

OMB Control No: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Length of time for instrument: 1.25 hours

**ATTACHMENT 15: HOME VISITOR SURVEY\_  
BASELINE**

5/29/2012

## HOME VISITOR SURVEY - BASELINE

The U.S. Department of Health and Human Services has contracted with MDRC to evaluate the federal Maternal, Infant and Early Childhood Home Visiting program (MIECHV).

The Mother and Infant Home Visiting Program Evaluation (MIHOPE) is designed to build knowledge for policymakers and practitioners about the effectiveness of MIECHV.

Your answers will be kept confidential. Only the research team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. In our research reports, the information you provide will not be attributed by name to you or your individual program.

One objective of MIHOPE is to learn about the role of home visitors in home visiting programs.

We are requesting that you complete this survey because you are a home visitor in one of the home visiting programs participating in MIHOPE. Your answers will help us to understand your role in the home visiting program and your perspective on the home visiting program.

- It will take about 1 hour and 15 minutes to complete this survey.
- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.
- We would appreciate your response by DD/MM/YYYY.
- If you have questions at any time during the study, please call Alexander Vazquez at MDRC toll-free at 1-877-311-6372 or email [Alexander.vazquez@mdrc.org](mailto:Alexander.vazquez@mdrc.org).
- To thank you for your time, we will be sending you a gift card for \$30

## A. DEMOGRAPHICS

1. What was the highest level/degree you completed in school?

- Some High School, no degree [SKIP TO 3]
- High School/GED [SKIP TO 3]
- Vocational/technical training program
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree (e.g., MA, MS, MSW)
- Professional degree (e.g., LLB, LD, MD, DDS)
- Doctorate degree (e.g., PhD, EdD)

2. Field of study: CHECK ALL THAT APPLY. (Responses not limited to highest degree completed.)

- Child development
- Early childhood education
- Education
- Psychology
- Social work/Social welfare
- Nursing
- Other (specify)

3. Are you of Hispanic, Latino/a or Spanish origin? One or more categories may be selected.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Another Hispanic, Latino/a or Spanish origin

4. What is your race? One or more categories may be selected.

- 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
- Other

5. What is your age?

- Under 20 years
- 20-29
- 30-39
- 40-49
- 50-59
- 60 or older

6. What is your sex?

- Male
- Female

## B. EMPLOYMENT HISTORY

In this section, we would like to know about your employment history prior to working at [HV PROGRAM SITE].

1. Prior to your current position, did you have experience providing home visiting services to families?

- No [SKIP TO 4]
- Yes

2. In which models do you have prior experience providing home visiting services to families?  
CHECK ALL THAT APPLY.

- Nurse Family Partnership
- Parents as Teachers
- Healthy Families America
- Early Head Start
- Other (specify): \_\_\_\_\_

3. How many total years of experience do you have providing home visiting services?

- None
- Less than 1 year
- 1-2 years
- 3-5 years
- 5-10 years
- More than 10 years

4. Do you have prior experience working with high risk families in any of the following settings?  
CHECK ALL THAT APPLY.

- In-home child care  
 Daycare  
 Preschool  
 School, Grades K-12 (non-nurse)  
 After school program  
 Special education program  
 Nurse  
 School nurse  
 Home health care  
 Other health care  
 Social Services  
 Mentoring programs  
 Mental health agencies  
 Other

### C. CURRENT POSITION

1. When did you begin your present job as a home visitor?

\_\_\_\_\_Month \_\_\_\_\_Year

2. How many hours do you work in a typical week?

HOURS: \_\_\_\_\_

3. In a typical week, how do these [Q2 ANSWER] hours break down across these activities?

| Activities                             | Number of Hours |
|--|-----------------|
| Home visiting (including first visits) | _____           |
| Recruiting families                    | _____           |
| Preparing for home visits              | _____           |
| Travel to home visits                  | _____           |
| Transporting families                  | _____           |
| Initial assessments                    | _____           |
| Time spent on the phone                | _____           |
| Receiving supervision                  | _____           |
| Training                               | _____           |
| Group meetings                         | _____           |
| Manual paperwork                       | _____           |
| Data entry into computer               | _____           |
| Other (specify):                       | _____           |

4. How likely are you to leave your present job in the next 12 months?
- Very unlikely
  - Somewhat unlikely
  - Somewhat likely
  - Very likely

#### D. SERVICES PROVIDED

1. In what language(s) are you fluent enough to provide home visiting services? CHECK ALL THAT APPLY.
- English
  - Spanish
  - Other (specify): \_\_\_\_\_
2. How many families are in your current caseload? \_\_\_\_\_
3. Please rate the size of your current caseload:
- Lighter than you are able to handle
  - About right
  - Heavier than you are able to handle
4. In the past 6 months, how often have you had a caseload that was more than what you could handle effectively?
- Never
  - Rarely
  - Sometimes
  - Often
  - Nearly always
  - Always
5. Are you required to prepare home visit plans in advance of each visit? A home visit plan generally includes written documentation of planned visit content, focus areas, and discussion points along with documentation of handouts, materials, or resources to be provided.
- Yes
  - Not required, and I do not prepare home visit plans [SKIP TO 8]
  - Not required, but I do prepare home visit plans
6. About how often do you prepare home visit plans in advance of visits?
- Always
  - Nearly always
  - Often
  - Sometimes
  - Rarely
  - Never

