OMB # : 0970-0151

Expiration Date: X/XX/2017

**FACES 2014-2018**

**Experiences in Head Start**

**Head Start Fall Parent Supplement Survey**

***Fall 2014***

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

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| **M. INCOME AND HOUSING** |

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

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

|  |
| --- |
| BOX M10aIF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL “we”, OTHERWISE, FILL “I” |

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

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

YES 1

NO 0

DON’T KNOW d

REFUSED r

{IF M11=1}

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

**almost every month,** 1

**some months, but not every month, or** 2

**in only 1 or 2 months?** 3

DON’T KNOW d

REFUSED r

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

YES 1

NO 0

DON’T KNOW d

REFUSED r

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

YES 1

NO 0

DON’T KNOW d

REFUSED r

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Stronglyagree | Agree | Neutral | Disagree | Stronglydisagree | Don’t Know | Refused |
| **a. My family has enough money to afford the kind of home we need.**  | 1 | 2 | 3 | 4 | 5 | d | r |
| **b. We have enough money to afford the kind of clothing we need.**  | 1 | 2 | 3 | 4 | 5 | d | r |
| **c. We have enough money to afford the kind of food we need.**  | 1 | 2 | 3 | 4 | 5 | d | r |
| **d. We have enough money to afford the kind of medical care we need.**  | 1 | 2 | 3 | 4 | 5 | d | r |

M16. **Think back over the past year. How much difficulty did you have with paying your bills each month? Would you say you had . . .**

**a great deal of difficulty,** 1

**quite a bit of difficulty,** 2

**some difficulty,** 3

**a little difficulty or,** 4

**no difficulty at all?** 5

DON’T KNOW d

REFUSED r

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

**not enough to make ends meet** 1

**almost enough to make ends meet** 2

**just enough to make ends meet** 3

**some money left over,** 4

**more than enough money left over?** 5

DON’T KNOW d

REFUSED r

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

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| P. CHILD HEALTH |

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

 CODE ONLY ONE

A PRIVATE DOCTOR, PRIVATE CLINIC,

OR HMO 1

AN OUTPATIENT CLINIC RUN BY

A HOSPITAL 2

THE EMERGENCY ROOM AT A HOSPITAL 3

PUBLIC HEALTH DEPARTMENT

OR COMMUNITY HEALTH CENTER 4

A MIGRANT HEALTH CLINIC 5

THE INDIAN HEALTH SERVICE 6

SOMEPLACE ELSE (SPECIFY) 7

DON’T KNOW d

REFUSED r

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

 CODE ONLY ONE

DOESN’T GET PREVENTIVE CARE/

THERE IS NO REGULAR PLACE 0 GO TO P5b

A PRIVATE DOCTOR, PRIVATE CLINIC,

OR HMO 1

AN OUTPATIENT CLINIC RUN BY

A HOSPITAL 2

THE EMERGENCY ROOM AT A HOSPITAL 3

PUBLIC HEALTH DEPARTMENT

OR COMMUNITY HEALTH CENTER 4

A MIGRANT HEALTH CLINIC 5

THE INDIAN HEALTH SERVICE 6

SOMEPLACE ELSE (SPECIFY) 7

DON’T KNOW d

 GO TO P5b

REFUSED r

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

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

YES 1

NO 0

DON’T KNOW d

REFUSED r

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

YES 1

NO 2

DON’T KNOW d

REFUSED r