

OMB Control Number:

Expiration Date:

Length of time for instrument: 2.25 hours

## APPENDIX E:

### FPRQ Cognitive Interview Instruments for Eligible Family Service Workers

October 24, 2013

#### Instruments included:

- Cognitive Interview Screener
- Cognitive Interview Consent Form
- FPRQ Family Service Worker Survey
- Cognitive Interview Protocol – FSW Survey

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

**FAMILY SERVICE WORKERS**

**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 of 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 Family Service Workers and parents to help us improve the questions we are working on. We are recruiting Head Start Family Service Workers 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?

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 of 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 Family Service Workers and parents to help us improve the questions we are working on. We are recruiting Head Start Family Service Workers 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 work at a Head Start program?
  - Yes, Early Head Start
  - Yes, Head Start
  - No (**GO TO STOP SCREENER**)

2. What is your job title or role at Head Start?

- 
- **(IF DIRECTOR: GO TO STOP SCREENER)**
  - **(IF TEACHER, ASSISTANT TEACHER, AIDE: GO TO STOP SCREENER)**
  - **(IF FAMILY SERVICE WORKER, FAMILY DEVELOPMENT WORKER, FAMILY SERVICE MANAGER, FAMILY SERVICE ASSISTANT, SOCIAL SERVICE AIDE, FAMILY ADVOCATE, OR FAMILY PARTNER: GO TO QUESTION 3)**

3. 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 \_\_\_\_\_

4. Are you 18 years or older

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

5. How many hours a week do you work?

- 1-9 (**GO TO STOP SCREENER**)
- 10-20
- 21-40
- More than 40

6. How long have you been doing this type of work, at Head Start or somewhere else?
- Less than 2 years
  - 3 – 5 years
  - More than 5 years
7. What is your average or typical caseload?
- Less than 45 children/families
  - More than 45 children/families

Okay, now I have some questions about you.

8. Are you Hispanic, Latino/a, or Spanish origin?
- Yes
  - No
9. 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 \_\_\_\_\_
10. What town/city and state do you currently work in?
- Specify** \_\_\_\_\_
11. Would you say the town/city you work in is:
- Rural,
  - Urban, or
  - Suburban?
12. Do you currently have or have you ever had a child in Head Start?
- Yes
  - No

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

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

14. **[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  
Family Service Worker 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 serve. 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 Family Service Workers and families. 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 FSWs may have understanding the questions;
- Give ideas about how to word questions; and
- Talk about aspects of relationships between FSWs and parents.

**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 permissible 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](mailto:KerryLevin@westat.com), or Sharon Zack, Westat's IRB Administrator at [SharonZack@westat.com](mailto: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.

## FSW Questionnaire

**1. We would like to learn about how you and the families of children in your program work together.**

**How often are you able to do the following?**

[MARK ONE BOX IN EACH ROW.]

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with parents to develop strategies they can use at home to support their child's learning and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Set goals with families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer parents ideas or suggestions about parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest activities for parents and children to do together   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Answer parents' questions when they come up  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Take parents' values and culture into account when serving them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Offer parents books and materials on parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Provide parents the opportunity to give feedback about your performance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. **Listed below are some things families may or may not share with you. Thinking about the families you serve, how many children and their parents have personally shared with you the following?**

**[MARK ONE BOX IN EACH ROW.]**

|   | None                     | Some                     | Most                     | All                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. If children have siblings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If children have other adult relatives living in their households                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The parents' schedules   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The marital status of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The parenting styles of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The employment status of children's parents  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The family's financial situation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The role that faith and religion play in children's households                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The family's cultures and values   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. What the parents do outside of the education and care setting to encourage their children's learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How parents discipline their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Problems their child is having at home.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Changes happening at home  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Health issues the children have such as food allergies or asthma                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. Please indicate how much you agree or disagree with each of these statements.

*[MARK ONE BOX IN EACH ROW.]*

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I encourage parents to make decisions about their children's education and care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My goal is to help parents reach their full potential   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I work with parents to figure out the steps to reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Parents' beliefs about childcare and education vary by culture  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I help parents to reach their job and educational goals   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I encourage parents to provide feedback on the services and support I provide them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I am open to using information on new and better ways to assist parents and children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. When it comes to their children, parents are the experts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Even though my professional or moral viewpoints may differ, I accept that parents are the ultimate decision makers for the care and education of their children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**4. Please indicate how much you agree or disagree with each of these statements.****[MARK ONE BOX IN EACH ROW.]**

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Sometimes it is hard for me to support the way parents raise their children       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sometimes it is hard for me to support the way parents discipline their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sometimes it is hard for me to accept the different cultural beliefs of parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sometimes it is hard for me to support the goals parents have for their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sometimes it is hard for me to work with parents who do not share my beliefs      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sometimes it is hard for me not to judge parents because of the choices they make | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**5. People work as Family Service Workers for many reasons. 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. I work as a Family Service Worker because I enjoy it   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I see this job as <i>just</i> a paycheck   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I work as a Family Service Worker because I like helping children and families reach their goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If I could find something else to do to make a living I would                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**6. When planning services for families in your program, how often are you able to take into account the following?****[MARK ONE BOX IN EACH ROW.]**

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Information parents share about their children                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Families' values and cultures  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Information parents share about their career aspirations and education goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Information parents share about their "life goals"                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Since September, how often have you met with or talked to parents about the following regarding *their child*?

