



**Parent Survey**  
***Draft for OMB (Redacted)***

SC. SCREENER

ALL

Source: Baby FACES 2009

SC1. Hello. My name is \_\_\_\_\_ from Mathematica Policy Research. May I please speak with [PARENT]?

[PARENT] ANSWERS, CONTINUE.....1

[PARENT] NOT AVAILABLE .....2

EXCLUDE PREGNANT WOMEN

Source: Baby FACES 2009

SC2. I am calling to interview you about [your/CHILD]'s experiences with [PROGRAM] Early Head Start for the Baby FACES study. I was told that you are the person who is most responsible for [CHILD]'s care. Is that correct?

YES, CONTINUE.....1

NO, IDENTIFY/CONFIRM CORRECT R.....0

DON'T KNOW.....d

REFUSED.....r

ASK IF PROGRAM OPTION = HOME-BASED

Source: Baby FACES 2009

SC2a. [I am calling to interview you about your experiences with [PROGRAM] Early Head Start for the Baby FACES study.] According to our records, you [and [CHILD]] are receiving services such as home visits from [PROGRAM] Early Head Start. Has anyone from Early Head Start visited you at home since [you/[CHILD]] began receiving services from [PROGRAM]?

YES, CONTINUE.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

Source: New item

SC2b. Are you the person from your household who primarily participates in these home visits?

YES, CONTINUE.....1

NO, IDENTIFY/CONFIRM CORRECT R.....0

Source: Baby FACES 2009

**SC3. The information you share with me today will help us to learn more about the children and families served by Early Head Start. You may remember getting some information about this study and agreeing to participate in a survey about your Early Head Start program. Your responses will help Early Head Start improve the services it provides to families like yours.**

**Before we get started, I want to remind you that all of the information you share with me today will be kept private to the extent permitted by law. Your name [and [CHILD]'s name] will not be attached to any of the information you give us and no one from [PROGRAM] will see or hear your answers. If I ask you something that you are uncomfortable answering, just tell me and I will move on to the next question. This survey will take about 30 minutes to complete.**

**The questions I will be asking today have been approved by the Federal Office of Management and Budget, also known as OMB. We are only allowed to ask you these questions and you can only answer them if there is a valid OMB control number. For the questions asked as part of today's discussion, the OMB control number is 0970-0354 and it expires on xx/xx/xxxx.**

**Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in any early childhood program. The things you tell me are very important, so please be as accurate as possible.**

**When we finish we will send you \$20 to thank you for your help.**

**Do you have any questions before we begin?**

NO QUESTIONS, CONTINUE TO INTERVIEW.....1

ANY ISSUE / NO LONGER IN EHS.....2

**A. ABOUT RESPONDENT**

**We'd like to start by learning a bit more about you and your background.**

**PREGNANT RESPONDENTS**

Source: New item

**A0. Our records show that you are currently pregnant. What is your due date?**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
 Month Day Year

- RESPONDENT DELIVERED.....1 CHANGE RESP TYPE
- MISCARRIED/CHILD STILLBORN.....2 END INTERVIEW
- DON'T KNOW.....d

Source: New item

**A0a. Will this be your first child?**

- YES.....1
- NO.....0

**ALL**

Source: Baby FACES 2009

**A1. What is your relationship to [CHILD]?**  
 CODE "1" WITHOUT ASKING IF PREGNANT WOMAN.

- MOTHER/FEMALE GUARDIAN.....1
- FATHER/MALE GUARDIAN.....2
- SISTER.....3
- BROTHER.....4
- GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....5
- BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....6
- GRANDMOTHER.....7
- GRANDFATHER.....8
- AUNT.....9
- UNCLE.....10
- COUSIN.....11
- OTHER RELATIVE.....12
- OTHER NON-RELATIVE.....13

IF MOTHER/FEMALE GUARDIAN SELECTED

Source: Baby FACES 2009

**A1a. Are you [CHILD]'s...**

CODE "1" WITHOUT ASKING IF PREGNANT WOMAN.

- Birth mother,.....1
- Adoptive mother,.....2
- Stepmother, or.....3
- Foster mother or female guardian?.....4

IF FATHER/MALE GUARDIAN SELECTED

Source: Baby FACES 2009

**A1b. Are you [CHILD]'s...**

- Birth father,.....1
- Adoptive father,.....2
- Stepfather, or.....3
- Foster father or male guardian?.....4

IF OTHER THAN MOTHER/FEMALE GUARDIAN OR FATHER/MALE GUARDIAN

Source: Baby FACES 2009

**A1c. Are you [CHILD]'s legal guardian?**

- YES.....1
- NO.....0

IF OTHER THAN MOTHER/FEMALE GUARDIAN OR FATHER/MALE GUARDIAN

Source: New item

**A1d. For how many months have you lived with [CHILD]?**

INTERVIEWER: IF RESPONDENT SAYS ALL OF THE TIME, ENTER CHILD'S AGE IN MONTHS.

|\_|\_| MONTHS

- LESS THAN ONE MONTH.....0
- DON'T KNOW.....d
- REFUSED.....r

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**A2. What is your birth date?**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

REFUSED.....r

IF ANY PART OF BIRTH DATE FIELD NOT ANSWERED

Source: Baby FACES 2009

**A2a. How old are you?**

|\_|\_| YEARS

REFUSED.....r

IF RESPONDENT IS BIO MOTHER; EXCLUDE IF A0A = 1

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**A3. How old were you when you gave birth for the first time?**

PROBE: **Your best estimate is fine.**

|\_|\_| YEARS

DON'T KNOW..... d

REFUSED..... r

....

ALL

Source: Baby FACES 2009

**A4. CODE GENDER WITHOUT ASKING IF KNOWN.**

ELSE: **I am required to ask if you are male or female.**

MALE.....1

FEMALE.....2

OTHER.....3

DON'T KNOW.....d

REFUSED.....r

ALL

Source: OMB Guidance

**A5. Are you of Hispanic, Latino/a, or Spanish origin?**

CODE ALL THAT APPLY

NO, NOT OF HISPANIC, LATINO/A, OR SPANISH ORIGIN.....1

YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A.....2

YES, PUERTO RICAN.....3

YES, CUBAN.....4

YES, ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN...5

DON'T KNOW.....d  
REFUSED.....r

ALL

Source: OMB Guidance

**A6. What is your race? You may say yes to one or more. Is it...**

CODE ALL THAT APPLY

- White.....1
- Black or African American.....2
- American Indian or Alaska Native.....3
- Asian.....4
- Native Hawaiian or Other Pacific Islander.....5
- DON'T KNOW.....d
- REFUSED.....r

ALL

Source: Adapted from Baby FACES 2009

**A7. Were you born in the United States, or in some other country?**

- USA.....1
- OUTSIDE OF THE USA.....2
- DON'T KNOW.....d
- REFUSED.....r

IF RESPONDENT NOT BORN IN USA

Source: Baby FACES 2009

**A7a. How many years have you lived in the United States?**

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR. IF HAS LIVED IN US 'ON AND OFF,' ASK: **Thinking about all the years overall that you have been in the United States, about how many years would that be?**

|\_|\_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r



ASK ONLY IF RESPONDENT IS BIO MOTHER OR BIO FATHER

Source: Adapted from Baby FACES 2009

**A8. What is your relationship with [your unborn child's/[CHILD]'s] [father/mother]? Is...**

- [He/She] your [boyfriend/girlfriend] or partner,..... 1
- Are you are married to [him/her],..... 2
- Divorced,..... 3
- Separated, or..... 4
- Are you not in a relationship at this time?..... 5
- BIRTH FATHER/MOTHER IS DECEASED..... 6
- BIRTH FATHER/MOTHER IS UNKNOWN..... 7
- DON'T KNOW..... d
- REFUSED..... r

ALL; SKIP IF A8 = 2.

Source: New item

**A9. What is your current marital status?**

- MARRIED.....1
- SEPARATED, BUT STILL LEGALLY MARRIED....2
- DIVORCED.....3
- SINGLE/NEVER MARRIED.....4
- WIDOWED.....5
- REFUSED.....r

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**A10. Are you currently working at a job for pay or income, including self-employment?**

- YES.....
- NO.....
- RETIRED.....
- DISABLED/UNABLE TO WORK.....
- DON'T KNOW.....
- REFUSED.....

