**MULTI-SITE IMPLEMENTATION EVALUATION OF TRIBAL HOME VISITING (MUSE)**

**HOME VISITOR SURVEY**

This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 1 hour and 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kate Lyon, James Bell Associates; 3033 Wilson Blvd. Suite 650, Arlington, VA 22201; [MUSE.info@jbassoc.com](mailto:MUSE.info@jbassoc.com).

# MUSE Home Visitor Survey

Thank you for taking part in the Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE). The purpose of this study is to learn about tribal home visiting programs and the experiences of families receiving home visiting services.

We are requesting that you complete this survey because you are a home visitor in one of the home visiting programs participating in MUSE. Your answers will help us understand your role in the home visiting program and your perspective on the program. Because home visitors’ jobs are complex and involve many different tasks, this survey is also complex and a bit lengthy.

Your participation in this survey is voluntary. If you choose to participate, it will take about 1 hour and 10 minutes to complete this survey. If you are unsure how to answer a question, please give the best answer you can instead of leaving it blank.

Your answers will be kept private. Only the MUSE study team will have access to this information. Your answers will not be shared with anyone at your program or any other agencies. We will not report information collected in this study in a way that could identify you or your program.

We would appreciate your response by MM/DD/YYYY. If you have questions about the survey or at any time during the study, please call Tess Abrahamson at James Bell Associates at ### or email \_\_\_\_.

## A. BACKGROUND AND WORK EXPERIENCE

1. What was the highest level/degree you completed in school?
   * + Some high school, no diploma
     + High school/GED
     + Some college/no degree
     + Technical training or certification
     + Associate’s degree (e.g. AA, AS, ADN)
     + Bachelor’s degree (e.g. BA, BS, BSN)
     + Master’s degree or higher (e.g. MA, MS, MSW, MSN, PhD)
2. Field of study: CHECK ALL THAT APPLY. (Responses not limited to highest degree completed.)
   * + Child development
     + Early childhood education
     + Education
     + Psychology
     + Social work/Social welfare
     + Public health
     + Nursing
     + Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In what language(s) are you fluent enough to provide home visiting services? CHECK ALL THAT APPLY
   * + English
     + [Fill local Native language]
     + Spanish
     + Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Prior to your current position, did you have experience providing home visiting services to families?
   * + No 🡪 SKIP TO Question 5
     + Yes 🡪 GO TO Question 4a

4a. How many total years of experience do you have providing home visiting services, including your current home visiting program and any other home visiting programs?

* + - Less than 1 year
    - 1-2 years
    - 3-5 years
    - 6-10 years
    - More than 10 years

1. Do you have experience working with families in any of the following settings? CHECK ALL THAT APPLY
   * + In-home day care
     + Daycare
     + Preschool
     + School, grades K-12 (non-nurse)
     + School nurse
     + After school program
     + Special education program
     + Nursing
     + Home health care
     + Other health care
     + Social services
     + Mentoring programs
     + Mental health agencies
     + No prior experience
     + Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many total years of professional experience do you have working with families and young children, including home visiting jobs and other jobs doing related work (e.g., years of nursing experience plus 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
3. Aside from your professional experience, how many years of experience do you have raising children? Please include experience you have as a primary caregiver for any child(ren) including your own and other's children. Please count experience providing regular, consistent care for a child as a primary caregiver. Do not include babysitting or infrequent assistance with children.

Years of experience: \_\_\_\_\_\_\_\_\_\_\_

## B. CURRENT POSITION

1. How many years have you worked for your home visiting program? Include years worked for the home visiting program in positions other than your current one.
   * + Less than 1 year
     + 1-2 years
     + 3-5 years
     + 6-10 years
     + More than 10 years
2. When did you begin your present job as a home visitor? Please enter the month and year in numeric format. If you cannot recall which month you began, please leave it blank.

Month \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_

1. How many hours do you work in a typical week?

Hours: \_\_\_\_\_\_\_\_\_\_

1. How many families are in your current caseload?

No. of Families: \_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate the size of your current caseload:
   * + Lighter than you are able to handle effectively
     + About right
     + Heavier than you are able to handle effectively
2. In the past 6 months, how often have you had a caseload that was more than what you could handle effectively?
   * + All of the time (100%)
     + Nearly all of the time (85%-99%)
     + Most of the time (61%-84%)
     + About half of time (40%-60%)
     + Some of the time (15%-39%)
     + Nearly none of the time (1-14%)
     + None of the time (0%)
3. How likely is it that you will be in your current position 6 months from now?
   * + Very likely 🡪 GO TO Section C
     + Somewhat likely 🡪 GO TO Question 7a
     + Somewhat unlikely 🡪 GO TO Question 7a
     + Very unlikely 🡪 GO TO Question 7a

7a. [If Question 7 = somewhat likely, somewhat unlikely, very unlikely] What factors affect whether you will stay in your position? CHECK ALL THAT APPLY

* + - Salary
    - Opportunities for advancement within the organization
    - Funding for my position is uncertain
    - Caring for children or other family members
    - Pursue additional education or training
    - Retire or stop working
    - Moving out of the area
    - The amount of data collection/paperwork I have to do with families
    - Challenging work environment
    - Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## C. THE SERVICE ENVIRONMENT

This next section asks about the availability of services in the community you provide home visiting services to. If you serve multiple communities, please answer the questions to the best of your ability, thinking about the service environments of the communities you serve in general. You will be asked a series of questions about different service types, for example, prenatal care and mental health treatment.

