

OMB No.: 0970-0354

Expiration Date: xx/xx/20xx

MATHEMATICA
Policy Research



Staff Survey – Home Visitor

Draft for OMB

INTRODUCTION

Thank you for taking the time to let us speak with you today. This survey is part of the Baby FACES study. We obtained permission from the director of your program to talk with you about your experiences in Early Head Start. We appreciate your time and effort in completing this survey.

This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them. Your participation in the study is voluntary. Please be assured that all information you provide will be kept private to the extent permitted by law. 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.

The survey will take about 30 minutes to complete.

SECTION B. STAFF DEVELOPMENT AND SUPERVISION

The first questions are about the supervision and training provided by your program.

Source: Baby FACES 2009

B1. Do you have an individual career or professional development plan?

YES.....1

NO.....0

DON'T KNOW/REFUSED.....d

IF HOME VISITOR HAS INDIVIDUAL CAREER OR PD PLAN (B1=1), ASK:

Source: New item

B2. Do you feel your program director or supervisor uses the plan to provide you with professional development and training?

YES.....1

NO.....0

DON'T KNOW/REFUSED.....d

Source: Items B3-B7 adapted from Baby FACES 2009

B3. Do you have one-on-one supervision meetings, group supervision meetings, or both?

ONE-ON-ONE SUPERVISION.....1

GROUP SUPERVISION.....2

BOTH.....3

NONE.....0 GO TO B6

DON'T KNOW/REFUSED.....d GO TO B6

IF ONE-ON-ONE SUPERVISION OR BOTH (B3=1 OR B3=3), ASK:

B4. How frequently do you typically have one-on-one supervision meetings?

ONCE A WEEK OR MORE OFTEN.....1

A FEW TIMES A MONTH.....	2
ONCE A MONTH.....	3
A FEW TIMES A YEAR.....	4
ONCE A YEAR.....	5
DON'T KNOW/REFUSED.....	d

IF GROUP SUPERVISION OR BOTH (B3=2 OR B3=3), ASK:

B5. How frequently do you typically have group supervision meetings?

- ONCE A WEEK OR MORE OFTEN.....1
- A FEW TIMES A MONTH.....2
- ONCE A MONTH.....3
- A FEW TIMES A YEAR.....4
- ONCE A YEAR.....5
- DON'T KNOW/REFUSED.....d

B6. Now please think about coaching. Some people may think of this as mentoring. A coach is a person who has expertise in specific areas and who models practices, provides professional development, and works with staff to improve their performance.

Do you currently have a coach assigned to you by your program?

- YES.....1
- NO.....0 GO TO B13
- DON'T KNOW/REFUSED.....d GO TO B13

B7. How often do you meet with your coach? Would you say...

- Daily,.....1
- Weekly,.....2
- A few times a month,.....3
- Once a month,4
- More than once a year,.....5
- Once a year, or.....6
- Never?.....7
- DON'T KNOW/REFUSED.....d

Source: New item

B8. How does your coach assess your needs? Is it by...

CIRCLE ONE PER ROW

	YES	NO	DON'T KNOW/ REFUSED
a. Observing your home visits.....	1	0	d
b. Directly asking you what your needs are.....	1	0	d
c. Reviewing home-visit observation data.....	1	0	d
d. Reviewing child assessment data	1	0	d
e. Asking you to complete surveys or questionnaires.....	1	0	d

Source: New item

- B9. Coaches have different approaches or ways of supporting home visitors in improving their practice. What methods do coaches use when working with you?**

CIRCLE ONE PER
ROW

	YES	NO	DON'T KNOW/ REFUSED
a. Discuss what they observe during home visits.....	1	0	d
b. Provide written feedback on what they observe during home visits....	1	0	d
c. Have you watch a video tape of yourself conducting a home visit.....	1	0	d
d. Have you observe or watch a video of an experienced home visitor. . .	1	0	d
e. Model good home visiting practices.....	1	0	d
f. Suggest trainings for you to attend.....	1	0	d
g. Provide trainings to you.....	1	0	d
h. Review child assessment data with you.....	1	0	d
i. Anything else? (SPECIFY)..... _____	1	0	d

Source: New item

- B10. Overall, how much do you feel the resources and feedback provided by your coach have contributed to your professional effectiveness? Would you say...**

A great deal,.....1

Somewhat,.....2

A little, or.....3

Not at all?.....4

DON'T KNOW/REFUSED.....d

Source: New item

B11. Thinking about parent-child relationships, how much support (such as information, feedback, and help in doing your job) do you feel you receive from your coach? Would you say...