IF CURRENTLY WORKING FOR PAY

Source: New Item

**A10a. Are you currently working a full time job, or do you have one or more part time jobs?**

WORKING FULL TIME (35 HOURS A WEEK OR MORE).....	1
WORKING MULTIPLE PART TIME JOBS THAT TOTAL 35 OR MORE HOURS.....	2
WORKING PART TIME JOB(S) – LESS THAN 35 HOURS A WEEK.....	3
DON'T KNOW.....	d
REFUSED.....	r

IF NOT CURRENTLY WORKING AT A JOB FOR PAY

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**A10b. Have you worked at a job for pay or income, including self-employment in the past 12 months?**

YES.....	
NO.....	
DON'T KNOW.....	
REFUSED.....	

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**A11. What is the highest grade or year of school that you completed?**

NOTE: If 'high school', PROBE: **What is the last grade you completed?**

NOTE: If 'college', PROBE: **Did you receive a degree? What type of degree?**

	<u>CODE ONLY ONE</u>
UP TO 8TH GRADE.....	1
9TH TO 11TH GRADE.....	2
12TH GRADE BUT NO DIPLOMA.....	3
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	4
SOME VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA.....	5
VOCATIONAL/TECHNICAL DIPLOMA.....	6
SOME COLLEGE COURSES BUT NO DEGREE.....	7
ASSOCIATE'S DEGREE.....	8
BACHELOR'S DEGREE.....	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (M.A., M.S.).....	11

DOCTORATE DEGREE (PH.D., ED.D.).....	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13
DON'T KNOW.....	d
REFUSED.....	r

IF ANSWERS 4 – 7 SELECTED FOR EDUCATION LEVEL
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Source: Baby FACES 2009

**A11a. Which do you have, a high school diploma or a GED?**

HIGH SCHOOL DIPLOMA.....	1
GED.....	2
DON'T KNOW.....	d
REFUSED.....	r

IF ANSWERS 1 – 7 SELECTED FOR EDUCATION LEVEL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**A12. Are you now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest?**

PROBE: Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?

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

DO NOT ASK IF RETIRED OR UNABLE TO WORK

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**A13. Are you currently participating in a job-training or on-the-job-training program?**

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

ALL

Source: Baby FACES 2009

**A14. Has [PROGRAM] Early Head Start helped you attend school, enroll in classes or workshops, or find a job?**

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

REFUSED..... r  
.....

**B. ABOUT FOCAL CHILD**

The next few questions are about [CHILD].

THIS SECTION NOT ADMINISTERED TO PREGNANT WOMEN

Source: New item

**B1. First, I would like to make sure we have [CHILD]'s name recorded correctly. [Please tell me your child's first name].**

PROGRAMMER: DISPLAY CHILD'S FIRST NAME AS INTERVIEWER NOTE.  
IF NAME NOT AVAILABLE, DISPLAY SECOND SENTENCE  
AS WELL.

INTERVIEWER: VERIFY SPELLING IF NAME IS SHOWN. IF NOT SHOWN, RECORD.

FIRST NAME NOT YET ON RECORD.....0 RECORD NAME  
FIRST NAME DISPLAYED IS CORRECT.....1 GO TO B2  
FIRST NAME DISPLAYED IS INCORRECT.....2 CORRECT NAME

Source: Baby FACES 2009

**B2. Just to confirm, is [CHILD] a boy or a girl?**

BOY.....1  
GIRL.....2

Source: Baby FACES 2009

**B3. What is [CHILD]'s birth date?**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

DON'T KNOW.....d  
REFUSED.....r

IF ANY PART OF BIRTH DATE FIELD NOT ANSWERED

Source: Adapted from Baby FACES 2009

**B3a. What is [CHILD]'s age in months?**

|\_|\_| MONTHS

DON'T KNOW.....d  
REFUSED.....r

Source: Baby FACES 2009

**B4. Was [CHILD] born early or prematurely?**

YES.....1  
NO.....0

DON'T KNOW.....d

IF BORN PREMATURELY

Source: Baby FACES 2009

**B4a. How many weeks early was [CHILD] born?**

|\_|\_| WEEK(S)

DON'T KNOW.....d

PROBE: Your best estimate is fine.

INTERVIEWER: IF RESPONDENT DOESN'T KNOW, GO TO THE NEXT FIELD.

IF NUMBER OF WEEKS PREMATURE IS MISSING OR DON'T KNOW

Source: Baby FACES 2009

**B4a.1. At how many weeks was [CHILD] delivered?**

|\_|\_| NUMBER OF WEEKS WHEN CHILD WAS DELIVERED

PROBE: Your best estimate is fine.

Source: Baby FACES 2009

**B5. How much did [CHILD] weigh when (he/she) was born?**

INTERVIEWER: THERE ARE 16 OZ IN ONE LB.

|\_|\_| POUNDS |\_|\_| POUNDS (RANGE 01 – 25)  
OUNCES OUNCES (RANGE 00 – 15)  
|\_|\_| KILOGRAMS KG (RANGE 00 – 12)

DON'T KNOW..... d

REFUSED..... r

IF WEIGHT AT BIRTH IS DON'T KNOW OR REFUSED

Source: Baby FACES 2009

**B5a. Was [CHILD]'s birth weight . . .**

**normal (5 lbs. 8 oz. [2.5 kilograms] or more), 1**

**low (at least 3 lbs. 4 oz. [1.5 kilograms] but less than 2**

**5 lbs. 8 oz. [2.5 kilograms]), or**

**very low (under 3 lbs. 4 oz. [1.5 kilograms])? 3**

DON'T KNOW..... d

REFUSED..... r





Source: Adapted from Baby FACES 2009

**B6. Was [CHILD] born in the United States, or in some other country?**

- USA.....1
- OUTSIDE OF THE USA.....2
- DON'T KNOW.....d
- REFUSED.....r

IF CHILD NOT BORN IN USA

Source: Baby FACES 2009

**B6a. How many years has [CHILD] lived in the United States?**

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR.

- |\_|\_| NUMBER
- DON'T KNOW.....d
- REFUSED.....r

Source: OMB Guidance

**B7. Is [CHILD] of Hispanic, Latino/a, or Spanish origin?**

CODE ALL THAT APPLY

- NO, NOT OF HISPANIC, LATINO/A, OR SPANISH ORIGIN .....1
- YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A.....2
- YES, PUERTO RICAN.....3
- YES, CUBAN.....4
- YES, ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN ....5
- DON'T KNOW.....d
- REFUSED.....r

Source: OMB Guidance

**B8. What is [CHILD]'s race? You may say yes to one or more. Is it...**

CODE ALL THAT APPLY

- White**.....1
- Black or African American**.....2
- American Indian or Alaska Native**.....3
- Asian**.....4
- Native Hawaiian or Other Pacific Islander**.....5
- DON'T KNOW.....d
- REFUSED.....r

**C. ABOUT HOUSEHOLD**

ALL

Source: Adapted from Baby FACES 2009

**C1. My next questions are about all the people who live in the same household as you (and [CHILD]).**

**Including you (and [CHILD]), how many of the following people live in your household?**

	Number of people
a. Adults age 18 and older	_ _
b. Children between age 5 and age 17	_ _
c. Children under age 5	_ _

ALL

Source: Baby FACES 2009

**C1a. Is it correct that a total of [FILL HOUSE TOTAL] adults and children live in your household?**

- YES.....
- NO.....
- DON'T KNOW.....
- REFUSED.....