7. Do you use a curriculum to prepare your home visit plans?
- Yes, what is the name of the curriculum? \_\_\_\_\_
  - No
8. Do you informally observe parents interacting with their child throughout the home visit?
- No [SKIP TO 13]
  - Yes
9. How often do you informally observe parents interacting with their child throughout the home visit?
- Almost every visit
  - Most visits
  - About half of visits
  - Some visits
  - Few visits
10. What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to manage problem behaviors? CHECK ALL THAT APPLY.
- Explore reasons for negative parenting behaviors
  - Suggest alternative approaches to parenting
  - Reinforce positive parenting behaviors
  - Not expected to give feedback
11. What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to promote cognitive and language skills? CHECK ALL THAT APPLY.
- Explore reasons for negative parenting behaviors
  - Suggest alternative approaches to parenting
  - Reinforce positive parenting behaviors
  - Not expected to give feedback
12. What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to promote social emotional development? CHECK ALL THAT APPLY.
- Explore reasons for negative parenting behaviors
  - Suggest alternative approaches to parenting
  - Reinforce positive parenting behaviors
  - Not expected to give feedback
13. Do you formally observe parents interacting with their child as a specific part of the home visit?
- No [SKIP TO SECTION F]
  - Yes

14. How often do you formally observe parents interacting with their child as a specific part of the home visit?

- Almost every visit
- Most visits
- About half of visits
- Some visits
- Few visits

15. In formal observation, do you use any specific tool(s) to assess the quality of parent-child interaction?

- Yes, what is the name of the tool(s)? \_\_\_\_\_
- No

16. Do you use video recording when formally observing parents interacting with their children?

- Yes
- No [SKIP TO 18]

17. Do you review the video recording with the family?

- Yes
- No

18. What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to manage problem behaviors? CHECK ALL THAT APPLY.

- Explore reasons for negative parenting behaviors
- Suggest alternative approaches to parenting
- Reinforce positive parenting behaviors
- Not expected to give feedback

19. What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to promote cognitive and language skills? CHECK ALL THAT APPLY.

- Explore reasons for negative parenting behaviors
- Suggest alternative approaches to parenting
- Reinforce positive parenting behaviors
- Not expected to give feedback

20. What types of feedback does your [HV PROGRAM SITE] expect you to give the parent about his/her interaction with the child to promote social emotional development? CHECK ALL THAT APPLY.

- Explore reasons for negative parenting behaviors
- Suggest alternative approaches to parenting
- Reinforce positive parenting behaviors
- Not expected to give feedback

## F. SUPERVISION

1. Do you have one-on-one supervision meetings with your supervisor? *Supervision meetings are meetings in which your supervisor provides you feedback or guidance on your home visiting caseload.*
  - Yes
  - No [SKIP TO 3]
  
2. About how often, on average, do you have one-on-one supervision meetings?
  - Weekly or more frequently
  - Every two weeks
  - Every three weeks
  - Monthly
  - Once every 1-3 months
  - Once every 4-6 months
  - Once a year
  - Never
  
3. Do you have group supervision meetings with your supervisor?
  - Yes
  - No [SKIP TO 5]
  
4. About how often, on average, do you have group supervision meetings?
  - Weekly or more frequently
  - Every two weeks
  - Every three weeks
  - Monthly
  - Once every 1-3 months
  - Once every 4-6 months
  - Once a year
  - Never
  
5. Do your supervisors or mentors ever go with you on visits to observe you or view video recordings of your home visits as part of supervision?
  - No [SKIP TO SECTION G]
  - Views video recordings only
  - Observes in person only
  - Views video recordings and observes in person

6. How many of your home visits have they viewed in the past 12 months, either in person or by watching video recordings?

- One
- Two
- Three
- Four
- Five
- Six to ten
- Eleven or more

7. When your supervisor observes you, how often does she give you feedback at any time (either right after the visit or sometime later)?

- Always
- Usually
- Sometimes
- Rarely
- Never

8. How helpful is the feedback to you?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not very helpful
- Not at all helpful

## G. TECHNOLOGY RESOURCES

1. Do you have laptops/tablets/iPads for use during home visits?

- Yes
- No

2. Do you have access to a computer at your office?

- Yes, I have access to my own computer at the office
- Yes, I have access to a shared computer at the office
- No

3. Does your center/office have Internet access available to you?

- Yes, I have reliable Internet access at the office
- Yes, I have Internet access at the office, but it is sometimes unreliable
- No, I do not have Internet access at the office

4. Do you document what happens during a home visit on paper forms?

- Yes
- No [SKIP TO 7]

5. How easy is it for you to document what happens during a home visit on paper forms?
- Very easy in all respects  
 Easy in most respects  
 Easy in some respects  
 Not at all easy
6. How easy is it for you to go back and retrieve information you might need from your paper forms?
- Very easy in all respects  
 Easy in most respects  
 Easy in some respects  
 Not at all easy
7. Do you document what happens during a home visit electronically?
- Yes, electronically on laptops/tablets/iPads during a home visit  
 Yes, electronically when I am at an office computer  
 Yes, both during a home visit and at the office  
 No [SKIP TO SECTION H]
8. How easy is it for you to document what happens during a home visit electronically?
- Very easy in all respects  
 Easy in most respects  
 Easy in some respects  
 Not at all easy
9. How easy is it for you to go back and retrieve information you might need from the electronic record?
- Very easy in all respects  
 Easy in most respects  
 Easy in some respects  
 Not at all easy

