

## Project LAUNCH Parent Survey: 4 weeks to 18 months

### INFORMED CONSENT FORM FOR RESEARCH PARTICIPATION PROJECT LAUNCH PARENT SURVEY\*

We are conducting a study to learn about the social and emotional development of children from birth to eight years of age who live in your community. This study is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS). Our research asks parents about following topics: children's health; children's social and emotional health; parent-child relationships; parent well-being; home environments; and parental social support.

If you choose to participate, you will be asked to fill out a survey about one of your children, who is between the ages of 0-8 years old. It will take about **30 minutes** to complete. We plan to conduct this survey annually for two years and hope you will participate in the survey each year.

There are no risks in participating in this research beyond those experienced in everyday life. However, some of the questions are personal and may make you uncomfortable. **Your participation in this study is voluntary.** You can stop at any time, and you do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will not involve any penalty or loss of benefits you would receive otherwise.

**Your responses will be kept private to the extent permitted by law.** All findings will be reported in aggregate. If there are any publications or presentations resulting from this research, no personally-identifiable information will be shared because your name will not be linked to your answers. If you choose to withdraw from the study, we will maintain and analyze the data collected up to the time of withdrawal. However, if you request that we destroy all of your data and exclude your responses from the study results, we will honor your request.

Please contact Shannon TenBroeck, a member of the evaluation team at NORC, at (415) 315-2006 with questions, complaints, or concerns about this research. If you have any questions about your rights as a research participant, please contact the NORC Institutional Review Board (IRB) Manager by toll-free phone number at (866) 309-0542.

You must be 18 years of age or older to take part in this research study. **If you agree to take part in this research study, please sign your name and indicate the date below.** You will be given a copy of this consent form for your records.

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Participant Signature

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Date

Contacting you about future research:

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This study will collect data from the same group of participants once per year for a total of two years. As such, we plan to keep your contact information on file for two years and contact you about participating in future parts of this study.

**If you are interested in participating in future parts of this study and agree to your contact information being held in a secure location, please initial below.**

\_\_\_\_\_

**Participant Initials**

\* The informed consent will be incorporated into the web survey. In lieu of a signature, respondents will be asked to click an "I consent" button in the survey.

*An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB number: 0970-0373;  
Expiration date: XX/XX/XXXX*

## Project LAUNCH Parent Survey, 4 weeks-18 months

**Child Demographics**

1. Child's name: \_\_\_\_\_

2. Date of Birth (mm/dd/yyyy): \_\_\_/\_\_\_/\_\_\_\_\_

3. What is [CHILD NAME]'s sex?





Male

Female

Other - Please specify child's sex: \_\_\_\_\_

4. Is your [CHILD NAME] of Hispanic, Latino/a, or Spanish origin?








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 - please specify: \_\_\_\_\_

5. What is [CHILD NAME]'s 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 - please specify: \_\_\_\_\_

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - please specify: \_\_\_\_\_

Another race - please specify child's race: \_\_\_\_\_

6. What language does [CHILD NAME] speak at home?



English

Spanish

[list other majority languages in study population]

Other \_\_\_\_\_

7. How many individuals are in your household? (please provide the numbers below)

- a. Adults \_\_\_\_\_
- b. Children ages 0-5 \_\_\_\_\_
- c. Children ages 6-12 \_\_\_\_\_
- d. Children ages 13-17 \_\_\_\_\_

8. What is the birth order of [CHILD NAME]?

- a. First born (eldest child)
- b. Second born
- c. Third born
- d. Fourth born
- e. Fifth born
- f. Other, please specify: \_\_\_\_\_

9. Is [CHILD NAME] covered by any form of health insurance or health plan?

Note: : A health plan would include any private insurance plan through your employer or a plan that you purchased yourself, as well as a government program like Medicare or Medicaid.

- Yes
- No
- Unsure

10. If yes, which of the following is [CHILD NAME]'s main source of health insurance?

- A plan purchased through your employer
- A plan purchased through your spouse's employer
- g. A plan you purchased yourself directly from an insurance company
- A plan you purchased yourself through a state or federal marketplace (e.g., [INSERT state-specific marketplace name] or healthcare.gov)
- i. Medicaid/[INSERT state-specific Medicaid name]
- Some other source. Please specify: \_\_\_\_\_

11. What is the highest level of education you completed?

- k. Less than high school
- High school or high school equivalent (GED)
- Some college
- 2-year college degree (e.g., Associate's degree)
- 4-year college degree or higher (e.g., Bachelor's degree, Master's degree, PhD)

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12. Do you have a job either full or part time?

