Staff Child Report – Home Visitors

Programming Specifications (Redacted)

August 2021

ABOUT THIS SURVEY

PROGRAMMER: DISPLAY BELOW TEXT ON INTRO1. 'WELCOME' LINE BELOW SHOULD APPEAR BOLD IN CONFIRMIT.

Welcome to the Baby FACES Staff Child Report for Home Visitors

- PROGRAMMER: IF VERSION = 0, DISPLAY: **The questions in this survey are about [MOTHER FIRST NAME] [MOTHER LAST NAME].** PROGRAMMER: FULL NAME SHOULD APPEAR IN BOLD.

- PROGRAMMER: IF VERSION = 1-4, DISPLAY: **The questions in this survey are about [CHILD FIRST NAME] [CHILD LAST NAME].**

- [PROGRAMMER: IF VERSION 0, FILL "**client**." IF VERSIONS 1-4, FILL "**child's parent**" AND INCLUDE TEXT IN BRACKETS] **Throughout this survey, we will be asking you to respond to questions about your interactions with this [client/child's parent]. [This can include the child's mother or a guardian who serves as the child's primary caregiver. When responding to these questions, please think about the parent who you interact with most often, unless otherwise noted.]**

- **The survey will take about 15 minutes to complete. The questions in this survey can be answered selecting the box next to your response. For a few questions, you will be asked to type in a brief response.**

- **If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.**

- **If you begin the survey and need to complete it at a later time, all of your responses will be saved. After logging back in, you will be directed to the item where you last left off.**

PROGRAMMER: DISPLAY BELOW TEXT ON INTRO2

- [PROGRAMMER: IF VERSIONS 1-4, INCLUDE TEXT IN BRACKETS] **Your participation in the study is voluntary. All information you provide will be kept private to the extent permitted by law. Neither your name nor the [child's or] family's name will be attached to any information you give us; and it will not be shared with others at your Early Head Start program.**

- **If you have any questions, please contact the Baby FACES team at Mathematica Policy Research at 1-833-763-2178, or email us at BabyFACES@mathematica-mpr.com.**

- **This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them. 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 for this information collection is 0970–0354 and the expiration date is <mark>10/31/2021</mark>.**

PROGRAMMER: DISPLAY BELOW TEXT ON INTRO3.

- **This survey works best on computers and tablets. We do not recommend you complete the survey on a smartphone, as it may take longer and will require scrolling throughout.**

- **Do not use your browser's back and forward buttons. Instead, use the "Back" and "Next" buttons on the bottom of each screen to move through the survey.**

SECTION A. BACKGROUND

A1. **Are you currently the Early Head Start home visitor for this [client/child's family]?**
PROGRAMMER: FILL "**client**" IF VERSION = 0; FILL "**child's family**" IF VERSION = 1-4.

- 1 ☐ Yes
- 2 ☐ Not currently, but I was this [client's/family's] home visitor within the past 2 months
- 0 ☐ No

PROGRAMMER: IF A1=1, 2, OR MISSING
PROGRAMMER: IF A1=1 OR MISSING, FILL WITH "**have you been**". IF A1=2, FILL WITH "**were you**"

A1a. **For how many months (have you been / were you) providing home visiting services to this [client/family]?**

If you [have been/were] this [client's/family's] home visitor for less than 1 month, please enter 1.
PROGRAMMER: IF A1=1, FILL WITH "**have been**". IF A1=2, FILL WITH "**were**"

|___|___| MONTHS   (RANGE 1-40)

PROGRAMMER: IF VERSION = 1-4

SOFT CHECK: RESPONSE CANNOT BE GREATER THAN CHILD'S CHRONOLOGICAL AGE (BASED ON PROJECTED CHILD AGE IN MOS AT TIME OF SITE VISIT); **You have entered [FILL A1a] month(s), but this is greater than the child's current age based on our records. Please confirm your response.**

SURVEY NOTE: AFTER A1A, INSTRUMENT VERSION 0 PROCEEDS TO D6; VERSION 1 PROCEEDS TO D1; VERSION 2 PROCEEDS TO SECTION B1 IF CHILD PROJECTED AGE IN MOS AT TIME OF SITE VISIT IS AT LEAST 12 MOS; VERSION 2 PROCEEDS TO SECTION C1 IF CHILD PROJECTED AGE IN MOS AT TIME OF SITE VISIT IS 8-11 MOS. VERSIONS 3 AND 4 PROCEED TO B1. PROGRAMMER, THESE SPECS ARE PROVIDED BELOW.