[SERVICE TYPES – The following service types will prefill in question 1 below. Respondents will be asked about each service type once.]

1. Prenatal Care
2. Labor and Delivery
3. Breastfeeding Support
4. Primary Adult Healthcare
5. Family Planning and Reproductive Health Care
6. Substance Use (Alcohol and other drugs) Treatment
7. Mental Health Treatment
8. Domestic Violence Shelter
9. Domestic Violence Counseling/Anger Management
10. Job Training and Adult Education Services (including GED and ESL)
11. Employment Services
12. Pediatric Primary Care
13. Affordable Licensed Childcare
14. Early Intervention Services
15. Food Assistance
16. Basic Necessities (clothing, diapers, etc.)
17. Transportation Services
18. Assistance with Housing
    * + - 1. Is there at least one organization which provides [SERVICE TYPE] in your area?
      + Yes 🡪 GO TO Question 1a
      + No 🡪 SKIP TO next service type
      + Don’t know 🡪 SKIP TO next service type

1a. [If Question 1 = Yes] How easy or hard is it for the families you work with to get services in this area?

* + - Unsure 🡪 SKIP TO next service type
    - Very easy 🡪 SKIP TO next service type
    - Relatively easy 🡪 SKIP TO next service type
    - Relatively difficult 🡪 GO TO Question 1b
    - Very difficult 🡪 GO TO Question 1b

1b. [If Question 1a = relatively difficult or very difficult] Why is it hard for families to get services in this area? (CHECK ALL THAT APPLY)

* Caregivers lack transportation to service
* Services or appointments are rarely available (e.g. few providers in the area, wait lists, etc.)
* Caregivers can’t afford services
* Poor follow through by provider
* Difficulty meeting eligibility criteria
* Caregivers do not want to receive services from certain providers (e.g., lack of cultural competency, etc.)
* Home visitors are not confident in the service

## 

## D. PERCEPTIONS OF PROGRAM

**Instructions:** In this section, we would like to learn how *staff members* perceive their program’s intended outcomes. In general, a *program outcome* is a benefit to a child, parent, or family. For example, some programs might see the improvement of prenatal health as an important outcome.

Below is a list of possible outcomes for home visiting programs. We know your program may care about all of these benefits, but we would like to know which is most important.  We would like to get a sense of which outcomes you think **your program** **believes may be more important than others**.  Please check the box that best represents what you think your program believes about the outcome.

**To help you decide on an outcome’s rank, think about whether it is discussed routinely in training and supervision. Think about what staff in your agency is told about its importance. Check the box that best describes your program’s ranking of this outcome.**

1. How much of a priority is each of the following outcomes for your program, on a scale of 0 to 10?

0 = Not a Priority

5 = Moderate priority

10 = Highest priority

|  |  | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Supporting prenatal health and obtaining prenatal care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting postpartum health and obtaining postpartum care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting physical health outside of pregnancy and postpartum health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting good nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting family planning | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing alcohol, tobacco, and other drug use | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing mental health problems or stress | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Preventing and reducing domestic violence | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Increasing social support | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting getting a job, or getting a better job | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Furthering a caregiver’s education and job training | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting caregivers in budgeting and making ends meet | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meeting basic needs like food, utilities, health care, and housing | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Ensuring appropriate child care arrangements | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Addressing unresolved issues from past trauma | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting child health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting parenting to promote child development | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting positive discipline and behavior management | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting caregivers in feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Helping caregivers to establish and maintain developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting effective co-parenting | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Supporting child and home safety | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Does your program expect you to develop a family goal plan with enrolled families? Your program might use a different name for this, such as an individualized family service plan or support plan. No matter what name your program gives this, below when we use the term goal plan, we are referring to a plan to guide and tailor home visiting to help families reach goals.
   * + No, my program doesn't expect me to do this (skip to #3)
     + Yes, my program expects me to develop family goal plans
     + Not Sure (skip to #3)

2a. How much does your program agree with each statement?

