**INSTRUMENT 2: HOME VISITOR AND SUPERVISOR SURVEY**

# Introduction

The United States Department of Health and Human Services (DHHS) is conducting a research study to gather information about staff working in early childhood home visiting programs funded by the Maternal, Infant, and Early Childhood Home Visiting Program.

We invite you to participate in this voluntary data collection. The information you provide will be extremely valuable to future government planning and to the home visiting field more broadly.

The survey will take about 23 minutes to complete. For data security reasons, the survey must be completed in one session.

Your responses will be kept strictly private to the extent permitted by law. Only the research team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. Your responses will be combined with responses from other home visiting program staff and reported in a final report released publicly in late 2018. In our research report, the information you provide will not be attributed by name to you or your individual program.

If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. You have the right to refuse a question and stop participation at any time, but we appreciate complete responses when possible so our study findings can reflect your experiences and perspectives.

We would appreciate your response by DD/MM/YYYY. Thank you for your time and contribution to our research!

[CLICK HERE TO COMPLETE SURVEY]

Public reporting burden for this collection of information is estimated to average 23 minutes per response, including time for reading the introduction and consent language and completing all survey items. This information collection is voluntary. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Urban Institute (Attn: Heather Sandstrom), 2100 M Street, NW, Washington, D.C. 20037.

# Job Description

1. What is the name of your home visiting program (e.g., Lakeside County Parents as Teachers program)? We will refer to this name throughout the survey, but will not use this information in any analysis or reporting.

If you work for more than one home visiting program, name the program receiving funding from the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program that was selected to participate in this data collection.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your job category at (PROGRAM)? Please select one.

🞎 Home visitor: I have an ongoing caseload of families I visit.

🞎 Supervisor: I supervise home visitors.

🞎 Home visitor and supervisor: I have an ongoing caseload of families I visit **and** I supervise home visitors.

🞎 Home visitor and other: I have an ongoing caseload of families I visit and another role in this home visiting program

🞎 Other (e.g., assessment worker, intake specialist) (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your full job title at (PROGRAM)? If you have more than one job title, please provide the primary title first and click to provide additional titles. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[CLICK TO ADD JOB TITLES]

[IF APPLICABLE] Second job title at (PROGRAM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[IF APPLICABLE] Third job title at (PROGRAM) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many hours per week do you USUALLY work for (PROGRAM)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours

1. Besides work for (PROGRAM), do you have another position or role within your agency (e.g., instructor for breastfeeding support courses for parents)? Please do not count group socializations with home visiting clients that are part of your home visiting job.

 🞎 Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 No

5A. [IF YES TO 5] How many hours per week do you USUALLY work in the other role(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [hours]

1. In addition to your work for (PROGRAM), do you currently work as a home visitor or home visiting supervisor for any other programs? For example, some home visitors work part-time for two different home visiting programs.

🞎 Yes

 🞎 No

6A. [IF YES TO 6] How many hours per week do you USUALLY work as a home visitor or supervisor for other home visiting programs besides (PROGRAM)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [hours]

1. Do you perform any other regular work for pay? Include part-time, evening, and weekend work (e.g., assistant in after-school program; cashier at retail store; part-time nurse at community hospital; self-employed nanny/child care provider).

 🞎 Yes

 🞎 No

7A. [IF YES TO 7] How many total hours per week do you USUALLY work in these other jobs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [hours]

1. [IF TOTAL WORK HOURS IN HOME VISITING PROGRAMS (Q4 AND Q6A) < 35 HOURS/WEEK]

You mention working in home visiting fewer than 35 hours per week. If you were offered a position with one home visiting program for 35 or more work hours per week, would you prefer it?

 🞎 Yes

 🞎 No

1. [FOR SUPERVISORS ONLY] How many home visitors do you supervise?

*Include the number of individuals, not full-time equivalents (FTEs).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home visitors

# Job Schedule

The next set of questions is asking about your job schedule with (PROGRAM).

