

**MULTI-SITE IMPLEMENTATION EVALUATION OF TRIBAL HOME VISITING (MUSE)
CAREGIVER 6 & 12 MONTH FOLLOW-UP SURVEY FOR TELEPHONE ADMINISTRATION**

This collection of information is voluntary. Public reporting burden for this collection of information is estimated to average 35 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.

December 2019

OMB Control NO.: 0970-0521

Expiration Date: 12/31/2021

Length of time for instrument: 35 minutes

MUSE Interviewer 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): _____

MUSE Caregiver Survey

Hello! Thank you for taking the MUSE Caregiver Survey over the phone with me today. My name is [NAME] and I will be helping you complete the survey. I'm going to read you the questions from the survey and record your answers into the computer. If you are unsure how to answer a question, please give the best answer you can.

The questions on this survey are about you and your family and what you expect to get out of the home visiting program. Your answers will be kept private. Only the research study team will be able to see your answers. 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. The survey will take about 35 minutes to complete over the phone. Finally, I want to remind you that your participation is voluntary.

We want to ensure you have privacy while completing the survey. To do this make sure you are in a private space and that you don't put the phone on speaker phone mode. Let me know when you are in a private space and we can begin.

Do you want to take the survey?

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

A. BASIC QUESTIONS ABOUT YOURSELF

First, we're going to begin with some basic questions about you and your personal background.

1. Are you or your partner currently pregnant or have you had a baby while participating in the home visiting program? [Do not read response options aloud.]

- Yes
- No

2. How many children do you have? Please count any children that you are a primary caregiver for.

3. What adults live with you in your household now?

- Your partner, such as your husband, wife, boyfriend, or girlfriend
- Your parents or your partner's parents
- Your grandparents or your partner's grandparents
- Your siblings or your partner's siblings
- Other relatives
- Other non-relatives
- No other adults live with me

4. How many adults 18 years or older live in your household? If YOU are over 18, please include yourself. _____

5. How many children between the ages of 6 and 17 live in your household? If YOU are under 18, please include yourself. _____

6. How many children 5 years old or younger live in your household? _____

7. If your income were to stop suddenly, how long do you think you would be able to cover your basic expenses-- like housing, food, or a car-- on your current savings?

- Less than 1 month
- 1-2 months
- 3-6 months
- More than 6 months

B. EXPERIENCES IN HOME VISITING

1. How long have you been enrolled in the home visiting program?
 - Less than 6 months
 - 6-8 months
 - 9-11 months
 - 12-14 months
 - More than 14 months

2. How often do you have home visits?
 - Weekly
 - About every 2 weeks
 - About every 3 weeks
 - About once a month
 - Less often than once a month
 - Don't know

3. Do your home visits occur...
 - More often than you would like
 - Less often than you would like
 - Exactly as often as you would like

4. Who decides how often you have home visits? Would you say that...
 - It is totally your decision
 - It is mostly your decision
 - It is a decision your home visitor and you make equally
 - It is mostly your home visitor's decision
 - It is totally your home visitor's decision

5. Is your home visit length...
 - Longer than you would like
 - Shorter than you would like
 - Exactly as long as you would like

6. Who decides how long your home visits will be?
 - It is totally your decision
 - It is mostly your decision
 - It is a decision your home visitor and you make equally
 - It is mostly your home visitor's decision
 - It is totally your home visitor's decision

7. Think back to when the program was explained to you before you enrolled. How close are the services you receive now to what you expected to receive? Are the services...

- Exactly what you expected
- Very close to what you expected
- A little different from what you expected
- Not at all what you expected

8. Please tell me whether you agree or disagree with the following statements about your home visiting program. Please tell me whether you strongly disagree, disagree, agree, or strongly agree.

		Strongly disagree	Disagree	Agree	Strongly agree
1	The home visiting program will help you reach your personal goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	The home visiting program will help your child reach his or her full potential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The home visiting program helps you feel good about yourself and your job as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The home visiting program is an excellent use of your time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The home visiting program helps you get the things you need for your family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How much has the support you have received in the home visiting program made a difference for you in each of the following areas? The answer options are: A big difference, some difference, a little difference, no difference, and not applicable.