|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **My program expects that …** |  |  |  |  |  |
| 1 | Every family should have a goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The family should take the lead in developing the goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Goals should align with our program's priorities. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Goals should address family’s specific parenting needs. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | The goal plan should guide what happens in visits. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | The family and I should review goal progress and update the goal plan regularly. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How much do you agree with each statement?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
|  | **I think that…** |  |  |  |  |  |
| 1 | It is valuable to work with families to develop a goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Families find it useful to develop a goal plan. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Families feel like I’m being pushy when I bring up goal plans. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Please rate your agreement with the following statement: Your program provides all of the materials you need to cover the topics you want to with your families in home visits. Please include materials from your home visiting model and any supplemental curricula, materials, and resources your program uses.
   * + Strongly agree
     + Agree
     + Disagree
     + Strongly disagree
2. Please rate your agreement with the following statement: The materials your program provides meet the unique needs, values and priorities of the families you work with. Please include materials from your home visiting model and any supplemental curricula, materials and resources your program uses.
   * + Strongly agree
     + Agree
     + Disagree
     + Strongly disagree
3. When planning home visits, how often do you independently find materials to use during home visits that are not provided by your model?
   * + Never
     + A few visits
     + Some visits
     + Most visits
     + Almost every visit
4. On average, how much time each week do you spend planning home visits?

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

1. How much time do you typically spend planning a single home visit?

\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes

1. Where do you go to for support when planning for home visits? Please report how often you consult the following for help when planning your home visits:

|  |  | **Never**  **(0% of visits)** | **Rarely**  **(1-25% of visits)** | **Sometimes**  **(26-50% of visits)** | **Often**  **(51-75% of visits)** | **Very often**  **(76-100% of visits)** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Model curriculum, materials and resources | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Supplemental curricula, materials and resources used by the home visiting program | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Other home visitors | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Supervisor | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Other resources, including materials you independently find on the internet | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How effective is your program overall at MAKING A DIFFERENCE for families in the following areas?

|  |  | **Not at all effective** | **Somewhat effective** | **Mostly effective** | **Extremely effective** |
| --- | --- | --- | --- | --- | --- |
|  | Prenatal health/prenatal care | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Postpartum health/postpartum care | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Physical health (outside of pregnancy and postpartum health) | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Family planning | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Alcohol, tobacco, and other drug use | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Mental health or stress | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Domestic violence | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Social support | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Getting a job, or getting a better job | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Furthering a caregiver’s education and job training | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Budgeting/making ends meet | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meeting basic needs like food, utilities, health care, and housing | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child care | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Trauma (things that happened in the past that affect caregiver or family today) | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child health | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child development | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Discipline/behavior management | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Co-parenting | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child/home safety | 🞎 | 🞎 | 🞎 | 🞎 |

## E. PERCEPTIONS OF HOME VISITOR ROLE

1. How much do you focus on improving outcomes for…?

|  |  | **Not at all** | **Very little** | **Somewhat** | **A lot** |
| --- | --- | --- | --- | --- | --- |
| 1 | Index child | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Other children in the family or household | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Primary caregiver(s) | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Other adults in the family or household | 🞎 | 🞎 | 🞎 | 🞎 |

1. Sometimes caregivers bring up topics during home visits that you haven't been trained to address. How often does this happen? (percentage of visits)
   * + 0%
     + 1-25%
     + 25-50%
     + 51-75%
     + 76-100%
     + Not sure
2. What does your program expect you to do DURING THE VISIT if something comes up that you haven't been prepared/trained to address?
   * + My program expects me just to explain that I can only work on things covered in the program
     + My program expects me to direct the mother to a resource that CAN address this issue
     + My program expects me to try to work on this issue even though I'm not trained to address it
     + My program has no stated expectation for what I do
     + Not sure
3. Sometimes caregivers want visit activities to deviate from curricula and protocols. How often does this happen? (percentage of visits)
   * + 0%
     + 1-25%
     + 25-50%
     + 51-75%
     + 76-100%
     + Not sure
4. What does your program expect you to do DURING THE VISIT if a caregiver wants to do things differently than in the program curricula or protocols?
   * + My program expects me to explain that I must follow the program curricula and protocols
     + My program expects me to modify visit activities to align with the caregiver’s preferences while still being true to the 'spirit' of the curriculum or protocol
     + My program expects me to do things the way the caregiver prefers, even if this is very different from program curricula and protocols
     + My program has no stated expectation for what I do in this situation
     + Not sure

## F. SELF-EFFICACY

The next set of questions asks you to consider your own knowledge, skills and abilities needed to accomplish tasks related to providing home visits. Please do not consider external barriers like lack of funding or time, agency policies, or geography.