1. In a typical month, how often do you work weekends in your current position with (PROGRAM)? Weekend work includes Saturdays, Sundays, or both. If this varies substantially throughout the year, provide an average amount across 12 months.

 🞎 Every weekend

 🞎 2-3 weekends a month

 🞎 About 1 weekend a month

🞎 Less than 1 weekend a month on average

🞎 Never

1. How often do you work early mornings (before 8:00 a.m.) for (PROGRAM)?

 🞎 Always

 🞎 Often

 🞎 Occasionally

🞎 Never

1. How often do you work after 6:00 p.m. for (PROGRAM)?

 🞎 Always

 🞎 Often

 🞎 Occasionally

🞎 Never

1. Which of the following best describes the days of the week you work at (PROGRAM)?

 🞎 You work **about the same** days each week (e.g., always Monday through Friday).

🞎 The days you work vary **somewhat** from week to week.

 🞎 The days you work vary **a lot** from week to week.

1. Which of the following best describes the number of hours you work at (PROGRAM)?

 🞎 You work **about the same** number of hours each week.

🞎 The number of hours you work varies **somewhat** from week to week.

 🞎 The number of hours you work varies **a lot** from week to week.

1. Which of the following statements best describes how your working hours are decided? By working hours we mean the time you **start** and **finish** work each day, and not the total hours you work per week or month.

🞎 Starting and finishing times are decided by my employer and I cannot change them.
🞎 I can decide the time I start and finish work, within certain limits.

🞎 When I start and finish work depends on my client’s needs, within certain limits (e.g., I do not schedule visits or respond to calls after a certain hour).
🞎 When I start and finish work depends entirely on my client’s needs. My employer requires that I be completely responsive to my clients.

# Career Trajectory

The next set of questions refers to your career path.

1. How many years have you worked for (PROGRAM)?

🞎 Less than 1 year

🞎 1-2 years

🞎 3-5 years

🞎 6-10 years

🞎 More than 10 years

1. How many total years of experience do you have working for a home visiting program, including (PROGRAM) and any other home visiting jobs?

🞎 Less than 1 year

🞎 1-2 years

🞎 3-5 years

🞎 6-10 years

🞎 More than 10 years

1. How many total years of experience do you have in your field, including home visiting jobs and other jobs doing related work (e.g., 20 years of nursing experience; 3 years as a parent educator in different settings)?

🞎 Less than 1 year

🞎 1-2 years

🞎 3-5 years

🞎 6-10 years

🞎 More than 10 years

1. [For supervisors] For how many years did you work as a home visitor before becoming a supervisor?

🞎 Never worked as a home visitor

🞎 Less than 1 year

🞎 1-2 years

🞎 3-5 years

🞎 6-10 years

🞎 More than 10 years

1. What was your MAIN activity the year before you began your current home visiting job with (PROGRAM)?

🞎 Employed by the same employer in a different position

🞎 Employed by another employer

🞎 In school

🞎 Unemployed and seeking work

🞎 Not working for pay (e.g., at home caring for children or elderly parent; retired)

1. Before you began your current home visiting job, did you ever:

Work as a home visitor for another employer? 🞎 Yes 🞎 No

Work as a home visiting supervisor for another employer? 🞎 Yes 🞎 No

Work as a frontline worker in the health and human services field, but not home visiting (e.g., nursing; social work)? 🞎 Yes 🞎 No

Work in the early care and education field (e.g., Head Start teacher; child care provider)?

🞎 Yes 🞎 No

Work as an educator in grades K-12? 🞎 Yes 🞎 No

1. Before you began your current home visiting job, how did you learn about (PROGRAM)?

🞎 I was a home visiting client in (PROGRAM) or another home visiting program.

🞎 One of my family members or friends was a home visiting client in (PROGRAM) or another home visiting program.

🞎 I saw an advertisement for the position (e.g., online or in a local newspaper).

