

Project LAUNCH Parent Survey: 5 to 13 years

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.

Participant Signature

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

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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 [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 your **[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
- h. 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
- l. High school or high school equivalent (GED)
- m. Some college
- n. 2-year college degree (e.g., Associate's degree)
- o. 4-year college degree or higher (e.g., Bachelor's degree, Master's degree, PhD)

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

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- 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, 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, 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"/>
<u>(If No, skip to question 24)</u>		
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
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24. During the past 12 months, was there any time when [CHILD NAME] needed health care but it was delayed or not received? Yes No

(If No, skip to question 25)

If Yes, was it...

a. Medical Care? Yes No

b. Dental Care? Yes No

c. Vision Care? Yes No

d. Mental health services? Yes No

e. Something else? Yes No

25. During the past 12 months, did [CHILD NAME] see a specialist other than a mental health professional? Yes No

General

	# of Days
26. During the past 12 months, about how many days did [CHILD NAME] miss school because of illness or injury?	<input style="width: 100%; height: 40px;" type="text"/>

	Excellent	Very Good	Good	Fair	Poor
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27. In general, how would you describe [CHILD NAME]'s health? Excellent Very Good Good Fair Poor

Child Social-Emotional Health

<i>During the past 4 weeks, how often did [CHILD NAME] ...</i>	Never	Rarely	Occasionally	Frequently	Very Frequently
28. Cope well with insults and mean comments?	<input type="radio"/>				
29. Get along with different types of people?	<input type="radio"/>				
30. Act respectfully in a game or competition?	<input type="radio"/>				
31. Respect another person's opinion?	<input type="radio"/>				
32. Contribute to group efforts?	<input type="radio"/>				
33. Resolve a disagreement	<input type="radio"/>				
34. Share with others?	<input type="radio"/>				
35. Cooperate with peers or siblings?	<input type="radio"/>				
36. Forgive somebody who hurt or upset her/him?	<input type="radio"/>				
37. Pay attention?	<input type="radio"/>				
38. Wait for her/his turn?	<input type="radio"/>				
39. Focus on a task despite a problem or distraction?	<input type="radio"/>				
40. Act comfortable in a new situation?	<input type="radio"/>				
41. Perform the steps of a task in order?	<input type="radio"/>				
42. Think before he/she acted?	<input type="radio"/>				
43. Pass up something he/she wanted, or do something he/she did not like, to get something better in the future?	<input type="radio"/>				

During the past 4 weeks, how often did [CHILD NAME] ...	Never	Rarely	Occasionally	Frequently	Very Frequently
44. Accept another choice when his/her first choice was unavailable?	<input type="radio"/>				
45. Stay calm when faced with a challenge?	<input type="radio"/>				
46. Adjust well to changes in plans?	<input type="radio"/>				
47. Adjust well when going from one setting to another?	<input type="radio"/>				
48. Keep trying when unsuccessful?	<input type="radio"/>				
49. Take steps to achieve goals?	<input type="radio"/>				
50. Try to do her/his best?	<input type="radio"/>				
51. Seek out additional knowledge or information?	<input type="radio"/>				
52. Take an active role in learning?	<input type="radio"/>				
53. Do things independently?	<input type="radio"/>				
54. Ask to take on additional work or responsibilities?	<input type="radio"/>				
55. Show creativity in completing a task?	<input type="radio"/>				
56. Seek out challenging tasks?	<input type="radio"/>				
57. Work hard on projects?	<input type="radio"/>				
58. Compliment or congratulate somebody?	<input type="radio"/>				
59. Do something nice for somebody?	<input type="radio"/>				
60. Show appreciation of others?	<input type="radio"/>				
61. Greet a person in a polite way?	<input type="radio"/>				
62. Attract positive attention from peers?	<input type="radio"/>				

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<i>During the past 4 weeks, how often did [CHILD NAME]</i> ...	Never	Rarely	Occasionall y	Frequently	Very Frequently
63. Express concern for another person?	<input type="radio"/>				
64. Attract positive attention from adults?	<input type="radio"/>				
65. Make a suggestion or request in a polite way?	<input type="radio"/>				
66. Offer to help somebody?	<input type="radio"/>				
67. Respond to another person's feelings?	<input type="radio"/>				

Parent-Child Relationship

<i>Indicate how frequently each statement describes your beliefs or experiences</i>	Never	Sometimes	Often	Almost always
68. When [CHILD NAME] is upset, I can calm him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. I know what [CHILD NAME] is thinking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70. 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"/>
72. I know when [CHILD NAME] wants to be left alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. I enjoy spending time with [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. I know what to say to calm down [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. I know what [CHILD NAME] is feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. When upset, [CHILD NAME] comes to me for comfort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. [CHILD NAME] enjoys spending time with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. I know how [CHILD NAME] will react in most situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. I punish [CHILD NAME] if he/she talks back to an adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
80. I punish [CHILD NAME] if he/she shows disrespect to an adult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81. I punish [CHILD NAME] when he/she misbehaves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
82. I punish [CHILD NAME] if he/she destroys someone else's things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83. 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"/>
84. I insist that [CHILD NAME] follow the rules of the house.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85. 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"/>

86. It is important for a child to follow family rules

<i>Indicate how frequently each statement describes your beliefs or experiences</i>	Never	Sometimes	Often	Almost always
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87. Children should do what parents tell them to do.

88. [CHILD NAME] and I plan things to do together.

89. [CHILD NAME] and I go on outings together.

90. I teach [CHILD NAME] how to play new games.

91. [CHILD NAME] and I do arts and crafts together.

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

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

94. [CHILD NAME] and I work on projects together.