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**C2. Do you have a spouse or partner who lives in this household?**

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

IF NO SPOUSE OR PARTNER IN HOUSEHOLD

Source: New item

**C3. Is there another person in this household that [will be/is] like a parent to [the new baby/[CHILD]]?**

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

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HOUSEHOLD (HH)

Source: Adapted from Baby FACES 2009

**C4. Is (your spouse or partner / this person) male or female?**

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

Source: Adapted from Baby FACES 2009

**C5. What is (his/her) relationship to [the new baby/[CHILD]]?**

- MOTHER/FEMALE GUARDIAN.....1
- FATHER/MALE GUARDIAN.....2
- SISTER.....3
- BROTHER.....4
- GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....5
- BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....6
- GRANDMOTHER.....7
- GRANDFATHER.....8
- AUNT.....9
- UNCLE.....10
- COUSIN.....11
- OTHER RELATIVE.....12
- OTHER NON-RELATIVE.....13
- DON'T KNOW.....d
- REFUSED.....r

IF MOTHER/FEMALE GUARDIAN SELECTED IN RELATIONSHIP QUESTION

Source: Adapted from Baby FACES 2009

**C5a. Is she [the new baby's/[CHILD]'s]...?**

- Birth mother, .....** 1
- Adoptive mother, .....** 2
- Stepmother, or.....** 3
- Foster mother or female guardian? . .** 4
- DON'T KNOW.....** d
- REFUSED.....** r

IF FATHER/MALE GUARDIAN SELECTED IN RELATIONSHIP QUESTION

Source: Adapted from Baby FACES 2009

**C5b. Is he [the new baby's/[CHILD]'s]...?**

- Birth father, .....** 1
- Adoptive father, .....** 2
- Stepfather, or.....** 3
- Foster father or male guardian? .....** 4
- DON'T KNOW.....** d
- REFUSED.....** r

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH

Source: OMB Guidance

**C6. Is (he/she) of Hispanic, Latino/a, or Spanish origin?**

CODE ALL THAT APPLY

- NO, NOT OF HISPANIC, LATINO/A, OR SPANISH ORIGIN .....1
- YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A.....2
- YES, PUERTO RICAN.....3
- YES, CUBAN.....4
- YES, ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN.....5
- DON'T KNOW.....d
- REFUSED.....r

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH

Source: OMB Guidance

**C7. What is (his/her) race? You may say yes to one or more. Is it...**

CODE ALL THAT APPLY

- White.....1
- Black or African American.....2
- American Indian or Alaska Native.....3
- Asian.....4
- Native Hawaiian or Other Pacific Islander.....5
- DON'T KNOW.....d
- REFUSED.....r

Source: Adapted from Baby FACES 2009

**C8. Was (he/she) born in the United States, or in some other country?**

- USA.....1
- OUTSIDE OF THE USA.....2
- DON'T KNOW.....d
- REFUSED.....r

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE NOT BORN IN USA

Source: Baby FACES 2009

**C8a. How many years has (he/she) lived in the United States?**

INTERVIEWER: ENTER '01' IF LESS THAN 1 YEAR. IF RESPONDENT REPORTS THIS PERSON HAS LIVED IN US 'ON AND OFF,' ASK: **Thinking about all the years overall that (he/she) has been in the United States, about how many years would that be?**

- |\_\_|\_\_| NUMBER
- DON'T KNOW.....d
- REFUSED.....r

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH

Source: Baby FACES 2009

**C9. Is (he/she) currently working at a job for pay or income, including self-employment?**

- YES.....
- NO.....
- RETIRED.....
- DISABLED/UNABLE TO WORK.....
- DON'T KNOW.....

REFUSED.....

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE CURRENTLY WORKING FOR PAY

Source: New Item

**C9a. Is (he/she) currently working a full time job, or does (he/she) have one or more part time jobs?**

- WORKING FULL TIME (35 HOURS A WEEK OR MORE)..... 1
- WORKING MULTIPLE PART TIME JOBS THAT TOTAL 35 OR MORE HOURS..... 2
- WORKING PART TIME JOB(S) – LESS THAN 35 HOURS A WEEK..... 3
- DON'T KNOW..... d
- REFUSED..... r

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE NOT CURRENTLY WORKING AT A JOB FOR PAY

Source: Baby FACES 2009

**C10. Has (he/she) worked at a job for pay or income, including self-employment in the past 12 months?**

- YES.....
- NO.....
- DON'T KNOW.....
- REFUSED.....

IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH

Source: Baby FACES 2009

**C11. What is the highest grade or year of school that (he/she) completed?**

NOTE: If 'high school', PROBE: **What is the last grade (he/she) completed?**

NOTE: If 'college', PROBE: **Did (he/she) receive a degree? What type of degree?**

- UP TO 8TH GRADE..... 1
- 9TH TO 11TH GRADE..... 2
- 12TH GRADE BUT NO DIPLOMA..... 3
- HIGH SCHOOL DIPLOMA/EQUIVALENT..... 4
- VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA..... 5
- VOCATIONAL/TECHNICAL DIPLOMA..... 6
- SOME COLLEGE COURSES BUT NO DEGREE..... 7
- ASSOCIATE'S DEGREE..... 8

BACHELOR'S DEGREE.....	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (M.A., M.S.).....	11
DOCTORATE DEGREE (PH.D., ED.D.).....	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13
DON'T KNOW.....	d
REFUSED.....	r

IF ANSWERS 4 – 7 SELECTED FOR EDUCATION LEVEL

Source: Baby FACES 2009

**C11a. Which does (he/she) have, a high school diploma or a GED?**

HIGH SCHOOL DIPLOMA.....	1
GED.....	2
DON'T KNOW.....	d
REFUSED.....	r

IF ANSWERS 1 – 7 SELECTED FOR EDUCATION LEVEL AND C5A = 1

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**C12. Is she now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest?**

PROBE: **Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

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

IF C5A = 1; DO NOT ASK IF RETIRED OR UNABLE TO WORK

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**C13. Is she currently participating in a job-training or on-the-job-training program?**

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



**D. ABOUT BIRTH MOTHER/FATHER**

IF RESPONDENT IS NOT BIRTH MOTHER

**Now I'm going to ask you some questions about [CHILD]'s birth mother.**

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**D1. What is [CHILD]'s mother's birth date?**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
Month Day Year

DON'T KNOW.....d

REFUSED.....r

IF ANY PART OF BIRTH DATE FIELD NOT ANSWERED

Source: Baby FACES 2009

**D1a. How old is she?**

|\_|\_| YEARS

DON'T KNOW.....d

REFUSED.....r

IF RESPONDENT IS NOT BIRTH MOTHER

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**D2. How old was she when she gave birth for the first time?**

**PROBE: Your best estimate is fine.**

|\_|\_| YEARS

DON'T KNOW.....d

REFUSED.....r

....

IF RESPONDENT IS NOT BIRTH MOTHER AND BIRTH MOTHER DOES NOT RESIDE IN HH

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

**D3. What is the highest grade or year of school that she completed?**  
 NOTE: If 'high school', PROBE: **What is the last grade she completed?**  
 NOTE: If 'college', PROBE: **Did she receive a degree? What type of degree?**

UP TO 8TH GRADE.....	1
9TH TO 11TH GRADE.....	2
12TH GRADE BUT NO DIPLOMA.....	3
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	4
VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA.....	5
VOCATIONAL/TECHNICAL DIPLOMA.....	6
SOME COLLEGE COURSES BUT NO DEGREE.....	7
ASSOCIATE'S DEGREE.....	8
BACHELOR'S DEGREE.....	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (M.A., M.S.).....	11
DOCTORATE DEGREE (PH.D., ED.D.).....	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13
DON'T KNOW.....	d
REFUSED.....	r

IF ANSWERS 4 – 7 SELECTED FOR EDUCATION LEVEL

Source: Baby FACES 2009

**D3a. Which does she have, a high school diploma or a GED?**

HIGH SCHOOL DIPLOMA.....	1
GED.....	2
DON'T KNOW.....	d
REFUSED.....	r

IF RESPONDENT IS NOT BIRTH MOTHER AND BIRTH MOTHER DOES NOT RESIDE IN HH

Source: MIHOPE 15-MONTH FOLLOW-UP

**D4. Why is [CHILD]'s mother not living with (him/her)?**

CODE ALL THAT APPLY

- MOTHER LEFT/MOVED AWAY..... 1
  - MOTHER DECEASED..... 2
  - MOTHER INCARCERATED..... 3
  - MOTHER IN HOSPITAL..... 4
  - MOTHER IN OTHER INSTITUTION..... 5
  - MOTHER HAS DRUG/ALCOHOL ISSUES..... 6
  - MOTHER HAS MENTAL HEALTH ISSUES..... 7
  - MOTHER IS AT SCHOOL..... 8
  - MOTHER IN THE ARMED FORCES..... 9
  - POLICE OR COURT ORDER..... 10
  - CHILD PROTECTIVE SERVICES ORDER..... 11
  - DOMESTIC VIOLENCE SITUATION..... 12
  - CHILD ABUSE SITUATION..... 13
  - OTHER (SPECIFY) ..... 99
- 
- DON'T KNOW..... d
  - REFUSED..... r

IF RESPONDENT IS NOT BIRTH MOTHER AND BIRTH MOTHER NOT IN HH AND NOT DECEASED

Source: Baby FACES 2009

**D5. In the last three months, about how often has [CHILD] seen (his/her) mother? Was it . . .**

PROBE: That would be in the last 90 days.

