

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

This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 15 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 #: 0970-0521, Exp: 12/31/2021. 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.

Staff member completes this page

Caregiver's Program ID: _____

First name of staff member administering the survey or Staff ID: _____

Last name of staff member administering the survey or Staff ID (leave blank if using Staff ID): _____

Go to next page then hand tablet to caregiver

MUSE Caregiver 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. The questions on this survey are about you and your family and what you expect to get out of the home visiting program.

We are asking you to take this survey because you are receiving home visiting services and your program is participating in the MUSE research study.

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

Your participation in this survey is voluntary. If you choose to take the survey, it will take about 15 minutes. If you are unsure how to answer a question, please give the best answer you can instead of leaving it blank.

Do you want to take the survey?

- Yes → GO TO Next Page
- No → END Survey

A. BASIC QUESTIONS ABOUT YOU

This section will ask questions about your personal background.

1. What is your sex?

- Female
- Male

2. Are you or your partner currently pregnant?

- Yes
- No

3. Do you already have children?

- Yes →SKIP TO Question 3a
- No →SKIP TO Question 4

3a. [SKIP if Question 3 = NO] How many children do you have? Please count any children that you are a primary caregiver for. Select 0 if none. _____

3b. [SKIP if Question 3 = NO or Question 3a = 0] How many children do you have under age 5? Please count any children that you are a primary caregiver for. Select 0 if none. _____

- Yes
- No

4. Have you ever helped raise any children other than your own?

- Yes
- No

5. What adults live with you in your household now? CHECK ALL THAT APPLY.

- Your partner (husband/wife/boyfriend/girlfriend)
- Parents (yours or your partner's)
- Grandparents (yours or your partner's)
- Siblings (yours or your partner's)
- Other relatives
- Other non-relatives
- No other adults live with me

6. How many adults 18 years or older live in your household? If YOU are over 18, please include yourself. Select 0 if none. _____

7. How many children between the ages of 6 and 17 live in your household? If YOU are under 18, please include yourself. Select 0 if none. _____

8. How many children 5 years old or younger live in your household? Select 0 if none. _____
9. If your income were to stop suddenly, how long do you think you would be able to cover your basic expenses (housing, food, car, etc.) on your current savings?
- Less than 1 month
 - 1-2 months
 - 3-6 months
 - More than 6 months
10. What language do you prefer for visits?
- English
 - My tribal language
 - Spanish

B. REASONS FOR ENROLLING & EXPECTATIONS IN HOME VISITING

1. How long have you been enrolled in the home visiting program?

- Less than 1 month
- 1-2 months
- More than 2 months

2. Below is a list of common reasons why families enroll in home visiting. How important were these reasons in your decision to enroll?

		Not important	Somewhat Important	Important	Very important
1	Connecting with others to talk to as supportive friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Being more connected to my community and culture (attending community and/or cultural activities, learning cultural teachings, making new relationships with others in your community)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Having my child be healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Feeding my child (including formula and solids, and not including breastfeeding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My child's development (learning new physical and social skills, language development, and coping with emotions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Managing my child's behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Making child care arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Interacting with my child in a supportive and positive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Co-parenting with my child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Taking care of my baby or child (bathing, diapering, sleep, routines, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Keeping my child and home safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	[SKIP if not currently pregnant] Having a healthy pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	[SKIP if not currently pregnant] Staying healthy after I have my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Improving my overall health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Eating more nutritious meals and exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Using family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not important	Somewhat Important	Important	Very important
19	Quitting alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Dealing with stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Dealing with sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Getting more education or job training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Getting a job, or getting a better job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Having healthy adult relationships (with boyfriends/girlfriends, husbands/wives, partners, co-parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Dealing with partner or family violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Coping with my own past abuse or trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Meeting basic needs such as food, utilities, housing, transportation, and obtaining identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Budgeting/making ends meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Legal system and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. YOUR RELATIONSHIPS AND WELLBEING

- The next questions are about your relationships with other people. How much do you agree or disagree with the following statements? (If you are expecting your first child now, think about the support you think you will have as a parent once your child is born.)

		Strongly disagree	Disagree	Agree	Strongly agree
1	There are people I know will help me if I really need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There are people who call on me to help them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	There are people who like the same social activities I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel responsible for taking care of someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I am with a group of people who think the same way I do about things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	There are people I can count on when I need help as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I have close relationships that make me feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I have someone I can go to with questions about parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I have someone to talk to about decisions in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	There are people who value my skills and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I have a trustworthy person to turn to if I have problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I feel a strong emotional tie with at least one other person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	There are people who admire my talents and abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	There are people I can count on in an emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- [SKIP if you do not have children yet, Question A3 = No]
How much do you agree or disagree with the following statements?

		Strongly disagree	Disagree	Agree	Strongly agree
1	The problems of taking care of a child are easy to solve once you know how your actions affect your child, like I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I would make a good model for a new parent to follow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Being a parent is manageable, and any problems are easily solved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4	I am an expert in caring for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	If anyone can find the answer to what is troubling my child, I am the one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I am comfortable in my role as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I have all the skills necessary to be a good parent to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. [SKIP if you do not have children yet, Question A3 = No]

The following statements describe different ways that parents interact with their children on a daily basis. How often is each statement true for you?

		Never true	Rarely true	Sometimes true	Often true	Always true
1	When I am with my child I have difficulty staying focused on what is happening in the present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I rush through activities with my child without being really attentive to him or her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I am often so busy thinking about other things that I am not really listening to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I am aware of how my moods affect the way I treat my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	When I'm upset with my child I notice how I am feeling before I take action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	When I am upset with my child, I calmly tell him or her how I am feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I notice how changes in my child's mood affect my mood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I often react too quickly to what my child says or does.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	When I am feeling stressed, it is hard to pay enough attention to my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I can usually manage stressful things that happen and still take care of my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. [SKIP if you do not have children yet, Question A3 = No]

How much do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
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1	I am comfortable being a parent because my family and community are there to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Working together with family and friends, I can solve many of the problems of caring for my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Being a parent is manageable with the support of my family and friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I am good at caring for my child because of what I have learned from my family and community about parenting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[NEXT SCREEN]

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.

Please click 'Submit' to exit the survey.

[NEXT SCREEN]

Please stop here and return the tablet back to your home visitor.