## H. WELL-BEING

**Instructions:** Thinking about your relationships in general, please indicate the extent to which you agree or disagree with each of the twenty-nine statements. The scale ranges from 1 (totally disagree) to 6 (totally agree). Please select only one response for each statement. There are no wrong or right answers; please select the answer that most generally applies to you.

|  | Totally<br>Disagree      | Strongly<br>Disagree     | Disagree                 | Agree                    | Strongly<br>Agree        | Totally<br>Agree         |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. I feel confident that other people will be there for me when I need them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | Totally<br>Disagre<br>e  | Strongly<br>Disagre<br>e | Disagre<br>e             | Agre<br>e                | Strongl<br>y Agree       | Totall<br>y<br>Agree     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. I prefer to depend on myself rather than other people.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I prefer to keep to myself.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Achieving things is more important than building relationships.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Doing your best is more important than getting on with others.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. If you've got a job to do, you should do it no matter who gets hurt.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. It's important to me that others like me.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I find it hard to make a decision unless I know what other people think. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My relationships with others are generally superficial.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Sometimes I think I am no good at all.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I find it hard to trust other people.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I find it difficult to depend on others.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I find that others are reluctant to get as close as I would like.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I find it relatively easy to get close to other people.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I find easy to trust others.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. I feel comfortable depending on other people.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. I worry that others won't care about me as much as I care about them.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. I worry about people getting too close.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|    |   | Totally<br>Disagre<br>e  | Strongly<br>Disagre<br>e | Disagre<br>e             | Agre<br>e                | Strongl<br>y Agree       | Totall<br>y Agree        |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 19 | I worry that I won't measure up to other people.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 | I have mixed feelings about being close to others.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 | I wonder why people would want to be involved with me.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 | I worry a lot about my relationships.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 | I wonder how I would cope without someone to love me.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 | I feel confident about relating to others.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 | I often feel left out or alone.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 | I often worry that I do not really fit with other people.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27 | Other people have their own problems, so I don't bother them with mine. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28 | If something is bothering me, others are generally aware and concerned. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29 | I am confident that other people will like and respect me.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Instructions:** For each statement, please choose which best describes how you have been feeling in the past week: Rarely or none of the time; some or a little of the time (1-2 days), occasionally (3-4 days), or most of the time (5-7 days).

|     |   | Rarely or<br>None of the<br>Time | Some or a<br>Little of<br>the Time<br>(1-2 days) | Occasionall<br>y<br>(3-4 days) | Most of<br>the Time<br>(5-7 days) |
|-----|---|----------------------------------|--|--------------------------------|-----------------------------------|
| 30. | I felt depressed.                           | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 31. | I felt that everything I did was an effort. | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |

|     |                                 | Rarely or<br>None of the<br>Time | Some or a<br>Little of<br>the Time<br>(1-2 days) | Occasionall<br>y<br>(3-4 days) | Most of<br>the Time<br>(5-7 days) |
|-----|---------------------------------|----------------------------------|--|--------------------------------|-----------------------------------|
| 32. | My sleep was restless.          | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 33. | I was happy.                    | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 34. | I felt lonely.                  | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 35. | People were unfriendly.         | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 36. | I enjoyed life.                 | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 37. | I felt sad.                     | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 38. | I felt that people disliked me. | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |
| 39. | I could not get going.          | <input type="checkbox"/>         | <input type="checkbox"/>                         | <input type="checkbox"/>       | <input type="checkbox"/>          |

## I. ORGANIZATIONAL SOCIAL CONTEXT MEASURE

**This is a copyrighted measure.** © The University of Tennessee Children's Mental Health services Research Center, 2006. Organizational Social Context (OSC). The scale may not be used without the express written consent of the Children's Mental Health Services Research Center.

## J. PROGRAM OUTCOMES

**Instructions:** In this section, we would like to learn how *staff members* perceive their program's intended outcomes. In general, a *program outcome* is a benefit to a child, parent, or family. For example, some programs might see the improvement of prenatal health as an important outcome.

Below is a list of possible outcomes for home visiting programs. We know your program may care about all of these benefits for your families. However, we would like to get a sense of which outcomes you think **your program** believes may be more important than others. We would like you to check the box that best represents what you think your program believes about the outcome.

**To help you decide on an outcome's rank, think about whether it is discussed routinely in training and supervision. Think about what staff in your agency are told about its importance. Check the box that best describes your program's ranking of this outcome.**

1. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting good prenatal health, such as diet, exercise, rest, and not smoking?