[MARK ONE BOX IN EACH ROW.]

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Their child's experiences in the education and care setting      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Their child's general behavior                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Their child's abilities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Their child's learning and/or development                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Goals parents have for their child                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. How their child is progressing towards the parents' goals        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How 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 their child's development        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Problems their child is having in the education and care setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Their vision for their child's future.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. **People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.**

**Part of my job is to...**

**[MARK ONE BOX IN EACH ROW.]**

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Help families get services available in the community                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offer families information about community events                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Respond to issues or questions outside of normal program hours                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Learn the values and beliefs of the families I serve                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Change my work schedule in response to parents' work or school schedules              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help families get to appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learn new ways to assist families   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Be aware of barriers families may face because of their ethnic or cultural background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Change services offered to children and families in response to families' feedback    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j..... Talk to parents about how they raise their children                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Help parents reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Help parents learn skills needed to succeed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Consider how culture shares the way I should approach my work with families           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Make home visits to provide support and to work on goal setting with the family       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Help families meet their basic needs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**9. If families have a question or a problem comes up during the day, how easy or difficult is it for them to reach you?**

[MARK ONLY ONE BOX.]

- Very difficult
- Difficult
- Easy
- Very easy

**10. Since September, have you personally helped families in any of the following ways:**

[MARK ONE BOX IN EACH ROW.]

|  | None                     | Some                     | Most                     | All                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Encouraged families to seek or receive services?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Followed up with families about whether services they have received met their needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Made appointments or arrangements for families to receive services they need?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Helped families find services they need?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Advocated for service providers to be responsive to families                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**11. Since September, have you given any family information about the following:**

[MARK ONE BOX IN EACH ROW.]

|  | None                     | Some                     | Most                     | All                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Employment or job training?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Food pantries?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child care subsidies or vouchers?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Adult education, GED classes, ESL classes, or continuing education? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Housing assistance?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Energy or fuel assistance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Immigration or legal services?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Domestic violence programs?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Parenting skills group?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



**12. Since September, for how many families have you provided referrals for the following services:**

[MARK ONE BOX IN EACH ROW.]

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Health screening for children (medical, dental, vision, hearing, or speech)?.....             | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Developmental assessments?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Counseling services for children?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counseling services for parents?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Social services such as housing assistance, food stamps, financial aid, or medical care?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Nutritional screening? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

**13. In the last ten years, have you received training or coursework on how to recognize signs of:**  
[MARK ONE BOX IN EACH ROW.]

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Child abuse and neglect                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Domestic violence                             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Substance abuse                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Depression or mental health issues in parents | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hunger or food insecurity                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Developmental delays in children              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Developmental delays in adults                | <input type="checkbox"/> | <input type="checkbox"/> |

**14. How many families do you on average or typically serve?**

\_\_\_\_\_ families

**15. On average, how many centers do you serve?**

\_\_\_\_\_ centers

**16. How many years have you worked as a Family Service Worker?**

\_\_\_\_\_ years

**17. Have you ever had a child enrolled in a Head Start program?**

*[MARK ONLY ONE BOX.]*

- Yes  
 No

**The next set of questions asks about your background.**

**18. Are you of Hispanic or Latino origin?**

*[MARK ONLY ONE BOX.]*

- 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. Do you have a Child Development Associate (CDA) credential?**

*[MARK ONLY ONE BOX.]*

- Yes  
 No
-

21. **Do you have some type of family development credential that supports competency in working with families?**

*[MARK ONLY ONE BOX.]*

Yes

No

**Name of Credential:** \_\_\_\_\_

22. **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

Family Service Credential (credit bearing)

Some college, no degree

Associate's degree

Bachelor's degree

Graduate school degree

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**FPRQ Cognitive Interview Protocol  
Family Service Worker 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 PARTICPATE 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 Head Start Family Service Workers and the families that they serve. We want to make sure that the questions we develop are easy to understand and make sense for Family Service Workers. 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 Family Service Workers would use,
- you think other Family Service Workers may not understand,
- you don't have the information to answer the question or if you think other Family Service Workers 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 the work you do.

- Can you briefly describe the work you do?
  