A lot of support,.....1

Some support,.....2

A little support, or.....3

No support?.....4

DON'T KNOW/REFUSED.....d

Source: New item

B12. Focusing on home visitor-family interactions, how much support (such as information, feedback, and help in doing your job) do you feel you receive from your coach? Would you say...

A lot of support,.....1

Some support,.....2

A little support, or.....3

No support?.....4

DON'T KNOW/REFUSED.....d

Source: New item

B13. Next, we'd like to ask you about training that you may have received from this program since September. This can include one-on-one training from a coach or someone else, training received through workshops, or training you may have completed online. Have you received training from your program in...

PROBE: This can include on-site or off-site training.

CIRCLE ONE PER ROW

Have you received training from your program in...		
YES	NO	DON'T

			KNOW/ REFUSED
a. Child development and early childhood education.....	1	0	d
b. Strategies and activities that support positive parent-child relationships.....	1	0	d
c. Strategies and activities that support positive home visitor-family interactions.....	1	0	d
e. Strategies for engaging parents and families in program activities and in children's learning.....	1	0	d
f. Practices that support children who are dual language learners and their families.....	1	0	d
g. Conducting and using information from screenings and assessments.....	1	0	d
h. Understanding the unique ways in which parents learn and acquire new skills (for example, learning through hands-on experiences and feedback).....	1	0	d
i. Curriculum.....	1	0	d
j. Strategies and activities to support a positive home environment that is safe and encourages learning.....	1	0	d
k. Anything else? (SPECIFY).....	1	0	d

Source: New item

B14. Thinking about all the training you received from this program since September, overall how useful was it? Would you say...

Very useful,.....1

Somewhat useful,.....2

Not too useful, or.....3

Not at all useful?.....4

DON'T KNOW/REFUSED.....d

Turning next to curricula and assessments...

Source: Adapted from Baby FACES 2009

B15. Do you use any specific curriculum for your home visit services?

YES, SPECIFIC CURRICULUM.....1

YES, COMBINATION.....2

NO.....0 GO TO B18

DON'T KNOW/REFUSED.....d GO TO B18

B16. What (curriculum/curricula) do you use in your home visit services? Please just tell me the (name/names).

IF MORE THAN ONE MENTIONED, ASK: **Which of these that you mentioned do you consider the main curriculum?**

	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ONE ONLY</u>
	A. CURRICULUM A USED	B. MAIN CURRICULUM
a. AGENCY-CREATED CURRICULUM	1	1
c. BEAUTIFUL BEGINNINGS.....	3	3
d. CREATIVE CURRICULUM LEARNING GAMES/TEACHING STRATEGIES.....	4	4
e. EARLY LEARNING ACCOMPLISHMENTS PROFILE.....	5	5
g. GAMES TO PLAY WITH BABIES.....	7	7
h. GAMES TO PLAY WITH TODDLERS.....	8	8
i. GROWING GREAT KIDS.....	9	9
j. HAWAII EARLY LEARNING PROFILE (HELP)	10	10
k. HEALTHY FAMILIES AMERICA (HFA)	11	11
n. LEARNING ACTIVITIES FOR INFANTS.....	14	14
o. ONES AND TWOS.....	15	15
p. PARENTS AS TEACHERS.....	16	16
u. PARTNERS FOR A HEALTHY BABY	21	21
v. PARTNERS IN LEARNING	22	22
w. PARTNERS IN PARENTING EDUCATION (PIPE).....	23	23
x. EARLY HEAD START PROGRAM FOR INFANT/TODDLER CAREGIVERS	24	24
y. TALKING TO YOUR BABY	25	25
z. THE PORTAGE PROJECT: GROWING B-3	26	26
bb. OTHER (SPECIFY)..... _____		
cc. OTHER (SPECIFY)..... _____	29	29

Source: New item

B17. How often do you use the curriculum to prepare your home visit plans?

NOT AT ALL.....0

LESS THAN ONCE A MONTH.....1

ONCE A MONTH.....2

TWO TIMES A MONTH.....3

THREE TIMES A MONTH.....4

WEEKLY.....5

DON'T KNOW/REFUSED.....d

Source: New item

B18. How much do you involve parents when planning activities for your home visits? Would you say...

