take about 5 minutes. Do you have any questions before I begin?

Just in case we get disconnected, can I get the phone number that you are calling from?

(cell/landline)_____

B) IF RETURNING A CALL:

Hello. My name is [SCREENER'S NAME]. I'm calling from Child Trends. May I speak with [POTENTIAL PARTICIPANT]?

ONCE YOU VERIFY THAT YOU ARE SPEAKING TO THE CORRECT PERSON, PROCEED.

I'm calling about the research study Child Trends is conducting for the Office of Head Start and the Office of Planning, Research, and Evaluation of the Administration for Children and Families in the U.S. Department of Health and Human Services on the relationships between Head Start Family Service Workers and the families that they serve. We are in the process of developing a survey about what is important in this relationship; and we will be conducting interviews with parents and Family Service Workers to help us improve the questions we are working on. We are recruiting parents for this study.

The interview will last approximately 2 hours. As a token of our appreciation, we will give you \$50 at the end of the interview.

In order to make sure that you are eligible to participate in the study, I need to ask you a few questions. This will take about 5 minutes. Do you have any questions before I begin?

Before we start, I want to assure you that your participation is completely voluntary and that your responses, which will be combined with those of others, will remain private to the extent permitted by law. If we come to a question you do not wish to answer, please let me know and we will move on to the next question.

1. Do you have a child in a Head Start program?
 - Yes, Early Head Start
 - Yes, Head Start
 - No (**GO TO STOP SCREENER**)

2. Does the Head Start program that your child is in have Family Service Workers (prompt: social service workers)?
 - Yes
 - No (**GO TO STOP SCREENER**)

3. How many hours a week does your child receive care?
 - 1-9 (**GO TO STOP SCREENER**)
 - 10-20
 - 21-40
 - 41 or more hours

4. Do you pick up or drop off your child at their care setting/school at least half of the time? Or is someone else responsible for that?
 - Yes, drop off/pick up
 - Someone else is responsible (**GO TO STOP SCREENER**)

5. Can you tell me how you learned about the study?
 - Local newspaper/weekly, specify which one _____
 - Flyer, specify where _____
 - Craigslist
 - Program/clinic/center, specify _____
 - Child Trends staff announcement
 - Other, specify _____

6. Are you 18 years or older
 - Yes
 - No (**GO TO STOP SCREENER**)

Okay, now I have some questions about you.

7. Are you of Hispanic, Latino/a or Spanish origin?

- Yes
- No

8. What is your race? (**Mark one or more.**)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other, specify _____

9. What town/city and state do you currently live in?

Specify _____

10. Would you say the town/city you live in is:

- Rural,
- Urban, or
- Suburban?

11. What is the highest level of school completed or the highest degree you have received?

- 8th grade or less
- Some high school but no diploma
- High school diploma or equivalent
- Some college or Associates degree
- Bachelor's degree or higher

12. What was your household's income last year? Your best guess is fine.

- Less than \$15,000
- Less than \$25,000
- Less than \$35,000
- Less than \$45,000
- Less than \$55,000
- More than \$55,000

13. **[IF NEEDED:]** Are you able and interested in doing an interview in English?

- Yes
- No (**GO TO STOP SCREENER**)

PROCEED TO INTERVIEW SCREENER MATRIX

- Compare respondent’s characteristics with recruitment matrix.
- If prospective participant is eligible and target numbers for characteristics have not been met, proceed and schedule for the interview.
- If target numbers for characteristics have been met, respondent is not eligible. **GO TO STOP SCREENER.**

IF POTENTIAL PARTICIPANT IS ELIGIBLE, SCHEDULE FOR INTERVIEW.

Based on what you have told me, you are eligible for the study.

INTERVIEWER: CHECK INTERVIEWER AVAILABILITY

Which time/day would work best for you?

The interview is going to be held at **[INTERVIEW LOCATION]**. At the end of the interview, you will receive \$50.

Within the next day, we will be mailing/emailing you a reminder letter with the time, date, and location of your interview. The letter/email will also include a copy of the project consent form describing the study, what we will be doing, your rights as a study participant, and other important information. We request that you read the consent form before you attend the interview. We will also review the consent form before we begin the interview and you will have an opportunity to ask any questions or raise any concerns you may have. Can I get your mailing address/email so that I can send you this?

Street Address:

City:

State:

Zip Code:

Email:

You will also receive a reminder call the day before your interview.

Is the number you provided us the best number to reach you? If not, can I have a phone number where I can reach you?