		A big difference	Some difference	A little difference	No difference	Not applicable
1	Connecting with others to talk to as supportive friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Being more connected to my community and culture. This could include attending community and/or cultural activities, learning cultural teachings, and making new relationships with others in your community.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
4	Feeding my child. This includes formula and solids, but not breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		A big difference	Some difference	A little difference	No difference	Not applicable
5	My child's development. This includes learning new physical and social skills, language development, and coping with emotions.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
7	Making child care arrangements	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
9	Co-parenting with my child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Taking care of my baby or child, including bathing, diapering, sleep, and routines	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
14	Breastfeeding	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
16	Eating more nutritious meals and exercising	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
18	Quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Quitting alcohol or drugs	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
21	Dealing with sadness	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
23	Getting a job, or getting a better job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Having healthy adult relationships with boyfriends or girlfriends, husbands or wives, partners, and co-parents	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
26	Coping with my own past abuse or trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	A big difference	Some difference	A little difference	No difference	Not applicable
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"/>	<input type="checkbox"/>
28 Budgeting and making ends meet	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

C. SETTING GOALS

- Have you and your home visitor ever talked about your goals and developed a plan for reaching them? This might include making a list of goals that you would like to accomplish and steps you could take to reach those goals. *[Do not read response options aloud.]*
 - Yes
 - No → SKIP to Section D question 1.
 - Not sure → SKIP to Section D question 1.
- How were your goals identified?
 - You identified the goals yourself
 - You identified the goals with help from your home visitor
 - Your home visitor identified the goals with help from you
 - Your home visitor identified the goals for you
- Was YOUR role in setting the goals...
 - Bigger than you would have liked
 - Smaller than you would have liked
 - Just right
- How similar or different are the goals you identified to what you were originally hoping for when you started home visiting? Were they...
 - Very similar
 - Similar
 - Different
 - Very different
- How satisfied or dissatisfied are you with the goals you set? Are you...
 - Very satisfied
 - Satisfied
 - Dissatisfied
 - Very dissatisfied

6. About how often do you and your home visitor talk about your goals?

- Never
- Hardly any visits
- Some visits
- Most visits
- Every visit

D. WHAT HAPPENS IN HOME VISITS

1. Who usually decides what you talk about and do in home visits?

- It is totally your decision
- It is mostly your decision
- It is a decision your home visitor and you make equally
- It is mostly your home visitor's decision
- It is totally your home visitor's decision

2. Next, I'm going to read you a list of topics that you may have discussed with your home visitor. Please tell me whether you have ever talked about the following topics with your home visitor.

		Yes	No	Not applicable
1	Connecting with others to talk to as supportive friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Being more connected to my community and culture. This could include attending community and/or cultural activities, learning cultural teachings, and making new relationships with others in your community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Having my child be healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Feeding my child. This includes formula and solids, but not breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My child's development. This includes learning new physical and social skills, language development, and coping with emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Managing my child's behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Making child care arrangements	<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"/>
9	Co-parenting with my child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Taking care of my baby or child, including bathing, diapering, sleep, and routines	<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"/>
12	[SKIP if not currently pregnant] Having a healthy pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No	Not applicable
13	[SKIP if not currently pregnant] Staying healthy after I have my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Improving my overall health	<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"/>
17	Using family planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Quitting alcohol or drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Dealing with stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Dealing with sadness	<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"/>
23	Getting a job, or getting a better job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Having healthy adult relationships with boyfriends or girlfriends, husbands or wives, partners, and co-parents	<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"/>
26	Coping with my own past abuse or trauma	<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"/>
28	Budgeting and making ends meet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Legal system and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Now I'm going to read the same list of topics again, and I'm going to ask you how important it is for you to be able to talk about these topics with your home visitor. Please tell me whether each topic is not at all important, minimally important, somewhat important, or very important.