Not at all,.....1

A little, or.....2

A lot?.....3

DON'T KNOW/REFUSED.....d

Source: Items B19-B22 adapted from Baby FACES 2009

B19. Since September, have you used any assessments to gather information on children's development or progress?

YES.....1

NO.....0

NOT APPLICABLE- HV ONLY SEES PREGNANT WOMEN.....NA

DON'T KNOW/REFUSED.....d

B20. And what about assessments to gather information about parent or family needs?

YES.....1

NO.....0

DON'T KNOW/REFUSED.....d

IF CHILD ASSESSMENT TOOLS USED (B19=1), ASK:

B21. What child assessment(s) have you used since September this year?

INTERVIEWER PROBE: **Any others?**

	CIRCLE ALL THAT APPLY
ASSESSMENT USED	
a. AGENCY-CREATED SCREENING ASSESSMENT	1
b. AGES AND STAGES QUESTIONNAIRE (ASQ).....	2
c. ACHENBACH CHILD BEHAVIOR CHECKLIST (CBCL).....	3
d. BAYLEY BEHAVIOR RATING SCALE (BRS).....	4
e. BAYLEY MENTAL DEVELOPMENT INDEX (MDI).....	5
f. CREATIVE CURRICULUM TOOLS (MAY ALSO BE KNOWN AS TEACHING STRATEGIES GOLD).....	6
g. DESIRED RESULTS DEVELOPMENTAL PROFILES-R (DRDP).....	7
h. DENVER DEVELOPMENTAL SCREENING TEST	8
i. DEVEREUX EARLY CHILDHOOD ASSESSMENT (DECA).....	9
j. EARLY LEARNING ACCOMPLISHMENT PROFILE.....	10
k. GALILEO ASSESSMENT SCALES.....	11
l. HAWAII EARLY LEARNING PROFILE (HELP).....	12
m. HIGH SCOPE CHILD OBSERVATION RECORD (COR).....	13
n. INFANT TODDLER DEVELOPMENTAL ASSESSMENT.....	14
o. INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT AND BRIEF INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT (ITSEA.BITSEA).....	15
p. MACARTHUR COMMUNICATIVE DEVELOPMENT INVENTORIES (CDI).....	16
q. MULLEN SCALES OF EARLY LEARNING.....	17
r. PRESCHOOL LANGUAGE SCALE (PLS).....	18
s. TEMPERAMENT AND ATYPICAL BEHAVIOR SCALE (TABS).....	19
t. THE OUNCE SCALE.....	20
u. WOODCOCK-JOHNSON.....	21
v. OTHER (SPECIFY).....	22

w. OTHER (SPECIFY).....	23

IF PARENT/FAMILY ASSESSMENT TOOLS USED (B20=1), ASK

B22. What parent or family assessments did you use?

INTERVIEWER PROBE: **Any others?**

	CIRCLE ALL THAT APPLY
	ASSESSMENT USED
a. AGENCY-CREATED ASSESSMENT.....	1
b. ADULT-ADOLESCENT PARENTING INVENTORY.....	2
c. BECK DEPRESSION INVENTORY.....	3
d. CES-D DEPRESSION SCALE.....	4
e. CHILD ABUSE POTENTIAL INVENTORY (CAP).....	5
f. FAMILY NEEDS SCALE.....	6
h. FAMILY PARTNERSHIP AGREEMENT.....	7
i. FAMILY SUPPORT SCALE (FSS).....	8
j. HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT.....	9
k. INFANT-TODDLER AND FAMILY INSTRUMENT.....	10
l. KEMPE FAMILY STRESS INVENTORY.....	11
m. KNOWLEDGE OF INFANT DEVELOPMENT INVENTORY (KIDI).....	12
n. PARENTING STRESS INDEX.....	13
o. PARTNERS IN PARENTING EDUCATION (PIPE).....	14
p. PARENTS AS PRIMARY CAREGIVERS PARENT SURVEY.....	15
q. OTHER (SPECIFY).....	16

IF CHILD ASSESSMENTS USED (B19=1), ASK:

Source: New item

- B23.** Now we are interested in learning about the ways you use child assessment and/or family needs assessment data for planning purposes.

Child assessment data refers to information about a child's development and progress in early learning outcomes. *Family needs assessment data* refers to information on parenting and family well-being. This includes information gathered from direct one-on-one assessments, structured observations, or parent report measures.

