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Policy Research



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**FACES 2014-
2018**
Experiences in Head Start
Spring 2015
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(orker Interview)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0151. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

A. INTRODUCTION

Hello, my name is _____. Today, I will be asking you some questions for the FACES Family Engagement Study. Information from this study will be used to help Head Start better serve all children and their families. I will ask some questions about your experiences related to working with families in your Head Start program. I will also ask you several questions about your background and about the ways the program helps to support children's learning and development. When thinking about development, I'd like for you to consider children's learning, behavior, and physical health and well-being.

This interview will last approximately one hour. All of the information that you share with me will be kept private. Your name will not be attached to any of the information you give us. No one from your program will see or hear your responses.

During the interview, I will be taking some notes about our discussion. You may stop me at any time and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions. To help me keep track of your responses to the questions, I will audio record our conversation. Again, this information will not be shared with anyone from your program; it is just meant to serve as a record of what you and I discussed. Is that okay?

Do you have any questions before we begin the interview?

BEGIN AUDIO RECORDING. STATE THE FOLLOWING BEFORE YOU BEGIN THE INTERVIEW:

- INTERVIEWER NAME
- TODAY'S DATE
- PARTICIPANT MPRID: |_|_|_|_|_|_|_|_|
- INTERVIEW FORM: FORM A FORM B

B. OPPORTUNITIES FOR FAMILY ENGAGEMENT

I would like to begin by asking you about ways the program encourages families' involvement in activities that support their child's learning and development. This includes activities that parents participate in at the program, at home, or in their community.

B1. What are some of the activities that your program offers for getting families involved *at the program*?

- IF POLICY COUNCIL OR COMMITTEES NOT MENTIONED, ASK:

B1A. What types of leadership activities does the program encourage families to get involved in?

B2. Does the program encourage parents to suggest activities they'd like to be involved in at the program?

- IF YES, ASK:

B2A. What are some of the ways parents are encouraged to share their ideas?

B3. Beyond what you have already mentioned, does the program encourage parents to share their opinions about program policies and procedures in other ways?

- IF YES, ASK:

B3A. How so?

B4. What are some types of things that your program suggests families do *outside of the program* to support their child's learning and development? This includes activities parents can do with their child at home or in their community.

B5. Thinking about the activities we have discussed so far, how is information about these opportunities shared with families?

Now, I'd like to hear about ways your program tries to work with and engage specific types of parents or families. For each of the groups that I will ask about, I'd like to hear if your program offers information or activities to get parents and families involved in program activities and in their child's learning and development.

B6. What are some ways that your program tries to engage families from different cultural and language backgrounds?

B6A. How successful have these efforts been in getting these families involved?

B7. What are some ways that your program tries to engage families who have a child with a disability?

B7A. How successful have these efforts been in getting these families involved?

B8. What are some ways that your program tries to engage fathers or father-figures?

B8A. How successful have these efforts been in getting fathers or father-figures involved?

B9. What are some ways that your program tries to engage families who have many risk factors or challenges?

INTERVIEWER NOTE: RISK FACTORS ARE CIRCUMSTANCES THAT ARE COMMONLY RELATED TO POOR CHILD AND FAMILY OUTCOMES. SOME EXAMPLES ARE BEING A TEEN MOTHER, LACK OF SOCIAL OR FINANCIAL SUPPORT, PARENT MENTAL HEALTH PROBLEMS, AND HOMELESSNESS.

B9A. How successful have these efforts been in getting these families involved?

B10. What information or activities does your program offer for families who are transitioning from the program to some other early learning center or setting?

INTERVIEWER NOTE: TRANSITIONS INCLUDE THOSE FROM HEAD START TO SOME OTHER PRESCHOOL SETTING AND HEAD START TO KINDERGARTEN.

B11. Which staff are responsible for supporting families during transitions? For example, which staff meet with parents to discuss plans or share information about transitions?

B11A. When do these discussions or activities with transitioning families begin, and how long are families involved in them?

C. PROGRAM SUPPORTS FOR FAMILY ENGAGEMENT AND SERVICE RECEIPT

Now, I would like to ask you a few questions about the resources and support staff members receive from the program for working with families and getting them engaged in the program and in their child's learning and development. We also want to hear about supports staff receive for getting families the services that they need. As a reminder, when thinking about children's development, I'd like for you to consider their learning, behavior, and physical health and well-being.