- What words or terms do you use to describe the work you do?

**IF NEEDED:** What do you call yourself, or how do you refer to your position?

**IF APPROPRIATE:** Is this the same as your job title? If not, what is your job title?

- Are there any other words or terms that you or others would use?
  
- Are there terms or words you don't like when others use to describe you and the work you do?

- How, if at all, do you work with families?

- How, if at all, do you work with children?
-

- Do you work at one center or more than one?

**IF MORE THAN ONE:** How many centers do you work at?

- In total, how many families do you work with or how many cases do you have?
  - Is this something that changes throughout the year or year-to-year?

**INTERVIEWER: KEY HERE IS TO GET WHETHER FSW HAS BEEN WORKING WITH FAMILIES FOR AT LEAST 3 MONTHS. IF NOT, NOTE THE NUMBER OF FAMILIES FSW HAS BEEN WORKING WITH FOR LESS THAN 3 MONTHS.**

**INTERVIEWER: USE THE WORDS AND PHRASES THAT THE RESPONDENT USED THROUGHOUT PROBES AND FOLLOW-UP QUESTIONS, AS APPROPRIATE.**

---

OMB Control Number:

Expiration Date:

Now, I'd like to move to the questionnaire that is included in your packet. Let's start with the set of questions on page 1. Please read and answer question 1. Take as much time as you need and let me know when you are done.

---



**In the following pages, we will ask questions about you and your work with Head Start. We will also ask about the parents and families of children whose learning and development you support. Some of these questions will be about how you and the families of children you work with communicate and work together.**

**1. We would like to learn about how you and the families of children in your program work together.**

**How often are you able to do the following?**

[MARK ONE BOX IN EACH ROW.]

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with parents to develop strategies they can use at home to support their child's learning and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Set goals with families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer parents ideas or suggestions about parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest activities for parents and children to do together   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Answer parents' questions when they come up  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Take parents' values and culture into account when serving them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Offer parents books and materials on parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Provide parents the opportunity to give feedback about your performance  | <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 the section you just answered.

**PROBES:**

**[INTRODUCTION]:** First, let's take a look at the intro paragraph on the top of page 1. Did you notice and read the introduction?

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

**INTERVIEWER: IF R DID NOT READ, ASK R TO READ PARAGRAPH**

- In your own words, what information did this paragraph convey to you?
  
- Did the information in the paragraph apply to you and the work you do?
  - Why? Why not?

Let's talk about some of the terms used in this paragraph.

- What did the phrase "parents and families whose learning and development you support" mean to you?
    - Does it apply to you and the work you do?
      - Is this how you would describe the work you do?
-

**1. We would like to learn about how you and the families of children in your program work together. How often are you able to do the following?**

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with parents to develop strategies they can use at home to support their child's learning and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Set goals with families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer parents ideas or suggestions about parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest activities for parents and children to do together   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Answer parents' questions when they come up  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Take parents' values and culture into account when serving them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Offer parents books and materials on parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Provide parents the opportunity to give feedback about your performance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL PROBE:**

I have some questions about this set of questions.

First, what period of time were you thinking about when you answered these questions?

- Would your answers have changed if you were thinking of a shorter time period? What about a longer time period?
- When you were answering these questions, who were you thinking about?

**IF NEEDED:** Were you thinking about any parents or families in particular, all the parents or families of children you serve, or was it something else?

**IF APPROPRIATE:** Did the questions asked in this section apply to you and the work you do with children and families?

**IF NEEDED:** Which questions didn't apply?

- Can you tell me more about that?

1. **We would like to learn about how you and the families of children in your program work together.  
How often are you able to do the following?**

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with parents to develop strategies they can use at home to support their child’s learning and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Set goals with families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer parents ideas or suggestions about parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest activities for parents and children to do together   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Answer parents’ questions when they come up  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Take parents’ values and culture into account when serving them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Offer parents books and materials on parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Provide parents the opportunity to give feedback about your performance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 1a]:** What does it mean to “work with parents to develop strategies they can use at home to support their 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 1b]:** What answer did you select for 1B? And how many times would you say that you’ve set goals with parents for their child since [TIME PERIOD R MENTIONED ABOVE]?[Item

1. **We would like to learn about how you and the families of children in your program work together.**  
**How often are you able to do the following?**

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with parents to develop strategies they can use at home to support their child’s learning and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Set goals with families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer parents ideas or suggestions about parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest activities for parents and children to do together   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Answer parents’ questions when they come up  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Take parents’ values and culture into account when serving them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Offer parents books and materials on parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Provide parents the opportunity to give feedback about your performance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 1d]:** What came to mind when you read “suggest activities for parents and children to do together” in question 1d?