🞎 I heard about the position through my professional network.

🞎 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. We would like to know what motivated you to work in early childhood home visiting. On a scale of 1 to 4, how important were each of these reasons for entering the home visiting field?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Extremely Important(1) | Somewhat Important(2) | Not too Important(3) | Not at all Important(4) |
| It is a way to help families. |  |  |  |  |
| It is work that allows me flexibility in my schedule. |  |  |  |  |
| It gives me a feeling of purpose or meaning. |  |  |  |  |
| It is a job with a paycheck. |  |  |  |  |
| It is a step towards a related career. |  |  |  |  |
| It is one of few job options given my education and training. |  |  |  |  |

1. We would like to know more about your future career plans. How likely is each of the following in the next two years? Very likely, somewhat likely, somewhat unlikely, or very unlikely?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very Likely | SomewhatLikely | SomewhatUnlikely | Very Unlikely |
| Remain in current position |  |  |  |  |
| Pursue additional education or training |  |  |  |  |
| Seek new opportunity/promotion within home visiting field |  |  |  |  |
| Increase work hours in home visiting position |  |  |  |  |
| Decrease work hours in home visiting position |  |  |  |  |
| Find employment NOT in home visiting |  |  |  |  |
| Retire or stop working |  |  |  |  |

1. For each job characteristic listed below, indicate how satisfied or dissatisfied you are with your current job at (PROGRAM) in this regard.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Completely Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Completely Dissatisfied |
| Your job security |  |  |  |  |
| The amount of vacation time you receive |  |  |  |  |
| The amount of on-the-job stress in your job |  |  |  |  |
| Your chances for promotion  |  |  |  |  |
| The size of your caseload |  |  |  |  |
| The amount of time required of you to get the job done |  |  |  |  |
| The amount of on-the-job travel required  |  |  |  |  |
| The flexibility of your schedule |  |  |  |  |
| The health insurance benefits your employer offers |  |  |  |  |
| The retirement plan your employer offers |  |  |  |  |

1. For each job characteristic listed below, indicate how satisfied or dissatisfied you are with your current job at (PROGRAM) in this regard.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Completely Satisfied | Somewhat Satisfied | Somewhat Dissatisfied | Completely Dissatisfied |
| The recognition you receive at work for your accomplishments |  |  |  |  |
| The amount of money you earn |  |  |  |  |
| Your relationship with your immediate supervisor |  |  |  |  |
| The physical safety conditions at your workplace |  |  |  |  |
| Your relationships with your coworkers |  |  |  |  |
| The training and professional development opportunities available to you |  |  |  |  |
| How rewarding the work with families is |  |  |  |  |
| Your work-life balance |  |  |  |  |
| The mentoring and support you receive |  |  |  |  |
| Your job overall |  |  |  |  |

1. Since you began working for (PROGRAM), have you experienced a promotion, a demotion, or any other type of position change (for example, moving to a different agency location)?

Promotion 🞎 Yes 🞎 No

Demotion 🞎 Yes 🞎 No

Other position change 🞎 Yes 🞎 No If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your employer at (PROGRAM) provide Cost-of-Living Adjustments (COLAs)?

🞎 Yes

🞎 No

🞎 Don’t know

1. Does your employer at (PROGRAM) provide regular pay increases, excluding Cost-of-Living Adjustments (COLAs)?

🞎 Yes

🞎 No

🞎 Don’t know

1. Do you believe it is possible for you to get (a/another) promotion with this employer?

🞎 Yes

🞎 No

🞎 Don’t know

# Education and Training

1. What is the highest degree or level of school you have completed?

🞎 Less than 12th grade

🞎 High school diploma or the equivalent

🞎 Post-secondary vocational/technical training program

🞎 Some college but no degree

🞎 Associate degree

🞎 Bachelor degree

🞎 Master degree (e.g., MA, MS, MSW, MSN)

🞎 Professional degree (e.g., LLB, LD, MD, DDS)

🞎 Doctorate degree (e.g., PhD, EdD, DNP, DSW)

🞎 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. [FOR THOSE WITH MORE THAN HIGH SCHOOL EDUCATION] What was your primary major or area of study for your highest degree or level of school?