		Not at all important	Minimally important	Somewhat important	Very important	Not applicable
1	Connecting with others to talk to as supportive friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Being more connected to my community and culture. This includes attending community and/or cultural activities, learning cultural teachings, and making new relationships with others in your community	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

		Not at all important	Minimally important	Somewhat important	Very important	Not applicable
4	Feeding my child. This includes formula and solids, but not breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My child's development. This includes learning new physical and social skills, language development, and coping with emotions	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
7	Making child care arrangements	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
9	Co-parenting with my child's father/mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Taking care of my baby or child, including bathing, diapering, sleep, and routines	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>
14	Breastfeeding	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
16	Eating more nutritious meals and exercising	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
18	Quitting smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Quitting alcohol or drugs	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
21	Dealing with sadness	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
23	Getting a job, or getting a better job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Not at all important	Minimally important	Somewhat important	Very important	Not applicable
24	Having healthy adult relationships with boyfriends or girlfriends, husbands or wives, partners, and co-parents	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
26	Coping with my own past abuse or trauma	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
28	Budgeting and making ends meet	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

4. The next question asks how your home visitor spends his or her time. Does your home visitor spend most of his/her time...
 - Talking with you
 - Talking with your child
 - Talking with both your child and you

5. What happens if other family members (other than the index child) are with you during a visit? Does your home visitor:
 - focus on you and your child
 - talk with all family members but mainly focus on you and your child
 - include all family members in visit activities, OR
 - This has never happened; it's always just you and your child

6. Is the amount of time your home visitor spends filling out paperwork DURING visits...
 - More than you would like
 - Less than you would like
 - About the right amount

7. The next set of questions asks about your experiences with your home visitor. Please tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement.

		Strongly disagree	Disagree	Agree	Strongly agree
1	I prefer to choose visit topics and activities myself rather than have the home visitor choose them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	[SKIP if 'O' children] I like it when my home visitor suggests ways to do things better as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I appreciate when my home visitor gives me an opportunity to talk about my mental health, substance abuse, or partner violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	[SKIP if 'O' children] If my home visitor raises a concern about my parenting, it shows that she or he cares for and respects my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	[SKIP if 'O' children] I prefer my home visitor to focus on the things I do well as a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I prefer for the home visitor to lead the visit. She or he can decide what we talk about and do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If my home visitor asks about my mental health, substance use, or relationship with my partner, it is because she or he cares about me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	[SKIP if 'O' children] I would feel offended if my home visitor raised a concern about how I am parenting my child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. EXPERIENCES WITH YOUR HOME VISITOR

1. Please tell me whether you strongly disagree, disagree, agree, or strongly agree with the following statements? My home visitor is... [Repeat "my home visitor is..." as needed.]

		Strongly disagree	Disagree	Agree	Strongly agree
1	Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Inflexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Judgmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Accepting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Strongly disagree	Disagree	Agree	Strongly agree
8	Unprofessional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Good listener	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Pushy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Available when I need her/him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Disrespectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Humble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Interested in knowing more about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How much do you agree or disagree with the following statements? Please tell me whether you strongly disagree, disagree, agree, or strongly agree.

		Strongly disagree	Disagree	Agree	Strongly agree
1	My home visitor wants me to tell her/him how I would like to spend the time during home visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My home visitor wants me to let her/him know if I don't understand something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My home visitor wants me to decide what we do in visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My home visitor wants me to let her/him know if I disagree with something she/he says.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often are the conversations and activities during visits interesting to you?

- Never
- Rarely
- Sometimes
- Often
- Always

4. When you are bored or not interested in a topic or activity your home visitor...

- Frequently does not notice
- Encourages you to continue anyway
- Suggests another topic or activity
- Asks what you would prefer to do

December 2019

OMB Control NO.: 0970-0521
Expiration Date: 12/31/2021
Length of time for instrument: 35 minutes

5. Now I am going to read a list of things that your home visitor may or may not do. Please tell me how often your home visitor does each one. The options are never, hardly any visits, some visits, most visits, every visit. How often does your home visitor...