OMB Control No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          |                          | Moderate<br>Priority     |                          |                          |                          |                          | Highest<br>Priority      |

2. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing poor birth outcomes, such as pre-term birth and low birth weight?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          | Moderate<br>Priority     |                          |                          | Highest<br>Priority      |                          |                          |                          |

3. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting breastfeeding?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          | Moderate<br>Priority     |                          |                          | Highest<br>Priority      |                          |                          |                          |

4. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting maternal physical health outside of pregnancy, such as good nutrition, exercise, and rest?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          | Moderate<br>Priority     |                          |                          | Highest<br>Priority      |                          |                          |                          |

5. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting family planning and birth spacing?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          | Moderate<br>Priority     |                          |                          | Highest<br>Priority      |                          |                          |                          |

6. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing tobacco use?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          | Moderate<br>Priority     |                          |                          | Highest<br>Priority      |                          |                          |                          |

OMB Control No: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

7. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing mental health and substance use problems?

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a Priority at All    |                          |                          |                          |                          | Moderate Priority        |                          |                          | Highest Priority         |                          |                          |

8. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing domestic violence?

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a Priority at All    |                          |                          |                          |                          | Moderate Priority        |                          |                          | Highest Priority         |                          |                          |

9. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting family economic self-sufficiency, such as reaching goals for employment and education?

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a Priority at All    |                          |                          |                          |                          | Moderate Priority        |                          |                          | Highest Priority         |                          |                          |

10. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting child preventive care, such as having all recommended well-child visits, being up-to-date on immunizations, and having parents baby-proof their home to prevent injuries?

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a Priority at All    |                          |                          |                          |                          | Moderate Priority        |                          |                          | Highest Priority         |                          |                          |

11. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting positive parenting behaviors, such as nurturing, encouraging the child's learning, and using positive behavior management techniques?

|                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a                    |                          |                          |                          |                          | Moderate                 |                          |                          | Highest                  |                          |                          |

Priority  
at All

Priority

Priority

12. Considering all of the outcomes your program aims to achieve, how much of a priority is preventing and reducing child abuse and neglect?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          |                          | Moderate<br>Priority     |                          |                          |                          |                          | Highest<br>Priority      |

13. Considering all of the outcomes your program aims to achieve, how much of a priority is promoting child cognitive and language development and social- emotional well-being?

|                             |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0                           | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| Not a<br>Priority<br>at All |                          |                          |                          |                          | Moderate<br>Priority     |                          |                          |                          |                          | Highest<br>Priority      |

14. Please select the most appropriate response regarding your responsibilities for improving outcomes for parent(s):

- My responsibility is to improve outcomes for the mother.
- My responsibility is to improve outcomes for the mother and the father, if he is involved in child-rearing.

## K. PROGRAM REFERRALS

1. Overall, how would you rate your supervisor's guidance on how to make referrals for the community services your families need?

- Poor
- Fair
- Good
- Excellent
- Unsure

2. How do you usually arrange referrals with families?

- I arrange the referral myself nearly all of the time
- I arrange the referral myself most of the time
- I arrange the referral myself about half of the time
- The family arranges the referral about half of the time
- The family arranges the referral most of the time
- The family arranges the referral nearly all of the time

OMB Control No: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

In this section, Questions 3-7 are asked for each service type listed below, A-L.

**Service Type:**

- A. Prenatal Care**
- B. Maternal Preventive Care**
- C. Family Planning and Reproductive Health Care**
- D. Substance Use (Alcohol and other drugs) Treatment**
- E. Mental Health Treatment**
- F. Domestic Violence Shelter**
- G. Domestic Violence Counseling/Anger Management**
- H. Adult Education Services (including GED and ESL)**
- I. Job Training and Employment**
- J. Pediatric Primary Care**
- K. Childcare**
- L. Early Intervention Services**

3. Is there at least one organization which provides [SERVICE TYPE] in your area?

- No [SKIP TO Q3 FOR NEXT SERVICE TYPE]
- Yes

4. What is the name of the organization to which you most often make referrals for [SERVICE TYPE]?

- Not sure of the name [SKIP TO Q3 FOR NEXT SERVICE TYPE]
- The name is: \_\_\_\_\_

5. How easy or hard is it for the families you work with to get services from this agency?

- Unsure
- Very Easy
- Relatively Easy
- Relatively Difficult
- Very Difficult

6. Overall, how effective do you think this agency has been in meeting families' needs for [SERVICE TYPE]?

- Unsure
- Very effective
- Quite effective
- Somewhat effective
- Not effective at all

7. Overall, how would you rate how well you and this agency are able to share information about the families you refer?

- Poor
- Fair
- Good
- Excellent
- Unsure

[GO TO QUESTION 3 FOR NEXT SERVICE AREA]

## L. CONCERNS

Please express your agreement or disagreement with the statements below. We are interested in knowing your thoughts about the families you currently serve.

| <b>I am sometimes concerned it could hurt my relationship with a mother if I talk with her about....</b> | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Prenatal nutrition, exercise, and access to care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Her prenatal care provider's recommendations.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Her physical health habits and access to primary care outside of pregnancy.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Her family planning and birth spacing.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Her tobacco use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Her alcohol and other drug use.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Her mental health.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Her relationships with family and friends.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Partner violence.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Her plans for school and work  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The public benefits she receives and needs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Breastfeeding.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. How she manages her child's behavior.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Her child's development.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>I am sometimes concerned it could hurt my relationship with a mother if I talk with her about....</b> | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15. Home safety.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Her child's health care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Her child care arrangements.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## M. IMPACTS

Please express your agreement or disagreement with the statements below. We are interested in knowing your thoughts about families who are currently receiving services or who have completed the program.