- Yes, full time
- Yes, part time
- No
- Retired
- Disabled
- Unable to work

13. What is the total annual income of your household?

- Less than \$10,000
- \$10,000 - less than \$25,000
- \$25,000 - less than \$50,000
- \$50,000 or more

**Child Health Status**

	Yes	No
14. Does [CHILD NAME] currently need or use medicine prescribed by a doctor, other than vitamins?	<input type="radio"/>	<input type="radio"/>
15. Does [CHILD NAME] need or use more medical care, mental health or educational services than is usual for most children of the same age?	<input type="radio"/>	<input type="radio"/>
16. Is [CHILD NAME] limited or prevented in any way in [CHILD NAME]'s ability to do the things most children of the same age can do?	<input type="radio"/>	<input type="radio"/>
17. Does [CHILD NAME] need or get special therapy, such as physical, occupational, or speech therapy?	<input type="radio"/>	<input type="radio"/>
18. Does [CHILD NAME] have any kind of emotional, developmental, or behavioral problem for which [CHILD NAME] needs treatment or counseling?	<input type="radio"/>	<input type="radio"/>

<i>For each condition, please tell me if a doctor or other health care provider ever told you that [CHILD NAME] had the condition, even if [CHILD NAME] does not have the condition now.</i>	Yes	No
19. Has a doctor or health professional ever told you that [CHILD NAME] has any of the following conditions?		
a. Attention Deficit Disorder or Attention Deficit Hyperactive Disorder	<input type="radio"/>	<input type="radio"/>
b. Depression	<input type="radio"/>	<input type="radio"/>
c. Anxiety Problems	<input type="radio"/>	<input type="radio"/>
d. Behavior or conduct problems	<input type="radio"/>	<input type="radio"/>
e. Autism, Asperger's Disorder, pervasive development disorder, or other autism spectrum disorder	<input type="radio"/>	<input type="radio"/>
f. Intellectual disability or mental retardation	<input type="radio"/>	<input type="radio"/>

**Child Physical Health***Preventive care/Screening*

	# of Times	
	Yes	No
20. During the past 12 months/since [CHILD NAME]'s birth, how many times did [CHILD NAME] see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child checkup?		
21. During the past 12 months/since [CHILD NAME]'s birth, did [CHILD NAME] see a dentist for any kind of dental care, including check-ups, dental cleanings, x-rays, or filling cavities?	<input type="radio"/>	<input type="radio"/>
22. Has [CHILD NAME] ever had his/her vision tested with pictures, shapes, or letters?	<input type="radio"/>	<input type="radio"/>
23. Sometimes a child's doctor or other health care providers will ask a parent to fill out a questionnaire at home or during their child's visit.  During the past 12 months, did a doctor or other health care provider have you fill out a questionnaire about specific concerns or observations you may have about [CHILD NAME]'s development, communication, or social behaviors?	<input type="radio"/>	<input type="radio"/>
<b><u>(If No, skip to question 24)</u></b>		
a. Did this questionnaire ask you about your concerns or observations about how [CHILD NAME] talks or makes speech sounds?	<input type="radio"/>	<input type="radio"/>
b. Did this questionnaire ask you about your concerns or observations about how [CHILD NAME] interacts with you and others?	<input type="radio"/>	<input type="radio"/>
c. Did this questionnaire ask you about your concerns or observations about words and phrases [CHILD NAME] uses and understands?	<input type="radio"/>	<input type="radio"/>
d. Did this questionnaire ask you about your concerns or observations about how [CHILD NAME] behaves and gets along with you and others?	<input type="radio"/>	<input type="radio"/>

Service receipt

	Yes	No
24. During the past 12 months, was there any time when [CHILD NAME] needed health care but it was delayed or not received?	<input type="radio"/>	<input type="radio"/>

**(If No, skip to question 25)**

**If Yes, was it...**

a. Medical Care?	<input type="radio"/>	<input type="radio"/>
b. Dental Care?	<input type="radio"/>	<input type="radio"/>
c. Vision Care?	<input type="radio"/>	<input type="radio"/>
d. Mental health services?	<input type="radio"/>	<input type="radio"/>
e. Something else?	<input type="radio"/>	<input type="radio"/>
25. During the past 12 months, did [CHILD NAME] see a specialist other than a mental health professional?	<input type="radio"/>	<input type="radio"/>

