

**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's 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?

- How long have you worked as a Family Service Worker at this/these center(s)?
- 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?

**IF NECESSARY:** How long have you been working with your current families/caseload?

**INTERVIEWER: THE 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 USES THROUGHOUT PROBES AND FOLLOW-UP QUESTIONS, AS APPROPRIATE.**

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.

**DO NOT READ ALOUD:**

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 you support. Some of these questions will be about how you and the parents and families you work with communicate and work together.

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

Since September, how many of the families you serve have you *personally* helped 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 on behalf of families to ensure that outside service providers are responsive?	<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 think 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 you think the information in the paragraph applied 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 “the parents and families you support” mean to you?

- Does this phrase apply to you and the work you do?

- Is this how you would describe the work you do?

**GENERAL PROBE:**

Now I am going to ask you about the set of questions, more generally.

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

**IF NEEDED:** 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?

Were you thinking about any parents or families in particular, all the parents or families 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 parents 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 in your program work together.**

Since September, how many of the families you serve have you *personally* helped 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 on behalf of families to ensure that outside service providers are responsive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Item 1a]:** What came to mind when you read question 1a “encouraged families to seek or receive services”?

**[Item 1b]:** Can you walk me through how you answered question 1b?

➤ 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?



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

Since September, how many of the families you serve have you *personally* helped 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 on behalf of families to ensure that outside service providers are responsive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Item 1e]:** In question 1e, what does it mean to “advocate on behalf of families to ensure outside service providers are responsive”?

**IF NEEDED:** Who came to mind when you read “outside service providers”?

**IF NEEDED:** How can outside service providers be responsive to families?

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 have you been able to do the following?**

[MARK ONE BOX IN EACH ROW.]

	Never	Rarely	Sometimes	Very often
a. Followed up with parents about goals they set for their child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Followed up with parents about goals they set for themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offered parents ideas or suggestions about parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Suggested activities for parents and children to do together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Answered parents' questions when they came up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Worked 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"/>
g. Taken parents' values and culture into account when serving them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Offered parents books and materials on parenting	<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.

**[Item 2a]:** Please walk me through how you answered question 2a “followed up with parents about goals they set for their children?”

**[Item 2b]:** What kind of goals came to mind when you read “follow up with parents about goals they set for themselves” in question 2b?

**IF NEEDED:** How can you follow up with parents?

- o How often have you followed up with parents since setting goals with them?

**GENERAL PROBES:**

- In general, did this set of questions apply to the work you do as a Family Service Worker 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 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. Listed below are some things parents may or may not share with you. Thinking about those you serve, how many parents have *personally* shared with you the following?**

*[MARK ONE BOX IN EACH ROW.]*

	None	Some	Most	All
a. How many children they have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many adult relatives live in their households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their work and school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Their marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Their parenting styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Their 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 their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Their family's cultures and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What they do outside of the Head Start setting to encourage their children's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How they 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 they or other family members may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROBES:**

**[Intro]:** Before you answered this question, did you notice and read the introduction?

- **IF NO:** Can you tell me what made you skip straight to the questions?
  
- **IF YES:** What do you think it means for parents to “personally share” information with you?

**[Item 3a]:** What came to mind when you answered 3a, “how many children they have”?

**[Item 3b]:** What were you thinking of when you answered 3b, “how many adult relatives live in their household”?

**3. Listed below are some things parents may or may not share with you. Thinking about those you serve, how many parents have *personally* shared with you the following?**

*[MARK ONE BOX IN EACH ROW.]*

	None	Some	Most	All
a. How many children they have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many adult relatives live in their households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their work and school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Their marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Their parenting styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Their 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 their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Their family's cultures and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What they do outside of the Head Start setting to encourage their children's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How they 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 they or other family members may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[Item 3h]:** What do you think question 3h is getting at when it says “the role that faith and religion play in their household”?

- Do you think this applies to your job and the work you do as a Family Service Worker?

**[Item 3j]:** Can you walk me through how you answered 3j?

**IF NEEDED:** What came to mind when you read “what they do outside of the Head Start setting to encourage their children's learning”?

