

**FPRQ Cognitive Interview Protocol
Parent Protocol**

Introduction

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

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

INTERVIEWER: READ CONSENT FORM

INTERVIEWER: TURN ON TAPE RECORDER.

RECORD DATE: _____

RECORD START TIME: _____

INTERVIEWER'S INITIALS: _____

NOTETAKER'S INITIALS: _____

CONSENT TO 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 parents and Head Start Family Service Workers. We want to make sure that the questions we develop are easy to understand and make sense for parents. We will ask you to answer questions that have been developed by others and ask for your feedback.

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

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

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

Any questions?

Okay, let get started.

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

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

IF NEEDED: Does your child attend a Head Start?

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

So that I can better understand the information you provide us, can you tell me more about your relationship with the Family Service Worker?

- Who in your household interacts with the Family Service Worker?

- How often and under what circumstances do you interact with the Family Service Worker?

- When you communicate or interact with your Family Service Worker, is it by phone, in-person, email, a mix, or something else?

- How did you first meet your Family Service Worker?

- Is the teacher involved in your interactions with your Family Service Worker?

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

Now, I'd like to move to the questionnaire that is included in your packet. 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 your Family Service Worker and about your relationship with him or her. Some of these questions will be about how your Family Service Worker works with your family.

1. Since September, how often have you met with or talked to your Family Service Worker about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. How your child is doing in the Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your work and school goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Goals you have for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards your goals you have set for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How you are progressing towards goals you have set for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Problems your child is having in the Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Problems you may be having with work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Your vision for your child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Your vision for your family's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

GENERAL PROBES:

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

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

INTERVIEWER: IF R DID NOT READ, ASK R TO READ INTRODUCTION

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

- What does it mean for your Family Service Worker to “work with your family”?
 - Is this something you feel applies to you and your Family Service Worker?

- Who did you think the phrase “Family Service Worker” was referring to?

IF NECESSARY: We want to make sure that we are using terms that parents use to describe the people who provide services for families at Head Start. Do you or parents you know use the term “Family Service Worker”?

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

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

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

- Why is that?

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

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

In the following pages, we will ask questions about your Family Service Worker and about your relationship with him or her. Some of these questions will be about how your Family Service Worker works with your family.

1. Since September, how often have you met with or talked to your Family Service Worker about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. How your child is doing in the Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your work and school goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Goals you have for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards your goals you have set for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How you are progressing towards goals you have set for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Problems your child is having in the Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Problems you may be having with work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Your vision for your child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Your vision for your family's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 1b]: What came to mind when you read “your work and school goals” in 1b?

IF NEEDED: Are “work” and “school” goals similar or different?

IF DIFFERENT: Please walk me through how you chose you answer.

[Item 1f]: What kind of goals were you thinking of when you answered 1f, “goals you have for yourself”?

In the following pages, we will ask questions about your Family Service Worker and about your relationship with him or her. Some of these questions will be about how your Family Service Worker works with your family.

1. Since September, how often have you met with or talked to your Family Service Worker about the following?

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. How your child is doing in the Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your work and school goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your child's abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child's learning or development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Goals you have for your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Goals you have for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How your child is progressing towards your goals you have set for him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. How you are progressing towards goals you have set for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. What to expect at each stage of your child's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Problems your child is having in the Head Start program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Problems you may be having with work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Your vision for your child's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Your vision for your family's future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 1h]: Please walk me through how you answered 1h, “how you are progressing towards goals you have set for yourself.”

[Item 1k]: What came to mind when you answered 1k, “problems you may be having with school or work”?

IF NEEDED: What kind of problems were you thinking of?

[Item 1m]: Walk me through how you answered 1m, “your vision for your family’s future.”

GENERAL PROBES:

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

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

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

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

- Did the questions in this section make sense to ask about your Family Service Worker?

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

2. Since September, how often has your Family Service Worker:

[MARK ONE BOX IN EACH ROW.]

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

PROBES:

[Item 2c]: What do you think 2c, “taken your values and culture into account when serving you” is getting at?

GENERAL PROBE

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

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

3. How comfortable would or do you feel sharing the following information with your Family Service Worker?

[MARK ONE BOX IN EACH ROW.]

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

PROBES:

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

IF NO: Did you notice the introduction?

