



## **MIHOPE Kindergarten Follow-up Virtual Visit Pilot Recruitment Screener**

Thank you for your interest in this pilot that we are doing as part of the Mother and Infant Home Visiting Program Evaluation (MIHOPE)! This study is sponsored by the Administration for Children and Families in the U.S. Department of Health and Human Services. The goal of MIHOPE is to improve the well-being of children and families by looking at the long-term effects of home visiting services. We will be conducting a pilot of these virtual visits and need your help to test out the forms and procedures before conducting these visits with hundreds of families who are part of the study.

Today, I would like to just ask some questions to confirm that you meet the criteria to participate in the pilot. Answering these questions is estimated to take about six and a half minutes and answering these questions is completely voluntary. If you are invited to participate, you will receive a \$75 gift card for completing the virtual visit. The questions I ask today will only be used to identify families to participate in this pilot; your answers will not be shared with anyone outside of the study team. [IF NEEDED: Your answers to these questions will not affect any services you or your child may be receiving.]

**1. Are you the mother of a child who will be:**

- Entering kindergarten in the fall, or
- entering first grade in the fall?
- NO/REFUSED..... TERMINATE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0402.

SOURCE: MIHOPE-LT COHORT 1 PRETEST SCREENER

**2a. What is that child's date of birth?**

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|

**2a1: How old is that child?**

|\_|\_| YEARS

IF LESS THAN 4 YEARS OLD OR MORE THAN 5, CONFIRM RESPONSE AT Q.1

**2b. What is that child's name?**

\_\_\_\_\_

SOURCE: MIHOPE-LT COHORT 1 PRETEST SCREENER

**3. What language would you say this child is most comfortable speaking?**

- English
- Spanish
- Other..... TERMINATE

**The next set of questions are about you.**

SOURCE: MIHOPE-LT COHORT 1 PRETEST SCREENER

**4. How old are you?**

|\_|\_| YEARS

IF YOUNGER THAN 18 OR REFUSED..... TERMINATE

SOURCE: MIHOPE-LT COHORT 1 PRETEST SCREENER

**5. What is the highest grade or year of school that you have completed?**

- NO REGULAR/FORMAL SCHOOL EDUCATION.....0
- HIGHEST GRADE/YEAR IN SCHOOL SPECIFY GRADE.....1
- |\_|\_| (GRADE 1-11)
- 12<sup>TH</sup> GRADE, BUT NOT DIPLOMA.....2
- HIGH SCHOOL DIPLOMA/EQUIVALENT.....3
- SOME VOCATIONAL/TECHNICAL SCHOOL, BUT NO DIPLOMA.....4
- VOCATIONAL/TECHNICAL SCHOOL DIPLOMA.....5

---

SOME COLLEGE BUT NO DEGREE COMPLETION.....	6
ASSOCIATE DEGREE.....	7
BACHELOR'S DEGREE OR HIGHER.....	8
OTHER (SPECIFY)_____ .....	9
DON'T KNOW.....	D
REFUSED.....	R

SOURCE: MIHOPE-LT CAREGIVER SURVEY

**6. In 2020, what was the total combined income of all members of your household? Please include money from jobs, welfare, social security payments, and any other money income received by you or any other household member.**

PROBE: **Your best estimate is fine.**

\$ | | | | | , | | | | | PER YEAR Q7  
(RANGE = 1 – 999,999)

DON'T KNOW.....D Q6A

REFUSED.....R Q7

SOURCE: ADAPTED FROM MIHOPE-LT CAREGIVER SURVEY

Q6= D

**6a. I just need a range. Was it...**

\$25,000 or less,.....1

\$25,001 to \$50,000,.....2

\$50,001 to \$75,000, or.....3

More than \$75,000? .....4

DON'T KNOW.....D

REFUSED.....R

SOURCE: MIHOPE-LT COHORT 1 PRETEST SCREENER

**7. What language are you most comfortable speaking?**

English

Spanish

Other..... TERMINATE

**8a. In a typical week, how often do you use a computer, tablet, smart phone, or other electronic device?**

- 5 to 7 days a week
- 3 to 4 days a week
- 1 to 2 days a week
- Less than 1 day a week
- Never
- NOT SURE / REFUSED

Source: Adapted from MIHOPE Check-in

**8a1. Do you have access to any of the following devices at home in order to get on the internet?**

	YES	NO	DON'T KNOW / PREFER NOT TO SAY
a. Laptop computer?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Desktop computer?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Tablet or iPad?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Mobile phone / smart phone?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Something else? Please specify: _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