| <b>I feel that as a result of the services my program site has provided....</b>    | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Expectant women are more likely to get adequate prenatal care.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. More expectant women have healthy nutrition and exercise habits while pregnant. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. More babies are born full-term and normal weight.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. More mothers have healthy eating and exercise habits outside of pregnancy.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Mothers are more likely to space their births.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Fewer mothers use tobacco.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Fewer mothers have problem alcohol and other drug use.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Mothers are better able to recognize and address mental health issues.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Fewer mothers are depressed.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Fewer mothers have high parenting stress.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Mothers are better able to recognize and address partner violence.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. More mothers develop relationships with people                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| I feel that as a result of the services my program site has provided....      | Strongly Agree           | Agree                    | Slightly Agree           | Neutral                  | Slightly Disagree        | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| they can count on.  |                          |                          |                          |                          |                          |                          |                          |
| 13. More mothers get the public benefits for which they qualify.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. More families become economically self sufficient.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Mothers are more likely to start and continue breastfeeding.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. More mothers use positive child behavior management techniques.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. More mothers support their children's cognitive and language development. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. More mothers support their children's social-emotional development.       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Children have better cognitive and language development.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. More children are securely attached.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Fewer children are abused or neglected.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Fewer homes have safety hazards.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. More children are up to date on their shots and well child care.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Fewer children have injuries requiring medical care.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## N. EXPECTATIONS

Think about the expectations that your supervisor has of you as a home visitor. Please express your agreement or disagreement with the statements below.

| My supervisor expects me to help mothers...   | Strongly Agree           | Agree                    | Slightly Agree           | Neutral                  | Slightly Disagree        | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>My supervisor expects me to help mothers...</b>  | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Space their births.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Reduce their tobacco use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recognize and deal with problem alcohol and other drug use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognize and deal with mental health issues.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Recognize and deal with partner violence.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Get the public benefits for which they qualify.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Become economically self-sufficient.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Start and continue breastfeeding.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Use positive child behavior management techniques.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Support their children's cognitive and language development.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Support their children's social-emotional development.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Baby-proof their homes.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Secure high quality child care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Make sure their children are up to date on shots and well child care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## O. EFFECTIVENESS

Please express your agreement or disagreement with the statements below. We are interested in knowing your thoughts about the families you currently serve.

| <b>I feel I am effective in helping mothers....</b>   | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>I feel I am effective in helping mothers....</b>   | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2. Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Space their births.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Reduce their tobacco use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recognize and deal with problem alcohol and other drug use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognize and deal with mental health issues.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Recognize and deal with partner violence.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Get the public benefits for which they qualify.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Become economically self-sufficient.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Start and continue breastfeeding.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Use positive child behavior management techniques.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Support their children's cognitive and language development.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Support their children's social-emotional development.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Baby-proof their homes.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Secure high quality child care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Make sure their children are up to date on shots and well child care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## P. COMFORT

Please express your agreement or disagreement with the statements below. We are interested in knowing your thoughts about the families you currently serve.

| <b>I feel comfortable talking with mothers about....</b>  | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Their prenatal health habits and use of prenatal care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Their health habits and use of                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| I feel comfortable talking with mothers about....                           | Strongly Agree           | Agree                    | Slightly Agree           | Neutral                  | Slightly Disagree        | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| primary care outside of pregnancy.  |                          |                          |                          |                          |                          |                          |                          |
| 3. Family planning and birth spacing.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Their tobacco use.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Their alcohol and other drug use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Their mental health issues.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Partner violence.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Their need for and use of public benefits.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Becoming economically self-sufficient.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Breastfeeding.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Child behavior management techniques.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Supporting their child's cognitive and language development.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Supporting their child's social-emotional development.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Baby-proofing their homes.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Securing high quality child care.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Making sure their children are up to date on shots and well child care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Q. TRAINING

Think about your training and the families that receive home visiting at your program site. Please express your agreement or disagreement with the statements below.

| I feel I am adequately trained to help mothers....  | Strongly Agree           | Agree                    | Slightly Agree           | Neutral                  | Slightly Disagree        | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Space their births.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>I feel I am adequately trained to help mothers....</b>                 | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Reduce their tobacco use   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recognize and deal with problem alcohol and other drug use.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognize and deal with mental health issues.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Recognize and deal with partner violence.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Get the public benefits for which they qualify.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Become economically self-sufficient.                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Start and continue breastfeeding.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Use positive child behavior management techniques.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Support their children's cognitive and language development.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Support their children's social-emotional development.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Baby-proof their homes.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Secure high quality child care.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Make sure their children are up to date on shots and well child care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## R. STRATEGIES AND TOOLS

Think about the strategies and tools provided by your program site. Please express your agreement or disagreement with the statements below.

| <b>My program gives me useful strategies and tools to help mothers....</b>  | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Space their births.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>My program gives me useful strategies and tools to help mothers....</b> | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Reduce their tobacco use.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recognize and deal with problem alcohol and other drug use.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognize and deal with mental health issues.                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Recognize and deal with partner violence.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Get the public benefits for which they qualify.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Become economically self-sufficient.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Start and continue breastfeeding.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Use positive child behavior management techniques.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Support their children's cognitive and language development.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Support their children's social-emotional development.                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Baby-proof their homes.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Secure high quality child care.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Make sure their children are up to date on shots and well child care.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## S. FEEDBACK