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

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

3. How comfortable would or do you feel sharing the following information with your Family Service Worker?

[MARK ONE BOX IN EACH ROW.]

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

[Item 3a]: What did you think 3a was asking?

➤ Is this something that you have shared with your Family Service Worker?

3. How comfortable would or do you feel sharing the following information with your Family Service Worker?

[MARK ONE BOX IN EACH ROW.]

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

[Item 3c]: What came to mind when you read the phrase “work and school schedule?”

IF NEEDED: Do “work” and “school” schedule mean similar or different things?

IF DIFFERENT: Walk me through how you chose your answer.

[Item 3l]: What did you think 3l was asking?

IF NEEDED: What kind of activities or things were you thinking about?

3. How comfortable would or do you feel sharing the following information with your Family Service Worker?

[MARK ONE BOX IN EACH ROW.]

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

[Item 3q]: Please walk me through how you answered 3p “health issues you or other family members may have.”

IF NEEDED: What kinds of “health issues” came to mind?

IF APPROPRIATE: Is this something you talk with your Family Service Worker about?

IF NO: Walk me through how you chose your answer.

GENERAL PROBES:

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

- Did these questions make sense for your particular arrangement/situation?
- Did you have the information needed to answer these questions?
- Are there other things you share with your Family Service Worker that we didn't ask about?

IF YES: Can you give me some examples?

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

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

4. **How much are the following statements like your Family Service Worker?
My Family Service Worker...**
[MARK ONLY ONE BOX.]

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

PROBES:

[Item 4a]: What did you think 4a was getting at?

IF NEEDED: What does “all aspects of my child’s care and education” mean to you?

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

IF NO: Is there someone else at Head Start that encourages you to be involved in your child’s education and care?

Okay, now let’s move on to the next questions. Please read and answer questions 5-8. Take as much time as you need and let me know when you are done.

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

[MARK ONE BOX IN EACH ROW.]

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

PROBES:

[Item 5b]: Please walk me through how you answered question 5b.

6. Since September, how often have you met with or talked to your Family Service Worker about how you feel about the services that your Family Service Worker provides you and your family?

[MARK ONLY ONE BOX.]

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

[Item 6]: What did the phrase, “the services that your Family Service Worker provides you and your family” mean to you?

- How did you answer this question? And, how many times have you met with or talked to your Family Service Worker since September?

7. If you had a problem with your Family Service Worker, how comfortable would you feel talking to him or her about it?

[MARK ONLY ONE BOX.]

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

8. How often does your Family Service Worker:

[MARK ONE BOX IN EACH ROW.]

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

GENERAL PROBES:

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

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

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

9. Please indicate how much the following words are like your Family Service Worker.

My Family Service Worker is...

[CHECK ONE BOX IN EACH ROW.]

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

GENERAL PROBES:

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

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

- How so?

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

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

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

[MARK ONE BOX IN EACH ROW.]

	Strongly disagree	Disagree	Agree	Strongly agree
a. My Family Service Worker is open to learning different ways to help parents and children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My Family Service Worker and I work together to make sure my child has the best care and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My Family Service Worker has increased my confidence to accomplish goals for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My Family Service Worker has my best interests at heart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My Family Service Worker sees this job as <i>just</i> a paycheck.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROBES:

[Item 10a]: What does it mean for a Family Service Worker to be “open to learning different ways to help parents and children”?

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

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

Okay, let’s move on to the next page. Please read and answer questions 11 – 21. Take as much time as you need and let me know when you are done.

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

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

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

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

Worst	Best			
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

The next set of questions asks about the age of your child, your experience with Family Service Workers, and your background.

13. How old is your child?

[MARK ONLY ONE BOX.]

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

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

[MARK ONLY ONE BOX.]

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

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

[MARK ONLY ONE BOX.]

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

16. What language do you most speak at home?

[MARK ONLY ONE BOX.]

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

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

- Yes
- No

18. 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

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

[MARK ONLY ONE BOX.]

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

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

[MARK ONLY ONE BOX.]

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

GENERAL PROBE

Were any of these questions unclear or hard to answer?

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 times when the response options didn't match how you wanted to answer, questions that didn't make sense to you, or that you wanted to comment on that we didn't already talk about?

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

Thank you for participating in this survey!