___ Phone number confirmed
___ New number provided (cell/landline) _____

Thank you for agreeing to participate in this important study. We look forward to meeting you on **[DATE]** at **[TIME]**. Again, the interview will take place at **[INTERVIEW LOCATION]**. The day before the interview you will also receive a reminder call from us. If you have any questions before then, please feel free to call us at 202 553-2900 or toll-free at 1-888-418-4585.

IF NOT SURE WHETHER TO SCHEDULE POTENTIAL PARTICIPANT FOR INTERVIEW:

I need to talk with my supervisor to confirm whether you are eligible to participate in the study.

STOP SCREENER: Thank you. Unfortunately, you are not currently eligible to participate in our study. I'd like to thank you for your interest and time. **[IF PARTICIPANT IS ELIGIBLE, BUT GROUP IS FULL]** If you are interested, we can keep your information and contact you if one of the cognitive interview participants cancels.



**Measurement Development:
Quality of Family-Provider Relationships in Early Care and Education
Parent Consent Form**

Child Trends is doing a research study with Head Start Family Service Workers. This is information that we ask you to use in deciding whether or not you want to take part in the study. You will be given a copy of this form to keep for yourself.

1. Goal:

The goal of our study is to develop questions about relationships between Family Service Workers (FSWs) and the families that they work with. The questions will be used in national surveys, research studies, and program evaluations.

2. What will you need to do:

If you agree to be part of the study, you will be interviewed for about two hours. During the interview, we will ask you questions about relationships between parents and Family Service Workers. We will ask you to:

- Give us your thoughts about the meanings and wording of questions;
- Talk about how clear the questions are;
- Ask about any problems you think parents may have understanding the questions;
- Give ideas about how to word questions; and
- Talk about aspects of relationships between parents and FSWs.

3. Risks and Benefits to Participants:

We will not be talking about any sensitive topics so the risks are minimal. However, there is some risk of loss of privacy of the things you tell us. You do not have to answer any questions you do not want to.

There are no costs related to the study other than the time needed to be part of the interview. We cannot be sure that everyone will benefit from being a part of the interview, but talking about this topic with others can be a learning opportunity. And, the results will help us improve questions about relationships that FSWs and families have. To thank you for your time, you will receive \$50 at the end of the interview.

4. Privacy:

Everything you tell us will remain private to the extent permitted by law. We will combine what you and other tell us. This will help to reduce the chance that anyone can be identified when the study results are described. Only approved study staff will have access to the tape recordings and written notes. The tapes and notes will be kept in a locked file cabinet in a secured office. All computer files will be stored on a secure network.

There are limits to privacy. If someone on the study team feels that keeping information private would result in danger to you or another person, they will have to tell the proper agencies to protect you or the other person. The types of information that would not remain private include any reports of the abuse or neglect of a child or any thoughts you may have to hurt yourself or anyone else.

Also, we would like your permission to record your interview so that we do not miss anything you say. We would also like your permission to use specific quotes from your interview in our reports. The quotes will not include any identifying information like names or birth dates. You can still participate in the interview even if you do not give your permission for us to record the interview or for us to use quotes.

5. Voluntary Participation:

Your participation in this study is voluntary. That means that you are free to not participate in the interview. Nothing bad will happen because you decide not to be in the study and you are not giving up any rights. If you learned about our study through a program you work in, your position in that program will not be affected. Also, once we begin, you may end the interview at any time.

6. Questions:

Please feel free to ask questions now or later. If you have any questions about the study, you may call Dr. Lina Guzman, at Child Trends at 202-553-2900 between 9:00 a.m. and 5:00 p.m. She will be happy to answer your questions.

If you do not wish to talk to her or you have concerns or complaints, you may contact the

Institutional Review Board (IRB), a group that reviewed this study for your protection.

You may contact Kerry Levin, Chair of Westat's IRB at KerryLevin@westat.com, or Sharon Zack, Westat's IRB Administrator at SharonZack@westat.com or at 301-610-8828 and you can write them at: 1600 Research Blvd., Rockville, MD 20850.

Agreement: The researcher and I have read this information together and I have discussed it with her. I have read the study described above and have been given a copy of it. I am 18 years of age or older and I agree to take part in the study.

Signature

Date

I have also read that if someone on the study team feels that keeping information private would result in danger to me or another person, they will have to tell proper agencies to protect me or the other person.