CODE ONE ONLY

- Every day or almost every day,..... 6**
- A few times a week,..... 5**
- A few times a month,..... 4**
- About once a month,..... 3**
- Less often than that, or..... 2**
- Never?..... 1**
- DON'T KNOW..... d
- REFUSED..... r

Now I'm going to ask you some questions about [the new baby's/[CHILD]'s] birth father.

IF RESPONDENT IS NOT BIRTH FATHER AND BIRTH FATHER DOES NOT RESIDE IN HH

Source: Baby FACES 2009

**D6. What is the highest grade or year of school that he completed?**

NOTE: If 'high school', PROBE: **What is the last grade he completed?**

NOTE: If 'college', PROBE: **Did he receive a degree? What type of degree?**

UP TO 8TH GRADE.....	1
9TH TO 11TH GRADE.....	2
12TH GRADE BUT NO DIPLOMA.....	3
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	4
VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA.....	5
VOCATIONAL/TECHNICAL DIPLOMA.....	6
SOME COLLEGE COURSES BUT NO DEGREE.....	7
ASSOCIATE'S DEGREE.....	8
BACHELOR'S DEGREE.....	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (M.A., M.S.).....	11
DOCTORATE DEGREE (PH.D., ED.D.).....	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13
DON'T KNOW.....	d
REFUSED.....	r

IF ANSWERS 4 – 7 SELECTED FOR EDUCATION LEVEL

Source: Baby FACES 2009

**D6a. Which does he have, a high school diploma or a GED?**

HIGH SCHOOL DIPLOMA.....	1
GED.....	2
DON'T KNOW.....	d
REFUSED.....	r

IF RESPONDENT IS NOT BIRTH FATHER AND BIRTH FATHER NOT IN HH AND NOT DECEASED

Source: Adapted from Baby FACES 2009

**D7. There are many reasons for children not living with their fathers. Please tell me why [the baby/[CHILD]] [will not be/is not] living with [his or her/his/her] father.**

**PROBE: Are there any other reasons?**

CODE ALL THAT APPLY

LACK OF MONEY TO RAISE CHILD.....	1
ILLNESS.....	2
DRINKING PROBLEM.....	3
DRUG PROBLEM.....	4
MENTAL HEALTH PROBLEM.....	5
JAIL OR LEGAL PROBLEM.....	6
CHILD ABUSED BY FATHER.....	7
CHILD SERVICES WOULD NOT ALLOW IT.....	8
FATHER DID NOT WANT CHILD.....	9
DIVORCED/SEPARATED/NOT ROMANTICALLY INVOLVED...	10
GEOGRAPHICALLY SEPARATED (INCLUDES MILITARY).....	11
YOUNG COUPLE/LIVING WITH PARENTS.....	12
NOT MARRIED YET.....	13
NO EXPLANATION GIVEN.....	14
SOMETHING ELSE (SPECIFY).....	99
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

IF RESPONDENT IS NOT BIRTH FATHER AND BIRTH FATHER NOT IN HH AND NOT DECEASED;  
EXCLUDE PREGNANT WOMEN

Source: Baby FACES 2009

**D8. In the last three months, about how often has [CHILD] seen (his/her) father? Was it . . .**

**PROBE: That would be in the last 90 days.**

CODE ONE ONLY

<b>Every day or almost every day,.....</b>	<b>6</b>
<b>A few times a week,.....</b>	<b>5</b>
<b>A few times a month,.....</b>	<b>4</b>
<b>About once a month,.....</b>	<b>3</b>
<b>Less often than that, or.....</b>	<b>2</b>
<b>Never?.....</b>	<b>1</b>

DON'T KNOW..... d  
REFUSED..... r

IF RESPONDENT IS NOT BIRTH FATHER AND BIRTH FATHER NOT IN HH AND NOT DECEASED;  
EXCLUDE PREGNANT WOMEN

Source: Baby FACES 2009

**D9. (Are you/Is your family) currently receiving child support payments or any other financial support for [CHILD] from (his/her) father?**

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

## E. HOUSEHOLD LANGUAGES

These next questions are about the languages spoken in your household.

IF INTERVIEW IS BEING CONDUCTED IN SPANISH, GO TO E1b

Source: Baby FACES 2009

**E1a. Is any language other than English spoken in your home?**

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

IF INTERVIEW IS BEING CONDUCTED IN SPANISH, ASK E1b

Source: Adapted from Baby FACES 2009

**E1b. Is any language other than Spanish spoken in your home?**

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

IF YES TO E1A OR E1B. HIDE ENGLISH OR SPANISH BASED ON LANGUAGE OF INTERVIEW

Source: Adapted from Baby FACES 2009

**E2. What languages are spoken in your home? These can be languages spoken by you or other adults or children who live in your home.**

PROBE: **Any other languages?**

	<u>CODE ALL THAT APPLY</u>
ENGLISH.....	1
SPANISH.....	2
OTHER LANGUAGE (SPECIFY): _____	3
OTHER LANGUAGE (SPECIFY): _____	4
REFUSED.....	r



ALL

Source: Adapted from Baby FACES 2009

**E3. What is your primary language?**

	<u>CODE ONE ONLY</u>
ENGLISH.....	1
SPANISH.....	2
OTHER LANGUAGE (SPECIFY): _____	3
DON'T KNOW.....	d
REFUSED.....	r

IF RESPONDENT'S PRIMARY LANGUAGE IS NOT ENGLISH

Source: Adapted from Baby FACES 2009

**E4. How well do you [INSERT ITEM (a) to (f)]? Would you say not at all, not well, well, or very well?**

	NOT AT ALL	NOT WELL	WELL	VERY WELL	DON'T KNOW	REFUSED
a. understand English?...	1	2	3	4	d	r
b. speak English?.....	1	2	3	4	d	r
c. read English?.....	1	2	3	4	d	r
d. write in English?	1	2	3	4	d	r
e. read your primary language?	1	2	3	4	d	r
f. write your primary language?	1	2	3	4	d	r

IF MORE THAN ONE LANGUAGE SPOKEN IN THE HOME (FROM E2); EXCLUDE PREGNANT WOMEN

Source: Adapted from Baby FACES 2009

**E5. What language do you or others in your household speak most often to [CHILD]?**

All English.....	5
More English than [Spanish/other language].....	4
Equal [Spanish/other language] and English.....	3
More [Spanish/other language] than English.....	2
All [Spanish/other language].....	1
DON'T KNOW.....	d
REFUSED.....	r

IF CHILD AT LEAST 12 MONTHS OLD AND LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME (E2);  
EXCLUDE PREGNANT WOMEN

Source: Adapted from Baby FACES 2009

**E7. What language does [CHILD] use when (he/she) speaks to you or others at home? Would you say . . .**

<b>All English</b> .....	5
<b>More English than [Spanish/other language]</b> .....	4
<b>Equal [Spanish/other language] and English</b> .....	3
<b>More [Spanish/other language] than English</b> .....	2
<b>All [Spanish/other language]</b> .....	1
<b>DON'T KNOW</b> .....	d
<b>REFUSED</b> .....	r

F. CHILD-PARENT ACTIVITIES AND ROUTINES

THIS SECTION NOT ADMINISTERED TO PREGNANT WOMEN

Next, I would like you to think about things you and others in your family may do together with [CHILD], including some of the typical routines in your household.