3. Listed below are some things parents may or may not share with you. Thinking about those you serve, how many parents have *personally* shared with you the following?

[MARK ONE BOX IN EACH ROW.]

	None	Some	Most	All
a. How many children they have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How many adult relatives live in their households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Their work and school schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Their marital status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Their parenting styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Their employment status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Their 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 their household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Their family's cultures and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. What they do outside of the Head Start setting to encourage their children's learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. How they 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 they or other family members may have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 3n]: What came to mind when you read "health issues" in 3n?

**GENERAL PROBES:**

- The last question asked you about the knowledge you have about families on different topics. Does the knowledge you have about the 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 parents about 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 you about the work you do?
  - **IF NO:** Which question did not make sense?

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. 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. My goal is to help parents reach their full potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I help parents to reach their job and educational goals	<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. 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"/>
e. Parents' beliefs about childcare and education vary by culture	<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 different ways to help 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 4e]:** What do you think question 4e “Parents’ beliefs about childcare and education vary by culture” is getting at?

**[Item 4g]:** Please walk me through how you answered question 4g “I am open to using information on different ways to help parents and children.”

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



5. Below are some attitudes that you may or may not have towards parents and families you serve. For each statement, please indicate how much you agree or disagree.

[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 have different beliefs than me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sometimes it is hard for me to accept the choices that parents make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROBES:**

**Intro:** Did you read the introduction to the question 5?

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

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

- What information do you think the survey introduction is providing?

5. Below are some attitudes that you may or may not have towards parents and families you serve. For each statement, please indicate how much you agree or disagree.

[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 have different beliefs than me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sometimes it is hard for me to accept the choices that parents make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Item 5e]: What do you think 5e is getting at?

[Item 5f]: Can you walk me through how you answered question 5f?

**IF NEEDED:** What came to mind what you read “choices that parents make”?

**GENERAL PROBES:**

**PROBE:** Did you answer “strongly disagree” or “disagree” to any of the questions in question 5?

**IF YES:** Can you walk me through how you chose your answer?

Okay, now let's move on to the next question. Please read and answer question 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 child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Information parents share about their home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Families' values and cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Information parents share about their career aspirations or education goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Information parents share about their "life goals"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROBES:**

[Item 6a]: Please walk me through how you answered item 6a.

[Item 6b]: What came to mind when you read term "home life" in 6b?

[Item 6d]: What do the phrases "career aspirations" or "educational goals" in 6d mean to you?

- Are those similar or different things?

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

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

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

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

*[MARK ONE BOX IN EACH ROW.]*

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

**PROBES:**

**[Item 7a]:** What did you think 7a was getting at?

**IF NEEDED:** What do you think is meant by “how their child is “doing” in the Head Start program?

**[Item 7d]:** What kind of goals came to mind when you answered question 7d, “goals parents have for their child”?

**[Item 7e]:** What kind of goals were you thinking of when you answered 7e, “goals parents have for themselves”?

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

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

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

**[Item 7h]:** Please walk me through how you answered question 7h, “problems their child is having in the Head Start program.”

**IF NEEDED:** What kind of problems came to mind?

**[Item 7f]:** Can you walk me through how you answered 7f?

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

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

*[MARK ONE BOX IN EACH ROW.]*

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

**[Item 7i]:** What kind of problems came to mind when you read 7i, “problems parents may be having with work or school”?

- Is this something you talk with all, most, some, or few parents about?

**IF LESS THAN ALL:** Can you walk me through how you chose your answer?

**[Item 7j]:** What came to mind when you read “parents’ visions for their child’s future” in question 7j?

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

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

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

**[Item 7k]:** Please walk me through how you answered 7k.

**IF NEEDED:** What came to mind when you read “parent’s vision for their family’s future”?



## **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 Family Service Worker?

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

- Did you have the information to answer the questions?

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

**8. 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 parents get services available in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offer parents information about community events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Respond to issues or questions outside of my normal work 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. Learn new ways to assist families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Change how services are offered to children and families in response to parent feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Talk to parents about how they raise their children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help parents reach their goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Help parents learn skills needed to succeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Consider how culture shapes the way I should approach my work with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Make home visits to provide support and to work on goal setting with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Help families meet their basic needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROBES:**

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

**[Item 8g]:** What do you think 8g is getting at?

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

**IF NEEDED:** How can culture shape the way you approach work with families?

**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?
  
  
  
  
  
  
  
  
  
  
- How are your job responsibilities determined?
  