PROGRAMMER: IF A1=0
A2. **What is the main reason you are no longer this [client's/family's] home visitor?**

PROGRAMMER: MARK ONE ONLY. DO NOT DISPLAY OPTIONS 2 AND 3 IF VERSION = 0. IF VERSION 0, FILL WITH "**Client**" AND "**program**"; OTHERWISE, FILL WITH "**Family**" AND "**center**"

- 1 ☐ [Client/Family] transferred to another home visitor in the same [program/center]
- 2 ☐ Child moved from home- to center-based care in this program
- 4 ☐ [Client/Family] left this Early Head Start program
- 5 ☐ Child aged out of Early Head Start

PROGRAMMER: IF A2 = 1 OR 2
A3. **What is the name of this [client's/child's] current Early Head Start home visitor [or teacher]?**
PROGRAMMER: ONLY DISPLAY TEXT IN BRACKETS IF VERSION = 1-4

Name:_____

PROGRAMMER: IF A1 = 0
A4. **Please record the last date you had this [client/family] on your caseload.**
PROGRAMMER: IF VERSION 0, FILL WITH "**client**"; OTHERWISE, FILL WITH "**family**"

|___|___| / |___|___| / |___|___|___|___|
MONTH   DAY   YEAR

> SOFT CHECK: DATE CANNOT BE IN THE FUTURE. **You have entered [FILL A4], which is in the future. Please check and confirm your entry.**
>
> PROGRAMMER: VALID YEAR RANGES ARE 2018 TO 2022.

PROGRAMMER: IF A1 = 0

A_end. You have reached the end of this survey.

If you would like to go back to any question, use the "Back" button to navigate back through the survey.

Please click "Next" to submit your completed survey.

PROGRAMMER: CLICKING NEXT WILL BRING THE RESPONDENT TO A NEW SCREEN.

Your survey has been submitted. Thank you for your participation in Baby FACES!

PROGRAMMER: RE-DIRECT RESPONDENT TO THE BABY FACES PAGE ON MATHEMATICA'S EXTERNAL SITE: https://www.mathematica-mpr.com/our-publications-and-findings/projects/baby-faces-2018

PROGRAMMER: IF A2 = 1 OR 2, WE WILL ATTEMPT TO FIND THE BEST RESPONDENT FOR COMPLETING THE HVCR FOR THIS CHILD. IN THIS SCENARIO, THE SURVEY TEAM NEEDS TO BE ALERTED ABOUT THIS CASE. IF A2 = 3 OR 4, WE WILL FINAL STATUS.

SECTION B. SOCIAL SKILLS

B1. **The first set of questions contains statements about 1- to 3-year-old children. Many statements describe normal feelings and behaviors, but some describe things that can be problems. Some may seem too young or too old for this child. Please do your best to answer every question.**

For each statement, please select the answer that best describes this child <u>in the past month</u>.

> **Items B1a to B1hh are protected under copyright and have been redacted from this instrument.**
>
> **Source: Briggs-Gowan, M.J., and A.S. Carter. The Brief Infant–Toddler Social and Emotional Assessment (BITSEA). San Antonio, TX: Harcourt Assessment, 2006.**

B2. The following questions are about feelings and behaviors that can be problems for young children. Some of the questions may be a bit hard to understand, especially if you have not seen them in a child. Please do your best to answer them anyway.

For each statement, please select the answer that best describes this child <u>in the past month</u>.

Items B2a to B2h are protected under copyright and have been redacted from this instrument.

Source: Briggs-Gowan, M.J., and A.S. Carter. The Brief Infant–Toddler Social and Emotional Assessment (BITSEA). San Antonio, TX: Harcourt Assessment, 2006.

ARE APPENDED AT THE END OF THIS DOCUMENT.

SECTION C. LANGUAGE AND COMMUNICATION

C1.   **The following is a list of typical words in young children's vocabularies. We are interested specifically in the words this child understands or says in <u>English</u>. We will ask parents about the child's home language.**

For words this child does not yet understand, select the first option (does not understand). For words he/she understands but does not yet say on his/her own, select the second option (understands). For words he/she understands and also says on his/her own, select the third option (understands and says). If this child uses a different pronunciation of a word or another word with the same meaning (for example, "raffe" for "giraffe" or "nana" for "grandma"), select the word anyway. For each item, select only one response.

Remember, this is a "catalogue" of words that are used by many different children. Don't worry if this child knows only a few right now.