SOURCE: PRINCETON SURVEY RESEARCH ASSOCIATES INTERNATIONAL FOR PEW RESEARCH CENTER

**8b. Overall, how confident do you feel using computers, smart phones, or other electronic devices to do the things you need to do online? Do you feel very confident, somewhat confident, only a little confident, or not at all confident?**

- Very confident
- Somewhat confident
- Only a little confident
- Not at all confident

---

NOT SURE / REFUSED

**8c. Next, please tell me how well the following statement describes you.**

**If I get a new electronic device – like a computer, tablet, or smart phone – I usually need someone else to set it up or show me how to use it. Does this describe you very well, somewhat well, not too well, or not well at all?**

- Very well
- Somewhat well
- Not too well
- Not well at all
- NOT SURE / REFUSED

**The next set of questions are about your child.**

**9a. In a typical week, how often does [CHILD] use a computer, tablet, smart phone, or other electronic device?**

- 5 to 7 days a week
- 3 to 4 days a week
- 1 to 2 days a week
- Less than 1 day a week
- Never
- NOT SURE / REFUSED

**Next, please think about the experience [CHILD] has had interacting with others over a computer, tablet, smart phone, or other electronic device.**

**9b1. How much experience does [CHILD] have video chatting with friends or family using applications like FaceTime, Zoom, or Google Hangouts?**

- A lot of experience (Does this regularly)
- A moderate amount of experience (Does this every so often)
- A little bit of experience (Does this rarely), or
- No experience (Has never done this)?
- NOT SURE / REFUSED

**9b2. How much experience does [CHILD] have participating in virtual learning for school?**

- A lot of experience (Does this regularly)
- A moderate amount of experience (Does this every so often)
- A little bit of experience (Does this rarely), or
- No experience (Has never done this)?
- NOT SURE / REFUSED

**ASK IF CHILD HAS ANY EXPERIENCE WITH VIRTUAL LEARNING IN 9b2**

**9c. Thinking about [CHILD]’s experience with virtual learning for school, would you say [he/she] is able to pay attention: All of the time, most of the time, just some of the time, or none of the time?**

- All of the time
- Most of the time
- Just some of the time
- None of the time
- NOT SURE / REFUSED

**10. Next I have some questions about things your child is able to do that would be similar to activities in the virtual visit. For each statement, please tell me if this is very true, somewhat true, or not true at all.**

**[READ ITEM] Would you say it very true, somewhat true, or not true at all?**

	VERY TRUE	SOMEWHAT TRUE	NOT AT ALL TRUE	DON'T KNOW	REFUSED
a. [CHILD] is able to hear others well enough to use a telephone.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
b. [CHILD] is able to easily see what is on a computer screen or tablet.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>
c. [CHILD] is able to use a touch-screen computer or tablet to play games.	1 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>	r <input type="checkbox"/>

SOURCE: ADAPTED FROM MIHOPE-LT IN-HOME ASSESSMENT

**10d. Is there anything that would be helpful for me to know about [CHILD]’s abilities to do these activities?**



---

[OPEN-END]

**11. One last question about other people in your home.**

**Including [CHILD], are there children under the age of 5 who live in your home?**

Yes

No

**QUALIFY BOX:**

READ INVITATION IF RESPONDENT MEETS

ELIGIBILITY CRITERIA:

- Respondent is the mother of a child about to enter kindergarten or first grade in the fall (Q1)
- Child is most comfortable speaking English or Spanish (Q3)
- Respondent is most comfortable speaking English or Spanish (Q7)
- Ensure a mix of:
  - respondent tech savviness (Qs 8a to 8c)
  - child tech savviness (Q 9a)
  - child experience with virtual interactions (Qs 9b1/9b2)
  - home distractions (Q 11)

---

**INVITATION**

**Thank you for answering these questions. Based on your responses, we would like to invite you to participate in the virtual visit. We will arrange a time to drop off equipment at your home and ask you and [CHILD] to participate in some activities that will take about two hours. We will walk you through how to set up the equipment to do a video call with one of our study team members, and you will receive a \$75 gift card after participating in this virtual visit.**

**Would you be interested in participating in the virtual visit?**

**[IF CONCERNED ABOUT DIFFICULTY OF VISIT FOR CHILD: It's important that we include all types of children and families in this study to make sure that we develop procedures that can work for everyone. Our assessors will be trained to work with you and your child to take any special needs or considerations into account.]**

**YES.....SCHEDULE TENTATIVE APPOINTMENT**

**Thank you! We will call back to confirm, to provide additional information, and to arrange a time to drop off the equipment needed for the virtual visit.**

**NO.....TERMINATE**

**TERMINATE**

**Thank you for taking the time to answer these questions. Unfortunately, based on your responses you do not meet the criteria for families that we are inviting to participate at this time.**