🞎 Child development/human development

🞎 Education/early education/special education

🞎 Nursing

🞎 Psychology

🞎 Public health

🞎 Social work

🞎 Other social science (e.g., sociology, family science)

🞎 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you currently have any professional certifications or state or industry licenses? Please check the following list and add others related or not related to the home visiting field.

|  |  |
| --- | --- |
| Certified Nursing Assistant (CNA) | 🞎 Yes 🞎 No |
| Licensed Practical Nurse (LPN) | 🞎 Yes 🞎 No |
| Licensed Vocational Nurse (LVN) | 🞎 Yes 🞎 No |
| Registered Nurse (RN) | 🞎 Yes 🞎 No |
| Nurse Practitioner (NP) | 🞎 Yes 🞎 No |
| Certified Lactation Educator | 🞎 Yes 🞎 No |
| Certified Nurse Midwife (CNM) | 🞎 Yes 🞎 No |
| Licensed Social Worker Associate (LSWA) | 🞎 Yes 🞎 No |
| Licensed Graduate Social Worker (LGSW) | 🞎 Yes 🞎 No |
| Licensed Clinical Social Worker (LCSW) | 🞎 Yes 🞎 No |
| Licensed Certified Social Worker- Clinical (LCSW-C) | 🞎 Yes 🞎 No |
| Licensed Marriage and Family Therapist  | 🞎 Yes 🞎 No |
| Certified Parenting Educator | 🞎 Yes 🞎 No |
| Infant/Toddler Child Development Associate (CDA) | 🞎 Yes 🞎 No |
| Preschool Child Development Associate (CDA) | 🞎 Yes 🞎 No |
| Home Visitor Child Development Associate (CDA) | 🞎 Yes 🞎 No |
| State teaching certification (e.g., early childhood, K-12) | 🞎 Yes 🞎 No |
| Infant Mental Health Endorsement | 🞎 Yes 🞎 No |
| Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Yes 🞎 No |

# [CLICK TO ADD/SPECIFY ADDITIONAL TOPICS, UP TO THREE (3)]

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently enrolled in school as a full-time or part-time student?

🞎 Full-time

🞎 Part-time

🞎 Not enrolled in school

1. How would you rate your level of expertise in your home visiting job?

🞎 **Novice**: No understanding of content or experiential background to base approach

🞎 **Advanced beginner:** Some content knowledge and can implement “by the book”

🞎 **Competent**: Understand basic principles and have some experience to apply to new situations

🞎 **Proficient**: Good understanding of basic principles and can apply knowledge to new situations

🞎 **Expert**: Deep understanding of underlying principles and can apply solutions in challenging situations

1. Home visiting staff receive training on many different topics. Thinking about your work with families, please indicate on a scale of 1 to 5 whether you could benefit from additional training on any of the following topics. A score of 1 means you would benefit a lot from additional training in this area and 5 means you would benefit very little (don’t need this training).

|  |  |
| --- | --- |
|  | A lot Very little  |
| Child development | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Child health | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Parenting education and promoting parent-child interactions | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Early childhood mental health  | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Maternal and prenatal health | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Postpartum depression and maternal mental health | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Domestic violence/family violence | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Child abuse and neglect | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Substance abuse/misuse | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Cultural competency/diversity | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Family needs assessment and referrals | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Motivational interviewing (a method used to support behavioral changes in parents) | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Knowledge of community services and resources (e.g., child care, job training programs, food assistance, Medicaid enrollment) | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| How to better make and follow up on referrals to services | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Father engagement in home visiting | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Family trauma and trauma-informed practices | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Serving children or parents with disabilities  | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Self-reflection and reflective supervision | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Use of technology in the field (e.g., IPads or tablets to enter data and video-record interactions) | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Use of technology to support data use and management (e.g., data systems, Excel) | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Laws and public policy (e.g., immigration or family law) | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Another topic, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1🔿 2🔿 3🔿 4🔿 5🔿  |

# [CLICK TO ADD/SPECIFY ADDITIONAL TOPICS, UP TO THREE (3)]

1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Compensation and Benefits

Now we will ask some questions about your compensation and benefits for your home visiting job. If you hold more than one job, please answer these questions only for your work with (PROGRAM).