> **These items are protected under copyright and have been redacted from this instrument.**
>
> **Source: MacArthur-Bates Communicative Development Inventories.**

C2.1. When infants are first learning to communicate, they often use gestures to make their wishes known. For each item below, select the response that describes this child's actions right now.

C2.2. Has this child begun to combine words yet, such as "nother cookie" or "doggie bite?"

C2.2. This item is protected under copyright and has been redacted from this instrument.

Source: MacArthur-Bates Communicative Development Inventories

C2.3. **For each pair of sentences below, select the one that sounds <u>most</u> like the way this child talks at the moment. If this child is saying sentences even more complicated than the two provided, select the second one.**

C2.4. These next questions are about how this child uses language to communicate in <u>English</u>. For each item, select only one response.

SECTION D.

PROGRAMMER: IF VERSION = 1-4

D1. <u>Since September</u>, has this child been given a developmental screening?

- ₁ ☐   Yes
- ₀ ☐   No

D3. Since September, have you had any concerns about the child's development?

- ₁ ☐   Yes
- ₀ ☐   No ⟶ **GO TO D6**

PROGRAMMER: IF D3 = MISSING, GO TO D3a

PROGRAMMER: IF D3=1 OR MISSING

D3a.   <u>Since September</u>, has this child been referred by anyone in your program to any of the following?

PROGRAMMER: MARK ALL THAT APPLY. IF OPTION 7 IS ENDORSED, NO OTHER OPTION CAN BE SELECTED.

- ₁ ☐   Health care provider
- ₃ ☐   Mental health care provider
- ₄ ☐   Part C or Part B or other disabilities services provider
- ₅ ☐   Child care partner or other child care provider
- ₇ ☐   NO REFERRALS MADE SINCE SEPTEMBER

PROGRAMMER: IF D3a=1, 3, or 4

D5. What was the reason for the referral?

PROGRAMMER: MARK ALL THAT APPLY

- ₁ ☐   Behavior problem
- ₂ ☐   Emotional problem
- ₃ ☐   Attention problem
- ₄ ☐   Developmental or cognitive delay
- ₅ ☐   Problems with the use of arms or legs
- ₆ ☐   Speech problem
- ₇ ☐   Hearing problem
- ₈ ☐   Vision problem
- ₉ ☐   Something else *(Please specify)*

    _____

SOFT CHECK: IF D5_9 IS ENDORSED BUT SPECIFY IS LEFT BLANK: **Please specify the reason for the child's referral.**

PROGRAMMER: IF VERSION = 0-4

D6. Thinking about this entire family, have you referred anyone [other than the child] to any of the following <u>since September</u>?

PROGRAMMER: MARK ALL THAT APPLY. IF OPTION 7 IS ENDORSED, NO OTHER OPTION CAN BE SELECTED.

PROGRAMMER: IF VERSION = 0, FILL WITH "**the entire family**"; IF VERSION 1-4, FILL WITH "**this child and the child's entire family**"

1 ☐ Health care provider

2 ☐ Prenatal care provider

3 ☐ Mental health care provider

4 ☐ Disabilities services provider

5 ☐ Child care partner or other child care provider

6 ☐ Other community service provider (such as job training, housing assistance provider)

7 ☐ NO REFERRALS MADE SINCE SEPTEMBER

→

SECTION E. HOME VISITS

In this section, we want you to think about the contact you have had with this family, specifically face-to-face and non-face-to-face contacts. You will also be asked to think back to any visits you had scheduled that did not occur. Please answer the following questions to the best of your ability and only with regard to this particular family.

PROGRAMMER: ALL
Source: New Item

E1.   Thinking back to the last time this family missed an appointment, what was the <u>main reason</u>?

   PROGRAMMER: MARK ONE ONLY

   1 ☐ Family crisis

   2 ☐ Sick client or child

   3 ☐ Unable to locate the family

   4 ☐ [Client lost custody] [PROGRAMMER: DO NOT DISPLAY OPTION IF VERSION = 0]

   5 ☐ Client declined further participation (this would include going back to work, school, getting services from other agencies, pressure from family members, etc.)

   7 ☐ Other *(specify)* _____

PROGRAMMER: ALL

E9.   Excluding any group activities, how many face-to-face (in-person) visits were <u>scheduled</u> with this family during the past 4 weeks?

