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MATHEMATICA
Policy Research



Head Start Fall Parent Supplement Survey

Fall 2014

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

M. INCOME AND HOUSING

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

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

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

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

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

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

{IF M11=1}

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

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

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

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

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

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

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

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
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
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M16. Think back over the past year. How much difficulty did you have with paying your bills each month? Would you say you had . . .

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

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

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

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

P. CHILD HEALTH

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

CODE ONLY ONE

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

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

CODE ONLY ONE

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

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

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

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

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

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