How useful is child assessment data for planning and individualizing home visits for children and families? Would you say very useful, useful, a little useful, or not useful? If you do not use the data for this purpose, please let me know.

VERY USEFUL.....1

USEFUL.....2

A LITTLE USEFUL, OR.....3

NOT USEFUL.....4

DON'T USE THE DATA FOR THIS PURPOSE.....5

DON'T KNOW/REFUSED.....d

IF FAMILY ASSESSMENTS USED (B20=1), ASK:

Source: New item

- B24.** And how useful is family needs assessment data for planning and individualizing home visits for children and families? Would you say very useful, useful, a little useful, or not useful? If you do not use the data for this purpose, please let me know.

VERY USEFUL.....1

USEFUL.....2

A LITTLE USEFUL, OR.....3

NOT USEFUL.....4

DON'T USE THE DATA FOR THIS PURPOSE.....5

DON'T KNOW/REFUSED.....d

B25. NOT IN THIS VERSION

IF CHILD ASSESSMENTS USED (B19=1), ASK:

Source: New item

B26. Please indicate whether you feel each of the following are challenges to using child assessment data to plan and provide services for individual families.

[READ ITEM]... Would you say this is a challenge or not a challenge?

CIRCLE ONE PER ROW

	YES, THIS IS A CHALLENGE	NO, THIS IS NOT A CHALLENGE	DON'T KNOW/REFUSED
a. Not having the technology I need to collect and work with child assessment data.....	1	2	d
b. Not having enough time to collect the child assessment data I need.....	1	2	d
c. Not knowing how to accurately collect child assessment data.....	1	2	d
d. Not knowing how I can use child assessment data to individualize or improve the strategies I use with families.....	1	2	d
e. Lack of understanding of what the child assessment data mean.....	1	2	d

IF FAMILY ASSESSMENTS USED (B20=1), ASK:

Source: New item

B27. Please indicate whether you feel each of the following are challenges to using family needs assessment data to plan and provide services for individual families.

[READ ITEM]. Would you say this is a challenge or not a challenge?

CIRCLE ONE PER ROW

	YES, THIS IS A CHALLENGE	NO, THIS IS NOT A CHALLENGE	DON'T KNOW/REFUSED
a. Not having the technology I need to collect and work with family needs assessment data.....	1	2	d
b. Not having enough time to collect the family needs assessment data I need.....	1	2	d
c. Not knowing how to accurately collect family needs assessment data	1	2	d
d. Not knowing how I can use family needs assessment data to individualize or improve the	1	2	d

strategies I use with families

e. Lack of understanding of what the family needs
assessment data mean.....

1

2

d

Source: New item

B28. Another source of information is observations of your home visits. Since September, has anyone conducted an observation of one of your home visits?

YES.....1

NO.....0 GO TO C1

DON'T KNOW/REFUSED.....d GO TO C1

IF HOME VISIT OBSERVED (B28=1), ASK:

Source: New item

B29. Did you receive feedback based on the home visit observation?

YES.....1

NO.....0 GO TO C1

DON'T KNOW/REFUSED.....d GO TO C1

IF FEEDBACK RECEIVED (B29=1), ASK:

Source: New item

B30. How useful was the feedback in improving the strategies and activities you use with your families? Would you say...

Very useful,.....1

Somewhat useful,.....2

Not too useful, or,.....3

Not at all useful?.....4

DON'T KNOW/REFUSED.....d

SECTION C: ORGANIZATIONAL CLIMATE

This next section is about your work environment and the people you work with.

Function:

C1. Please tell me the extent to which you disagree or agree with the following statements about your Early Head Start program.

[READ ITEM]. Would you say that you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree?

CIRCLE ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	DON'T KNOW/ REFUSED
a. Staff in this program get along very well.....	1	2	3	4	5	d
b. There is too much friction among staff members.....	1	2	3	4	5	d
c. The staff in this program always work together as a team.....	1	2	3	4	5	d
d. Staff in this program are always quick to help one another when needed.....	1	2	3	4	5	d
e. Mutual trust and cooperation among staff in this program are strong.....	1	2	3	4	5	d
f. Everybody in this program does their fair share of work.....	1	2	3	4	5	d
g. Ideas and suggestions from staff get fair consideration by program management.....	1	2	3	4	5	d
h. The formal and informal communication channels in this program work very well.....	1	2	3	4	5	d
i. Program staff are always kept well informed.....	1	2	3	4	5	d
i. More open discussions about program issues are needed in this program.....	1	2	3	4	5	d
k. Staff members always feel free to ask questions and express concerns in this program.....	1	2	3	4	5	d