  
  
  
  
  
  
  
  
  
- Does someone tell you?
  
  
  
  
  
  
  
  
  
  
- Are there regulations?
  
  
  
  
  
  
  
  
  
  
- Does this depend on your caseload?

Okay, now let's move on to the next questions. Please read and answer questions 9 and 10. 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

10. Since September, how many of the families you serve have you given information or referrals on 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 banks or 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?	<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"/>
j. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROBES:**

[Item 10b]: In question 10b, do “food banks” and “pantries” mean similar or different things?

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

[Item 11j]: Please walk me through how you answered question 11j “health insurance.”

**IF NEEDED:** Does this make sense to ask of a Family Service Worker? What kind of information could a FSW give?

**GENERAL PROBE:**

- Did you answer “None” for any of these items?

**IF ANSWERED NONE:** Can you walk me through how you selected that as your answer?

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

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

11. Since September, have you provided referrals for the following services:

[MARK ONE BOX IN EACH ROW.]

	Yes, referrals were made	Referrals were needed, but have not been made yet	No referrals were needed
a. Health screening for children (medical, dental, vision, hearing, or speech)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Developmental assessments for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Counseling services for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling services for parents?	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
f. Nutritional screening for children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROBES:**

[Item 11]: Let’s talk about the answer choices. What did you think the option “referrals were needed, but have not been made yet” was getting at?

➤ Did you choose this answer for any of the items?

**IF YES:** Can you walk me through how you chose your answer?

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

12. 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"/>
e. I work as a Family Service Worker because I like helping children and families get the services they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PROBES:**

[Item 12c]: In question 12c what kinds of “goals” came to mind?

**IF NEEDED:** How can you help families reach their goals?

[Item 12e]: What did you think 12e was getting at?

**IF NEEDED:** What kind of services came to mind?

**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 why people work as Family Service Workers that should be added?

Okay, now let's move on to the next question. Please read and answer questions 13 - 15. Take as much time as you need and let me know when you are done.



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	<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 currently serve?

\_\_\_\_\_ families

[Item 14]: What was your answer to 14?

➤ Can you walk me through how you came up with your answer?

15. How many centers do you currently serve?

\_\_\_\_\_ centers

[Item 15]: What was your answer to 15?

➤ How did you come up with your answer?

Okay, now let's move on to the next questions. Please read and answer questions 16 and 17. Take as much time as you need and let me know when you are done.

**16. How many years have you been doing this type of work?**

\_\_\_\_\_ years

**[Item 16]:** What was your answer to 16?

- What did you think “this type of work” was referring to?

**17. How long have you worked at your current center(s)?**

\_\_\_\_\_ years

**[Item 17]:** What was your answer to 17?

- How did you choose this answer?

Okay, now let's move on to the next questions. Please read and answer questions 18 and 19. Take as much time as you need and let me know when you are done.

**18. Do you have children living in your household who attend Head Start now?**

- Yes  
 No

**[Item 18]:** What did you answer for 18?

**IF YES:** Who did you include?

**19. Did you ever have a child in your household who attended Head Start?**

- Yes  
 No

**[Item 19]:** How did you answer 18?

**IF YES:** Who did you include?

Okay, now let's move on to the next questions. Please read and answer questions 20 - 24. Take as much time as you need and let me know when you are done.

The next set of questions asks about your background.

20. Are you of Hispanic or Latino origin?

[MARK ONLY ONE BOX.]

- Yes  
 No

21. 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

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

[MARK ONLY ONE BOX.]

- Yes  
 No

**PROBES:**

[Item 22]: What was your answer for question 22?

➤ Are you familiar with a CDA credential?

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

23. 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: \_\_\_\_\_

[Item 23]: What was your answer for question 23?

➤ Are you familiar with Family Development Credentials?

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

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

24. 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

**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 match the response options you wanted to answer, questions that didn't make sense to you, or anything 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?

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!**