Think about the feedback that you receive from your supervisor. Please express your agreement or disagreement with the statements below.

| <b>My supervisor gives me positive and constructive feedback on how I work with mothers to....</b>                | <b>Strongly Agree</b>    | <b>Agree</b>             | <b>Slightly Agree</b>    | <b>Neutral</b>           | <b>Slightly Disagree</b> | <b>Disagree</b>          | <b>Strongly Disagree</b> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have a healthy lifestyle prenatally, such as good nutrition, exercise and prenatal care.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Develop a healthy lifestyle outside of pregnancy, such as good nutrition, exercise and preventive health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| My supervisor gives me positive and constructive feedback on how I work with mothers to.... | Strongly Agree           | Agree                    | Slightly Agree           | Neutral                  | Slightly Disagree        | Disagree                 | Strongly Disagree        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 3. Space their births.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Reduce their tobacco use.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Recognize and deal with problem alcohol and other drug use.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Recognize and deal with their mental health issues.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Recognize and deal with partner violence.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Get the public benefits for which they qualify.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Become economically self-sufficient.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Start and continue breastfeeding.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Use positive child behavior management techniques.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Support their children's cognitive and language development.                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Support their children's social-emotional development.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Baby-proof their homes.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Secure high quality child care.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Make sure their children are up to date on shots and well child care.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## T. MIECHV

The following questions are about how your program has changed recently as a result of MIECHV funding. Please check the box which is closest to how you feel.

At the present time, as a result of MIECHV,

1. My work is...

Easier than before




About the same as before




Harder than before

2. My role is...

Clearer than before

About the same as

Less clear than before

before

3. My responsibilities are...

Greater  
than before

About the  
same as  
before

Less than  
before

4. My program site operates...

More  
efficiently  
than before

About the  
same as  
before

Less  
efficiently  
than before

5. The time I spend on documentation is...

Greater  
than before

About the  
same as  
before

Less than  
before

6. The quality of the services my site provides is...

Higher than  
before

About the  
same as  
before

Lower than  
before

7. My program's benefits for families are...

Broader  
than before

About the  
same as  
before

Narrower  
than before

## U. FACTORS FOR SERVICE DELIVERY

The following questions are about your role as a home visitor. Please check the box which is closest to how you feel.

1. There is too little time in a home visit to do all the things that my program expects me to do.        I often have to search for things to do in order to fill up an hour.
  
2. My role in promoting positive parenting is too rigidly defined; I don't have the flexibility I need to tailor services.        My role in promoting positive parenting is not defined well enough; I don't know what I am expected to do with families.
  
3. My role in addressing parenting risks is too rigidly defined; I don't have the flexibility I need to tailor services.        My role in addressing parenting risks is not defined well enough; I don't know what I am expected to do with families.

- |     |   |  |  |
|-----|---|--|--|
| 4.  | My role in promoting family economic self-sufficiency is too rigidly defined; I don't have the flexibility I need to tailor services. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | My role in promoting family economic self-sufficiency is not defined well enough; I don't know what I am expected to do with families.   |
| 5.  | My program defines service tailoring completely and provides training to build home visitors' skills in tailoring.                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | My program does not define service tailoring very clearly and does not provide training in building home visitors' skills in tailoring.  |
| 6.  | It is clear to me which parts of my job are the most important to carry out with each family.   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | It is hard for me to decide which parts of my job are the most important to carry out with each family.  |
| 7.  | My role is only to help the mother address issues that she herself already recognizes.  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | My role is to help the mother address issues she already recognizes <u>AND</u> to help her recognize and address those she does not yet recognize.   |
| 8.  | My role is only to help mothers who are already motivated to take action.   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | My role is both to help mothers who are already motivated to take action <u>AND</u> to motivate those who are not yet ready to take action.  |
| 9.  | My role is to promote positive parenting only by reinforcing the positive parenting behaviors that I see.                             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | My role is to promote positive parenting <u>BOTH</u> by reinforcing the positive behaviors that I see <u>AND</u> to promote the mother's use of alternative approaches to negative parenting that I see. |
| 10. | My role is to promote positive parenting only by reinforcing appropriate parenting attitudes and beliefs.                             | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | My role is to promote positive parenting by <u>BOTH</u> reinforcing appropriate parenting attitudes and beliefs <u>AND</u> to influence mothers to change inappropriate parenting attitudes and beliefs. |

OMB Control No: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

- |    |  |  |  |
|----|--|--|--|
| 11 | All the activities of my role fit together in a way that makes sense.  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | It is hard to see how all the activities of my role fit together.  |
| 12 | All of the activities I am expected to carry out with families are important.                                      | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | I question the value of many of the activities I am expected to carry out with families.   |
| 13 | It is clear how working toward one program goal with a family helps achieve the other program goals as well.       | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | The goals of my program don't fit together well; working toward one program goal is a distraction from working toward other program goals. |
| 14 | My supervisor guides me in how to tailor services to each family.  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | I am on my own in deciding how to tailor services to each family.  |
| 15 | My supervisor guides me in how to work with families when their goals are different from our program site's goals. | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | I am on my own in deciding how to balance program goals and family goals.  |

## V. CHALLENGING SITUATIONS

### INSTRUCTIONS:

There are many situations that create difficulties for home visitors in carrying out activities with families. For each question, please indicate how confident you are in carrying out each activity. The scale ranges from 0 to 10.

|                  |   |   |   |   |                           |   |   |   |   |                       |
|------------------|---|---|---|---|---------------------------|---|---|---|---|-----------------------|
| 0                | 1 | 2 | 3 | 4 | 5                         | 6 | 7 | 8 | 9 | 10                    |
| Cannot do at all |   |   |   |   | Moderately certain can do |   |   |   |   | Highly certain can do |

1. When another family member gives the expectant mother conflicting information about prenatal health, how confident do you feel helping the expectant mother follow the prenatal care provider's recommendations?