- C1. Which staff are responsible for getting families involved in program activities and in their children's learning and development?
- C2. What are some examples of ways that staff work together to get families involved?
- C3. What types of resources and support do you receive to help involve families in program activities and in their child's learning and development?

INTERVIEWER NOTE: IF RESPONDENT DISCUSSES TRAINING OPPORTUNITIES PROVIDED BY THE PROGRAM MORE BROADLY (AND THAT DO NOT SPECIFICALLY ADDRESS RESOURCES/SUPPORT AVAILABLE TO STAFF FOR ENGAGING FAMILIES IN PROGRAM ACTIVITIES), REFOCUS THE RESPONDENT BY ASKING: "CAN YOU TELL ME SPECIFICALLY ABOUT RESOURCES AND SUPPORT YOU RECEIVE FOR ENGAGING FAMILIES IN ACTIVITIES THAT SUPPORT THEIR CHILD'S LEARNING AND DEVELOPMENT?"

- C3A. Of the supports you just mentioned, which do you think are most helpful for staff and why?
 - C3B. Are there any additional supports that would help staff involve families in the program and in their child's learning and development?
- C4. We've been talking about how staff involve families in program activities; now let's talk about how staff help families get the services they need. What staff are responsible for helping families get needed services?
- C5. What are some examples of ways that staff work together to help families get the services they need?

C6. What types of resources and support do you receive to connect families to needed resources and services?

INTERVIEWER NOTE: IF RESPONDENT DISCUSSES TRAINING OPPORTUNITIES PROVIDED BY THE PROGRAM MORE BROADLY (AND THAT DO NOT SPECIFICALLY ADDRESS RESOURCES/SUPPORT AVAILABLE TO STAFF FOR GETTING FAMILIES THE SERVICES THEY NEED), REFOCUS THE RESPONDENT BY ASKING: "CAN YOU TELL ME SPECIFICALLY ABOUT RESOURCES AND SUPPORT YOU RECEIVE FOR CONNECTING FAMILIES TO THE SERVICES THEY NEED?"

- C6A. Of the supports you just mentioned, which do you think are most helpful for staff and why?**
 - C6B. Are there any additional supports that would help staff connect families to needed resources and services?**
- C7. How does your program track the referrals and/or resources families receive?**
- C8. How does the program follow-up with families who are referred for services?**
- C9. Based on your experiences, to what extent do families follow through with the referrals they are provided?**
- C10. Do you think the referral process in your program works well? Why or why not?**
- C10A. Could it be improved, and if so, how?**

D. WORKING WITH FAMILIES

VERSION BOX D1
IF FORM = A, ADMINISTER ITEMS IN SECTION D.
ELSE, GO TO SECTION E.

These next questions are about your experiences working with families, including how you work with families to meet their service-related needs and work toward identified goals.

- D1. **How often do you meet with or talk to families one-on-one?**
- D2. **What types of things do you talk about with families?**
- D3. **Thinking about the families you work with, what are some of the formal goals parents have for their children?**
- D4. **Tell me about some of the formal goals parents have for themselves.**
- D5. **How do you work with families to identify specific goals?**
 - D5A. **Once goals have been identified, how do you work together with families to determine steps to reach those goals?**
- D6. **When a family needs resources or services for themselves or their child, how do you involve and work with the family to meet those needs?**
- D7. **When there is an issue related to a child's learning and development, how do you involve and work with the family?**

E. COMPONENTS OF COMMUNITY ENGAGEMENT

VERSION BOX E1
IF FORM = B, ADMINISTER ITEMS IN SECTION E.
ELSE, GO TO SECTION F.

My next questions are about activities offered by your program for families to get to know one another and ways that your program encourages families to get involved in their community.

- E1. How does your program work with community partners to help families access services or receive referrals?**
- E2. What activities are offered by the program for families to get to know one another?**
- E3. What opportunities does the program provide for families to get to know other families who are also transitioning from the program to some other early learning center or setting?**

INTERVIEWER NOTE: TRANSITIONS INCLUDE THOSE FROM HEAD START TO SOME OTHER PRESCHOOL SETTING AND HEAD START TO KINDERGARTEN.

