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**MATHEMATICA**  
Policy Research



## Head Start Fall Parent Supplement Survey

*Fall 2014*

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Please see the Head Start Parent Core Survey for the main survey and placement of these items within the survey.

**M. INCOME AND HOUSING**

**M10. People do different things when they are running out of money for food to make their food or food money go further.**

**For each statement I read, tell me if it was often true, sometimes true, or never true for (you/your household) [(IF FALL 2014) In the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]] {INSERT a, b}**

BOX M10a  
IF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL "we", OTHERWISE, FILL "I"

	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE	DON'T KNOW	REFUSED
a. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.....	1	2	3	d	r
b. (I/We) couldn't afford to eat balanced meals.....	1	2	3	d	r

**M11. In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF M11=1}

M12. **How often did this happen? Would you say . . .**

- almost every month,.....1
- some months, but not every month, or.....2
- in only 1 or 2 months?.....3
- DON'T KNOW.....d
- REFUSED.....r

M13. **In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

M14. **In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

M15. **Please think about how you feel about your family's economic situation. For each statement, indicate how much you agree or disagree.**

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
<b>a. My family has enough money to afford the kind of home we need.....</b>	1	2	3	4	5	d	r
<b>b. We have enough money to afford the kind of clothing we need.....</b>	1	2	3	4	5	d	r
<b>c. We have enough money to afford the kind of food we need.....</b>	1	2	3	4	5	d	r

**d. We have enough money to afford the kind of medical care we need.....**

1	2	3	4	5	d	r
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M16. Think back over the past year. How much difficulty did you have with paying your bills each month? Would you say you had . . .

- a great deal of difficulty,.....1
- quite a bit of difficulty,.....2
- some difficulty,.....3
- a little difficulty or,.....4
- no difficulty at all?.....5
- DON'T KNOW.....d
- REFUSED.....r

M17. Think again over the past 12 months. Generally, at the end of each month do you end up with . . .

- not enough to make ends meet.....1
- almost enough to make ends meet.....2
- just enough to make ends meet.....3
- some money left over,.....4
- more than enough money left over?.....5
- DON'T KNOW.....d
- REFUSED.....r

Please see the Head Start Parent Core Survey for the main survey and placement of these items within the survey.

**P. CHILD HEALTH**

P4a. **Where does [CHILD] usually go if (he/she) is sick or you have concerns about (his/her) health?**

CODE ONLY ONE

- A PRIVATE DOCTOR, PRIVATE CLINIC,  
OR HMO.....1
- AN OUTPATIENT CLINIC RUN BY  
A HOSPITAL.....2
- THE EMERGENCY ROOM AT A HOSPITAL 3
- PUBLIC HEALTH DEPARTMENT  
OR COMMUNITY HEALTH CENTER.....4
- A MIGRANT HEALTH CLINIC.....5
- THE INDIAN HEALTH SERVICE.....6
- SOMEPLACE ELSE (SPECIFY).....7
- \_\_\_\_\_
- DON'T KNOW.....d
- REFUSED.....r

P5. **Where does [CHILD] usually go for routine medical care, like well-child care or regular check-ups?**

CODE ONLY ONE

- DOESN'T GET PREVENTIVE CARE/  
THERE IS NO REGULAR PLACE.....0 → GO TO P5b
  - A PRIVATE DOCTOR, PRIVATE CLINIC,  
OR HMO.....1
  - AN OUTPATIENT CLINIC RUN BY  
A HOSPITAL.....2
  - THE EMERGENCY ROOM AT A HOSPITAL 3
  - PUBLIC HEALTH DEPARTMENT  
OR COMMUNITY HEALTH CENTER.....4
  - A MIGRANT HEALTH CLINIC.....5
  - THE INDIAN HEALTH SERVICE.....6
  - SOMEPLACE ELSE (SPECIFY).....7
- 
- DON'T KNOW.....d
  - REFUSED.....r
- } → GO TO P5b

{IF P5=1, 2, 3, 4, 5, 6, 7}

P5a1. **Is that the same place [CHILD] usually goes when (he/she) is sick or you have concerns about (his/her) health?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

P8a. **Is there a particular dentist or dental clinic that you take [CHILD] for dental care or advice?**

- YES.....1
- NO.....2
- DON'T KNOW.....d
- REFUSED.....r