1. How confident are you that you can DO the following things in most situations?

|  |  | **Not at all confident** | **Slightly confident** | **Somewhat confident** | **Mostly confident** | **Very confident** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Balance family preferences with program priorities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Communicate warmth, respect, and appreciation to the family | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Develop and use family goal plans | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Conduct required screenings | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Tailor activities in response to family interests, concerns, and preferences | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Build relationships and trust with caregivers and their families | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Deliver home visiting curriculum the way my program and model intends | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Model and coach parenting skills | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Identify and communicate strengths to caregivers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Helping families access needed services | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Collect data and information from caregivers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Enter data and document what happens during home visits | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Plan home visits for families | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Retain families and keep my caseload slots filled | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Deliver the expected number of home visits for each family | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Support families in managing crises | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Manage my time so that I can get everything done that I need to do | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Engage an uninterested or distracted caregiver during a home visit | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Engage an uninterested or fussy child during a home visit | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Ensure my safety when making home visits | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Engage fathers in home visits | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Work with multigenerational families and non-traditional caregivers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

# The next set of questions asks about working with caregivers around different topics or issues. How confident are you that you can address the following issues with families during home visits?

|  |  | **Not at all confident** | **Slightly confident** | **Somewhat confident** | **Mostly confident** | **Very confident** |
| --- | --- | --- | --- | --- | --- | --- |
|  | Prenatal health/prenatal care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Postpartum health/postpartum care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Physical health (outside of pregnancy and postpartum health) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Family planning | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Alcohol, tobacco, and other drug use | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Mental health or stress | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Domestic violence | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Social support | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Getting a job, or getting a better job | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Furthering a caregiver’s education and job training | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Budgeting/making ends meet | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Meeting basic needs like food, utilities, health care, and housing | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child care | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Trauma (things that happened in the past that affect caregiver or family today) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child health | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child development | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Discipline/behavior management | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Co-parenting | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
|  | Child/home safety | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

# 

## G. JOB SATISFACTION

1. The following questions ask how you feel about your job overall. Please state how often you feel this way.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **None of the time** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** |
| 1 | The work I do is satisfying. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | My job is boring. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | My job allows me to be creative. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | I feel respected at work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | My job is frustrating. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | My work gives me a sense of accomplishment. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | My job is interesting. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | The work I do is important. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | My job is overwhelming. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Think about your pay from this job. How much do you agree or disagree with the following about your pay?

|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | I can depend on my paycheck to be regular and on time. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The pay I get from this job is less than I deserve for the work that I do. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | The pay I get from this job is fair for my qualifications. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  | | 1. As you think about the pay you get from this job, which statement best describes your thoughts? The pay I get from this job is: |   Barely enough to live on  Enough to cover my normal expenses  Enough to live comfortably |  |

1. For each job characteristic listed below, indicate how satisfied or dissatisfied you are with your current job at the home visiting program in this regard.

|  |  | **Completely satisfied** | **Somewhat satisfied** | **Somewhat dissatisfied** | **Completely dissatisfied** |
| --- | --- | --- | --- | --- | --- |
| 1 | My job security | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The amount of vacation time I receive | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | The amount of on-the-job stress | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | My chances for promotion | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | The size of my caseload | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | The amount of time required of me to get the job done | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | The amount time I spend travelling to home visits | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | The flexibility of my schedule | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | The health insurance benefits my employer offers | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | The retirement plan my employer offers | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | The amount of leave or schedule flexibility available for family and community obligations | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | The control I have over my daily work schedule | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | The physical workspace | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | Balancing the different tasks that are required of me | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Being able to get my work down with the amount of interruptions I experience | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | The recognition I receive at work for my accomplishments | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | The amount of money I earn | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | My relationship with my immediate supervisor | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | My physical safety while doing my job | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | My relationships with my coworkers | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | The training and professional development opportunities available to me | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | How interesting the work is | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | My work-life balance | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | The mentoring and support I receive | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | My ability to contribute to others in a meaningful way | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | My job overall | 🞎 | 🞎 | 🞎 | 🞎 |

1. We are interested in learning about how your job relates to the community where you provide home visiting services. Indicate your agreement or disagreement with each statement below.

|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** | **Not sure** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | The local community is very involved in shaping the home visiting services the home visiting program provides. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | My job makes me feel more connected to my community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | I worry that my job has negatively impacted how I'm perceived in the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | My job is meaningful to the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | My job makes a positive difference in the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | My job is contributing to a brighter future for the local community. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## H. PROFESSIONAL QUALITY OF LIFE

1. When you provide home visits to families you have direct contact with their lives. As you may have found, your compassion for those you provide home visits to can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a home visitor. Consider each of the following questions about you and your current work situation. Check the box that honestly reflects how frequently you experienced these things in the last 30 days.