	Never	Hardly any visits	Some visits	Most visits	Every visit
1 Give you positive feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Show warmth, respect, and appreciation to your family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Show that she/he wants to understand your perspective, concerns, and feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Make sure that visit activities match your interests, concerns, and preferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Balance your interests with those of the home visiting program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I'm going to read you a few more statements about some things home visitors may do. Please tell me whether you strongly disagree, disagree, agree, or strongly agree with each of the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Not sure
Your home visitor . . .					
1 ...plans visits according to what you prefer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 ...asks you about and addresses family concerns, even if this means changing planned activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 ...makes sure you understand what you are talking about before moving on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 ...focuses conversation and activities to fit your interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Next, I'm going to read some statements that describe how a parent might feel about her/his home visitor and ask how often you think or feel this way. The answer choices are never, rarely, sometimes, often or always. How often do you think or feel the following...

		Neve r	Rarel y	Sometime s	Often	Alway s
1	My home visitor and I agree about the things I will need to do to benefit me and my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	What I am doing with home visiting gives me new ways of looking at my family's situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	There are certain things I wouldn't say in front of my home visitor, even though we're close.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I believe my home visitor likes me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My home visitor does not understand what I am trying to accomplish with home visiting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I can talk to my home visitor about personal matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I am confident in my home visitor's ability to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My home visitor and I are working toward mutually agreed upon goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I feel that my home visitor appreciates me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	My home visitor and I don't really see eye to eye. She/he has given me advice that I disagree with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	We agree on what is important for me to work on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	My home visitor and I trust one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	My home visitor and I have different ideas on what I want and need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	There are certain things about my home visitor that make it hard for me to relate to her/him.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	We have established a good understanding of the kind of changes that would be good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	My home visitor respects my community and culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Next, I'm going to read some statements that describe different ways that home visitors might interact with families. Please tell me how often your home visitor interacts with you and your family in the following ways. The answer choices are never, hardly any visits, some visits, most visits, and every visit.

		Never	Hardly any visits	Some visits	Most visits	Every visit
1	My home visitor really listens to my concerns or requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	My home visitor sees my family in a positive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	My home visitor gives me information to make good choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	My home visitor responds to my requests for information or guidance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My home visitor tries hard to understand my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	My home visitor recognizes my family's strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	My home visitor empowers me to get the resources and support I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My home visitor is flexible when my family's situation changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Next, I'm going to ask you how likely it is that you would tell your home visitor certain things.

		Very unlikely	Somewhat unlikely	Somewhat likely	Very likely
1	How likely is it that you would tell your home visitor that you had not followed her/his suggestion? Is it very unlikely, somewhat unlikely, somewhat likely, or very likely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	How likely is it that you would tell your home visitor that you disagreed with her/him? Is it very unlikely, somewhat unlikely, somewhat likely, or very likely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	How likely is it that you would tell your home visitor that you are getting different advice from family or friends? Is it very unlikely, somewhat unlikely, somewhat likely, or very likely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. YOUR RELATIONSHIPS AND WELLBEING

1. Next, I'm going to ask you about your relationships with other people and the support you receive as a parent. 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. Please tell me whether you strongly disagree, disagree, agree, or strongly agree with each statement.

		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"/>

2. [SKIP if '0' children] Please tell me whether you strongly disagree, disagree, agree, or strongly agree 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"/>

		Strongly disagree	Disagree	Agree	Strongly agree
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 '0' children] Now I am going to read some statements that describe different ways that parents interact with their children on a daily basis. How often is each statement true for you? Please tell me whether each statement is never true, rarely true, sometimes true, often true, or always true.

		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/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/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"/>

December 2019

OMB Control NO.: 0970-0521
Expiration Date: 12/31/2021
Length of time for instrument: 35 minutes

4. [SKIP if '0' children] Please tell me whether you strongly disagree, disagree, agree, or strongly agree with each of the following statements.

		Strongly disagree	Disagree	Agree	Strongly agree
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"/>

G. FINAL THOUGHTS

1. Now I would like you to think about your overall experience with the home visiting program. Please tell me whether you strongly disagree, disagree, agree or strongly agree with each of the following statements?

		Strongly disagree	Disagree	Agree	Strongly agree
1	What you get out of the home visiting program is worth the time it takes to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	There are some things you do differently now because of your experience in the home visiting program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	You would recommend the home visiting program to your family and friends.	<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]