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

96. I am confident in my parenting ability.

97. I make good parenting decisions.

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

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

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

101. [CHILD NAME] knows the house rules.

102. I am in control of my household.

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

<i>Indicate how frequently each statement describes your beliefs or experiences</i>	Never	Sometimes	Often	Almost always
104. During the last year, [CHILD NAME] has been difficult to take care of.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
105. I lose my temper with [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
106. [CHILD NAME] tests my limits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
107. I lose my patience with [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
108. I overreact when [CHILD NAME] misbehaves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
109. [CHILD NAME] and I agree on most things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
110. [CHILD NAME] complains about how I treat him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
111. It is difficult for me to communicate clearly with [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
112. I find it hard to talk to [CHILD NAME].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
113. [CHILD NAME] and I get into heated discussions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
114. [CHILD NAME] and I get into arguments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
115. [CHILD NAME] and I argue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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)
116. I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
117. I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
118. I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
119. I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
120. I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
121. I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
122. My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
123. I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
124. I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
125. I could not "get going."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Home Environment

<i>In a typical week, how often do you or any other family members do the following things with [CHILD NAME]:</i>	<i>Not at all</i>	<i>Once or twice a week</i>	<i>Three to six times a week</i>	<i>Every day</i>	<i>Refused</i>	<i>Don't know</i>
126. Tell stories to [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
127. Sing songs with [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
128. Help [CHILD NAME] do arts and crafts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
129. Involve [CHILD NAME] in household chores, like cooking, cleaning, setting the table, or caring for pets?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
130. Play games or do puzzles with [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
131. Talk about nature or do science projects with [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
132. Build something or play with construction toys with [CHILD NAME]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
133. Play a sport or exercise together?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
134. Practice reading, writing, or working with numbers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
135. Read books: Include only times family members have read books to [CHILD NAME]. Do not include times when [CHILD NAME] reads or looks at books by him or herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
136. Read books: Include only times family members have read books to [CHILD NAME] in a primary language other than English?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
137. Take [CHILD NAME] outside for a walk or to play in the yard, a park, or a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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playground?

138. Take [CHILD NAME] to a public place like a zoo or a museum?

Social Support

<p><i>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.</i></p>	<p><i>As much as I would like</i></p>	<p><i>Almost as much as I would like</i></p>	<p><i>Some, but would like more</i></p>	<p><i>Less than I would like</i></p>	<p><i>Much less than I would like</i></p>
<p>139. I have people who care what happens to me.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>140. I get love and affection.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>141. I get chances to talk to someone about problems at work or with my housework.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>142. I get chances to talk to someone I trust about my personal or family problems.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>143. I get chances to talk about money matters.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>144. I get invitations to go out and do things with other people.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>145. I get useful advice about important things in life.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>
<p>146. I get help when I am sick in bed.</p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>	<p><input type="radio"/></p>

Services Received

147. 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

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

149. 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 #153. If **YES**, answer questions #150-152.

150. 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

151. Thinking about [PROGRAM IDENTIFIED IN #150], 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

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- e. Only one time ever
- f. Other. Please specify: _____
- g. Don't know/Can't remember

152. Thinking about [**PROGRAM IDENTIFIED IN #150**], 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

153. 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 #157. If **YES**, answer questions #154-156.

154. 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

155. Thinking about [**PROGRAM OR WORKSHOP IDENTIFIED IN #154**], 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
156. Thinking about [PROGRAM OR WORKSHOP IDENTIFIED IN #154], how many months in the past year did you attend at least one **workshop or program**?

Enter number of months: _____

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

IF **NO**, skip to question #159. If **YES**, answer question #158.

158. What is the name of the **pediatrician or medical practice**?

159. In the past year, has [CHILD NAME]'s pediatrician referred [CHILD 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.

- Yes
- No

If **NO**, skip to question #161. If **YES**, answer question #160.

160. 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.

- 0
- 1-2
- 3-5
- 7-9
- 10 or more times
- Don't know/Can't remember

161. 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 #159?

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 #163 (next section). If **YES**, answer question #162.

162. 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.

162. What is your full name?

FIRST NAME

LAST NAME

163. 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): _____

164. What is your primary address?

Address Line 1: House # and Street Name

Address Line 2: Optional

Address Line 3: City, State, and ZIP Code

165. What is your primary telephone number?

(___) ___ - ____

166. What type of phone number is it?
- h. Cell or mobile
 - i. Home
 - j. Office
 - k. Other (please specify): _____

167. Do you have a secondary telephone?
- l. Yes
 - m. No

If **No**, skip to question 170. If **Yes**, continue to question 168.

168. What is your secondary telephone number?

(___) ___ - ____

169. What type of phone is your secondary number?
- n. Cell or mobile
 - o. Home
 - p. Office
 - q. Other (please specify): _____

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

_____ @ _____

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

If **No**, the survey is complete. If **Yes**, continue to question #172.

172. What is this person's relationship to **[CHILD NAME]**?
- a. Mother (including a biological, adoptive, or step-mother)
 - b. Father (including a biological, adoptive, or step-fathers)
 - c. Legal guardian
 - d. Grandmother
 - e. Grandfather
 - f. Non-relative caregiver
 - g. Something else (please specify): _____

RESPONDENT ID# _____

Project LAUNCH Parent Survey

Ages: 5 to 13 years

173. What is [CHILD NAME]'s [RELATIONSHIP IDENTIFIED IN #174]'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

174. What is [FIRST NAME OF PERSON IDENTIFIED IN #165]'s address?

Address Line 1: House # and Street Name

Address Line 2: Optional

Address Line 3: City, State, and ZIP Code