|  |  | **Never** | **Rarely** | **Sometimes** | **Often** | **Very often** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | I am happy. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | I am preoccupied with more than one person I provide home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | I get satisfaction from being able to provide home visits to people. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | I feel connected to others. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | I jump or am startled by unexpected sounds. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | I feel invigorated after working with those I provide home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | I find it difficult to separate my personal life from my life as a home visitor. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | I am not as productive at work because I am losing sleep over the traumatic experiences of a person I provide home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | I think that I might have been affected by the traumatic stress of those I provide home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | I feel trapped by my job as a home visitor. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | Because of my job as a home visitor, I have felt "on edge" about various things. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | I like my work as a home visitor. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | I feel depressed because of the traumatic experiences of the people I provide home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | I feel as though I am experiencing the trauma of someone I have provided home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | I have beliefs that sustain me. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | I am pleased with how I am able to keep up with home visiting techniques and protocols. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | I am the person I always wanted to be. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | My work makes me feel satisfied. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | I feel worn out because of my work as a home visitor. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | I have happy thoughts and feelings about those I provide home visits to and how I could help them. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | I feel overwhelmed because my case load seems endless. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | I believe I can make a difference through my work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | I avoid certain activities or situations because they remind me of frightening experiences of the people I provide home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | I am proud of what I can do as a home visitor. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | As a result of home visiting, I have intrusive, frightening thoughts. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | I feel "bogged down" by the system. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 27 | I have thoughts that I am a "success" as a home visitor. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 28 | I can't recall important parts of my work with trauma victims. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 29 | I am a very caring person. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 30 | I am happy that I chose to do this work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 31 | The chronic stresses in the lives of people I provide home visits to make me depressed. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 32 | I take the stress of people I provide home visits to home with me. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 33 | I get overwhelmed by the ongoing challenges faced by the people I provide home visits to. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## I. TRAINING

Earlier you answered questions about your program’s OVERALL SYSTEM for supporting you in your work. Next are some questions more specifically about just the **TRAININGS** you receive through your work with the home visiting program. Home visiting staff receive training on many different topics from different organizations. Please include training received from your home visiting model, your agency, tribe, or other partnering organizations including state sponsored trainings. Do not include supervision session with your direct supervisor or other provider.

* + - * 1. The training I receive provides me with everything I need to support the families I work with in the following areas:

|  |  | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- |
| 1 | Prenatal health /prenatal care | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | Postpartum health/postpartum care | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | Breastfeeding | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Physical health (outside of pregnancy and postpartum health) | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Nutrition and physical activity | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | Family planning | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | Alcohol, tobacco, and other drug use | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | Mental health or stress | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | Healthy relationships | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Domestic violence | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | Social support | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | Getting a job, or getting a better job | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | Furthering a caregiver’s education and job training | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | Budgeting/making ends meet | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Meeting basic needs like food, utilities, health care and housing | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | Child care | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | Trauma (things that happened in the past that affect caregiver or family today) | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | Connecting to community and culture | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | Child health | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | Child development | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | Parent-child interaction | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | Discipline/behavior management | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | Feeding children (including formula and solids) | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | Developmentally appropriate care/routines | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | Co-parenting | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | Child/home safety | 🞎 | 🞎 | 🞎 | 🞎 |

*[In Question 1 above, for topics that received disagree and strongly disagree ratings, GO TO Question 1a below. For topics that received agree or strongly agree ratings, SKIP TO next topic in Question 1.]*

1a. [If Question 1 = disagree or strongly disagree] Why do you think the training you received on \_\_\_\_\_\_\_\_\_\_\_\_ [*fill topic*] hasn’t fully prepared you to support families in this area? CHECK ALL THAT APPLY

* I didn’t get enough training in this area.
* I didn’t fully understand the training I received in this area.
* The training I received wasn’t useful.
* I need something other than to training to be able to support families in this area.
* My program doesn’t focus on this area.

1. If you ask, can you attend trainings in specific areas relevant to your needs or professional goals?

No

Yes, I can once in a while when I ask

Yes, I can about half the time I ask

Yes, I can most of the times I ask

Yes, I can every time I ask

Not sure

Always

1. How often do the trainings you attend directly relate to your day-to-day work with families?

Always

Often

Sometimes

Rarely

Never

1. How often do the trainings you attend use training techniques that are helpful and engaging?

Always

Often

Sometimes

Rarely

Never

1. How often are the trainings you attend individualized to meet your needs?

Always

Often

Sometimes

Rarely

Never

1. How often do the trainings you attend offer techniques or materials that are relevant for your community and the families you serve?

Always

Often

Sometimes

Rarely

Never

1. How long were you on staff as a home visitor before you received training in [the model]?

Less than two weeks

Between 2-4 weeks

Between 1-2 months

Between 2-3 months

Longer than 3 months

1. How long after you received your initial [model] training did you feel prepared to make home visits on your own?

Right away

Within 2 weeks

Within 1 month

Longer than 1 month

Not sure

N/A (haven’t been trained or do not feel ready yet)

1. Please rate how important each of the following has been in preparing and supporting you as a home visitor…

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Not at all important** | **Minimally important** | **Somewhat important** | **Very important** | **I haven’t received this** |
| 1 | Shadowing another home visitor | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | One-on-one time with my direct supervisor | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | [Model] training sessions | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | Receiving reflective supervision | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Talking with other home visitors | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | Case conferencing | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | Watching videos of other home visitors | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | Debriefing with my co-workers | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | Coursework/education in early childhood development or a related field | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Continuing education opportunities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. What other strategies have been important in preparing and supporting you as a home visitor?