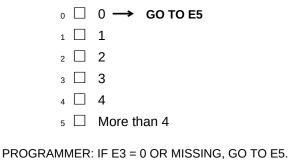   PROGRAMMER: MARK ONE ONLY

   0 ☐ 0

   1 ☐ 1

   2 ☐ 2

   3 ☐ 3

   4 ☐ 4

   5 ☐ More than 4

PROGRAMMER: ALL

E3.   And how many face-to-face (in-person) visits did you have with this family during the past 4 weeks?

   PROGRAMMER: MARK ONE ONLY

   0 ☐ 0 ⟶ **GO TO E5**

   1 ☐ 1

   2 ☐ 2

   3 ☐ 3

   4 ☐ 4

   5 ☐ More than 4

PROGRAMMER: IF E3 = 0 OR MISSING, GO TO E5.

PROGRAMMER: IF E3 = 1-5

E4. **During any of the face-to-face contacts you had with this family during the past 4 weeks, which of the following topics/activities were addressed?**

PROGRAMMER: MARK ALL THAT APPLY

CAREGIVER

1 ☐ Domestic violence or anger management

2 ☐ Education

3 ☐ Economic management/financial self-sufficiency

4 ☐ Family planning

5 ☐ Finding alternate caregivers/child care

6 ☐ Housing

7 ☐ Job training and employment

8 ☐ Maternal physical health (outside of pregnancy)

9 ☐ Mental health or stress

10 ☐ Prenatal health behaviors/prenatal care

11 ☐ Social support

12 ☐ Tobacco use

13 ☐ Alcohol misuse

27 ☐ Opioid misuse (including use of heroin or use of prescription pain relievers in a way that was not directed by a doctor)

14 ☐ Other drug use

PARENTING BEHAVIOR/CHILD OUTCOMES

15 ☐ Breastfeeding/feeding/nutrition

26 ☐ Child's approaches to learning

27 ☐ Child's social-emotional development

28 ☐ Child's language and communication

29 ☐ Child's cognition

30 ☐ Child's perceptual, motor, and physical development

17 ☐ Child health

18 ☐ Child/home safety

19 ☐ Co-parenting

20 ☐ Developmentally appropriate care/routines

21 ☐ Discipline/behavior management

22 ☐ Lead exposure in home

23 ☐ Parent-child interaction

FAMILY

24 ☐ Health insurance/Medicaid/SCHIP

25 ☐ Public/governmental assistance

E5. **In the past 4 weeks, did you refer this family to services or provide agency contact information for any of the following areas?**

PROGRAMMER: MARK ALL THAT APPLY; IF OPTION 0 SELECTED, NO OTHER OPTION CAN BE ENDORSED.

1 ☐ Adult education services (including GED and ESL)

2 ☐ Childcare

3 ☐ Domestic violence counseling/anger management

4 ☐ Domestic violence shelter

5 ☐ Early intervention services/Part C services

6 ☐ Family planning and reproductive health care

7 ☐ Housing

8 ☐ Job training and employment

9 ☐ Maternal preventive care

10 ☐ Mental health treatment

11 ☐ Pediatric primary care

12 ☐ Prenatal care

13 ☐ Public assistance (SNAP, WIC, Medicaid, SCHIP, TANF, etc.)

14 ☐ Treatment for alcohol misuse

17 ☐ Treatment for opioid misuse (including use of heroin or use of prescription pain relievers in a way that was not directed by a doctor)

15 ☐ Other drug use treatment

16 ☐ Resources to help quit or reduce smoking or vaping

0 ☐ DID NOT PROVIDE REFERRALS OR PROVIDE AGENCY CONTACT INFORMATION DURING THE PAST 4 WEEKS

PROGRAMMER: IF E3 = 0 OR MISSING, GO TO E11
PROGRAMMER: IF E3 = 1-5
For these next questions, please think about <u>the most recent home visit</u> you had with this family during the past 4 weeks.

E6. **Who participated in the home visit?**

PROGRAMMER: MARK ALL THAT APPLY

1 ☐ Mother of child/pregnant client

2 ☐ [Focal child] [PROGRAMMER: DO NOT DISPLAY OPTION IF VERSION = 0]

3 ☐ Father of child/client's current partner

4 ☐ Other adult family member

5 ☐ Other child(ren) in the home

6 ☐ Other professional (nurse, early interventionist, child welfare worker, supervisor, etc.)

