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Length of time for instrument: 23 minutes

**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.

\_\_\_\_\_

2. 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): \_\_\_\_\_
3. 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) \_\_\_\_\_

4. How many hours per week do you USUALLY work for (PROGRAM)?  
\_\_\_\_\_ hours
5. 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]

6. 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]

7. 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]

8. [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

9. [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).

10. 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

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

- Always
- Often
- Occasionally
- Never

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

- Always
- Often
- Occasionally
- Never

13. 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.

14. 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.

15. 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.

16. 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

17. 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

18. 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

19. [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

20. 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)

21. 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

22. 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): \_\_\_\_\_

23. 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.				

24. 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	Somewhat Likely	Somewhat Unlikely	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				

25. 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				

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

	Completel y Satisfied	Somewhat Satisfied	Somewhat Dissatisfie y	Completel y
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				

27. 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: \_\_\_\_\_

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

Yes

No

Don't know

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

Yes

No

Don't know

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

Yes

No

Don't know

## Education and Training

31. 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: \_\_\_\_\_

32. [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: \_\_\_\_\_

Length of time for instrument: 23 minutes

33. 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensed Practical Nurse (LPN)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensed Vocational Nurse (LVN)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered Nurse (RN)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nurse Practitioner (NP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certified Lactation Educator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certified Nurse Midwife (CNM)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensed Social Worker Associate (LSWA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensed Graduate Social Worker (LGSW)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensed Clinical Social Worker (LCSW)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensed Certified Social Worker- Clinical (LCSW-C)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Licensed Marriage and Family Therapist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certified Parenting Educator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infant/Toddler Child Development Associate (CDA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preschool Child Development Associate (CDA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Home Visitor Child Development Associate (CDA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State teaching certification (e.g., early childhood, K-12)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Infant Mental Health Endorsement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

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

- Full-time
- Part-time
- Not enrolled in school

35. 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

Length of time for instrument: 23 minutes

36. 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	1	2	3	4	5
Child health	1	2	3	4	5	1	2	3	4	5
Parenting education and promoting parent-child interactions	1	2	3	4	5	1	2	3	4	5
Early childhood mental health	1	2	3	4	5	1	2	3	4	5
Maternal and prenatal health	1	2	3	4	5	1	2	3	4	5
Postpartum depression and maternal mental health	1	2	3	4	5	1	2	3	4	5
Domestic violence/family violence	1	2	3	4	5	1	2	3	4	5
Child abuse and neglect	1	2	3	4	5	1	2	3	4	5
Substance abuse/misuse	1	2	3	4	5	1	2	3	4	5
Cultural competency/diversity	1	2	3	4	5	1	2	3	4	5
Family needs assessment and referrals	1	2	3	4	5	1	2	3	4	5
Motivational interviewing (a method used to support behavioral changes in parents)	1	2	3	4	5	1	2	3	4	5
Knowledge of community services and resources (e.g., child care, job training programs, food assistance,	1	2	3	4	5	1	2	3	4	5
How to better make and follow up on referrals to services	1	2	3	4	5	1	2	3	4	5
Father engagement in home visiting	1	2	3	4	5	1	2	3	4	5
Family trauma and trauma-informed practices	1	2	3	4	5	1	2	3	4	5
Serving children or parents with disabilities	1	2	3	4	5	1	2	3	4	5
Self-reflection and reflective supervision	1	2	3	4	5	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	1	2	3	4	5
Use of technology to support data use and management (e.g., data systems, Excel)	1	2	3	4	5	1	2	3	4	5
Laws and public policy (e.g., immigration or family law)	1	2	3	4	5	1	2	3	4	5
Another topic, SPECIFY: _____	1	2	3	4	5	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).

37. 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): \_\_\_\_\_

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

\$□□□,□□□.□□

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

- Yes  
 No

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

- Yes  
 No

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Sick leave (taken for own illness or to care for an ill relative) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vacation or personal days   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Paid holidays   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Length of time for instrument: 23 minutes

41. 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   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Dental benefits  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Vision benefits  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Life insurance   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| A pension or 401K plan (other than Social Security)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Paid short-term disability (e.g., paid maternity leave)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Help paying for child care or child care on site   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Help paying for or reimbursement for education expenses  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| An employee assistance plan, such as legal or other types of counseling for employees  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |
| Commuter benefits (e.g., subsidized parking, monthly travel allowance, pre-tax payroll deductions to cover transportation costs) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't Know |

42. 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).

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

- Yes
- No

44. 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

45. 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

46. 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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- Yes
- No
- Don't know

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

- Always
- Sometimes
- Rarely
- Never

49. 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				

50. 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).

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

57. Do you have a close friend at work?

Yes

No

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

Yes

No

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

- Yes  
 No

60. 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

61. 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

62. 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)	2	3	4	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).

63. How many families are in your current caseload?

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

64. 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

65. Please rate the size of your current caseload:

- Lighter than you are able to handle
- About right
- Heavier than you are able to handle

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

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

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

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

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

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

69. 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

70. What is your age?

- 25 & under
- 26-34
- 35-44
- 45-54
- 55-64
- 65 & over

71. What is your sex?

- Female
- Male

72. 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: \_\_\_\_\_

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

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian

b. [If NATIVE HAWAIIAN/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

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

- Yes
- No

a. [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: \_\_\_\_\_

74. 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

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

- |         |                              |                             |
|---------|------------------------------|-----------------------------|
| English | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Spanish | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

76. 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

77. 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

78. Do you have experience raising children?

- Yes
- No

79. 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!