Signature

Date

We would like to tape record the interview so that we can make sure that we don't miss anything you say. We will also be taking notes. Please try not to use any identifying information (such as a full name) once we start recording.

Please know that you can still take part in the study even if you do not wish to be recorded.

Do we have your permission to tape record and transcribe the interview? YES NO

We also would like to use specific quotes from your interview in describing some of our results. However, all identifying information such as names or birthdates would be removed. Your identity will remain private. Please know that you can still participate in the study even if you do not want quotes from your interview used. You will have a chance to change your mind at the end of the interview as well.

Do we have your permission to use specific quotes from your interview in summaries, reports, and presentations of our study findings? YES NO

Signature

Date

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to help develop questions for surveys about relationships between Family Service Workers (FSWs) and the families they work with. Public reporting burden for this collection of information is estimated to average 2.25 hours 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 control number for this collection is 0970-0355 and it expires 01/31/2015.

Parent Questionnaire about Family Service Workers – DRAFT

1. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answer your questions when they come up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take your values and culture into account when serving you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you books or materials on parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How comfortable would or do you feel sharing the following information with your family service worker?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child has, such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. How much are the following statements like your family service worker?
My family service worker...**

[MARK ONLY ONE BOX.]

	Not at all like my family service worker	A little like my family service worker	A lot like my family service worker	Exactly like my family service worker
a. Encourages me to be involved in all aspects of my child's care and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asks me questions to show he/she cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shows respect for different ethnic heritages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is respectful of religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Encourages parents to provide feedback on the services and support he/she provides them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How strongly do you agree or disagree with the following statements?

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My family service worker judges my family because of our faith and religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family service worker judges my family because of our culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family service worker judges my family because of our race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family service worker judges my family because of our financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Since September, how often have you met with or talked to your family service worker about how you feel about the care and education your child receives?

[MARK ONLY ONE BOX.]

- Never.....
- Rarely.....
- Sometimes.....
- Very often.....

6. If you had a problem with your family service worker, how comfortable would you feel talking to him or her about it?

[MARK ONLY ONE BOX.]

- Very uncomfortable.....
- Uncomfortable.....
- Comfortable.....
- Very comfortable.....

7. Since September, how often have you met with or talked to your family service worker about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your child’s experiences in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child’s abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child’s general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child’s learning and/or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How your child is progressing towards your goals you have set for him / her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards the goals of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What to expect at each stage of your child’s development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems your child is having in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your vision for your child’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How often does your family service worker:*[MARK ONE BOX IN EACH ROW.]*

	Never	Rarely	Sometimes	Very often
a. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your family service worker's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please indicate how much the following words are like your family service worker.

My family service worker is...

[CHECK ONE BOX IN EACH ROW.]

	Not at all like my family service worker	A little like my family service worker	A lot like my family service worker	Exactly like my family service worker
a. Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please indicate how much you agree or disagree with the following statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My family service worker is open to learning new ways to assist parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family service worker and I work together to make sure my child has the best care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family service worker has increased my confidence to accomplish goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family service worker has my best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My family service worker has my child's best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How strongly do you agree or disagree with the following statement?

My family service worker sees this job as *just* a paycheck.

[MARK ONLY ONE BOX.]

- Strongly disagree.....
- Disagree.....
- Agree.....
- Strongly agree.....

12. How easy or difficult is it for you to reach your family service worker during the day if you have a question or if a problem comes up?

[MARK ONLY ONE BOX.]

- Very difficult.....
- Difficult.....
- Easy.....
- Very easy.....

13. On a scale of 1-5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your family service worker?

[MARK THE BOX NEXT TO THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP.]

Worst

Best

1	2	3	4	5
---	---	---	---	---

The next set of questions ask about the age of your child, your experience with family service workers, and your background.

14. How old is your child?

[MARK ONLY ONE BOX.]

- Less than 1 year old
- 1- 2 years old
- 3- 4 years old
- 5 years or older

15. For how long has your current family service worker been working with your family?

[MARK ONLY ONE BOX.]

- Less than six months.....
- 6 months-less than 1 year.....
- 1 year-less than 2 years.....
- 2 years or more.....

16. Thinking about all of your children, how many family service workers have you ever worked with?

[MARK ONLY ONE BOX.]

- 1
- 2-3
- 4-5
- More than 5

17. What language do you most speak at home?

[MARK ONLY ONE BOX.]