- E4. Does the program encourage families to get involved in activities *outside of the program*, such as local events or volunteer work in the community?**
 - IF YES, ASK:
E4A. How so?
- E5. Does the program encourage families to get involved in internships or job training opportunities in the community?**
 - IF YES, ASK:
E5A. How so?
- E6. Does the program encourage families to get involved in learning opportunities in the community, such as going to school or college or taking English as a second language classes?**
 - IF YES, ASK:
E6A. How so?
- E7. Sometimes things happen in our neighborhood or community that we want to change or improve. Does the program encourage families to speak out in the community to change or influence decisions that are made?**
 - IF YES, ASK:
E7A. How so?

- E8. **Beyond what we have discussed so far, are there other ways that your program encourages families to get involved in the community?**
- E9. **What types of resources and support does the program provide to help staff get parents involved in the community?**
- E9A. **What forms of support do you think are the most helpful for staff and why?**

STOP AUDIO RECORDING.

- ADMINISTER THE REMAINDER OF THE FAMILY SERVICE WORKER INTERVIEW.

F. PARENT-STAFF RELATIONSHIP AND COMMUNICATION

Now we would like to ask about the Head Start families you support. Some of these questions will be about how you and the families you support communicate and work together. We would also like to ask about your activities as a Family Service Worker. By Family Service Worker we mean someone who helps families identify their goals for themselves and their child; connect families to resources and services that support the family and the child; and help with enrollment, screening, and referrals. Family Service Workers are also known by many different names and titles; some examples include Family Services Staff, Family Advocates, Home Visitors, and Family Services Coordinator. First, we would like to learn about how you and the families in your program work together.

F1. Since September, how many of the families you serve have you directly helped in any of the following ways. [INSERT ITEM a-e].

PROBE: Would you say none, some, most, or all?

	None	Some	Most	All	Don't Know	Refused
a. Encouraged families to seek or receive services?	0	1	2	3	d	r
b. Followed up with families about whether services they have received met their needs?	0	1	2	3	d	r
c. Made appointments or arrangements for families to receive services they need?	0	1	2	3	d	r
d. Helped families find services they need?	0	1	2	3	d	r
e. Advocated on behalf of families to ensure that outside service providers are responsive?	0	1	2	3	d	r

F2. Since September, how often have you been able to do the following? For each one, please tell me whether it was never, rarely, sometimes, or very often. How often have you...

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say never, rarely, sometimes, or very often?**

	Never	Rarely	Sometimes	Very often	Don't know	Refused
a. Followed up with parents about goals they set for their child	0	1	2	3	d	r
b. Followed up with parents about goals they set for themselves	0	1	2	3	d	r
c. Offered parents ideas or suggestions about parenting	0	1	2	3	d	r
d. Suggested activities for parents and children to do together	0	1	2	3	d	r
e. Worked with parents to develop strategies they can use at home to support their child's learning and development	0	1	2	3	d	r
f. Taken parents' values and culture into account when serving them	0	1	2	3	d	r
g. Offered parents books and materials on parenting	0	1	2	3	d	r

F3. Thinking about the families you serve, how many parents have you met with or talked to about the following? For each statement, please tell me whether it was none, some, most, or all. How many parents have you met with or talked about...

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say none, some, most, or all?**

	None	Some	Most	All	Don't know	Refused
a. How many children they have	0	1	2	3	d	r
b. How many adult relatives live in their households	0	1	2	3	d	r
c. Their work and school schedules	0	1	2	3	d	r
d. Their marital status	0	1	2	3	d	r
e. Their parenting styles	0	1	2	3	d	r
f. Their employment status	0	1	2	3	d	r
g. Their family's financial situation	0	1	2	3	d	r
h. The role that faith and religion play in their household	0	1	2	3	d	r
i. Their family's cultures and values	0	1	2	3	d	r
j. What they do outside of the Head Start setting to encourage their children's learning	0	1	2	3	d	r
k. How they discipline their children	0	1	2	3	d	r
l. Problems their child is having at home	0	1	2	3	d	r
m. Changes happening at home	0	1	2	3	d	r
n. Health issues their children may have	0	1	2	3	d	r
o. Health issues they or other family members may have	0	1	2	3	d	r

F4. Please indicate how much you agree or disagree with each of these statements. For each one, please tell me whether you strongly disagree, disagree, agree, or strongly agree.