CIRCLE ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	DON'T KNOW/ REFUSED
l. You are under too many pressures to do your job effectively.....	1	2	3	4	5	d
m. Staff members often show signs of stress and strain.....	1	2	3	4	5	d
n. The heavy workload in this program reduces program effectiveness.....	1	2	3	4	5	d
o. Staff frustration is common in this program.....	1	2	3	4	5	d
p. You are satisfied with your present job.....	1	2	3	4	5	d
q. You feel appreciated for the job you do.....	1	2	3	4	5	d
r. You like the people you work with.....	1	2	3	4	5	d
s. You give high value to the work you do in this program.....	1	2	3	4	5	d
t. You are proud to tell others where you work.....	1	2	3	4	5	d

C2. Next, I would like to ask your opinion about your program director and how often he/she interacts with you and other home visitors at this program. Please tell me how often the following occur in your program.

[READ ITEM]. Would you say that this occurs rarely, sometimes, often, or very frequently?

CIRCLE ONE PER ROW

	RARELY	SOMETIMES	OFTEN	VERY FREQUENTLY	DON'T KNOW/REFUSED
a. The program director goes out of his/her way to help home visitors.....	1	2	3	4	d
b. The program director uses constructive criticism.....	1	2	3	4	d
c. The program director explains his/her reasons for criticism to home visitors.....	1	2	3	4	d
d. The program director listens to and accepts home visitors' suggestions.....	1	2	3	4	d
e. The program director looks out for the personal welfare of home visitors.....	1	2	3	4	d
f. The program director treats home visitors as equals.....	1	2	3	4	d
g. The program director compliments home visitors.....	1	2	3	4	d
h. The program director is easy to understand.....	1	2	3	4	d
i. The program director goes out of his/her way to show appreciation to home visitors.....	1	2	3	4	d

Source: New item

C3. Thinking about your safety when going into the homes of your clients, how often do you feel unsafe when conducting home visits? Would you say...

All or almost all of the time,.....1

Most of the time,.....2

Some of the time,3

Hardly ever, or.....	4
Never?.....	5
DON'T KNOW/REFUSED.....	d

C4. Does your program provide any of the following supports or resources to help you feel safe during home visits?

CIRCLE ONE PER ROW

	YES	NO	DON'T KNOW/ REFUSE D
a. Safety plan or guidelines.....	1	0	d
b. Safety training opportunities.....	1	0	d
c. GPS system, cell phones, and/or car chargers.....	1	0	d
d. Procedures to ensure supervisor or other staff know your home visit schedule and changes to your schedule.....	1	0	d
e. Supervisor, mentor, or coach available to discuss your safety concerns.....	1	0	d
f. Option for going on visits with another staff person or escort.....	1	0	d
g. Help finding a safe place for home visits	1	0	d

SECTION D: LANGUAGE

Next, we are going to talk about the languages you and the families you serve speak.

Source: New item

D1. What is your primary language? This is the language that you feel most comfortable communicating in.

ENGLISH..... 1

SPANISH..... 2

OTHER (SPECIFY)..... 3

DON'T KNOW/REFUSED..... d

Source: Items D2 - D3 adapted from Baby FACES 2009

D2. Do you speak any language other than [PRIMARY LANGUAGE FROM D1]?

YES..... 1

NO..... 0 GO TO E1

DON'T KNOW/REFUSED..... d GO TO E1

D3. What languages?

PROBE: Any other languages?

CIRCLE ALL LANGUAGES FIRST GOING DOWN THE TABLE BY WRITING IN THE LANGUAGE ON THE LINES AND ENTERING THE 2 DIGIT LANGUAGE CODE. IF SPANISH OR ENGLISH, CHECK THE APPROPRIATE BOX. THEN, FOR THE FIRST LANGUAGE CODED, ASK ALL D3a–D3d. THEN ASK ALL D3a–D3d FOR THE NEXT LANGUAGE.