- English
- Spanish
- English and Spanish equally
- English and another language equally
- Other language

18. Are you Hispanic, Latino/a or Spanish origin?

- Yes
 - No
-

19. What is your race?

[MARK ALL THAT APPLY.]

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

20. What is the highest level of education you have completed?

[MARK ONLY ONE BOX.]

- Less than a high school diploma
- High school diploma or GED
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate school degree

21. What would you say was your household's income last year, before taxes?

[MARK ONLY ONE BOX.]

- Less than \$25,000
 - \$25,000- \$34,999
 - \$35,000- \$44,999
 - \$45,000- \$54,999
 - \$55,000- \$74,999
 - \$75,000 or more
-

**FPRQ Cognitive Interview Protocol
Parent Protocol**

Introduction

Hi. My name is _____ (and this is _____. _____ will be taking notes to help us remember what we cover.)

Before we get started, I want to tell you about the study and what we will be doing today.

INTERVIEWER: READ CONSENT FORM

INTERVIEWER: TURN ON TAPE RECORDER.

RECORD DATE: _____

RECORD START TIME: _____

INTERVIEWER'S INITIALS: _____

NOTETAKER'S INITIALS: _____

CONSENT TO PARTICIPATE OBTAINED:	YES	NO
CONSENT TO RECORD INTERVIEW OBTAINED:	YES	NO

INTERVIEWER: IF NO TO CONSENT TO PARTICIPATE, INTERVIEW CANNOT TAKE PLACE.

INTERVIEWER: Before we get started, I want to go over a few things.

The goal of our study is to develop questions about the quality of relationships between parents and Head Start Family Service Workers. We want to make sure that the questions we develop are easy to understand and make sense for parents. We will ask you to answer questions that have been developed by others and ask for your feedback.

I will be asking you to complete the sections of the survey one-by-one. After you complete each section, I will have some follow-up questions. Some of the time, I will ask you what your answer was to a question. Other times, I will ask you why you answered a question the way you did or what a certain term meant to you. Please remember that there are no right or wrong answers.

So that we get the most from your help, it is important that you tell me when something in a question does not make sense to you or seems weird to you in any way. Please tell me if:

- a question seems hard to answer,
- the words in the question are hard to understand,
- you have a hard time coming up with an answer,
- the words in the question are not the ones that parents would use,
- you think other parents may not understand,
- you don't have the information to answer the question or if you think other parents would not be able to answer.

Any questions?

Okay, let get started.

First, we want to make sure that we are using the right words to describe your child's care arrangement or preschool setting.

- What words or terms do you use to describe your child's care arrangement or preschool setting?
 - Are there any other words or terms that you use?

IF NEEDED: Does your child attend a Head Start?

- What about the person or people who care for or teach your child? How do you refer to them?
 - Are there any other words or terms that you use?
 - Are there terms that you wouldn't use?
 - Do you have a Family Service Worker?
 - IF YES:** How do you refer to this person?
 - How often do you interact with this person?
 - What do you and your Family Service Worker interact about?
-

In the following pages, we will ask questions about your child’s care and early education. We will ask about your Family Service Worker and about your feelings towards him/her. Some of these questions will be about how you and your Family Service Worker work together to care for your child.

1. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answer your questions when they come up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take your values and culture into account when serving you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you books or materials on parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER RESPONDENT COMPLETES SECTION: Thank you. As we talked about earlier, I’d like to ask you about how you answered the questions and what the questions meant to you. Before we discuss specific questions I have some general questions about this section.

GENERAL PROBES:

Did you read the introduction at the top of the page?

IF NO: Can you tell me why you didn’t read it?

IF YES: In your own words, what information was conveyed to you in the introduction?

➤ What does the phrase “work together” with your Family Service Worker mean to you?

○ Is this something you feel applies to you and your Family Service Worker?

Please tell me in your own words what the term “Family Service Worker” means to you.

IF NECESSARY: We want to make sure that we are using terms that parents use to describe the people who provide care and early education to their children. Do you or parents you know use the term “Family Service Worker”?

- Would you use it to describe your family’s contact at Head Start?

IF NO: What terms do you or other parents you know use to refer to people who provide services for families at Head Start?

In your opinion, who is the best person in your family or household to answer these questions?

- Why is that?

IF NEEDED: Would that be you, or someone else?

Now let's move on to talk about the set of questions in number one.

2. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answer your questions when they come up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take your values and culture into account when serving you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you books or materials on parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 1a]: What does it mean to “work with you to develop strategies you can use at home to support your child’s learning and development”?