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say you strongly disagree, disagree, agree, or strongly agree?**

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	Refused
a. My goal is to help parents reach their full potential	1	2	3	4	d	r
b. I help parents to reach their job and educational goals	1	2	3	4	d	r
c. I work with parents to figure out the steps to reach their goals	1	2	3	4	d	r
d. I encourage parents to make decisions about their children's education and care	1	2	3	4	d	r
e. Parents' beliefs about childcare and education vary by culture	1	2	3	4	d	r
f. I encourage parents to provide feedback on the services and support I provide them	1	2	3	4	d	r
g. I am open to using information on different ways to help parents and children	1	2	3	4	d	r
h. When it comes to their children, parents are the experts	1	2	3	4	d	r
i. Even though my professional or moral viewpoints may differ, I accept that parents are the ultimate decision makers for the care and education of their children	1	2	3	4	d	r

F5. Please indicate how much you agree or disagree with these statements. For each one, please tell me whether you strongly disagree, disagree, agree, or strongly agree.

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say you strongly disagree, disagree, agree, or strongly agree?**

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	Refused
a. Sometimes it is hard for me to support the way parents raise their children	1	2	3	4	d	r
b. Sometimes it is hard for me to support the way parents discipline their children	1	2	3	4	d	r
c. Sometimes it is hard for me to accept the different cultural beliefs of parents	1	2	3	4	d	r
d. Sometimes it is hard for me to support the goals parents have for their children	1	2	3	4	d	r
e. Sometimes it is hard for me to work with parents who have different beliefs than me	1	2	3	4	d	r
f. Sometimes it is hard for me to accept the choices that parents make	1	2	3	4	d	r

F6. When providing services to families in your program, how often do you take into account the following? For each one, please tell me whether it is never, rarely, sometimes, or very often. How often do you take into account...

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say never, rarely, sometimes, or very often?**

	Never	Rarely	Sometimes	Very often	Don't know	Refused
a. Information parents share about their child	0	1	2	3	d	r
b. Whether activities are welcoming to all family members, including fathers	0	1	2	3	d	r
c. Information parents share about their home life	0	1	2	3	d	r
d. What you can do to make fathers or other family members feel comfortable at centers	0	1	2	3	d	r
e. Families' values and cultures	0	1	2	3	d	r
f. Information parents share about their career or education goals	0	1	2	3	d	r
g. Information parents share about their "life goals"	0	1	2	3	d	r

F7. Since September, how often have you met with or talked to parents about the following?

For each one, please tell me whether it was never, rarely, sometimes, or very often. How often have you met with or talked to parents about...

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say never, rarely, sometimes, or very often?**

	Never	Rarely	Sometimes	Very often	Don't know	Refused
a. How their child is doing in the Head Start program	0	1	2	3	d	r
b. Their child's learning or development	0	1	2	3	d	r
c. Goals parents have for their child	0	1	2	3	d	r
d. Goals parents have for themselves	0	1	2	3	d	r
e. How parents are progressing towards goals they have for themselves	0	1	2	3	d	r
f. Problems their child is having in the Head Start program	0	1	2	3	d	r
g. Problems parents may be having with their work or school	0	1	2	3	d	r
h. Parents' vision for their family's future	0	1	2	3	d	r

F8. **People vary in what they consider part of their job. Please indicate how much you agree or disagree with the following statements. For each one, please tell me whether you strongly disagree, disagree, agree, or strongly agree. Part of my job is to...**

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say you strongly disagree, disagree, agree, or strongly agree?**