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

## J. SUPERVISION

We want to know how you feel about the amount of reflective supervision you receive. Reflective supervision is the time you are able to spend with a supervisor or other provider exploring your thoughts, feelings, actions, and reactions when working with families.

1. Please select the box below that best describes how you feel about the amount of one-on-one reflective supervision you receive.

* I’m getting too much
* I’m getting just the right amount
* I’m getting some but not enough
* I’m not getting any

1. Please select the box below that best describes how you feel about the amount of group reflective supervision you receive.

* I’m getting too much
* I’m getting just the right amount
* I’m getting some but not enough
* I’m not getting any

1. [SKIP if Question 1 AND Question 2 = I’m not getting any] The following questions ask about your supervisor’s approach to providing reflective supervision as well as your relationship with your reflective supervisor. **Please answer these questions about the person who provides you with reflective supervision.** This may be your direct supervisor or someone else. Please select the box that best describes how often you feel the following ways about the person who provides you with reflective supervision. Each sentence begins with “My reflective supervisor(‘s)…”

|  |  | **Rarely** | **Sometimes** | **Usually** | **Almost always** |
| --- | --- | --- | --- | --- | --- |
|  | **My reflective supervisor(‘s)** |  |  |  |  |
| 1 | …and I have a trusting relationship. | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | …and I have a regular supervision schedule. | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | …questions encourage details about my practice to be shared and explored within the supervision session. | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | …is engaged throughout the entire session. | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | …is both a teacher and a guide. | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | …makes me feel nurtured, safe, and supported during supervision. | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | …shows me how to integrate emotion and reason into case analyses. | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | …guidance improves my ability to be reflective. | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | …allows me time to come to my own solutions during supervision. | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | …explores my thoughts and feelings about the supervisory process itself. | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | …and I together set the agenda for supervision. | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | …thinks with me about how to improve my observation and listening skills. | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | …listens carefully for the emotional experiences that I am expressing. | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | …encourages me to talk about emotions I have felt while consulting and working with families. | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | …keeps families and children’s unique experiences in mind during supervision. | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | …wants to know how I feel about my consultation or practice experiences. | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | …helps me explore cultural considerations in my work. | 🞎 | 🞎 | 🞎 | 🞎 |

1. In the past year, has there been a time when you did not have a supervisor or someone in a leadership position that you could go to for support in your job?
   * Yes, but only for a short period
   * Yes, for most of the year
   * Yes, for the entire year
   * No
   * Unsure
2. In the past year, has there been a time when you were unable to go to your supervisor or other provider for reflective supervision -- to explore your thoughts, feelings, actions, and reactions when working with families?
   * Yes, but only for a short period
   * Yes, for most of the year
   * Yes, for the entire year
   * No
   * Unsure
3. In the past year, has there been a time when you were unable to go to someone in your program with whom you had a trusting relationship to explore your thoughts, feelings, actions, and reactions when working with families?
   * Yes, but only for a short period
   * Yes, for most of the year
   * Yes, for the entire year
   * No
   * Unsure
4. Since you began your position as a home visitor at your agency, how many direct supervisors have you had?

Enter Number: \_\_\_\_\_\_\_

1. The following topics may be discussed during one-on-one supervision. In order to meet your families’ needs would you like to discuss the following topics with your direct supervisor more, less, or about the same amount as you do now?

|  |  | **More** | **About the same** | **Less** | **Unsure** |
| --- | --- | --- | --- | --- | --- |
| 1 | **Progress of particular caregivers,** including general updates and celebrating successes. | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | **Problem-solving for particular caregivers.** This includes getting families connected to services, addressing challenging topic with families, strategies for motivating families, and supporting families through crises. | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | **Managing my caseload.** This includes the number of families on my caseload, enrolling new families into home visiting, scheduling home visits, and making the number of expected home visits. | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | **Building my skills to provide information and support to families**. This includes planning home visits, delivering the curriculum, learning how to model positive parenting and facilitate parent-child interaction, and accessing training and professional development. | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | **My thoughts, feelings, actions and reactions when working with families,** including any past trauma home visiting might bring up for me. | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | **My emotional wellbeing,** including managing stress and exhaustion, things happening in my personal life, and community events influencing morale. | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | **My professional development**, including discussing my professional development goals and actions that can be taken to achieve those goals. | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | **Working effectively with other team members,** including collaborating on activities, and roles and responsibilities of team members. | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | **Data collection and entry,** including tracking what data to collect and when, questions about forms or assessments, data entry, explaining data collection to families, completing forms in a timely manner. | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | **Policies and procedures and other administrative topics.** This includes following agency or program policies and procedures, changes to policies and procedures, completing administrative trainings and forms, time and leave reporting, and performance reviews. | 🞎 | 🞎 | 🞎 | 🞎 |