Source: Baby FACES 2009

**F1. How many books for children are there in your home? Would you say . . .**

**PROBE:** This can include children’s books for [CHILD] or other children who may also live in your home.

- zero,.....0
- 1 to 4,.....1
- 5 to 10,.....2
- 11 to 25, or.....3
- more than 25?.....4
- DON'T KNOW.....d
- REFUSED.....r

Source: Adapted from Baby FACES 2009

**F2. How often do you or others in your household read or look at books with [CHILD]? Would you say . . .**

**PROBE:** This can include books that you or others in your household look at or read with [CHILD] in places outside your home, such as at a library.

- more than once a day,..... 4
- about once a day,..... 3
- a few times a week,..... 2
- once a week, or..... 1
- less than once a week..... 0
- DON'T KNOW..... d
- REFUSED..... r

Source: Adapted from Baby FACES 2009

**F3. How often do you or others in your household tell a story to [CHILD]? By storytelling, we mean telling [CHILD] a story without an actual book. This can include telling a made-up story, or telling stories about events that have actually happened. Would you say you or others in your household do this . . .**

- more than once a day,..... 4
- about once a day,..... 3
- a few times a week,..... 2
- once a week, or..... 1
- less than once a week ..... 0
- DON'T KNOW..... d
- REFUSED..... r

Source: New item

**F4. How often do you or others in your household sing to or with [CHILD]? Would you say...**

- more than once a day,..... 4
- about once a day,..... 3
- a few times a week,..... 2
- once a week, or..... 1
- less than once a week ..... 0
- DON'T KNOW..... d
- REFUSED..... r

Source: Baby FACES 2009

**F5. In a typical week, please tell me the number of days at least some of the family eats the evening meal together.**

PROBE IF VARIES: **On average, how many days?**

|\_\_| (RANGE 0 – 7)

- DON'T KNOW..... d
- REFUSED..... r

Source: Baby FACES 2009

**F6. In a typical day, is [CHILD] fed at regular times?**

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

Source: Adapted from Baby FACES 2009

**F7. Does [CHILD] have a regular naptime?**

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

Source: Adapted from Baby FACES 2009

**F7a. On average, for how long does [CHILD] nap in a typical day?**

|\_\_|\_\_| HOURS (RANGE 00 – 15)

|\_\_|\_\_| MINUTES (RANGE 00 – 59)

DON'T KNOW..... d  
REFUSED..... r

Source: Adapted from Baby FACES 2009

**F8. Does [CHILD] have a regular bedtime?**

**PROBE: We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep.**

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

Source: Baby FACES 2009

**F8a. How many hours does [CHILD] usually sleep each night?**

|\_|\_| HOURS

|\_|\_| MINUTES

NO USUAL HOURS.....	98
DON'T KNOW.....	d
REFUSED.....	r

Source: New Item

**F9.** About how much screen time does [CHILD] get on a typical day? By screen time, we mean any time [he/she] spends watching TV or using a mobile device such as a smartphone, iPad, or other tablet to play games or watch videos.

INTERVIEWER: IF RESPONDENT MENTIONS CHILD SPENDS DIFFERENT AMOUNTS OF TIME ON WEEKDAYS VERSUS WEEKENDS, SAY: **Thinking both about weekdays and weekends, about how much time would you say is typical? Your best estimate is fine.**

|\_|\_| HOURS

|\_|\_| MINUTES

DON'T KNOW..... d

REFUSED..... r

SKIP IF 0 SCREEN TIME

Source: New Item

**F9.1** Now I am going to ask you about some ways [CHILD] may use the TV or mobile devices. How often...

[READ ITEM]...Would you say, never, rarely, some of the time, or most of the time?

PROBE: Mobile devices include smartphones, iPads, or other tablet devices.

	NEVER	RARELY	SOME OF THE TIME	MOST OF THE TIME	DON'T KNOW
a. Does [CHILD] watch TV or use a mobile device alone so that [he/she] can keep busy while you do other things? This can be at home or while you are out together.....	1	2	3	4	d
b. Do you and [CHILD] watch TV or use a mobile device together to watch shows or play games?.....	1	2	3	4	d
c. Does [CHILD] watch TV or use a mobile device before taking a nap or going to bed?	1	2	3	4	d

Source: Confusion, Hubbub, and Order Scale (CHAOS)

**F10. Next, I am going to read some statements that describe how things are like in many households. Please tell me how much each statement describes your home.**

**[READ ITEM]...Would you say: very much, somewhat, a little, or not at all?**

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	VERY MUCH	SOMEWHAT	A LITTLE	NOT AT ALL	DON'T KNOW/ REFUSED
b. We can usually find things when we need them.....	1	2	3	4	d
c. We almost always seem to be rushed.....	1	2	3	4	d
d. We are usually able to “stay on top of things”.....	1	2	3	4	d
e. No matter how hard we try, we always seem to be running late.....	1	2	3	4	d
f. It’s a real “zoo” in our home	1	2	3	4	d
g. At home we can talk to each other without being interrupted.....	1	2	3	4	d
h. There is often a fuss going on at our home.....	1	2	3	4	d
i. No matter what our family plans, it usually doesn’t seem to work out.....	1	2	3	4	d
j. You can’t hear yourself think in our home.....	1	2	3	4	d
k. I often get drawn into other people’s arguments at home (this can include arguments between adults or between adults and children).....	1	2	3	4	d
l. Our home is a good place to relax.....	1	2	3	4	d
m. The phone (calls or texts) takes up a lot of time in our home.....	1	2	3	4	d
n. The atmosphere in our home is calm.....	1	2	3	4	d
o. First thing in the day, we have a regular routine in our home.....	1	2	3	4	d
a. There is very little commotion in our home.....	1	2	3	4	d



**G. PROGRAM SERVICES**

The next questions are about services you and your family may have received from Early Head Start at [PROGRAM].

ALL

Source: Adapted from Baby FACES 2009

**G2.1** I am going to read you three descriptions of the types of Early Head Start services programs often provide. [Please do not include any other child care program [CHILD] may be enrolled in other than [PROGRAM].]

Which of the following best describes the kind of [services you/care [CHILD]] currently receives from [PROGRAM]?

CODE ONLY ONE

Center-based, meaning Early Head Start services are provided at a child care center and staff may visit you in your home a few times per year.....1

Home-based, meaning a home visitor from the program visits your family in your home on a regular basis and the program may also organize group socializations or activities with other families elsewhere, or.....2

Both center-based and home-based services such as going to a center several days per week and getting home visits at least monthly?.....3

SOME OTHER PROGRAM OPTION (SPECIFY).....99

DON'T KNOW.....d

REFUSED.....r

IF CENTER-BASED, OTHER, OR MISSING

Source: Baby FACES 2009

**G2.2** Home visitors may have come to do activities with you and [CHILD] or talk to you about how (he/she) is doing or about how your family is getting along. Has anyone from [PROGRAM] Early Head Start visited you at home in the past year?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

G2.1 = 2, 3 (HOME-BASED OR COMBO) OR G2.2 = 1 (RECEIVED HOME VISITS)

Source: Baby FACES 2009

**G2.3 How often do you typically receive home visits from [PROGRAM]?**

INTERVIEWER: HOME-BASED SHOULD BE AT LEAST TWO OR THREE TIMES A MONTH. BOTH CENTER AND HOME-BASED SHOULD BE AT LEAST ONCE A MONTH.