PROGRAMMER: IF E3 = 1-5
Source: Adapted from Baby FACES 2018
E6a. **In what language did you conduct this home visit?**

1 ☐ All in English

2 ☐ More English than Spanish (or some other language)

3 ☐ Equally English and Spanish (or some other language)

4 ☐ More Spanish (or some other language) than English

5 ☐ All in Spanish (or some other language)

PROGRAMMER: IF E3 = 1-5

Source: Adapted from Baby FACES 2009 Content and Characteristics Form

E7. **On a scale from 1 to 5, how well aligned were the activities and topics you had planned to cover during your most recent home visit compared with what actually happened? A value of "1" indicates that the visit was "not well aligned" with what you had planned, and a value of "5" means it was "very well aligned."** PROGRAMMER: SELECT ONE RESPONSE.

NOT WELL ALIGNED ◄————————————————————————————► VERY WELL ALIGNED
1 ☐　　　　　2 ☐　　　　　3 ☐　　　　　4 ☐　　　　　5 ☐　　**GO TO E8**

GO TO E7a　　　　　PROGRAMMER: IF E7=MISSING, GO TO E8.

PROGRAMMER: IF E7 = 1-4

Source: Adapted from Baby FACES 2009 Content and Characteristics Form

E7a. **Please mark the reason(s) why you feel your most recent visit with this family was not very well aligned with what you planned to accomplish.**

PROGRAMMER: MARK ALL THAT APPLY

1 ☐　Family crisis

2 ☐　Sick client or sick child/child asleep

3 ☐　Client [or child] not engaged in activity or child preferred a different activity [PROGRAMMER: SHOW TEXT IN BRACKETS IF VERSION = 1-4]

4 ☐　Space constraints

5 ☐　Client interested in another topic

6 ☐　Presence of other people limited client's responses or distracted child

8 ☐　Enrollment or other paperwork issues

7 ☐　Other *(specify)* _____

SOFT CHECK: IF E7A_7 IS ENDORSED BUT SPECIFY IS LEFT BLANK: **Please specify the other reason(s) why you feel your most recent visit with this family was not very well aligned with what you planned.**

PROGRAMMER: IF E3 = 1-5

E8. **How would you describe the family's follow through from the previous visit?**

PROGRAMMER: MARK ONE ONLY

0 ☐　NOT APPLICABLE – NO FOLLOW THROUGH ANTICIPATED/ASSIGNED

1 ☐　Client could not remember previous activities/discussion/referrals

2 ☐　Client remembered but did not follow through

3 ☐　Client followed through incompletely

4 ☐　Client followed through completely

E11. **Not including face-to-face (in-person) visits with this family during the past 4 weeks, in which of the following ways have you communicated with them?**

PROGRAMMER: MARK ONE PER ROW

		YES	NO
a.	**Talking or leaving messages via telephone**....	1 ☐	0 ☐
b.	**Texting**...	1 ☐	0 ☐
c.	**Sending emails**...	1 ☐	0 ☐
d.	**Writing notes or letters**....................................	1 ☐	0 ☐
e.	**Connecting via social networking sites**..........	1 ☐	0 ☐
f.	**Having an in-person, informal conversation (that is, not part of a planned visit)**..................	1 ☐	0 ☐
g.	**Other** *(specify)* _____	1 ☐	0 ☐

SOFT CHECK: IF E11_G IS ENDORSED BUT SPECIFY IS LEFT BLANK: **Please specify the other way(s) you have communicated with this family during the past 4 weeks.**

E12. **Thinking about a <u>typical week</u>, how often did you communicate with this family in any of these ways?**

|___|___| TIME(S)   (RANGE 0-50)

SECTION F. PARENT-HOME VISITOR RELATIONSHIP

F1. **Below are statements that describe ways a home visitor might think or feel about the [client/parent] with whom she/he is working. For each statement, please check the box that describes how often you think or feel that way. For example, if the statement describes the way you always think or feel, select "always." Work fast, your first thoughts are the ones we would like to see. Please don't forget to respond to every item.**

SECTION G. PARENT ENGAGEMENT

PROGRAMMER: IF VERSION = 1-4

G1. In which of the following ways has this family participated in Early Head Start <u>since September</u>? If both parents are involved, please answer the questions concerning both parents.