1. How helpful is the support you get from your direct supervisor during one-on-one supervision in the following areas:

|  |  | **Very helpful** | **Mostly helpful** | **Somewhat helpful** | **A little helpful** | **Not at all helpful** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | **Tracking progress of particular caregivers,** including general updates and celebrating successes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | **Problem-solving for particular caregivers.** This includes getting families connected to services, addressing challenging topic with families, strategies for motivating families, and supporting families through crises. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | **Managing my caseload.** This includes balancing work with the number of families on my caseload, enrolling new families into home visiting, scheduling home visits, and making the number of expected home visits. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | **Building my skills to provide information and support to families**. This includes planning home visits, delivering the curriculum, learning how to model positive parenting and facilitate parent-child interaction, and accessing training and professional development. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | **Processing my thoughts, feelings, actions and reactions when working with families,** including any past trauma home visiting might bring up for me. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | **My emotional wellbeing,** including managing stress and exhaustion, things happening in my personal life, and community events influencing morale. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | **My professional development**, including discussing my professional development goals and actions that can be taken to achieve those goals. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | **Working effectively with other team members,** including collaborating on activities, and roles and responsibilities of team members. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | **Data collection and entry,** including tracking what data to collect and when, questions about forms or assessments, data entry, explaining data collection to families, completing forms in a timely manner | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | **Policies and procedures and other administrative topics.** This includes following agency or program policies and procedures, changes to policies and procedures, completing administrative trainings and forms, time and leave reporting, and performance reviews. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How often do you rely on other home visitors in your program for support in the following areas:

|  |  | **Almost always** | **Usually** | **Sometimes** | **Rarely** | **Never** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | **Tracking progress of particular caregivers,** including general updates and celebrating successes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | **Problem-solving for particular caregivers.** This includes getting families connected to services, addressing challenging topic with families, strategies for motivating families, and supporting families through crises. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | **Managing my caseload.** This includes balancing work with the number of families on my caseload, enrolling new families into home visiting, scheduling home visits, and making the number of expected home visits. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | **Building my skills to provide information and support to families**. This includes planning home visits, delivering the curriculum, learning how to model positive parenting and facilitate parent-child interaction, and accessing training and professional development. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | **Processing my thoughts, feelings, actions and reactions when working with families,** including any past trauma home visiting might bring up for me. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | **My emotional wellbeing,** including managing stress and exhaustion, things happening in my personal life, and community events influencing morale. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | **My professional development**, including discussing my professional development goals and actions that can be taken to achieve those goals. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | **Working effectively with other team members,** including collaborating on activities, and roles and responsibilities of team members. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | **Data collection and entry,** including tracking what data to collect and when, questions about forms or assessments, data entry, explaining data collection to families, completing forms in a timely manner. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | **Policies and procedures and other administrative topics.** This includes following agency or program policies and procedures, changes to policies and procedures, completing administrative trainings and forms, time and leave reporting, and performance reviews. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How helpful is the support you get from other home visitors in the following areas:

|  |  | **Very helpful** | **Mostly helpful** | **Somewhat helpful** | **A little helpful** | **Not at all helpful** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | **Tracking progress of particular caregivers,** including general updates and celebrating successes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | **Problem-solving for particular caregivers.** This includes getting families connected to services, addressing challenging topic with families, strategies for motivating families, and supporting families through crises. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | **Managing my caseload.** This includes balancing work with the number of families on my caseload, enrolling new families into home visiting, scheduling home visits, and making the number of expected home visits. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | **Building my skills to provide information and support to families**. This includes planning home visits, delivering the curriculum, learning how to model positive parenting and facilitate parent-child interaction, and accessing training and professional development. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | **Processing my thoughts, feelings, actions and reactions when working with families,** including any past trauma home visiting might bring up for me. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | **My emotional wellbeing,** including managing stress and exhaustion, things happening in my personal life, and community events influencing morale. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | **My professional development**, including discussing my professional development goals and actions that can be taken to achieve those goals. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | **Working effectively with other team members,** including collaborating on activities, and roles and responsibilities of team members. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | **Data collection and entry,** including tracking what data to collect and when, questions about forms or assessments, data entry, explaining data collection to families, completing forms in a timely manner. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | **Policies and procedures and other administrative topics.** This includes following agency or program policies and procedures, changes to policies and procedures, completing administrative trainings and forms, time and leave reporting, and performance reviews. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## K. ORGANIZATIONAL CULTURE AND CLIMATE