INTERVIEWER: READ LIST IF NECESSARY

- TWO OR MORE TIMES A WEEK.....7
- ABOUT ONCE A WEEK.....6
- TWO OR THREE TIMES A MONTH.....5
- ABOUT ONCE A MONTH.....4
- A FEW TIMES A YEAR (MORE THAN 2)..3
- TWICE A YEAR.....2
- ONCE A YEAR.....1
- DON'T KNOW.....d
- REFUSED.....r

IF G2.1 = 2 (HOME-BASED) AND G2.3 = 1 – 4 (LESS THAN TWO OR THREE TIMES A MONTH)

Source: Baby FACES 2009

**GV1. I have recorded that you (and [CHILD]) receive home-based services, but that you typically only receive home visits [FILL ANSWER FROM C2.3]. Have I recorded something incorrectly?**

INTERVIEWER: CENTER: EHS SERVICES PROVIDED AT CENTER AND STAFF MAY VISIT FAMILY AT HOME A FEW TIMES PER YEAR

HOME: HOME VISITOR VISITS FAMILY IN HOME ON REGULAR BASIS AND MAY ORGANIZE GROUP SOCIALIZATIONS OR ACTIVITIES WITH OTHER FAMILIES ELSEWHERE

BOTH: GOES TO CENTER SEVERAL DAYS PER WEEK AND GETS HOME VISITS AT LEAST MONTHLY

- CHANGE SERVICE TYPE.....1 G2.1
- CHANGE FREQUENCY OF HOME VISITS 2 G2.3
- CORRECT; CONTINUE.....0

IF G2.1 = 3 (COMBO) AND G2.3 = 1 – 3 (LESS THAN ONCE PER MONTH)

Source: Baby FACES 2009

**GV2. I have recorded that [CHILD] receives both home-based and center-based care, but that you typically receive home visits less than once a month? Have I recorded something incorrectly?**

INTERVIEWER: CENTER: EHS SERVICES PROVIDED AT CENTER AND STAFF MAY VISIT FAMILY AT HOME A FEW TIMES PER YEAR

HOME: HOME VISITOR VISITS FAMILY IN HOME ON REGULAR BASIS AND MAY ORGANIZE GROUP SOCIALIZATIONS ELSEWHERE

BOTH: GOES TO CENTER SEVERAL DAYS PER WEEK AND GETS HOME VISITS AT LEAST MONTHLY

CHANGE SERVICE TYPE.....1 G2.1  
CHANGE FREQUENCY OF HOME VISITS 2 G2.3  
CORRECT; CONTINUE.....0

EXCLUDE PREGNANT WOMEN

Source: Baby FACES 2009

**G3. Is [CHILD] receiving Early Head Start child care at a [PROGRAM] center?**

INTERVIEWER: THIS DOES NOT INCLUDE GROUP SOCIALIZATIONS AT A CENTER

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

IF (G2.1 = 1 OR 3 (CENTER –BASED OR COMBO)) AND G3 = 0 (NOT IN CENTER)

Source: Baby FACES 2009

**GV3. I recorded that [CHILD] receives (center-based / both center and home-based) care, but that [CHILD] is not receiving child care at a [PROGRAM] child development center. What have I recorded incorrectly?**

CHANGE SERVICE TYPE.....1 G2.1  
CHANGE THAT CHILD IS RECEIVING CARE2 G3

G3 = 1 (CHILD RECEIVES EHS CENTER CARE)

Source: Baby FACES 2009

**G4. How many days each week does [CHILD] go to [PROGRAM]?**

|\_\_| DAYS (RANGE 0 – 7)

LESS THAN ONCE A WEEK..... 0

DON'T KNOW..... D  
 REFUSED..... R  
 .....

ALL

Source: Adapted from Baby FACES 2009

**G5. Now I'm going to ask you about activities you or your family may have taken part in through [PROGRAM] Early Head Start. For each one, tell me if you did not participate at all, participated once or twice, or participated three or more times.**

**Since September, did you or other family members [INSERT ITEMS a-l] at [PROGRAM]?**

**Tell me if you did not participate at all or if you participated once or twice, or three or more times.**

	NOT AT ALL	ONCE OR TWICE	THREE OR MORE TIMES	DON'T KNOW	REFUSED
a. Attend workshops on job skills.....	0	1	2	d	r
b. Attend parent workshops on raising children.....	0	1	2	d	r
c. Attend events meant to engage men/fathers.....	0	1	2	d	r
d. Attend Early Head Start special events or activities, such as a children's performance or a holiday party.....	0	1	2	d	r
e. Attend group socialization activities for parents and their children.....	0	1	2	d	r
f. Volunteer in an Early Head Start classroom.....	0	1	2	d	r
g. Volunteer at the program in some other way, such as doing maintenance, chores, or shopping for the program .....	0	1	2	d	r
h. Recommend this program to other families	0	1	2	d	r
i. Encourage other enrolled families to participate in program activities	0	1	2	d	r
j. Act as an interpreter for families who do not speak English well	0	1	2	d	r
k. Helping to lead a parent workshop	0	1	2	d	r
l. Participate on the Policy Council or some other committee.....	0	1	2	d	r



**H. STAFF-PARENT RELATIONSHIPS**

G2.1 = 1 (CENTER-BASED) OR 2 (HOME-BASED)

**teacher** IF CENTER-BASED (G2.1 = 1);  
**home visitor** IF HOME-BASED (G2.1 = 2);

Source: Baby FACES 2009

**H0a. The next part of the interview is about your relationship with . . .**

(IF CENTER-BASED G2.1 = 1)  
...[CHILD]'s **teacher**.

(IF HOME-BASED G2.1 = 2)  
...**your family's home visitor**. If more than one person has visited you at home, please think about the person who you have spent the most time with.

G2.1 = 3, 99, D, R (IF IN BOTH CENTER/HOME VISIT, OTHER, OR MISSING)

Source: Baby FACES 2009

**H0b. The next questions are about your relationship with [CHILD]'s care provider. I'd like you to think about the person from [PROGRAM] that [CHILD] has spent the most time with or the person that has been most involved in (his/her) development. Would you like to answer about [CHILD]'s teacher or about your home visitor?**

TEACHER.....1  
HOME VISITOR.....2

FILL FOR INDICATED ITEMS IN SECTION:  
IF H0b = 1 (TEACHER), FILL **teacher**;  
IF H0b = 2 (HOME VISITOR), FILL **home visitor**.

ALL ITEMS FOR PARENTS RECEIVING CENTER-BASED SERVICES; ONLY 'SUPPORT' ITEMS FOR PARENTS IN HOME-BASED OPTION (ITEMS B, F, M, P, Q); EXCLUDE PREGNANT WOMEN

Source: Cocaring Relationship Questionnaire, adapted (CRQ; Lang) – Parent Version

**H1. For these first items, please tell me how well each of the following describes the way [you and your child’s teacher/you and your home visitor] work together.**

**[READ FIRST ITEM]. Would you say this is not true, a little bit true, somewhat true, or very true?**

	NOT TRUE	A LITTLE BIT TRUE	SOMEWHAT TRUE	VERY TRUE
a. I believe my child’s teacher is a good educator	0	1	2	3
b. My child’s teacher asks my opinion on issues related to caring for my child [My home visitor asks my opinion on issues related to caring for my child] .....	0	1	2	3
c. My child’s teacher pays a great deal of attention to my child.....	0	1	2	3
d. My child’s teacher and I have the same goals for my child.....	0	1	2	3
e. My child’s teacher and I have different ideas about how to raise my child.....	0	1	2	3
f. My child’s teacher tells me I am doing a good job or otherwise lets me know I am being a good parent [My home visitor tells me I am doing a good job or otherwise lets me know I am being a good parent] .....	0	1	2	3
g. My child’s teacher and I have different ideas regarding my child’s eating, sleeping, and/or other routines.....	0	1	2	3
h. My child’s teacher sometimes makes jokes or sarcastic comments about the things I do as a parent .....	0	1	2	3
i. My child’s teacher does not trust my abilities as a parent.....	0	1	2	3
j. My child’s teacher and I have different standards for my child’s behavior.....	0	1	2	3
k. My child’s teacher tries to show that she or he is better than me at caring for my child.....	0	1	2	3
l. My child’s teacher has a lot of patience with	0	1	2	3

	NOT TRUE	A LITTLE BIT TRUE	SOMEWHAT TRUE	VERY TRUE
<b>my child</b> .....				
m. <b>My child's teacher and I often discuss the best way to meet my child's needs</b> [ <i>My home visitor and I often discuss the best way to meet my child's needs</i> ] .....	0	1	2	3
n. <b>When we are together, my child's teacher sometimes competes with me for my child's attention</b> .....	0	1	2	3
o. <b>My child's teacher undermines my parenting</b> ...	0	1	2	3
p. <b>When I'm at my wits end as a parent, my child's teacher gives me the support I need</b> [ <i>When I'm at my wits end as a parent, my home visitor gives me the support I need</i> ] .....	0	1	2	3
q. <b>My child's teacher makes me feel like I'm the best possible parent for my child</b> [ <i>My home visitor makes me feel like I'm the best possible parent for my child</i> ] .....	0	1	2	3