PROGRAMMER: MARK ONE PER ROW

PROGRAMMER: ITEMS B AND C NOT IN THIS VERSION

	YES	NO	NOT SURE
a. **As members of a parent council or other governing bodies?**	1 ☐	0 ☐	D ☐
d. **By helping at special events or activities?**	1 ☐	0 ☐	D ☐
e. **By attending special events or activities, such as a children's performance, or a holiday party?**	1 ☐	0 ☐	D ☐
f. **By attending parent workshops?**	1 ☐	0 ☐	D ☐

PROGRAMMER: DISPLAY G1A TO G1F ON SAME SCREEN AND ALLOW FOR DON'T KNOW OPTION.
REQUIRE RESPONSE FOR EACH ITEM: **Please provide a response for each of these activities.**

PROGRAMMER: IF VERSION = 0-4
PROGRAMMER: FOR ITEMS G2A TO G2E, DISPLAY 2 ITEMS PER SCREEN. DISPLAY INTRO WITH G2A/C.
FILL "**client**" OR "**client's**" IF VERSION = 0; FILL "**parent**" OR "**parent's**" IF VERSION = 1-4

G2. For each of the following, please mark the response that best describes how engaged this [client/parent] has been in the program <u>since September</u>.

  a. **Thinking first about appointments, would you say…**

   1 ☐ [Client/Parent] kept most appointments scheduled since September

   2 ☐ [Client/Parent] kept some appointments, but cancelled others

   3 ☐ [Client/Parent] missed or cancelled most appointments

   4 ☐ [Client/Parent] had no scheduled appointments since September

PROGRAMMER: ITEM B NOT IN THIS VERSION

  c. **Now thinking about this [client's/parent's] participation in activities offered by the program, would you say this parent participated in…**

   1 ☐ Many activities offered by the program since September

   2 ☐ Some activities, but passed on others

   3 ☐ Only a few activities offered by the program

   4 ☐ No activities since September

    d. Which best describes this parent's attitude and receptivity to the program? Would you say this parent was…

       $_1$ ☐   Very engaged (asked questions, was willing to try new things)

       $_2$ ☐   Somewhat engaged (asked a few questions, was hesitant to try a few new things)

       $_3$ ☐   Not engaged (didn't ask many questions, little interest in new things)

    e. How would you describe the family's participation in group socialization activities? Would you say they attended…

       $_1$ ☐   All or nearly all the offered group socialization activities since September

       $_2$ ☐   Some of the group socialization activities

       $_3$ ☐   At least one group socialization activity

       $_4$ ☐   No group socialization activities since September

G_name.

PROGRAMMER: PLEASE SHOW APPROPRIATE TEXT BASED ON INSTRUMENT MODE. FOR WEB AND DE VERSIONS, PREFILL STAFF FIRST AND LAST NAME FROM PRELOAD.

TEXT TO APPEAR IN DE VERSION: **Please compare the first and last names recorded by the respondent in item G3n of the survey and below, and indicate your response.**

TEXT TO APPEAR IN WEB VERSION: **Thank you for responding to this survey. Please confirm your first and last names for your thank-you check, and record the appropriate response below. If you need to make a correction to your name, you will be able to do so on the next screen. We will mail the check directly to the Baby FACES coordinator at your program; he/she will then deliver it to you.**

    [FIRST NAME] [LAST NAME]
    PROGRAMMER: FOR WEB VERSION, DISPLAY FIRST OPTION; FOR DE VERSION, DISPLAY SECTION OPTION

       $_0$ ☐   The name as displayed is correct / Both names match

       $_1$ ☐   This is me; but I need to make a spelling correction / The names are the almost the same, but differ in spelling

       $_2$ ☐   The name shown is someone other than me / The names appear to be two different people

PROGRAMMER: FOR WEB AND DE VERSIONS, IF G_NAME = 1, 2, OR MISSING, GO TO G_NAMEFIX. FOR WEB VERSION, IF G_NAME = 0, GO TO G_END. FOR DE VERSION, IF G_NAME = 0, GO TO G3.

G_namefix.
TEXT TO APPEAR IN DE VERSION: **Enter the names as recorded by the respondent in item G3n of the survey.**
TEXT TO APPEAR IN WEB VERSION: **Please enter your complete first and last names for your thank-you check.**

PROGRAMMER: PLEASE ALLOW ENTRY OF 'FIRST NAME' AND 'LAST NAME' IN TWO SEPARATE FIELDS THAT ARE CLEARLY LABELED AS SUCH.

    First name: _____

    Last name: _____

PROGRAMMER: FOR WEB VERSION, GO TO G_END. FOR DE VERSION, GO TO G3.

G3. **Please enter the date recorded by the respondent in item G3 of the survey. This should indicate the date they completed the survey.**

|___|___| / |___|___| / |___|___|___|___|
  MONTH   DAY   YEAR

G_end. **You have reached the end of this survey.**

If you would like to go back to any question, use the "Back" button to navigate back through the survey.

Please click "Next" to submit your completed survey.

Your survey has been submitted. Thank you for your participation in Baby FACES!