* + - * 1. The following questions ask you to think about how your home visiting team does its work. We want to know how your team works together, takes in information, and makes decisions about the team’s approach to home visiting. When answering questions about your team, please think about the staff that make up your home visiting program. This would include other home visitors, program managers, supervisors, evaluators, data managers and anyone else that might work closely with your program. Please state whether you agree or disagree with the following statements.

|  |  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | This team gets all the information it needs to do our work and plan our schedules. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | It is easy for this team to obtain expert assistance when something comes up that we don't know how to handle. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | This team is kept in the dark about decisions that impact day-to-day work and what may happen with the program and its staff in the future. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | This team lacks access to useful training on the job. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | Excellent work pays off in this organization. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | It is clear what this team is supposed to accomplish. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | This team spends time making sure every team member understands their role and responsibilities. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | The team has invested plenty of time to clarify our goals. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | If you make a mistake on this team, it is often held against you. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | Members of this team are able to bring up problems and tough issues. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 11 | People on this team are expected to conform to the group. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 12 | It is safe to try something new on this team. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 13 | It is difficult to ask other members of this team for help. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 14 | No one on this team would deliberately act in a way that undermines my efforts. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 15 | Working with members of this team, my unique skills and talents are valued and utilized. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 16 | Achieving this team's goals is well within our reach. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 17 | This team can complete work as assigned without being required to put in unreasonable time or effort. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 18 | With focus and effort, this team can do anything we set out to accomplish. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 19 | Most people in this team can solve the problems that come up in our work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 20 | All members of this team have more than enough training and experience for the kind of work they have to do. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 21 | Certain individuals in this team lack the special skills needed for good team work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 22 | We regularly take time to figure out ways to improve our team's work processes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 23 | This team tends to handle differences of opinion privately, rather than addressing them directly as a group. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 24 | Team members go out and get all the information they possibly can from others-such as families, community members, and other program partners. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 25 | This team frequently uses information and data that lead~~s~~ us to make important changes. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 26 | In this team, someone always makes sure that we stop to reflect on the team's work process. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 27 | People on this team often speak up to test assumptions we might have. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 28 | People on this team are encouraged to think outside the box. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 29 | We invite people from outside the team to present information or have discussions with us. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 30 | This team uses data to see if our processes are leading to the results we want. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 31 | Members of this team are encouraged to try new strategies to see if they will work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 32 | Members of this team support each other as we work to master new skills. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 33 | The quality of work provided by this team is improving over time. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Tribal home visiting programs have a lot of different leadership structures. For the next few questions, think about the person in YOUR home visiting program who serves as your team leader. Please rate your level of agreement with the following statements.

|  |  | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | The team leader initiates meetings to discuss the team's progress. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 2 | The team leader is available for consultation on problems. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 3 | The team leader is engaged in our team’s day-to-day work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 4 | The team leader manages crises in a calm and dependable way. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 5 | The team leader helps us get through challenges we face in our work. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 6 | The team leader handles personnel issues thoughtfully. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 7 | The team leader would go to bat for us. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 8 | The team leader has enough training and experience to be an effective leader. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 9 | The team leader treats all team members fairly. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| 10 | The team leader doesn’t really understand what our team needs to do its job well. | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

## L. CONNECTION TO COMMUNITY SERVED

1. Do you live in the community or neighborhoods you provide services to?
   * Yes 🡪 GO TO Question 1a
   * No 🡪 SKIP TO Question 1b

1a. [If Question 1 = Yes] In total, how many years have you lived in the community or neighborhoods you provide services to?

* + Less than 1 year
  + 1-2 years
  + 3-5 years
  + 5-10 years
  + More than 10 years

1b. [If Question 1 = No] If you ever previously lived in the community or neighborhoods you provide services to, how long did you live there?

* + I never lived there
  + Less than 1 year
  + 1-2 years
  + 3-5 years
  + 5-10 years
  + More than 10 years

1. Do you consider yourself a member of the tribal or urban Indian community you provide services to?
   * Yes
   * No
   * Somewhat
2. In general, do you feel as though you and the families you serve share a similar cultural background?
   * Yes, with most families
   * Yes, with some families
   * Yes, with a few families
   * No

## M. DEMOGRAPHICS

1. What is your Ethnicity?
   * Hispanic or Latino
   * Not Hispanic or Latino
2. What is your Race? (Select one or more)
   * American Indian or Alaska Native 🡪 GO TO Question 2a
   * Asian 🡪 SKIP TO Question 3
   * Black or African American 🡪 SKIP TO Question 3
   * Native Hawaiian or Other Pacific Islander 🡪 SKIP TO Question 3
   * White 🡪 SKIP TO Question 3

2a. [If Question 2 = American Indian or Alaska Native] What is your tribal affiliation and/or identity?

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

1. What is your age?
   * 25 and under
   * 26-29
   * 30-39
   * 40-49
   * 50-59
   * 60 or older

**[NEXT SCREEN]**

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.**

**Please click NEXT to exit the survey.**