1. What is the easiest way for you to report your total earnings BEFORE taxes or other deductions: hourly, weekly, annually, or on some other basis?

 We use this information to compare the amount that people earn in different types of jobs.

 🞎 Hourly

 🞎 Weekly

 🞎 Bi-weekly

 🞎 Twice monthly

 🞎 Monthly

 🞎 Annually

 🞎 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What are your usual [INSERT TIME PERIOD FROM QUESTION 37] earnings on this job, before taxes or other deductions?

 $🞎🞎🞎,🞎🞎🞎.🞎🞎

1. Does (PROGRAM) offer a health insurance plan to ANY of its employees?

🞎 Yes

🞎 No

* 1. [IF YES] Are you eligible to receive health insurance coverage from (PROGRAM)?

🞎 Yes

🞎 No

1. What types of paid leave are available to you?

Sick leave (taken for own illness or to care for an ill relative) 🞎 Yes 🞎 No

Vacation or personal days 🞎 Yes 🞎 No

Paid holidays 🞎 Yes 🞎 No

1. Which, if any, of these other benefits are available to you from your employer at (PROGRAM)?

 Flexible spending account(s) for medical or dependent care 🞎 Yes 🞎 No 🞎 Don’t Know

 Dental benefits 🞎 Yes 🞎 No 🞎 Don’t Know

 Vision benefits 🞎 Yes 🞎 No 🞎 Don’t Know

Life insurance 🞎 Yes 🞎 No 🞎 Don’t Know

 A pension or 401K plan (other than Social Security) 🞎 Yes 🞎 No 🞎 Don’t Know

 Paid short-term disability (e.g., paid maternity leave) 🞎 Yes 🞎 No 🞎 Don’t Know

 Help paying for child care or child care on site 🞎 Yes 🞎 No 🞎 Don’t Know

 Help paying for or reimbursement for education expenses 🞎 Yes 🞎 No 🞎 Don’t Know

An employee assistance plan, such as legal or other types of

counseling for employees 🞎 Yes 🞎 No 🞎 Don’t Know

Commuter benefits (e.g., subsidized parking, monthly travel allowance, pre-tax payroll deductions to cover transportation costs) 🞎 Yes 🞎 No 🞎 Don’t Know

1. Which statement best describes the travel reimbursement you receive for home visits?

🞎 I receive fair reimbursement for my work travel (e.g., gas, mileage, parking).

🞎 I receive some reimbursement but it does not cover all wear and tear and gas costs.

🞎 I receive very little reimbursement to cover my work travel costs.

🞎 I don’t receive any reimbursement. I pay for all work travel costs.

**Job Quality**

Please answer the following questions regarding your home visiting job at (PROGRAM).

1. On this job, are you a member of a labor union or of an employee association similar to a union?

🞎 Yes

🞎 No

1. How often do you have to work more than an hour longer than scheduled on any given day?

🞎 Nearly everyday

🞎 A few times a week

🞎 A few times a month

🞎 Once a month or less

1. How hard is it to take time off during your work day to take care of personal or family matters?

 🞎 Not at all hard

 🞎 Not too hard

 🞎 Somewhat hard

 🞎 Very hard

1. Please indicate how satisfied or dissatisfied you are with your physical office space where you can complete tasks when not doing home visits?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Completely satisfied | Somewhat satisfied | Somewhat dissatisfied  | Completely dissatisfied  | I do not have a physical office space |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Does your program’s work culture support working at home to do tasks such as paperwork and phone calls?