**IF NEEDED:** What kind of activities came to mind as you were answering this question?

**[Item 1f]:** What does it mean to “Take parents’ values and culture into account” in 1f ?

➤ Does this question apply to you?

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

**1. We would like to learn about how you and the families of children in your program work together.  
How often are you able to do the following?**

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Work with parents to develop strategies they can use at home to support their child's learning and development | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Set goals with families  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Offer parents ideas or suggestions about parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Suggest activities for parents and children to do together   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Answer parents' questions when they come up  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Take parents' values and culture into account when serving them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Offer parents books and materials on parenting   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Provide parents the opportunity to give feedback about your performance  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[1h]:** What came to mind when you read the question, "Provide parents the opportunity to give feedback about your performance"?

➤ How did you answer this question?

**IF MORE THAN "NEVER":** Is this something you initiated, the program already has in place, parent initiated, or something else?

➤ Have parents shared ideas about ways to change or improve the care you provide?

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

**GENERAL PROBES:**

- In general, did this set of questions apply to the work you do as a FSW and the relationships you have with families?

**IF NO:** Tell me more. In what ways do the items not apply?

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

---

2. Listed below are some things families may or may not share with you. Thinking about the families you serve, how many children and their parents have personally shared the following with you ?

I know...

[MARK ONE BOX IN EACH ROW.]

|   | None                     | Some                     | Most                     | All                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. If children have siblings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If children have other adult relatives living in their households                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The parents' schedules   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The marital status of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The parenting styles of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The employment status of children's parents  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The family's financial situation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The role that faith and religion play in children's households                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The family's cultures and values   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. What the parents do outside of the education and care setting to encourage their children's learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How parents discipline their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Changes happening at home  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Health issues the children have such as food allergies or asthma                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**AFTER RESPONDENT COMPLETES SECTION:** Thank you. Like before, I'll ask you some questions about how you answered these items and what the questions meant to you.

**PROBES:**

[Item 2c]: What came to mind when you read the phrase "their parents' schedules"?

- Did you include parents' work schedules?

[Item 2g]: What do you think "family's financial situation" in question 2g is referring to?



2. Listed below are some things families may or may not share with you. Thinking about the families you serve, how many children and their parents have personally shared the following with you ?  
I know...

|   | None                     | Some                     | Most                     | All                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. If children have siblings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If children have other adult relatives living in their households                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The parents' schedules   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The marital status of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The parenting styles of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The employment status of children's parents  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The family's financial situation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The role that faith and religion play in children's households                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The family's cultures and values   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. What the parents do outside of the education and care setting to encourage their children's learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How parents discipline their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Changes happening at home  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Health issues the children have such as food allergies or asthma                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 2h]:** What do you think question 2H is getting at when it says “The role that faith and religion play in children’s households”?

- Do you think this applies to your job and the work you do as a Family Service Worker?
  
- Do “faith” and “religion” mean similar or different things to you?

**[Item 2i]:** What did the phrase “family’s culture and value” in question 2i mean to you?

- Do “cultures and values” mean similar or different things to you?

**IF DIFFERENT:** How did you arrive at your answer?

2. Listed below are some things families may or may not share with you. Thinking about the families you serve, how many children and their parents have personally shared the following with you ?

I know...

[MARK ONE BOX IN EACH ROW.]

|   | None                     | Some                     | Most                     | All                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. If children have siblings  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If children have other adult relatives living in their households                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The parents' schedules   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The marital status of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The parenting styles of children's parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The employment status of children's parents  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The family's financial situation   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. The role that faith and religion play in children's households                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The family's cultures and values   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. What the parents do outside of the education and care setting to encourage their children's learning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How parents discipline their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Changes happening at home  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Health issues the children have such as food allergies or asthma                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 2j]:** What did you include in “what parents do outside of the education and care setting to encourage their children’s learning” in question 2j?

IF NEEDED: What type of things came to mind?

**GENERAL PROBES:**

- When answering this set of questions, were you thinking about all of the families you work with, some of them, a few, or was it something else?

**IF APPROPRIATE:** Would your answers have changed if you were thinking about all the children/families?

- How confident are you in your answers to this set of questions?
  
  - Does your knowledge about the children and families you serve vary by topic?
    - Were there any topics that you knew less about?
  
    - Were there any topics you knew more about?
-

➤ Are there other things that you talk with or know about parents that you need to know or help you do your job that are not included in this list? Are we missing anything?

➤ Were there any questions that you felt you didn't have the information to answer?

➤ Did these questions make sense to ask of you and the work you do?

○ If no: Which question did not make sense?

**[ANSWER OPTIONS]:** Now let's talk about the answer choices. In this section we asked how many families you knew a certain thing about. Who did you include in "families" when you were answering these questions? Was that all the families in your center, all the families you serve, all the families you met with, or something else?