General

	# of Days
26. During the past 12 months, about how many days did [CHILD NAME] miss childcare because of illness or injury?	<input style="width: 100%; height: 50px;" type="text"/>

	Excellent	Very Good	Good	Fair	Poor
27. In general, how would you describe [CHILD NAME]'s health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Child Social-Emotional Health**

<i>During the past 4 weeks, how often did [CHILD NAME]</i> ...	Never	Rarely	Occasionally	Frequently	Very Frequently
28. Try to do new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Imitate actions of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Keep trying when unsuccessful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Show interest in what others were doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Notice changes in surroundings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Adjust her/his energy level to the type of play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Act happy when praised	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. Explore surroundings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. Express her/his dislikes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Reach for a familiar adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Respond to her/his name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. React to another child's cry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. Keep trying to obtain a toy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. Act in a way that makes others smile or show interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Easily go from one activity to another	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. Seek attention when a familiar adult was with another child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. Enjoy being around other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. Look to familiar adult when exploring her/his surroundings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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<i>During the past 4 weeks, how often did [CHILD NAME] ...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently
46. Show pleasure when interacting with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. Accept comfort from a familiar adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
48. Smile at familiar adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
49. Act happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50. Respond positively to adult attention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51. Smile back at a familiar adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52. Calm down with help from a familiar adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53. Make eye contact with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54. Act in a good mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
55. Seek comfort from familiar adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56. Show affection for a familiar adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57. Enjoy being cuddled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58. Enjoy interacting with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59. Respond when spoken to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Parent-Child Relationship**

<i>Indicate how frequently each statement describes your beliefs or experiences</i>	Never	Sometimes	Often	Almost always
62. When [CHILD NAME] is upset, I can calm him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. I know what [CHILD NAME] is thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. I can sense [CHILD NAME]'s moods.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. I know when [CHILD NAME] will become upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. I know when [CHILD NAME] wants to be left alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. I enjoy spending time with [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I know what to say to calm down [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. I know what [CHILD NAME] is feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86. When upset, [CHILD NAME] comes to me for comfort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89. [CHILD NAME] enjoys spending time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92. I know how [CHILD NAME] will react in most situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
95. I punish [CHILD NAME] when he/she misbehaves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
98. It's my responsibility as a parent to punish all [CHILD NAME]'s misbehavior.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
101. I insist that [CHILD NAME] follow the rules of the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
104. I punish [CHILD NAME] so he/she learns the proper respect for others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. It is important for a child to follow family rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. Children should do what parents tell them to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. [CHILD NAME] and I go on outings together.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. I teach [CHILD NAME] how to play new games.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

111. [CHILD NAME] and I take walks together.

*Indicate how frequently each statement describes your beliefs or experiences*      Never      Sometimes      Often      Almost always

112. [CHILD NAME] and I play games together.

113. [CHILD NAME] and I do things together outdoors.

114. I am confident in my parenting ability.

115. I make good parenting decisions.

116. It is easy for me to make decisions about what [CHILD NAME] should do.

117. I have the energy that I need to cope with [CHILD NAME].

118. I remain calm when dealing with [CHILD NAME]'s behavior

119. I am in control of my household.

120. [CHILD NAME] is hard for me to handle.

122. During the last year, [CHILD NAME] has been difficult to take care of.

124. I lose my temper with [CHILD NAME].

126. [CHILD NAME] tests my limits.

128. I lose my patience with [CHILD NAME].

130. I overreact when [CHILD NAME] misbehaves.

132. It's hard being a parent.

134. I make a lot of mistakes when dealing with [CHILD NAME].

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**Parent Well-Being**

<i>These questions concern how you have been feeling over the past week. Fill in the bubble next to each question that best represents how you have been.</i>	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
135. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
138. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
139. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
140. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
141. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
142. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
143. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
144. I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Home Environment**

In a typical week, how often do you or any other family members do the following things with [CHILD NAME]:	Not at all	Once or twice a week	Three to six times a week	Every day	Refused	Don't know
145. Read books to [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
146. Tell stories to [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
147. Sing songs with [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
148. Take [CHILD NAME] along while doing errands like going to the post office, the bank, or the store?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
149. Play peek-a-boo?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
150. Do things like tickle [CHILD NAME], blow on [CHILD NAME]'s belly, or move [CHILD NAME]'s arms and legs around in a playful way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
151. Take [CHILD NAME] outside for a walk or to play in the yard, a park, or a playground?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
152. Take [CHILD NAME] to a public place like a zoo or museum?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Social Support**