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	Refused
a. Help families get services available in the community	1	2	3	4	d	r
b. Offer parents information about community events	1	2	3	4	d	r
c. Respond to issues or questions outside of my normal work hours	1	2	3	4	d	r
d. Learn the values and beliefs of the families I serve	1	2	3	4	d	r
e. Change my work schedule in response to parents' work or school schedules	1	2	3	4	d	r
f. Learn new ways to assist families	1	2	3	4	d	r
g. Change how services are offered to children and families in response to parent feedback	1	2	3	4	d	r
h. Talk to parents about parenting	1	2	3	4	d	r
i. Help parents reach their goals	1	2	3	4	d	r
j. Tailor my approach when working with mothers, fathers, or other family members	1	2	3	4	d	r
k. Help parents learn skills needed to succeed	1	2	3	4	d	r
l. Consider how culture shapes the way I should approach my work with families	1	2	3	4	d	r
m. Make home visits to provide support and to work on goal setting with the families	1	2	3	4	d	r
n. Help families meet their basic needs	1	2	3	4	d	r

F9. **If families have a question or a problem comes up during the day, how easy or difficult is it for them to reach you?**

- Very difficult.....1
- Difficult.....2
- Easy.....3
- Very easy.....4
- DON'T KNOW.....d
- REFUSED.....r

F10. **Since September, how many of the families you serve have you given information on the following. For each statement, please tell me whether it was none, some, most, or all. How many of the families you serve have given you information on...**

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say none, some, most, or all?**

	None	Some	Most	All	Don't know	Refused
a. Employment or job training?	0	1	2	3	d	r
b. Food banks or pantries?	0	1	2	3	d	r
c. Child care subsidies or vouchers?	0	1	2	3	d	r
d. Adult education, GED classes, ESL classes, or continuing education?	0	1	2	3	d	r
e. Housing assistance?	0	1	2	3	d	r
f. Energy or fuel assistance?	0	1	2	3	d	r
g. Parenting skills group?	0	1	2	3	d	r
h. Health insurance?	0	1	2	3	d	r

F11. Since September, have you provided referrals for the following services, within your agency or the community:

	Yes, I made a referral	No, I did not make a referral	Not applicable	Don't know	Refused
a. Health screening for children (medical, dental, vision, hearing, or speech)?	1	0	na	d	r
b. Developmental assessments for children?	1	0	na	d	r
c. Counseling services for children?	1	0	na	d	r
d. Counseling services for parents?	1	0	na	d	r
e. Social services such as housing assistance, food stamps, financial aid, or medical care?	1	0	na	d	r
f. Nutritional screening for children?	1	0	na	d	r
g. Legal services?	1	0	na	d	r
h. Substance abuse?	1	0	na	d	r
i. Crisis assistance?	1	0	na	d	r
j. Domestic violence?	1	0	na	d	r

F12. People work as Family Service Workers for many reasons. Please indicate how much you agree or disagree with the following statements. For each one, please tell me whether you strongly disagree, disagree, agree, or strongly agree.

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say you strongly disagree, disagree, agree, or strongly agree?**

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	Refused
a. I work as a Family Service Worker because I enjoy it	1	2	3	4	d	r
b. I see this job as just a paycheck	1	2	3	4	d	r
c. I work as a Family Service Worker because I like helping families reach their goals	1	2	3	4	d	r
d. If I could find something else to do to make a living I would	1	2	3	4	d	r
e. I work as a Family Service Worker because I like helping children and families get the services they need	1	2	3	4	d	r

F13. In the last ten years, have you received training or coursework on how to recognize signs of:

	Yes	No	Don't know	Refused
a. Child abuse and neglect	1	0	d	r
b. Domestic violence	1	0	d	r
c. Substance abuse	1	0	d	r
d. Depression or mental health issues in parents	1	0	d	r
e. Hunger	1	0	d	r
f. Developmental delays in children	1	0	d	r
g. Developmental delays in adults	1	0	d	r

G. BACKGROUND INFORMATION

G1. How many families are currently in your caseload?

|__|__| NUMBER OF FAMILIES
 DON'T KNOW.....d
 REFUSED.....r

G2. How many centers do you currently serve?

|__|__| NUMBER OF CENTERS
 DON'T KNOW.....d
 REFUSED.....r

G3. How many years have you been working in Head Start in any position?

|__|__| NUMBER OF YEARS
 DON'T KNOW.....d
 REFUSED.....r

G4. How many years have you been working in Head Start in your current position?

|__|__| NUMBER OF YEARS
 DON'T KNOW.....d
 REFUSED.....r

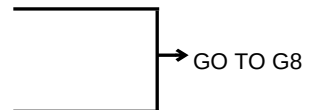
G5. How many years have you been working for this Head Start program?

|__|__| NUMBER OF YEARS
 DON'T KNOW.....d
 REFUSED.....r

G6. Do you have any children living in your household who attend Head Start now?