D3.		D3a – D3d. How well do you . . .			
		CIRCLE ONE PER ROW			
LANGUAGE USED	2 DIGIT LANGUAGE CODE	D3a. Understand [FILL LANGUAGE]]?Would you say . ..	D3b. Speak [FILL LANGUAGE]? Would you say ...	D3c. Read [FILL LANGUAGE]? Would you say ...	D3d. Write [FILL LANGUAGE]? Would you say ...
a. SPANISH.....	02 ☐ MARK HERE IF SPANISH	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d
b. ENGLISH.....	01 ☐ MARK HERE IF ENGLISH	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d
c. OTHER SPECIFY 1.....	☐ 	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d
d. OTHER SPECIFY 2.....	☐ 	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all.....1 Not well.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d

D4-D7. NOT IN THIS VERSION

SECTION E: HEALTH

Next, I am going to ask you some questions about how you've been feeling recently. Remember, everything you tell me is private and won't be shared with anyone in your program.

Source: The Center for Epidemiologic Studies Depression Scale Revised (CESD-R)

E1. 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.

CODE ONE PER ROW

	LAST WEEK				NEARLY EVERY DAY FOR 2 WEEKS	DON'T KNOW/ REFUSED
	NOT AT ALL OR LESS THAN 1 DAY	1-2 DAYS	3-4 DAYS	5-7 DAYS		
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

CODE ONE PER ROW

	LAST WEEK				NEARLY EVERY DAY FOR 2 WEEKS	DON'T KNOW/ REFUSED
	NOT AT ALL OR LESS THAN 1 DAY	1-2 DAYS	3-4 DAYS	5-7 DAYS		
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

SECTION F. DEMOGRAPHICS

These last questions are about your background.

Source: OMB Guidance

F1. Are you of Hispanic, Latino/a, or Spanish origin?

CIRCLE ALL THAT APPLY

No, not of Hispanic, Latina/o 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/REFUSED.....d

Source: OMB Guidance

F2. What is your race? You may say yes to one or more. Is it...

CIRCLE 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/REFUSED.....d

F3. What is the highest level of school you have completed?

If you are still in school or no longer in school, please tell us about the last year of schooling you finished.

CIRCLE ONE ONLY

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

F4. Now I'm going to read a list of credentials, certifications, or degrees that you may have. If you do not yet have it, but are currently working toward it, please let me know. Do you have or are you currently working toward . . .

CIRCLE ONE PER ROW

	YES, I HAVE IT	NO, I DON'T HAVE IT BUT AM WORKING TOWARD IT	NO, I DON'T HAVE IT	DON'T KNOW/ REFUSED
a. An Infant/Toddler Child Development Associate (CDA) credential.....	1	2	0	d
b. A Pre-K CDA credential.....	1	2	0	d
c. Some other kind of CDA credential.....	1	2	0	d
d. A state-awarded certification or license that	1	2	0	d

meets or exceeds CDA requirements. This could be a preschool, infant/toddler, family child care or home-based certification or license.....

e. An Associate degree in Early Childhood Education or a related field?.....	1	2	0	d
f. A Bachelor's degree in Early Childhood Education or a related field, or.....	1	2	0	d
g. A Graduate degree in Early Childhood Education or a related field?.....	1	2	0	d

ASK ONLY FOR RESPONDENTS WHO REPORTED HAVING AN ASSOCIATE DEGREE OR HIGHER IN F2 AND DID NOT SAY YES TO HAVING AN ASSOCIATE DEGREE, BACHELOR'S DEGREE, OR

Source: New item

F4a. Did your [AA/BA/graduate work] include the study of or a focus on prenatal or infant/toddler development?

YES, PRENATAL DEVELOPMENT.....1

YES, INFANT/TODDLER DEVELOPMENT.....2

YES, BOTH PRENATAL AND INFANT/ TODDLER DEVELOPMENT.....3

NEITHER PRENATAL OR INFANT/TODDLER DEVELOPMENT.....4

DON'T KNOW/REFUSED.....d

Source: F5-F7 adapted from Baby FACES 2009

F5. How many years have you worked as a home visitor serving families with infants and toddlers?

IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

|_|_| NUMBER OF YEARS

DON'T KNOW/REFUSED.....d

F6. In total, how many years have you been working in Early Head Start?

IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

|_|_| NUMBER OF YEARS

DON'T KNOW/REFUSED.....d

F7. INTERVIEWER: CODE WITHOUT ASKING:

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

MALE.....1

FEMALE.....2

DON'T KNOW/REFUSED.....d

**Thank you very much for your participation and cooperation in this
important study.**

INTERVIEWER, PLEASE INDICATE TODAY'S DATE:

|_|_|/|_|_|/|_|_|_|_|

MONTH

DAY

YEAR