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

---

3. Please indicate how much you agree or disagree with each of these statements.

[MARK ONE BOX IN EACH ROW.]

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I encourage parents to make decisions about their children's education and care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My goal is to help parents reach their full potential   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I work with parents to figure out the steps to reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Parents' beliefs about childcare and education vary by culture  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I help parents to reach their job and educational goals   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I encourage parents to provide feedback on the services and support I provide them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I am open to using information on new and better ways to assist parents and children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. When it comes to their children, parents are the experts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Even though my professional or moral viewpoints may differ, I accept that parents are the ultimate decision makers for the care and education of their children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROBES:**

**[Item 3G]:** Please walk me through how you answered question 3G “I am open to using information on new and better ways to assist parents and children.”

**[Item 3B]:** What does the phrase “full potential” mean to you in question 3B?

- Is this something that is expected of someone in your position, to help parents reach their “full potential”?

**[Item 3H]:** Can you repeat question 3H in your own words?

**[Item 3D]:** What did question 3D, “Parents’ beliefs about childcare and education vary by culture” mean to you?

3. Please indicate how much you agree or disagree with each of these statements.

[MARK ONE BOX IN EACH ROW.]

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I encourage parents to make decisions about their children's education and care   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My goal is to help parents reach their full potential   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I work with parents to figure out the steps to reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Parents' beliefs about childcare and education vary by culture  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I help parents to reach their job and educational goals   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I encourage parents to provide feedback on the services and support I provide them  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I am open to using information on new and better ways to assist parents and children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. When it comes to their children, parents are the experts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Even though my professional or moral viewpoints may differ, I accept that parents are the ultimate decision makers for the care and education of their children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[Item 3C]: What "goals" were you thinking of when you answered question 3C?

- What does it mean to work with parents to figure out the next steps for these goals?
  
- Were these goals similar or different to the goals you thought of in question 3E?

[Item 3I]: Can you walk me through how you came up with your answer for 3I?

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

**4. Please indicate how much you agree or disagree with each of these statements.***[MARK ONE BOX IN EACH ROW.]*

|  | <b>Strongly disagree</b> | <b>Disagree</b>          | <b>Agree</b>             | <b>Strongly agree</b>    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Sometimes it is hard for me to support the way parents raise their children       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sometimes it is hard for me to support the way parents discipline their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sometimes it is hard for me to accept the different cultural beliefs of parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sometimes it is hard for me to support the goals parents have for their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sometimes it is hard for me to work with parents who do not share my beliefs      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sometimes it is hard for me not to judge parents because of the choices they make | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 4c]:** What came to mind when you read “different cultural beliefs of parents”?

**[Item 4e]:** Can you walk me through how you answered question 4e?

**[Item 4f]:** What do you think question 4F is getting at?

4. Please indicate how much you agree or disagree with each of these statements.  
[MARK ONE BOX IN EACH ROW.]

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Sometimes it is hard for me to support the way parents raise their children       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sometimes it is hard for me to support the way parents discipline their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sometimes it is hard for me to accept the different cultural beliefs of parents   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sometimes it is hard for me to support the goals parents have for their children  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Sometimes it is hard for me to work with parents who do not share my beliefs      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Sometimes it is hard for me not to judge parents because of the choices they make | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROBE:** Did you answer “strongly disagree” or “disagree” to any of the question in question 4?

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

---



5. **People work as Family Service Workers for many reasons. 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. I work as a Family Service Worker because I enjoy it   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I see this job as <i>just</i> a paycheck   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I work as a Family Service Worker because I like helping children and families reach their goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If I could find something else to do to make a living I would                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROBES:**

[Item 5b]: What did the phrase “see this job as just a paycheck” mean to you in question 5b?

- Can you please walk me through how you arrived at your answer?

**GENERAL PROBES:**

- Did this set of questions apply to you and the kind of work you do?

**IF NO:** Can you tell me how you answered?

- Are there other reasons for why people work in care and education settings that should be added?

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

---

**6. When planning services for families in your program, how often are you able to take into account the following?**  
*[MARK ONE BOX IN EACH ROW.]*

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Information parents share about their children                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Families' values and cultures  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Information parents share about their career aspirations and education goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Information parents share about their "life goals"                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 6c]:** What does the phrase "parents career aspirations and educational goals" mean to you?

- Are those similar or different things?

**IF DIFFERENT:** How did you figure out your answer?

- Is this something you talk with parents about?

**IF YES:** When answering this question were you thinking about all the families you serve, some of them, one in particular, or something else?

**IF NO:** How did you answer the question?

**6. When planning services for families in your program, how often are you able to take into account the following?**  
*[MARK ONE BOX IN EACH ROW.]*

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Information parents share about their children                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Families' values and cultures  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Information parents share about their career aspirations and education goals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Information parents share about their "life goals"                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 6d]:** Does "life goals" in question 6D mean similar or different things than "career aspirations and educational goals" in question 6c?