ASK IF PROGRAM OPTION = HOME-BASED

Source: Working Alliance Inventory (WAI; adapted for use in EBHV) (PROPRIETARY)  
**H2. I am going to read you some statements that describe ways a parent might think or feel about his or her home visitor. For each, please tell me how often you think or feel that way.**  
**Please tell me if you feel this way never, rarely, sometimes, often, or always. Your first thoughts are what we are interested in.**  
**[READ ITEM] Would you say you feel this way...**

Items H2a to H2l are protected under copyright and have been redacted from this instrument.  
 Source: Working Alliance Inventory (adapted for used in EBHV)



ASK IF PROGRAM OPTION = HOME-BASED

Source: Parent Satisfaction with Home Visitor & Home Visits (Roggman et al. 2001)

**H3. These next statements are about your experiences during your home visits. Please tell me if you strongly disagree, somewhat disagree, somewhat agree, or strongly agree with each statement.**

**My home visits...[READ STATEMENT]. Would you say you...**

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER DISAGREE /AGREE	SOMEWHAT AGREE	STRONGLY AGREE
a. <b>Are a positive experience.....</b>	1	2	3	4	5
b. <b>Are enjoyable and fun.....</b>	1	2	3	4	5
c. <b>Give me a lot of information I need and want.....</b>	1	2	3	4	5
d. <b>Are different for me than for some of the other families.....</b>	1	2	3	4	5
e. <b>Have changed as my needs [and my baby's needs] have changed.....</b>	1	2	3	4	5
f. <b>Are planned well.....</b>	1	2	3	4	5
g. <b>Help me reach my goals.....</b>	1	2	3	4	5
h. <b>Are interesting to me.....</b>	1	2	3	4	5
i. <b>Involve me and my home visitor working together.....</b>	1	2	3	4	5
j. <b>Help me solve my own problems...</b>	1	2	3	4	5
k. <b>Help me make my own decisions...</b>	1	2	3	4	5
l. <b>Get me playing with my baby more.</b> [EXCLUDE PREGNANT WOMEN]	1	2	3	4	5
m. <b>Help me take better care of my baby.....</b> ... [EXCLUDE PREGNANT WOMEN]	1	2	3	4	5
n. <b>Help me make my baby feel happy and secure.....</b> [EXCLUDE PREGNANT WOMEN]	1	2	3	4	5

E4B = 1, 2 (RESPONDENT SPEAKS ENGLISH NOT AT ALL OR NOT WELL)

Source: New Item

**H4. Does [your/[CHILD]'s] Early Head Start (teacher/home visitor) speak to you in your preferred language?**

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

Source: Adapted from Baby FACES 2009

**H5. What language does [your/[CHILD]'s] Early Head Start (teacher/home visitor) usually use when talking to you?**

- All English..... 5
- More English than [Spanish/other language]..... 4
- Equal [Spanish/other language] and English..... 3
- More [Spanish/other language] than English..... 2
- All Spanish/other language..... 1
- DON'T KNOW..... d
- REFUSED..... r

RESPONDENT DOESN'T SPEAK ENGLISH WELL AND SPOKEN TO IN ENGLISH (OPTIONS 3-5 ABOVE)

Source: Baby FACES 2009

**H5a. Did someone translate for you so you could talk with [your/[CHILD]'s] Early Head Start (teacher/home visitor)?**

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

NO TRANSLATOR PROVIDED (H5A = 0)

Source: Baby FACES 2009

**H5a.1. Did you have any trouble understanding [your/[CHILD]'s] Early Head Start (teacher/home visitor)'s English?**

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

NO TRANSLATOR PROVIDED (H5A = 0)

Source: Baby FACES 2009

**H5a.2. Did [your/[CHILD]'s] Early Head Start (teacher/home visitor) have any trouble understanding you?**

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

REFUSED.....r

I. RESPONDENT HEALTH

The next questions are about your health and health-related behaviors.

ALL

Source: Adapted from Baby FACES 2009

11. Do you have health insurance for yourself? This can include private insurance, Medicaid/[MediCal/STAR], or any other government program that pays for medical care.

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

EXCLUDE PREGNANT WOMEN

Source: Adapted from Baby FACES 2009

12. Do you have health insurance for [CHILD]?

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

EXCLUDE PREGNANT WOMEN

Source: Baby FACES 2009

13. Has [PROGRAM] Early Head Start helped you find health insurance for [CHILD]?

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

ALL

Source: Baby FACES 2009

**14. Now thinking about yourself, would you say your health in general is . . .**

- excellent**,..... 1
- very good**,..... 2
- good**,..... 3
- fair, or**..... 4
- poor?**..... 5
- DON'T KNOW..... d
- REFUSED..... r

ALL

The next few questions are about tobacco, alcohol, and drug use. As a reminder, all of the information you share with me is private and will not be shared with anyone from your program. You do not have to answer any questions that make you feel uncomfortable. Just let me know and I will move on to the next question.

Source: Adapted from Baby FACES 2009

**15. During the past 30 days, have you or anyone else in your household smoked tobacco such as cigarettes or cigars?**

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

ALL

Source: New Item

**15A. During the past 30 days, have you used “vaping” products, such as e-cigarettes?**

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

IF SMOKED/VAPED DURING LAST 30 DAYS

Source: New Item

15B. Did [PROGRAM] Early Head Start offer resources or support for reducing or quitting your use of tobacco or “vaping”?

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

ALL

Source: Baby FACES 2009

16. In the past 12 months, have you had a drinking or drug problem or have other people thought you had one?

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

IF DRINKING/DRUG PROBLEM

Source: Adapted from Baby FACES 2009

17. Did [PROGRAM] Early Head Start help you get treatment related to this drug or alcohol problem?

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

ALL

Source: CESD-R

**18. Next, I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way in the past week or so.**

**[FILL ITEM a-t]? Would you say: less than 1 day, 1 to 2 days, 3 to 4 days, 5 to 7 days in the past week, or nearly every day for 2 weeks?**

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

	NOT AT ALL OR LESS THAN 1 DAY	1-2 DAYS IN PAST WEEK	3-4 DAYS IN PAST WEEK	5-7 DAYS IN PAST WEEK	NEARLY EVERY DAY FOR 2 WEEKS	DON'T KNOW/ REFUSED
a. My appetite was poor.....	0	1	2	3	4	d
b. I could not shake off the blues.....	0	1	2	3	4	d
c. I had trouble keeping my mind on what I was doing.....	0	1	2	3	4	d
d. I felt depressed.....	0	1	2	3	4	d
e. My sleep was restless.....	0	1	2	3	4	d
f. I felt sad.....	0	1	2	3	4	d
g. I could not get going.....	0	1	2	3	4	d
h. Nothing made me happy.....	0	1	2	3	4	d
i. I felt like a bad person.....	0	1	2	3	4	d
j. I lost interest in my usual activities.....	0	1	2	3	4	d
k. I slept much more than usual.....	0	1	2	3	4	d
l. I felt like I was moving too slowly.....	0	1	2	3	4	d
m. I felt fidgety.....	0	1	2	3	4	d
n. I wished I were dead.....	0	1	2	3	4	d
o. I wanted to hurt myself.....	0	1	2	3	4	d
p. I was tired all the time.....	0	1	2	3	4	d
q. I did not like myself.....	0	1	2	3	4	d
r. I lost a lot of weight without trying to.....	0	1	2	3	4	d
s. I had a lot of trouble getting to sleep.....	0	1	2	3	4	d
t. I could not focus on important things.....	0	1	2	3	4	d



**J. SOCIAL SUPPORT AND COMMUNITY ENVIRONMENT**

PREGNANT WOMEN ONLY (APPEARS IN PCR FOR ALL OTHER FAMILIES)

Source: Healthy Families Parenting Inventory (items from the Social Support subscale) (PROPRIETARY)

**J1. Now I am going to read a list of statements that describes how some people may behave or feel. For each statement, please tell me the answer that best fits for you.**

[READ ITEM]. Would you say you feel like this...