🞎 Yes

 🞎 No

 🞎 Don’t know

1. How often do the demands of your job interfere with your family life?

 🞎 Always

 🞎 Sometimes

 🞎 Rarely

 🞎 Never

1. Next, please indicate how worried, if at all, you are about each of the following happening to you regarding your job at (PROGRAM):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very worried | Somewhat worried | Not too worried | Not at all worried |
| That you will be laid off |  |  |  |  |
| That your hours at work will be cut back |  |  |  |  |
| That your wages will be reduced |  |  |  |  |
| That your benefits will be reduced |  |  |  |  |

# Do you think you are compensated fairly, given your qualifications?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very fairly(1) |  |  |  | Not at all fairly(5) |
| 1🔿 | 2🔿 | 3🔿 | 4🔿 | 5🔿 |

# Work Environment

**[FLAG] Have you been working for (PROGRAM) for at least 6 months?**

**[IF YES, CONTINUE. IF NO, SKIP TO NEXT SECTION]**

The next set of questions is about your work environment at (PROGRAM).

1. In the last year, have you had opportunities to learn and grow in your job at (PROGRAM)?

 🞎 Yes

 🞎 No

1. In the last seven days, have you received recognition or praise for doing good work?

 🞎 Yes

 🞎 No

1. Does your supervisor, or someone at work, seem to care about you as a person?

 🞎 Yes

 🞎 No

1. Is there someone at work who encourages your development?

 🞎 Yes

 🞎 No

1. In the last six months, has someone at work talked to you about your progress?

 🞎 Yes

 🞎 No

1. Is there someone at work you can talk to when you feel stressed?

 🞎 Yes

 🞎 No

1. Do you have a close friend at work?

 🞎 Yes

 🞎 No

1. Do employees have a say in decisions made for (PROGRAM) that will affect them?

 🞎 Yes

 🞎 No

1. Are employees given fair treatment when decisions are made about pay, rewards, evaluations, promotions, and assignments?

🞎 Yes

 🞎 No

1. How often, on average, do you have one-on-one meetings with your direct supervisor?

🞎 Weekly or more often

🞎 Every two weeks

🞎 Every three weeks

🞎 Monthly

🞎 Once every 2 to 3 months

🞎 Once every 4 to 6 months

🞎 Once a year or less often

🞎 Never

1. About how often, on average, do you have group supervision or team meetings that provide time for reflection and sharing ideas with colleagues?

🞎 Weekly or more often

🞎 Every two weeks

🞎 Every three weeks

🞎 Monthly

🞎 Once every 2 to 3 months

🞎 Once every 4 to 6 months

🞎 Once a year or less often

🞎 Never

1. Think about your direct supervisor. How well do each of these traits describe your supervisor on a scale from 1 to 5, where 1 means “not at all like him/her” and 5 means “exactly like him/her”?

|  |  |
| --- | --- |
|  | Not at all like my supervisor (1) Exactly like my supervisor (5) |
| Good listener  | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Accessible | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Responsive to me | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Helps me reflect on my thoughts and feelings | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Encourages my input | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Supports my learning and development | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Helps me solve problems and get information | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Credible (e.g., has home visiting experience) | 1🔿 2🔿 3🔿 4🔿 5🔿  |

# Interactions with Families

 **[FOR HOME VISITORS OR SUPERVISORS WHO ARE ALSO HOME VISITORS, AS IDENTIFIED IN QUESTION 2. ALL OTHERS MAY SKIP.]**

We would like to learn about the families you work with in (PROGRAM).

1. How many families are in your current caseload?

[ENTER NUMBER] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does this number of families match the caseload or case weight you are expected to serve?