**PROBE:** Did these questions make sense to ask of FSWs?

**IF NO:** Which questions did not make sense to ask of FSWs?

Okay, now let's move onto the next question. Please read and answer question 7 on page 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 parents about the following regarding *their child*?  
[MARK ONE BOX IN EACH ROW.]**

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Their child's experiences in the education and care setting      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Their child's general behavior                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Their child's abilities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Their child's learning and/or development                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Goals parents have for their child                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. How their child is progressing towards the parents' goals        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How 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 their child's development        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Problems their child is having in the education and care setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Their vision for their child's future.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**GENERAL PROBE:**

**FOR ALL QUESTIONS:** When you were answering this set of questions, were you thinking of all families and children you serve, some, a few, or just one?

**IF NOT ALL FAMILIES:** Why is that?

**PROBES:**

**[Item 7a]:** In your own words, walk me through how you chose your answer for question 7a?

**IF NEEDED:** What kind of experiences came to mind as you were answering this question?

7. Since September, how often have you met with or talked to parents about the following regarding *their child*?  
[MARK ONE BOX IN EACH ROW.]

|   | Never                    | Rarely                   | Sometimes                | Very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Their child's experiences in the education and care setting      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Their child's general behavior                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Their child's abilities  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Their child's learning and/or development                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Goals parents have for their child                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. How their child is progressing towards the parents' goals        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How 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 their child's development        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Problems their child is having in the education and care setting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Their vision for their child's future.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[Item 7b]: What came to mind when you read “child’s general behavior” in question 7b?

- Does how often you talk to parents about this topic vary?
  - If so, how does it vary?
  - If it varies, can you tell me how you came up with your answer?

[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?

**GENERAL PROBES:**

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

- When you were answering these questions, who were you thinking about?

**IF NEEDED:** Were you thinking about all the parents, or certain parents in particular?

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

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

**IF SOMETHING OTHER THAN SEPTEMBER:** Can you tell me how you came up with that time frame?

- Did the questions in this section seem applicable to you work as a FSW?

**IF NOT:** Which questions did not seem applicable? Why not?

- Did you have the information to answer the questions?

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

---

8. **People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.**  
**Part of my job is to...**  
*[MARK ONE BOX IN EACH ROW.]*

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Help families get services available in the community                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offer families information about community events                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Respond to issues or questions outside of normal program hours                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Learn the values and beliefs of the families I serve                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Change my work schedule in response to parents' work or school schedules              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help families get to appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learn new ways to assist families   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Be aware of barriers families may face because of their ethnic or cultural background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Change services offered to children and families in response to families' feedback    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Talk to parents about how they raise their children                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Help parents reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Help parents learn skills needed to succeed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Consider how culture shares the way I should approach my work with families           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Make home visits to provide support and to work on goal setting with the family       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Help families meet their basic needs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROBES:**

**[Item 8a]:** What answer did you choose for 8a? Can you tell me, in your own words, what it means to “help families get services available in the community?”

**IF NEEDED:** What types of services were you thinking about?

- o Are 8a and 8b the same or different? How so?

**[Item 8c]:** Looking at question 8c, what does it mean to “Respond to issues or questions outside of normal program hours?”



**8. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.  
Part of my job is to...**  
[MARK ONE BOX IN EACH ROW.]

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Help families get services available in the community                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offer families information about community events                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Respond to issues or questions outside of normal program hours                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Learn the values and beliefs of the families I serve                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Change my work schedule in response to parents' work or school schedules              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help families get to appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learn new ways to assist families   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Be aware of barriers families may face because of their ethnic or cultural background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Change services offered to children and families in response to families' feedback    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Talk to parents about how they raise their children                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Help parents reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Help parents learn skills needed to succeed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Consider how culture shares the way I should approach my work with families           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Make home visits to provide support and to work on goal setting with the family       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Help families meet their basic needs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 8d]:** Please walk me through how you answered question 8d.

**[Item 8f]:** Please walk me through how you answered 8f.

➤ How can a FSW help families get to appointments?

8. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.  
Part of my job is to...

[MARK ONE BOX IN EACH ROW.]

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Help families get services available in the community                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offer families information about community events                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Respond to issues or questions outside of normal program hours                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Learn the values and beliefs of the families I serve                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Change my work schedule in response to parents' work or school schedules              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help families get to appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learn new ways to assist families   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Be aware of barriers families may face because of their ethnic or cultural background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Change services offered to children and families in response to families' feedback    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Talk to parents about how they raise their children                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Help parents reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Help parents learn skills needed to succeed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Consider how culture shares the way I should approach my work with families           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Make home visits to provide support and to work on goal setting with the family       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Help families meet their basic needs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[Item 8h]: What do you think question 8h is getting at?