Here is a list of some things that other people do for us or give us that may be helpful or supportive. Please read each statement carefully and fill in the bubble in the column that is closest to your situation.	As much as I would like	Almost as much as I would like	Some, but would like more	Less than I would like	Much less than I would like
153. I have people who care what happens to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
154. I get love and affection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
155. I get chances to talk to someone about problems at work or with my housework.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
156. I get chances to talk to someone I trust about my personal or family problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
157. I get chances to talk about money matters.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
158. I get invitations to go out and do things with other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
159. I get useful advice about important things in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
160. I get help when I am sick in bed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Services Received**

161. What preschool age group/classroom or elementary school grade is [CHILD NAME] in this year?

- a. Preschool classroom: Infant
- b. Preschool classroom: Age 1
- c. Preschool classroom: Age 2
- d. Preschool classroom: Age 3
- e. Preschool classroom: Age 4
- f. Preschool classroom: Age 5
- g. Kindergarten
- h. First grade
- i. Second grade
- j. Third grade

162. What is the name of [CHILD NAME]'s lead or primary teacher this year?

\_\_\_\_\_

163. In the past year have you participated in a program where someone (a nurse, parent educator, home visitor, or someone else) **visited your home** to offer parental support or child development support?

- a. Yes
- b. No

If **NO**, skip to question #128. If **YES**, answer questions #125-127.

164. Do you remember if the **home visitor** was from one of these programs? [*The list will be tailored to each site*]

Note: If you participated in more than one program, please identify the one you participated in most recently.

- a. Parents as Teachers
- b. Nurse Family Partnership
- c. Healthy Families
- d. Another program. Please list the name: \_\_\_\_\_
- e. Don't know/Can't remember

165. Thinking about [THE PROGRAM IDENTIFIED IN #125], how often did the **visitor come to your home**?

- a. More than once per week
- b. Once per week
- c. Once every two weeks

- d. Once per month
- e. Only one time ever
- f. Other. Please specify: \_\_\_\_\_
- g. Don't know/Can't remember

166. Thinking about [**THE PROGRAM IDENTIFIED IN #125**], how long did you participate in the **home visiting program**?

- a. One visit
- b. More than one visit, but less than one month
- c. 1-2 months
- d. 3-4 months
- e. 5-6 months
- f. 7-8 months
- g. 9-10 months
- h. 11-12 months
- i. More than 12 months
- j. Don't know/Can't remember

167. In the past year, have you attended any **workshops or programs** on parenting or child development? (Some examples are Parent Cafes, Triple P, and Nurturing Parenting.) [*These will be tailored to each site*]

- a. Yes
- b. No

If **NO**, skip to question #132. If **YES**, answer questions #129-131.

168. Was the **workshop or program** one of the following? [*These will be tailored to each site, and will be listed with a brief description*]

Note: If you participated in *more than one* program or workshop, please identify the one you participated in most recently.

- Parent Cafes
- Triple P
- Nurturing Parenting
- Another program or workshop. Please list the name: \_\_\_\_\_
- Don't know/Can't remember

169. Thinking about [**WORKSHOP OR PROGRAM IDENTIFIED IN #129**], how many individual **workshop or program sessions** did you attend in the past year?

Note: By *session*, we mean each time it met. For example if a program met three times, on three consecutive Saturdays, and you went to all 3, then you went to 3 sessions.

- a. 1 session

- b. 2 to 4 sessions
- c. 5 to 9 sessions
- d. 10 to 14 sessions
- e. 15 to 19 sessions
- f. 20 or more sessions, please estimate total number: \_\_\_\_\_
- g. Don't know/Can't remember

170. Thinking about [**WORKSHOP OR PROGRAM IDENTIFIED IN #129**], how many months in the past year did you attend at least one **workshop or program**?

Enter number of months: \_\_\_\_\_

171. In the past year, has [**CHILD NAME**] been to the **pediatrician** for health care?
- a. Yes
  - b. No

IF **NO**, skip to question #134. If **YES**, answer question #133.

172. What is the name of the **pediatrician or medical practice**? \_\_\_\_\_

173. In the past year, has [**CHILD NAME**]'s pediatrician referred [**CHILD'S NAME**] to see a **therapist or counselor**?