Items J1a to J1e are protected under copyright and have been redacted from this instrument.

Source: Healthy Families Parenting Inventory (Social Support subscale)

AT LEAST 2 ADULTS IN HH (INCLUDING RESPONDENT)

Source: FES

**J2. Now I'm going to read you some statements about how the people who live with you get along and settle arguments. For each statement, please tell me if you strongly agree, mildly agree, mildly disagree, or strongly disagree with it for your household.**

[READ ITEM]. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with this?

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. We fight a lot.....	4	3	2	1
b. We hardly ever lose our tempers.....	4	3	2	1
c. We sometimes get so angry we throw things.....	4	3	2	1
d. We often criticize each other.....	4	3	2	1
e. We sometimes hit each other.....	4	3	2	1

## K. NEEDS AND RESOURCES

ALL

Source: Economic Strain Questionnaire (PROPRIETARY)

**K1. Please think about how you feel about your family's economic situation. For each statement, indicate how much you agree or disagree.**

**[READ ITEM]. Would you say you...**

**Items K1a to K1d are protected under copyright and have been redacted from this instrument.**

**Source: Economic Strain Questionnaire**

Source: Economic Strain Questionnaire (PROPRIETARY)

**K2. This item is protected under copyright and has been redacted from this instrument.**

**Source: Economic Strain Questionnaire**

Source: Economic Strain Questionnaire (PROPRIETARY)

**K3. This item is protected under copyright and has been redacted from this instrument.**

**Source: Economic Strain Questionnaire**

**L. INCOME AND HOUSING**

ASK L2 IMMEDIATELY AFTER EACH "YES" RESPONSE TO L1a-g.  
INTERVIEWER RETURNS TO L1 TO ASK ABOUT REMAINING INCOME SUPPORTS.

ALL

Source: Baby FACES 2009 [SUBITEMS WELFARE, FOOD STAMPS, SSI ARE COMPONENTS OF RISK INDEX]

**L1. The next questions are about income support you or someone in your household may have received.**

**In the past 12 months, did you or anyone in your household receive [INSERT a-g] . . .**

	YES	NO	DON'T KNOW	REFUSED
a. <b>WIC, that is Special Supplemental Food Program for Women, Infants, and Children?</b>	1	0	d	r
b. <b>support from [State Welfare name] or welfare?.....</b>	1	0	d	r
c. <b>support from unemployment insurance?.....</b>	1	0	d	r
d. <b>SNAP, that is Supplemental Nutrition Assistance Program or food stamps?.....</b>	1	0	d	r
e. <b>SSI or Social Security Retirement, Disability, or Survivor's benefits?...</b>	1	0	d	r
f. <b>payments for providing foster care?.....</b>	1	0	d	r
g. <b>energy assistance?.....</b>	1	0	d	r

WHERE L1a-g = 1

Source: Baby FACES 2009

**L2a-g. Did [PROGRAM] refer you to another agency for [INSERT a-g]?**

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

END LOOP.

ALL

Source: Baby FACES 2009

**L3. Including yourself, how many adults contribute to your household income?**

|\_|\_| NUMBER  
DON'T KNOW..... d  
REFUSED..... r

ALL

Source: Baby FACES 2009

**L4. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.**

\$|\_|\_|\_|,|\_|\_|\_| . PER |\_|\_| CODE  
per week, 1  
every two weeks, 2  
per month, or 3  
per year? 4  
DON'T KNOW d  
REFUSED r

IF REFUSED OR DON'T KNOW RESPONSE ON INCOME

Source: Baby FACES 2009

**L4a. I just need a range. Was it . . .**

\$25,000 or less, 1  
or.....  
more than 0  
\$25,000?.....  
DON'T d  
KNOW.....  
REFUSED..... r  
.....



IF RANGE IS 25,000 OR LESS

Source: Baby FACES 2009

**L4a.1. Was it . . .**

<b>\$5,000 or less</b> .....	1
<b>\$5,001 to \$10,000,</b> .....	2
<b>\$10,001 to \$15,000</b> .....	3
<b>\$15,001 to \$20,000,</b> <b>or</b> .....	4
<b>\$20,001 to \$25,000?</b> .....	5
DON'T KNOW.....	d
REFUSED.....	R
.....	

IF RANGE IS MORE THAN 25,000

Source: Baby FACES 2009

**L4a.2. Was it . . .**

<b>\$25,001 to \$30,000,</b>	6
<b>\$30,001 to \$35,000,</b>	7
<b>\$35,001 to \$40,000,</b>	8
<b>\$40,001 to \$50,000,</b>	9
<b>\$50,001 to \$75,000, or</b>	10
<b>more than \$75,000?</b>	11
DON'T KNOW	d
REFUSED	r

ALL

Source: Baby FACES 2009

**L5. The next questions are about housing. Do you now live in . . .**

<b>a house, apartment, or trailer with your family only,</b> .....	1
<b>a house, apartment, or trailer you share with another family,</b>	2

**transitional housing (apartment) or a homeless shelter, or....** 3  
**somewhere else? (SPECIFY)** 99  
.....

---

DON'T KNOW..... d  
.....  
REFUSED..... r  
.....



ALL

Source: Baby FACES 2009

**L6. Have you moved in the past year?**

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

IF MOVED

Source: Baby FACES 2009

**L6a. How many times have you moved in the past year?**

- |\_|\_| NUMBER (RANGE 1 – 12)
- DON'T KNOW..... d
- ....
- REFUSED..... r
- .....

IF NOT IN TRANSITIONAL HOUSING OR HOMELESS SHELTER

Source: Baby FACES 2009

**L7. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?**

- OWNS OR IS BUYING HOME OR APARTMENT..... 1
- RENTS (WITHOUT PUBLIC ASSISTANCE)..... 2
- .....
- PUBLIC OR SUBSIDIZED HOUSING..... 3
- .....
- LIVING RENT-FREE IN HOME OF RELATIVES OR FRIENDS..... 4
- SOME OTHER ARRANGEMENT (SPECIFY)..... 99
- .....

DON'T KNOW.....	d
....	
REFUSED.....	r
.....	

ALL

Source: Baby FACES 2009

**L8. Did [PROGRAM] Early Head Start help you find a place to live?**

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

**M. CLOSING INFORMATION**

**Thank you for spending this time with me. We will send you your thank-you money in the next 2 weeks. I need to collect your contact information to make sure your check is sent to the right place.**

ALL

Source: Baby FACES 2009

**M1. First, I would like to verify your telephone number.**

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|  
 (Area Code)

NO TELEPHONE.....	1
DON'T KNOW.....	d
REFUSED.....	r

M1 = ANS

Source: New Item

**M1a. Is that a cell phone, home phone, or business phone?**

- CELL PHONE..... 1
- HOME PHONE..... 2
- BUSINESS PHONE..... 3
- DON'T KNOW..... d
- REFUSED..... r

M1 = 1, D, R

Source: Adapted from Baby FACES 2009

**M2. Can you give me another number where you can be reached?**

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|  
 (Area Code)

- NO ALTERNATE TELEPHONE NUMBER 0
- DON'T KNOW..... d
- REFUSED..... r

M2 = ANS

Source: New Item

**M2a. Is that a cell phone, home phone, or business phone?**

- CELL PHONE..... 1
- HOME PHONE..... 2
- BUSINESS PHONE..... 3
- DON'T KNOW..... d
- REFUSED..... r

ALL

Source: Adapted from Baby FACES 2009

**M3. Please give me your full name and address so we can mail your \$20 thank you check to you.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

- DON'T KNOW..... d
- REFUSED..... r

IF SURVEY COMPLETED BEFORE TARGET WEEK, SAY:

**Thank you for completing this survey. We will be coming to your program [WEEK/MONTH]. As part of that visit, we would like to ask you to complete a form about your child’s development and well-being. This should take about 15 minutes to complete and we will give you a \$5 gift card as a thank you. We will send the form to you about one week before the visit and ask that you return it to your program when we are visiting.**

ALL

**You have made an important contribution to helping us learn about the needs of families with infants and toddlers in this country. We appreciate your help very much. Thank you again.  
Goodbye.**