IF NEEDED: What kind of barriers, if any, came to mind?

➤ What does it mean to “be aware” of barriers?

[Item 8l]: What “skills” came to mind in item 8l “Help parents learn skills needed to succeed”?

8. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.  
Part of my job is to...

[MARK ONE BOX IN EACH ROW.]

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Help families get services available in the community                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offer families information about community events                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Respond to issues or questions outside of normal program hours                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Learn the values and beliefs of the families I serve                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Change my work schedule in response to parents' work or school schedules              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help families get to appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learn new ways to assist families   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Be aware of barriers families may face because of their ethnic or cultural background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Change services offered to children and families in response to families' feedback    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Talk to parents about how they raise their children                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Help parents reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Help parents learn skills needed to succeed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Consider how culture shares the way I should approach my work with families           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Make home visits to provide support and to work on goal setting with the family       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Help families meet their basic needs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 8m]:** What do you think 8m, “consider how culture shapes the way I should approach my work with families, means?”

**[Item 8n]:** What did you answer for 8n? REPEAT QUESTION

➤ Is this something that you do, you're supposed to do, someone else does or is supposed to do, something that isn't offered by your center, or something else?

**8. People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements.**

**Part of my job is to...**

**[MARK ONE BOX IN EACH ROW.]**

|  | Strongly disagree        | Disagree                 | Agree                    | Strongly agree           |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Help families get services available in the community                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Offer families information about community events                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Respond to issues or questions outside of normal program hours                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Learn the values and beliefs of the families I serve                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Change my work schedule in response to parents' work or school schedules              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Help families get to appointments   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Learn new ways to assist families   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Be aware of barriers families may face because of their ethnic or cultural background | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Change services offered to children and families in response to families' feedback    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Talk to parents about how they raise their children                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Help parents reach their goals  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Help parents learn skills needed to succeed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Consider how culture shares the way I should approach my work with families           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Make home visits to provide support and to work on goal setting with the family       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Help families meet their basic needs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 8o]:** What came to mind when you read “basic needs” in 8o?

**IF NEEDED:** What did you include in “basic needs”?

**GENERAL PROBES:**

➤ Are there other things that you consider part of your job that we didn't ask about?

➤ Did these questions apply to the work you do?

**IF NO:** Which questions did not apply?

- How did you answer them?

o

➤ How are your job responsibilities determined?

- Does someone tell you?

- Are there regulations?

- Does this depend on your caseload?

---

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

**9. If families have a question or a problem comes up during the day, how easy or difficult is it for them to reach you?**

*[MARK ONLY ONE BOX.]*

- Very difficult
- Difficult
- Easy
- Very easy

**PROBES:**

**[Item 9]:** Can you walk me through how you answered item 9?

OMB Control Number:  
Expiration Date:

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

---

**10. Since September, have you personally helped families in any of the following ways:**  
**[MARK ONE BOX IN EACH ROW.]**

|  | None                     | Some                     | Most                     | All                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Encouraged families to seek or receive services?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Followed up with families about whether services they have received met their needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Made appointments or arrangements for families to receive services they need?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Helped families find services they need?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Advocated for service providers to be responsive to families                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PROBES:**

**[Introduction]:** Before you answered these questions, did you notice and read the introduction?

**IF NO:** Can you tell me what made you skip straight to the questions?

**IF YES:** Did you notice the phrase, “Since September”?

**IF YES:** How did this work as a time frame to answer the question? Would a shorter or longer time period make the question easier or more difficult to answer?

**IF NO:** What time frame were you thinking of when you answered these questions?



**10. Since September, have you personally helped families in any of the following ways:  
[MARK ONE BOX IN EACH ROW.]**

|  | None                     | Some                     | Most                     | All                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Encouraged families to seek or receive services?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Followed up with families about whether services they have received met their needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Made appointments or arrangements for families to receive services they need?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Helped families find services they need?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Advocated for service providers to be responsive to families                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 10a]:** What came to mind when you read question 10A “encouraged families to seek and receive services”?

**[Item 10b]:** Can you walk me through how you answered question 10b?

➤ How did you answer this question?

**IF NONE:** Was that because families didn’t receive services, you didn’t have the opportunity to follow-up, or something else?

**IF “SOME,” “MOST,” or “ALL”:** How often have you followed up with families?

○ How have you followed up? Was it during meetings, casual conversations, or something else?

10. **Since September, have you personally helped families in any of the following ways:**

[MARK ONE BOX IN EACH ROW.]

|  | None                     | Some                     | Most                     | All                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Encouraged families to seek or receive services?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Followed up with families about whether services they have received met their needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Made appointments or arrangements for families to receive services they need?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Helped families find services they need?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Advocated for service providers to be responsive to families                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[Item 10e]: What do you think question 10e is getting at?