- In this question, did “learning” and “development” mean similar or different things to you?

IF DIFFERENT: Can you walk me through how you selected your answer?

[Item 1c]: Can you walk me through how you answered 5D “take your values and culture into account when serving you”?

- Is this relevant to your interactions or relationship with your Family Service Worker?
-

1. How often does your family service worker:

	Never	Rarely	Sometimes	Very often
a. Suggest activities for you and your child to do together?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Answer your questions when they come up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take your values and culture into account when serving you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you books or materials on parenting?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 1d]: When you answered question 5a, what kind of “books or materials” came to mind?

- Is this something your FSW offers you?

GENERAL PROBES:

IF APPROPRIATE: And how often would they need to suggest activities for you to do together for you to answer “very often” to the question “How often does your Family Service Worker suggest activities for you and your child to do together?”

- Do these questions make sense to ask about your Family Service Worker?

Okay, now let’s move onto the next question. Please read and answer question 2. Take as much time as you need and let me know when you are done.

2. How comfortable would or do you feel sharing the following information with your family service worker?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child has, such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Introduction]: Before answering these questions, did you read the introduction?

IF NO: Did you notice the introduction?

- Can you tell me what made you skip straight to the questions?

IF YES: Can you tell me what the introduction is saying?

2. How comfortable would or do you feel sharing the following information with your family service worker?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child has, such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 2b]: In your own words, what is question 3b, “if you have other adult relatives living in your household” getting at?

- Is this something that you or other parents you know discuss with Family Service Workers?

2. How comfortable would or do you feel sharing the following information with your family service worker?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child has, such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 2c]: What types of things came to mind when you read the phrase "household schedule?"

IF NEEDED: Did you include work schedules when you were answering this question?

[Item 2h]: What do you think question 2H "your parenting style" is getting at?

IF NEEDED: Is this something you discuss with your FSW?

2. How comfortable would or do you feel sharing the following information with your family service worker?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child has, such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 2j]: In your own words, tell me what “the role that faith and religion play in my family” meant to you.

IF REPORTS RELIGION/FAITH NOT IMPORTANT: Can you walk me through how you chose your answer?

[Item 2k]: What did the phrase “your family’s culture and values” in question 3j mean to you?

➤ Do “culture and values” mean similar or different things to you?

IF DIFFERENT: How did you arrive at your answer?

2. How comfortable would or do you feel sharing the following information with your family service worker?

[MARK ONE BOX IN EACH ROW.]

	Very uncomfortable	Uncomfortable	Comfortable	Very comfortable
a. If your child has siblings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you have other adult relatives living in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your household schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your personal relationship with a spouse or partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Your financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your parenting style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your family life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The role that faith and religion play in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Your family's culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. What you do outside of the education and care setting to encourage your child's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. How you discipline your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Problems your child is having at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Changes happening at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Health issues your child has, such as food allergies or asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 2m]: Walk me through how you answered question 2m “how you discipline your child.”



Does this seem applicable to your and your FSW relationship?

GENERAL PROBES:

Now, I'd like to ask some more general questions about this section.

Did these questions make sense for your particular arrangement/situation?

- Did you have the information needed to answer these questions?

- Are there other things you share with your Family Service Worker that we didn't ask about?

IF YES: Can you give me some examples?

- In general, do these questions make sense to ask of your Family Service Worker?

Okay, now let's move onto the next question. Please read and answer question 3. Take as much time as you need and let me know when you are done.

3. **How much are the following statements like your family service worker?**
My family service worker...
 [MARK ONLY ONE BOX.]

	Not at all like my family service worker	A little like my family service worker	A lot like my family service worker	Exactly like my family service worker
a. Encourages me to be involved in all aspects of my child's care and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asks me questions to show he/she cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shows respect for different ethnic heritages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is respectful of religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Encourages parents to provide feedback on the services and support he/she provides them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 3c]: What does it mean for a Family Service Worker to be “flexible” in response to your work or school schedule?

- Does this apply to your experiences with your FSW?

IF NO: Walk me through how you answered this question.

[Item 3d]: What do you think question 3d “treats me like an expert on my child” is getting at?

IF NEEDED: What does it mean for a FSW to treat you like an expert on your child?

3. **How much are the following statements like your family service worker?
My family service worker...**
[MARK ONLY ONE BOX.]