🞎 This number of families is **higher** than my expected caseload or case weight

🞎 This number of families is **matches** my expected caseload or case weight

🞎 This number of families is **lower** than my expected caseload or case weight

1. Please rate the size of your current caseload:

🞎 Lighter than you are able to handle

🞎 About right

🞎 Heavier than you are able to handle

1. How long does it take to travel to the closest family you visit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MINUTES]

1. How long does it take to travel to the farthest family you visit?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [MINUTES]

1. About how many hours each week do you spend on traveling to families’ homes?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [HOURS]

1. Think about your training and experience. On a scale from 1 to 5, where 1 means “not at all successful” and 5 means “extremely successful,” indicate how successful you feel you are at working with parents to achieve the following outcomes:

|  |  |
| --- | --- |
|  | Not at all successful (1) Extremely successful (5) |
| Develop a healthy lifestyle, such as good nutrition, exercise and preventive health care. | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Space their births. | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Reduce their tobacco use.  | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Recognize and deal with an alcohol problem or drug use. | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Recognize and deal with mental health issues. | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Find a job.  | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Find safe and stable housing.  | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Continue their education. | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Use positive child behavior management techniques. | 1🔿 2🔿 3🔿 4🔿 5🔿  |
| Understand their children’s needs and cues. | 1🔿 2🔿 3🔿 4🔿 5🔿  |

# Demographic Information

1. What is your age?

🞎 25 & under

🞎 26-34

🞎 35-44

🞎 45-54

🞎 55-64

🞎 65 & over

1. What is your sex?

🞎 Female

🞎 Male

1. What is your race? (Select all that apply.)

🞎 White

🞎 Black or African American

🞎 American Indian or Alaska Native

🞎 Asian

🞎 Native Hawaiian or Other Pacific Islander

🞎 Other, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. [If ASIAN is checked] Which of the following Asian groups are you?

🞎 Asian Indian

🞎 Chinese

🞎 Filipino

🞎 Japanese

🞎 Korean

🞎 Vietnamese

🞎 Other Asian

* 1. [If NATIVE HAWIIAN/PACIFIC ISLANDER is checked] Which of the following Native Hawaiian or Other Pacific Islander groups are you?

🞎 Native Hawaiian

🞎 Guamanian or Chamorro

🞎 Samoan

🞎 Other Pacific Islander

1. Are you of Hispanic, Latino, or Spanish origin?

 🞎 Yes

 🞎 No

* 1. [If YES: Hispanic/Latino/Spanish] Which of the following groups do you most closely identify with?

🞎 Cuban

🞎 Chicano

🞎 Dominican

🞎 Mexican

🞎 Puerto Rican

🞎 Salvadoran

🞎 Other Spanish, Hispanic, or Latino group. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you feel like you share traits with your clients in terms of race, ethnicity, and culture?

🞎 With most clients

🞎 With some clients

🞎 With a few clients

🞎 With no clients

1. In what language(s) are you fluent enough to provide home visiting services?

English 🞎 Yes 🞎 No

Spanish 🞎 Yes 🞎 No

Other 🞎 Yes 🞎 No

75a. [If yes to “Other”] Please specify other languages: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What best describes your current relationship status?

🞎 Married, living with a spouse

🞎 Married, not living with a spouse

🞎 Living with a partner/boyfriend/girlfriend

🞎 In a relationship but not living together

🞎 Not in a relationship

🞎 Prefer not to answer

1. Which category represents the total combined income of **all members of your household** during the past 12 months? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by you or members of your family.

 🞎 Less than $20,000

🞎 $20,000 to $39,999

 🞎 $40,000 to $59,999

 🞎 $60,000 to $79,999

 🞎 $80,000 to $99,999

 🞎 $100,000 to $149,999

 🞎 $150,000 or more

1. Do you have experience raising children?

🞎 Yes

 🞎 No

1. Are you currently a primary caretaker for any children under the age of 18 living in your home?

🞎 Yes

 🞎 No

Thank you for your participation in our survey!