0    1    2    3    4    5    6    7    8    9    10

2. When the parent seems unmotivated, how confident do you feel helping the expectant mother follow the prenatal care provider's recommendations?

0    1    2    3    4    5    6    7    8    9    10

3. When the family's culture does not believe in contraception, how confident do you feel promoting family planning and birth spacing?  
0 1 2 3 4 5 6 7 8 9 10
4. When the parent has incorrect information or is confused about contraception options, how confident do you feel promoting family planning and birth spacing?  
0 1 2 3 4 5 6 7 8 9 10
5. When another family member does not believe that the parent's substance abuse problem is a concern, how confident do you feel getting the parent to seek help for a substance abuse problem?  
0 1 2 3 4 5 6 7 8 9 10
6. When the parent does not acknowledge a substance abuse problem, how confident do you feel getting the parent to seek help for a substance abuse problem?  
0 1 2 3 4 5 6 7 8 9 10
7. When another family member does not believe that the parent's mental health problem is a concern, how confident do you feel getting the parent to seek help for a mental health problem?  
0 1 2 3 4 5 6 7 8 9 10
8. When the parent does not acknowledge a mental health problem, how confident do you feel getting the parent to seek help for a mental health problem?  
0 1 2 3 4 5 6 7 8 9 10
9. When the parent lacks support from other family members, how confident do you feel helping the parent make a plan to deal with a violent relationship?  
0 1 2 3 4 5 6 7 8 9 10
10. When the parent is afraid to address the issue, how confident do you feel helping the parent make a plan to deal with a violent relationship?  
0 1 2 3 4 5 6 7 8 9 10
11. When another family member does not support the parent's school or work goals, how confident do you feel problem solving with the parent to overcome barriers to school or work?  
0 1 2 3 4 5 6 7 8 9 10
12. When the parent seems unmotivated, how confident do you feel problem solving with the parent to overcome barriers to school or work?  
0 1 2 3 4 5 6 7 8 9 10
13. When another family member gives the parent conflicting information about how to parent, how confident do you feel motivating the parent to adopt positive parenting techniques?  
0 1 2 3 4 5 6 7 8 9 10

14. When the parent feels uncomfortable or silly interacting or talking with an infant, how confident do you feel motivating the parent to adopt positive parenting techniques?

0      1      2      3      4      5      6      7      8      9      10

15. When another family member gives the parent conflicting information about the child's health, how confident do you feel helping the parent follow the pediatric primary care provider's recommendations?

0      1      2      3      4      5      6      7      8      9      10

16. When the parent seems unmotivated, how confident do you feel helping the parent follow the pediatric primary care provider's recommendations?

0      1      2      3      4      5      6      7      8      9      10

## W. HEALTH CARE SERVICES

1. Does your program expect you to assure that the mother has health care coverage or access to a clinic that provides free or low-cost care?

- No  
 Yes

2. Has your program provided you with excellent training in how to assure that the mother has health care coverage or access to a clinic that provides free or low-cost care?

- No  
 Yes

3. Does your program have resources available to help you assure that the mother has health care coverage or access to a clinic that provides free or low-cost care?

- No  
 Yes

4. Does your program expect you to assure that the child has health care coverage or access to a clinic that provides free or low-cost care?

- No  
 Yes

5. Has your program provided you with excellent training in how to assure that the child has health care coverage or access to a clinic that provides free or low-cost care?

- No  
 Yes

6. Does your program have resources available to help you assure that the child has health care coverage or access to a clinic that provides free or low-cost care?

- No  
 Yes

## X. RESOURCES AVAILABLE TO YOU

**Instructions:** Next, we are interested in the guidance you receive from supervisors or other sources about your work as a home visitor. In this section, Questions 1-5 are asked for each service area listed below, A-H.

**Service Area:**

- A. Prenatal Health
- B. Maternal Physical Health
- C. Substance Use
- D. Stress and Mental Health
- E. Healthy Adult Relationships
- F. Family Economic Self-Sufficiency
- G. Parenting to Support Child Development
- H. Parenting to Support Child Health

1. How often does your supervisor give you guidance about [SERVICE AREA]?

- Never [SKIP TO 3]
- Once a week
- Once every two weeks
- Once a month
- Once every couple of months
- Once every 6 months
- Once a year
- Less frequently than once a year

2. How helpful is your supervisor's guidance concerning [SERVICE AREA]?

- Never helpful
- Rarely helpful
- Sometimes helpful
- Frequently helpful
- Always helpful

3. Not including your supervisor, do you have easy access to one or more professionals to consult with about [SERVICE AREA]?