Note: By *therapist or counselor*, we mean a professional who is trained to give guidance on personal, social, or emotional issues. A therapist or counselor may be a mental health counselor, social worker, psychologist, or psychiatrist.

- a. Yes
- b. No

If **NO**, skip to question #136. If **YES**, answer question #135.

174. How many times did [**CHILD NAME**] see the **therapist or counselor** in the past year based on the pediatrician's referral?

Note: If [**CHILD NAME**] was referred to *more than one* therapist or counselor in the past year, indicate the total number of times [**CHILD NAME**] visited any counselor as a result of the pediatrician's referral.

- a. 0
- b. 1-2
- c. 3-5
- d. 7-9

- e. 10 or more times
- f. Don't know/Can't remember

175. In the past year, has anyone at [CHILD NAME]'s teacher or school referred [CHILD NAME] to see a **therapist or counselor**, as defined in question #134?

- a. Yes
- b. No

Note: By *therapist or counselor*, we mean a professional who is trained to give guidance on personal, social, or emotional issues. A therapist or counselor may be a mental health counselor, social worker, psychologist, or psychiatrist.

If **NO**, skip to question #138 (next section). If **YES**, answer question #137.

176. How many times did [CHILD NAME] see the **therapist or counselor** in the past year based on teacher/school referral?

Note: If [CHILD NAME] was referred to than *more than one* therapist or counselor in the past year, indicate the total number of times [CHILD NAME] visited any counselor as a result of the teacher/school referral.

- a. 0
- b. 1-2
- c. 3-5
- d. 7-9
- e. 10 or more times
- f. Don't know/Can't remember

**Parent's/Guardian's Information**

We will be conducting this survey with the same parents and guardians two more times—once next year and again the following year. In order to contact you, it is important that we collect some personal information, including your name, address, phone number, and email address.

Your personal information will be used only for the purpose of contacting you about completing future rounds of this survey. Your contact information will be kept strictly private, and it will be stored securely and separately from your survey responses.

177. What is your full name?

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FIRST NAME

LAST NAME

178. What is your relationship to [SELECTED CHILD]?
- Mother (including biological, adoptive, or step-mother)
  - Father (including biological, adoptive, or step-father)
  - Legal guardian
  - Grandmother
  - Grandfather
  - Non-relative caregiver
  - Something else (please specify): \_\_\_\_\_

179. What is your primary address?

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Address Line 1: House # and Street Name

---

Address Line 2: Optional

---

Address Line 3: City, State, and ZIP Code

180. What is your primary telephone number?

( \_\_\_ ) \_\_\_ - \_\_\_\_

181. What type of phone number is it?
- Cell or mobile
  - Home
  - Office
  - Other (please specify): \_\_\_\_\_

182. Do you have a secondary telephone?
- Yes
  - No

If **No**, skip to question 146. If **Yes**, continue to question 144.

183. What is your secondary telephone number?

( \_\_\_ ) \_\_\_ - \_\_\_\_

184. What type of phone is your secondary number?
- Cell or mobile
  - Home
  - Office
  - Other (please specify): \_\_\_\_\_

185. What is your email address? (Please print clearly)

\_\_\_\_\_ @ \_\_\_\_\_

186. Is there another person who is very knowledgeable about **[CHILD NAME]**'s education and development, such as another parent or guardian, relative, or caregiver?
- Yes
  - No

If **No**, the survey is complete. If **Yes**, continue to question #148.

187. What is this person's relationship to **[CHILD NAME]**?
- Mother (including a biological, adoptive, or step-mother)
  - Father (including a biological, adoptive, or step-fathers)
  - Legal guardian
  - Grandmother
  - Grandfather
  - Non-relative caregiver
  - Something else (please specify): \_\_\_\_\_

RESPONDENT ID# \_\_\_\_\_

Project LAUNCH Parent Survey  
Ages: 4 weeks to 18 months

188. What is [CHILD NAME]'s [RELATIONSHIP IDENTIFIED IN #149]'s full name? [Note: We will only contact this person in the event we are unable to reach you in future years of the study.]

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

189. What is [FIRST NAME OF PERSON IDENTIFIED IN #149]'s address?

\_\_\_\_\_

Address Line 1: House # and Street Name

\_\_\_\_\_

Address Line 2: Optional

\_\_\_\_\_

Address Line 3: City, State, and ZIP Code