

## Parent Questionnaire about Family Service Workers – DRAFT

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 relationship with him or her. Some of these questions will be about how ~~you and~~  
 your Family Service Worker works together to care for your child with your family.

**71. 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. <del>How y</del> Your child’s <del>is doing experiences</del> in the <del>education and care setting</del> Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ba. Your work and school goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cb. Your child’s abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <del>Your child’s general behavior</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child’s learning <del>and/or</del> 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. Goals you have for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gf. 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"/>
h. How you are progressing towards goals you have set for yourself	<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"/>
ih. What to expect at each stage of your child’s development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ji. Problems your child is having in the <del>education and care setting</del> Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kj. Problems you may be having with work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lkj. Your vision for your child’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lm. Your vision for your family’s future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Since September, How often does ~~has~~ your Family Service Worker:**

*[MARK ONE BOX IN EACH ROW.]*

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

**23. 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. <del>If your child has siblings</del> How many children you have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <del>If you have other adult relatives living in your household</del> How many adult relatives live in your household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <del>Your household schedule</del> Your work and school 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 <del>education and care</del> Head Start 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"/>
q. <u>Health issues you or other family members may have</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34. How much are the following statements like your Family Service Worker?  
My Family Service Worker...**

[MARK 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. Encourages me to be involved in all aspects of my child's care and education <u>in our Head Start program</u>	<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"/>

**54. 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"/>

**65. 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~~ services that your Family Service Worker provides you and your family?**

*[MARK ONLY ONE BOX.]*

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

**76. 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.....

**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"/>
<del>e. Provide you with opportunities to make decisions about your child's education and care?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>f. Provide you with opportunities to give feedback on your Family Service Worker's performance?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
eg. 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 <u>new-different</u> ways to <u>assist-help</u> 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. <del>My Family Service Worker has my child's best interests at heart.</del> <u>My</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Service Worker sees this job as  
just a paycheck

**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

**121. 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.....

**123. 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	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
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**The next set of questions asks about the age of your child, your experience with Family Service Workers, and your background.**

**143. 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





**145. 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.....

**156. 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

**167. 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

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

- Yes
- No

**198. 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

**2019. 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

**210. 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