- No [SKIP TO Q1 FOR NEXT SERVICE AREA]
- Yes
- Not sure [SKIP TO Q1 FOR NEXT SERVICE AREA]

4. Have you accessed these professionals in the past six months?

- No [SKIP TO Q1 FOR NEXT SERVICE AREA]
- Yes

5. How helpful are these professionals to you?

- Never helpful  
 Rarely helpful  
 Sometimes helpful  
 Frequently helpful  
 Always helpful

[GO TO Q1 FOR NEXT SERVICE AREA]

## Y. RATING OF SUPERVISION

1. For this question, we would like you to think about what occurs day-to-day at your work place. Read the following statements and consider how true they are for you and your place of employment. Please rank the following statements on a scale with 1 being the lowest and 5 being the highest:

|  | Lowest                   |                          |                          |                          |                          | Highest |  |  |  |  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--|--|--|--|
|  | 1                        | 2                        | 3                        | 4                        | 5                        |         |  |  |  |  |
| a. I have adequate support from my supervisor to make appropriate decisions in my day-to-day work.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| b. My supervisor encourages my input and respects my ideas.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| c. My supervisor is responsive to me.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| d. My supervisor is knowledgeable about the specific work I do (e.g., issues related families and children). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |

2. This question asks you to think about your direct supervisor. The chart below lists traits that may or may not describe your supervisor. Please rank the following traits for your supervisor on a scale with 1 being the lowest and 5 being the highest:

|  | Lowest                   |                          |                          |                          |                          | Highest |  |  |  |  |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|--|--|--|--|
|  | 1                        | 2                        | 3                        | 4                        | 5                        |         |  |  |  |  |
| a. Positive attitude                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| b. Team player/inclusivity of decision making    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| c. Approachability                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| d. Patience                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| e. Understanding and empathy                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| f. Ability to set boundaries                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| g. Respectfulness                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| h. Supportive advocate for staff                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |
| i. Appreciative of individual skills, needs, and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |  |  |  |  |

| interests |   |                          |                          |                          |                          |                          |
|-----------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| j.        | Accessible                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k.        | Helps me solve problems and get information | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Instructions:** The following table describes areas towards which supervisors work at becoming successful. Think about your direct supervisor and rank how strong you believe they are in each of these areas. Use the description below of each ranking to understand what each number means. If you have never observed your supervisor in this area, select N/A.

Rankings are defined as:

1. Serious Issue – A pressing need to address.
2. Weakness – Results have fallen short in this area.
3. Skilled/OK – The manager does what is expected and is about the same as most others.
4. Talented – Notable strength in this area; manager is better than most and could be a coach in this area.
5. Towering Strength – Manager is outstanding in this area and is a role model.

|   | 1<br>Serious Issue       | 2<br>Weakness            | 3<br>Skilled /OK         | 4<br>Talented            | 5<br>Towering Strength   | N/A                      |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>a Listening:</b>   |                          |                          |                          |                          |                          |                          |
| Practices attentive and active listening. Has patience to hear people out. Can accurately restate the opinions of others even when not in agreement.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b Composure:</b>   |                          |                          |                          |                          |                          |                          |
| Is cool under pressure. Does not become defensive or irritated when times are tough. Is considered mature. Can be counted to hold things together during tough times. Can handle stress. Is not knocked off balance by the unexpected. Is a settling influence in a crisis. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c Decision-Making Ability:</b>   |                          |                          |                          |                          |                          |                          |
| Makes good decisions based on a mixture of analysis, wisdom, experience, and judgment. Most solutions or suggestions turn out to be correct and accurate. Sought out by others for advice.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>d Sociocultural Diversity:</b>   |                          |                          |                          |                          |                          |                          |
| Deals effectively with all races, nationalities, cultures, disabilities, and ages, and both sexes. Supports fair and equal treatment for all. Is aware of   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 1       | 2    | 3     | 4        | 5        |     |
|---------|------|-------|----------|----------|-----|
| Serious | Weak | Skill | Talented | Strong   | N/A |
| Issue   | ness | /OK   |          | Strength |     |

sociocultural issues and their effect on clients and colleagues. Makes room for sociocultural discussion in team discussions.

**e Knowledge Base**

Has mastery of the content of early childhood development and early childhood mental health. Knows how to engage families and is effective at intervention strategies. Is a resource for other team members. Shares knowledge readily and effectively.

     
**f. Directing/Supervising Others:**

Is good at establishing clear guidelines. Sets stretch goals. Distributes workload appropriately. Lays out work in a well-planned manner. Maintains two-way dialogue. Brings out the best in people. Is a clear communicator. Provides support as needed. Helps others meet their goals.

     
**g Informing:**

Provides the information people need to know to do their jobs and feel good about being a member of the team. Provides individuals with information so that they can make accurate decisions. Is timely with information.

     
**h Motivating Others:**

Knows what motivates others or how to do it. People who work with the supervisor want to do their best. Empowers others. Many people want to work for this leader. Is a good reader of others. Motivates others.

     
**i. Training Ability:**

Conceptualizes and organizes ideas for effective learning. Balances content and process in training. Is able to create training materials that are helpful to others. Is able to present ideas to a diverse group. Is well prepared. Facilitates training well.