- Who came to mind when you reads “service providers”?
  
- How can service providers be respectful to families?

**GENERAL PROBE:**

- When you were answering these questions, did you think of all, some, or most of the families you work with, or something else?
  
  - How can “service providers be responsive to families”?
    - Did it vary across the questions?
      - If so: Can you tell me how so?
  
  - Would it have been easier, more difficult, or made no difference if this was a Yes / No question
    - Why is that?
  
  - Did these questions make sense for your position and the work you do?
-

Okay, now let's move onto the next question. Please read and answer questions 11 and 11. Take as much time as you need and let me know when you are done.

**11. Since September, have you given any family information about the following:**

*[MARK ONE BOX IN EACH ROW.]*

|  | None                     | Some                     | Most                     | All                      |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Employment or job training?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Food pantries?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child care subsidies or vouchers?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Adult education, GED classes, ESL classes, or continuing education? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Housing assistance?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Energy or fuel assistance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Immigration or legal services?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Domestic violence programs?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Parenting skills group?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 11]:** Did you answer “No” to any of these items?

**IF ANSWERED NO TO ANY ITEMS:** Can you walk me through how you selected that as your answer?

**IF NEEDED:** Was it that no one needed this assistance, or that you or your program does not offer a referral for it, or something else?

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Okay, now let's move onto the next question. Please read and answer questions 12 - 16 on page 12. Take as much time as you need and let me know when you are done.

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**12. Since September, for how many families have you provided referrals for the following services:**

[MARK ONE BOX IN EACH ROW.]

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Health screening for children (medical, dental, vision, hearing, or speech)?.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Developmental assessments?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Counseling services for children?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Counseling services for parents?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Social services such as housing assistance, food stamps, financial aid, or medical care?.... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Nutritional screening? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**[Item 12]:** Did you answer “No” to any of these items?

**IF ANSWERED NO TO ANY ITEMS:** Can you walk me through how you selected that as your answer?

**IF NEEDED:** Was it that no one needed this assistance, or that you or your program does not offer a referral for it, or something else?

13. In the last ten years, have you received training or coursework on how to recognize signs of:  
 [MARK ONE BOX IN EACH ROW.]

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Child abuse and neglect                       | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Domestic violence                             | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Substance abuse                               | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Depression or mental health issues in parents | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hunger or food insecurity                     | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Developmental delays in children              | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Developmental delays in adults                | <input type="checkbox"/> | <input type="checkbox"/> |

**PROBES:**

**[Introduction]:** What “training or coursework” were you thinking about when you answered these questions?

**[Item 13e]:** Do “hunger” and “food insecurity” mean the same or different things to you?

**IF DIFFERENT:** How so?

**[Item 13g]:** What came to mind when you answered “developmental delays in adults” ?

➤ Have you used another term for adults?

14. How many families do you on average or typically serve?

\_\_\_\_\_ children/families

**[Item 14]:** Can you walk me through how you came up with your answer?

15. On average, how many centers do you serve?

\_\_\_\_\_ centers

➤ What was your answer to #15?

○ How did you come up with your answer?

16. How many years have you worked as a Family Service Worker?

\_\_\_\_\_ years

**[Item 16]:** Have you worked similar positions before?

**IF YES:** Did you include the years you worked the similar position?

Okay, now let's move onto the next question. Please read and answer questions 17 - 21 on page 13. Take as much time as you need and let me know when you are done.

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**17. Have you ever had a child enrolled in a Head Start program?**

- Yes  
 No

**[Item 17]:** Please walk me through how you answered question 17.

**The next set of questions asks about your background.**

**18. Are you of Hispanic or Latino origin?**

*[MARK ONLY ONE BOX.]*

- 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. **Do you have a Child Development Associate (CDA) credential?**

*[MARK ONLY ONE BOX.]*

- Yes  
 No

**PROBES:**

**[Item 20]:** What was your answer for question 20?

➤ Are you familiar with a CDA credential?

○ Is this the term you use to refer to it?

21. **Do you have some type of family development credential that supports competency in working with families?**

*[MARK ONLY ONE BOX.]*

- Yes  
 No

**Name of Credential:** \_\_\_\_\_

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**[Item 21]:** What was your answer for question 21?

➤ Are you familiar with family development credentials?

○ Is this the term you use to refer to them?

**IF NO:** What terms do you use?

**22. 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
  - Family Service Credential (credit bearing)
  - Some college, no degree
  - Associate's degree
  - Bachelor's degree
  - Graduate school degree
-

**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?

In general, did these questions make sense for you and the work you do with families and children?

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!**

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