	Not at all like my family service worker	A little like my family service worker	A lot like my family service worker	Exactly like my family service worker
a. Encourages me to be involved in all aspects of my child's care and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asks me questions to show he/she cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shows respect of for different ethnic heritages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is respectful of religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Encourages parents to provide feedback on the services and support he/she provides them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 3f]: Please walk me through how you answered 7f “shows respect for different ethnic heritages.”

➤ How can a FSW show respect for different ethnic heritages?

[Item 3g]: What do you think question 3g “is respectful of religious beliefs” is getting at?

➤ Does this apply to your relationship with your FSW?

**3. How much are the following statements like your family service worker?
My family service worker...**

[MARK ONLY ONE BOX.]

	Not at all like my family service worker	A little like my family service worker	A lot like my family service worker	Exactly like my family service worker
a. Encourages me to be involved in all aspects of my child's care and education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respects me as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is flexible in response to my work or school schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Treats me like an expert on my child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Asks me questions to show he/she cares about my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shows respect of for different ethnic heritages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is respectful of religious beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Encourages parents to provide feedback on the services and support he/she provides them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 3h]: Have you offered your Family Service Worker feedback about his or her services?

IF NO: Can you walk me through how you answered this question?

IF YES: In what ways does your FSW encourage you to provide feedback? What does s/he say or do to show you that s/he is encouraging you to provide feedback?

Okay, now let's move onto the next question. Please read and answer question 4. Take as much time as you need and let me know when you are done.

4. How strongly do you agree or disagree with the following statements?

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My family service worker judges my family because of our faith and religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family service worker judges my family because of our culture and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family service worker judges my family because of our race/ethnicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family service worker judges my family because of our financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 4b]: Walk me through how you answered question 4b “my family service worker judges my family because of our culture and values.”

- How did you answer the question?

IF AGREE OR STRONGLY AGREE: Has something occurred for you to feel that way or is this a sense you get, or something else?

[Item 4d]: What did the phrase “financial situation” in question 4d “My Family Service Worker judges my family because of our financial situation” mean to you?

- Can you walk me through how you selected your answer?
-

Okay, now let's move onto the next question. Please read and answer question 5. Take as much time as you need and let me know when you are done.

5. Since September, how often have you met with or talked to your family service worker about how you feel about the care and education your child receives?

[MARK ONLY ONE BOX.]

- Never.....
- Rarely.....
- Sometimes.....
- Very often.....

PROBES:

[Item 5]: What did the phrase, “the care and education your child receives” mean to you?

- Did it seem like this question would apply to you and your FSW

IF NEEDED: Do these questions make sense to ask about in reference to your Family Service Worker?

- How did you answer this question? How many times have you met with or talked to our FSW since September?
-

Okay, now let's move onto the next page. Please read and answer question 6. Take as much time as you need and let me know when you are done.

6. If you had a problem with your family service worker, how comfortable would you feel talking to him or her about it?

[MARK ONLY ONE BOX.]

- Very uncomfortable.....
- Uncomfortable.....
- Comfortable.....
- Very comfortable.....

PROBES:

[Item 6]: Walk me through how you answered question 6 “if you had a problem with your family service worker how comfortable would you feel talking to him or her about it.”



What kinds of problems came to mind as you were answering this question?

- Does this question make sense to ask about in reference to your Family Service Worker?

OMB Control Number:
Expiration Date:

Okay, now let's move onto the question. Please read and answer question 7. Take as much time as you need and let me know when you are done.

7. Since September, how often have you met with or talked to your family service worker about the following?
[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your child's experiences in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning and/or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How your child is progressing towards your goals you have set for him / her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards the goals of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems your child is having in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your vision for your child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 7a]: In your own words, walk me through how you chose your answer for the item 1A “met with or talked to your Family Service Worker about your child’s experiences in the education and care setting.”

IF NEEDED: What kind of experiences came to mind when you answered this question?

[Item 7c]: What do you think question 1c is asking?

What kinds of behaviors were you thinking about as you answered this question?

7. Since September, how often have you met with or talked to your family service worker about the following?
[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your child's experiences in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning and/or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How your child is progressing towards your goals you have set for him / her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards the goals of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems your child is having in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your vision for your child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 7e, 7f, 7g]: What came to mind when you read "goals" in the item "goals parents have for their child"?

➤ Were you thinking about similar or different goals in question 7F and 7G?

[Item 7h]: In question 7H, what did you think the phrase "stage of your child's development" was referring to?