CODE ONLY ONE

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



{IF G6 = 0, d, r}

G7. Did any child who lived in your household in the past attend Head Start?

CODE ONLY ONE

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

G8. What is your sex?

- MALE.....1
- FEMALE.....2
- DON'T KNOW.....d
- REFUSED.....r

G9. In what year were you born?

- |_1_|_9_|_|_| YEAR OF YOUR BIRTH
- DON'T KNOW.....d
 - REFUSED.....r

G10. Are you of Spanish, Latino, or Hispanic origin?

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

G11. What is your racial background?

CODE ALL THAT APPLY

- WHITE.....1
- BLACK/AFRICAN AMERICAN.....2
- ASIAN.....3
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER.....4
- AMERICAN INDIAN/ALASKA NATIVE.....5
- OTHER (SPECIFY).....6
- DON'T KNOW.....d
- REFUSED.....r

G12. Do you have a Child Development Associate (CDA) credential?

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

G13. Do you have some type of Family Development Credential (FDC) that supports competency in working with families?

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

G14. What is the highest grade or year of school that you have completed? If you are still in school, please tell us about the last year of schooling you completed.

CODE ONLY ONE

- LESS THAN HIGH SCHOOL DIPLOMA OR GED CERTIFICATE.....1
 - HIGH SCHOOL DIPLOMA OR GED CERTIFICATE.....2
 - SOME TECHNICAL/VOCATIONAL SCHOOL, BUT NO DIPLOMA.....3
 - TECHNICAL/VOCATIONAL DIPLOMA.....4
 - SOME COLLEGE COURSES, BUT NO DEGREE.....5
 - ASSOCIATE'S DEGREE (TWO-YEAR COLLEGE).....6
 - BACHELOR'S DEGREE (FOUR-YEAR COLLEGE).....7
 - MASTER'S DEGREE (M.A., M.S.).....8
 - DOCTORATE DEGREE (PH.D., ED.D.).....9
 - PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE.....10
 - DON'T KNOW.....d
 - REFUSED.....r
-

{IF G14 = 6, 7, 8, 9, 10}

G15. In what field did you obtain your highest degree?

CODE ONLY ONE

- CHILD DEVELOPMENT OR DEVELOPMENTAL PSYCHOLOGY.....1
- PSYCHOLOGY (OTHER THAN DEVELOPMENTAL).....2
- SOCIAL WORK.....3
- SOCIOLOGY.....4
- EARLY CHILDHOOD EDUCATION.....5
- ELEMENTARY EDUCATION.....6
- SPECIAL EDUCATION.....7
- BILINGUAL EDUCATION.....8
- OTHER FIELD (SPECIFY).....9
- DON'T KNOW.....d
- REFUSED.....r

G16. Do you speak any language other than English?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- [] → GO TO G17

{IF G16 = 1}

G16a. What other languages do you speak?

CODE ALL THAT APPLY

- SPANISH.....1
- CHINESE (CANTONESE, MANDARIN).....2
- VIETNAMESE.....3
- A FILIPINO LANGUAGE.....4
- JAPANESE.....5
- KOREAN.....6
- AMERICAN SIGN LANGUAGE.....7
- OTHER (SPECIFY):.....8
- DON'T KNOW.....d
- REFUSED.....r

**G17. Which of the following categories best describes your annual household income?
This includes the total combined income of all members of your household from all sources before taxes and other deductions.**

CODE ONLY ONE

- LESS THAN \$10,000.....1
- \$10,000 TO LESS THAN \$15,000.....2
- \$15,000 TO LESS THAN \$20,000.....3
- \$20,000 TO LESS THAN \$25,000.....4
- \$25,000 TO LESS THAN \$35,000.....5
- \$35,000 TO LESS THAN \$50,000.....6
- \$50,000 TO LESS THAN \$75,000.....7
- \$75,000 TO LESS THAN \$100,000.....8
- \$100,000 OR MORE.....9
- DON'T KNOW.....d
- REFUSED.....r