7. Since September, how often have you met with or talked to your family service worker about the following?
[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Your child's experiences in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's general behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning and/or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. How your child is progressing towards your goals you have set for him / her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards the goals of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems your child is having in the education and care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Your vision for your child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 7i]: Please walk me through how you answered question 7i “problems your child is having in the education and care setting.”

IF NEEDED: What kind of “problems” came to mind?

[Item 7j]: In your own words, what does “your vision for your child’s future” in Question 7j mean to you?

GENERAL PROBES:

Let's talk some more about how you answered this set of questions.

- What time period were you thinking of when you answered these questions?

IF ANSWERED "SINCE SEPTEMBER": Does thinking about the time since September help you remember and answer questions? Or did it not matter?

IF ANSWERED SOMETHING OTHER THAN SEPTEMBER: How did you come up with that time frame?

- Did the questions in this section make sense for your child care program?

Okay, now let's move onto the next question. Please read and answer question 8. Take as much time as you need and let me know when you are done.

8. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your family service worker's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PROBES:

What period of time were you thinking about when you answered these questions?

- Would it have been easier or more difficult to answer if you were thinking of a shorter time period? A longer time period?

8. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your family service worker's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 8b]: What does it mean for a Family Service Worker to “work with you to develop strategies you can use at home to support your child’s learning and development”?

- In this question, did “learning” and “development” mean similar or different things to you?

IF DIFFERENT: Can you walk me through how you selected your answer?

8. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your family service worker's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 8c]: What came to mind when you read question 8c: "listen to your ideas about ways to change or improve the care your child receives?"

- Is this something you talk with your Family Service Worker about, the teacher, both, or something else?

- Have you shared ideas about ways to change or improve the care you child receives with your Family Service Worker?

IF NO: Can you walk me through how you chose your answer?

8. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your family service worker's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 8e]: What does it mean for a FSW to “provide you with opportunities to make decisions about your child’s education and care”?

➤ Does this apply to you and your FSW relationship?

[Item 8f]: Can you walk me through how you answered question 8f?

IF NEEDED: Were you thinking of specific instances?

8. How often does your family service worker:

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Ask about your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Work with you to develop strategies you can use at home to support your child's learning and development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Listen to your ideas about ways to change or improve the care and education your child receives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer you ideas or suggestions about parenting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide you with opportunities to make decisions about your child's education and care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Provide you with opportunities to give feedback on your family service worker's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Remember personal details about your family when speaking with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 8g]: What does the phrase "personal details" in question 6g mean to you?

➤ Have you shared this type of information with your Family Service Worker?

IF NO: Can you walk me through how you came up with your answer?

Okay, let's move on to the next page. Please read and answer question 9. Take as much time as you need and let me know when you are done.

9. Please indicate how much the following words are like your family service worker. My family service worker is...

[CHECK ONE BOX IN EACH ROW.]

	Not at all like my family service worker	A little like my family service worker	A lot like my family service worker	Exactly like my family service worker
a. Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 9d]: What does it mean for a Family Service Worker to be “flexible?”

[Item 9j]: What things came to mind when you read the word “judgmental?”

[Item 9k]: What does it mean for a Family Service Worker to be “available?”

9. Please indicate how much the following words are like your family service worker. My family service worker is...

[CHECK ONE BOX IN EACH ROW.]

	Not at all like my family service worker	A little like my family service worker	A lot like my family service worker	Exactly like my family service worker
a. Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Rude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impatient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Unfriendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL PROBES:

When you were reading this set of questions, were you thinking about how your Family Service Worker behaves towards you, towards your child, or both?

- **IF CHILD:** Would your answers have been different if you were thinking about how your Family Service Worker behaves towards you or other parents?

- How so?

- Do these questions make sense to ask about in reference to your Family Service Worker?

Okay, let's move on to the next question. Please read and answer question 10. Take as much time as you need and let me know when you are done.

10. Please indicate how much you agree or disagree with the following statements.

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My family service worker is open to learning new ways to assist parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family service worker and I work together to make sure my child has the best care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family service worker has increased my confidence to accomplish goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family service worker has my best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My family service worker has my child's best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 10a]: What does it mean for a FSW to be “open to learning new ways to assist parents and children”?

- Do you feel you have the information you need to answer this question?

IF NO: Can you walk me through how you answered this question?

[Item 10b]: What does it mean to “work together” with your Family Service Worker?

- Do these questions make sense to ask about your Family Service Worker?

10. Please indicate how much you agree or disagree with the following statements.*[MARK ONE BOX IN EACH ROW.]*

	Strongly disagree	Disagree	Agree	Strongly agree
a. My family service worker is open to learning new ways to assist parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family service worker and I work together to make sure my child has the best care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family service worker has increased my confidence to accomplish goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family service worker has my best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My family service worker has my child's best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 10c]: What do you think this question is trying to get at?

➤ Is this something you talk with your FSW about?

[Item 10d]: What does it mean for your FSW to have your best interest at heart?

10. Please indicate how much you agree or disagree with the following statements.*[MARK ONE BOX IN EACH ROW.]*

	Strongly disagree	Disagree	Agree	Strongly agree
a. My family service worker is open to learning new ways to assist parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My family service worker and I work together to make sure my child has the best care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My family service worker has increased my confidence to accomplish goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My family service worker has my best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My family service worker has my child's best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 10e]: Can you walk me through how you answered question 10e “My FSW has my child’s best interest at heart”?

IF NEEDED: Did you notice the difference between question 10d and 10e “my best interest” versus “my child’s best interest”?

Okay, let’s move on to the next page. Please read and answer question 11 & 12. Take as much time as you need and let me know when you are done.

11. How strongly do you agree or disagree with the following statement?

My family service worker sees this job as *just* a paycheck.

- Strongly disagree.....
- Disagree.....
- Agree.....
- Strongly agree.....

PROBES:

[Item 11]: Can you walk me through how you selected your answer?

12. How easy or difficult is it for you to reach your family service worker during the day if you have a question or if a problem comes up?

- Very difficult.....
- Difficult.....
- Easy.....
- Very easy.....

PROBES:

[Item 12]: Does it make sense to ask this question about your Family Service Worker?

➤ Have you tried to get in contact with your FSW during the day?

IF NO: Please walk me through how you answered the question.

Okay, now let's move onto the next page. Please read and answer questions 13-21. Take as much time as you need and let me know when you are done.

13. On a scale of 1-5, where 1 is the worst you can imagine and 5 is the best you can imagine, how would you describe your relationship with your family service worker?

[MARK THE BOX NEXT TO THE NUMBER THAT BEST DESCRIBES YOUR RELATIONSHIP.]

Worst

Best

1	2	3	4	5
---	---	---	---	---

[Item 13]: What would the “best” possible relationship with your FSW be like? How about the worst?

The next set of questions ask about the age of your child, your experience with family service workers, and your background.

14. How old is your child?

[MARK ONLY ONE BOX.]

- Less than 1 year old
- 1- 2 years old
- 3- 4 years old
- 5 years or older

15. For how long has your current Family Service Worker been working with your family?

[MARK ONLY ONE BOX.]

- Less than six months.....
- 6 months-less than 1 year.....
- 1 year-less than 2 years.....
- 2 years or more.....

16. Thinking about all of your children, how many Family Service Workers have you ever worked with?

[MARK ONLY ONE BOX.]

- 1
- 2-3
- 4-5
- More than 5

[Item 16]: Please walk me through how you answered question 16.

17. What language do you most speak at home?

[MARK ONLY ONE BOX.]

- English
- Spanish
- English and Spanish equally
- English and another language equally
- Other language

18. Are you of Hispanic or Latino origin?

- Yes
- No

19. What is your race?

[MARK ALL THAT APPLY.]

- White
 - Black or African American
 - American Indian or Alaska Native
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian
 - Native Hawaiian
 - Guamanian or Chamorro
 - Samoan
 - Other Pacific Islander
-

20. What is the highest level of education you have completed?

[MARK ONLY ONE BOX.]

- Less than a high school diploma
- High school diploma or GED
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate school degree

21. What would you say was your household's income last year, before taxes?

[MARK ONLY ONE BOX.]

- Less than \$25,000
 - \$25,000- \$34,999
 - \$35,000- \$44,999
 - \$45,000- \$54,999
 - \$55,000- \$74,999
 - \$75,000 or more
-

GENERAL PROBES:

Before we end, are there any other aspects about the relationship between parents and Family Service Workers that we should have asked about, but didn't?

As we were going through these questions, were there any questions that didn't seem to apply to you, times when the response options didn't match how you wanted to answer, that didn't make sense to you, or that you wanted to comment on that we didn't already talk about?

Is there anything else you would like to share about how the questions worked for you or whether you found the questions to be relevant to your experiences?

Thank you for participating in this survey!
