

# Supporting Family Economic Well-Being through Home Visiting (HomeEc)

## Caregiver Participant Survey for Learning Cycles

[Date]

NOTE: The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to gather information for the purpose of rapid-cycle learning activities to strengthen programs. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0531 , Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NAME; [EMAIL@Mathematica-mpr.com](mailto:EMAIL@Mathematica-mpr.com)

The HomeEc team will use this survey to:

- Collect data from caregiver participants during each learning cycle to understand their experience with the practice.
- Understand what has gone well with using the practice, what has been challenging, and what caregiver participants' comfort level is with using or receiving the practice.
- Learn how the program should refine the practice for future iterations.

## Introduction and Informed Consent

The HomeEc study is designed to examine how home visiting programs are or could support the economic well-being of the families they serve. For the purposes of the study, we define family economic well-being as how well a family's financial situation matches that family's wants and needs. Mathematica is conducting this study on behalf of the Administration for Children and Families in the U.S. Department of Health and Human Services in collaboration with the Health Resources and Services Administration.

We are asking you to complete this short survey because your home visiting program is participating in the HomeEc study. We want to hear about your experience receiving family economic well-being services from your home visitor, including your opinion on how relevant and useful these services are to you and your family.

Your participation in this study is voluntary, and you may skip any questions you are not comfortable answering, without any consequence. There are no direct benefits and no risks associated with participation in the study. We are not collecting your name as part of this study, and your answers will be kept private to the extent permitted by law, except if you say something that suggests you are very likely to harm yourself, that you are planning to hurt another person or child, or that someone is likely to harm you. Results of this study will be published in a public report, but responses to all questions will be kept anonymous. We will share and discuss the aggregated findings from this survey with you and your program before publication and next steps for the practice to make it more useful for families like yours. While it may take your program some time to respond to the feedback you share in this survey, please know we will take your opinion into account as we decide on next steps. Also, your information will not be shared in such a way that identifies you with any researchers outside of the study team. If any sharing is required, it will only be conducted with de-identified information that cannot be tracked back to you or identify you. The HomeEc study has been given approval by Health Media Lab Institutional Review Board, meaning this survey properly protects the rights and welfare of participants. If you have any questions or concerns about the study and your privacy rights, please contact Katie Eddins, the project director at [keddins@mathematica-mpr.com](mailto:keddins@mathematica-mpr.com) or 202-838-3614.

This survey will take about five minutes to complete.

Do you agree to participate and complete this survey? Your decision to participate or not will not affect any of the services you receive.

- 1  Yes
- 0  No  → Go to the end of the survey.

1. About how long have you and your family been involved with [PROGRAM NAME]? (Please make your best guess)

MARK ONE ONLY

- 1  Less than three months
- 2  Less than half a year (e.g., 3-6 months)
- 3  Less than a year (e.g., 7-12 months)
- 4  More than a year (e.g., 13 months or more)
- 5  More than two years (e.g., 24 months or more)

2. About how long have you and your family been meeting with your [home visitor]? (Please make your best guess)

MARK ONE ONLY

- 1  Less than three months
- 2  Less than half a year (e.g., 3-6 months)
- 3  Less than a year (e.g., 7-12 months)
- 4  More than a year (e.g., 13 months or more)
- 5  More than two years (e.g., 24 months or more)

3. How did your home visit take place today? *[Tailor based on mode of program]*

MARK ONE ONLY

- 1  In person
- 2  Virtually (by video or phone)
- 3  Other (specify) \_\_\_\_\_

4. About how long did today's home visit last? (Please make your best guess)

MARK ONE ONLY

- 1  Around half an hour
- 2  Around an hour
- 3  More than an hour

*[Note: We will customize the subsequent questions based on the practice(s) that the study is testing.]*

5. During today's visit, did your [home visitor] use [PRACTICE]? *[Insert brief description of practice that would be easily understood by the caregiver]*

- 1  Yes
  - 0  No
  - 0  Unsure
- GO TO END

6. How well did you understand [the purpose of] OR [how to use] [PRACTICE]? *[Tailor based on practice]*

MARK ONE ONLY

- 1  Not at all
- 2  A little
- 3  Well
- 4  Very well

7. Please rate your agreement with the statement: [PRACTICE] met my needs. *[Tailor based on the needs the practice is designed to address. Additional statements may be added if relevant to the practice being tested.]*

MARK ONE ONLY

- 1  Strongly disagree
- 2  Disagree
- 3  Agree

- 4  Strongly agree
- 5  Don't know

8. How comfortable were you working through [PRACTICE] with your home visitor today?

MARK ONE ONLY

- 1  Very uncomfortable
  - 2  Uncomfortable
  - 3  Comfortable
  - 4  Very comfortable
- GO TO Q9b

9a. Why did you feel uncomfortable using [PRACTICE]?

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9b. Why did you feel comfortable using [PRACTICE]?

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10. Do you plan to use [PRACTICE] on your own? [AND/OR] Do you want to continue using [PRACTICE] during future visits with your [home visitor]? *[Tailor based on practice]*

- 1  Yes
- 0  No
- d  Don't know

11. What went well using [PRACTICE] with your [home visitor]? *[Tailor based on goal of the practice]*

MARK ALL THAT APPLY

- 1  [PRACTICE] was helpful for meeting my goals
- 2  [PRACTICE] met my needs for this home visit
- 3  My [home visitor] explained [PRACTICE] clearly
- 4  The resources and materials were helpful in using [PRACTICE]
- 5  [PRACTICE] helped me learn a useful new skill that will help me and my family
- 6  *[Additional response categories may be added if relevant to the practice being tested]*
- 7  Other (specify) \_\_\_\_\_
- 0  Nothing went well

**12. What was challenging with using [PRACTICE] with your [home visitor]? *[Tailor based on goal of the practice]***

**MARK ALL THAT APPLY**

- 1  [PRACTICE] was not helpful for meeting my goals
- 2  [PRACTICE] did not meet my needs for this home visit
- 3  My [home visitor] did not explain [PRACTICE] clearly
- 4  [PRACTICE] was difficult to understand
- 5  [PRACTICE] did not make sense for me and my family
- 6  The resources and materials were not helpful in using [PRACTICE]
- 7  *[Additional response categories may be added if relevant to the practice being tested]*
- 8  Other (*specify*) \_\_\_\_\_
- 0  Nothing was challenging

**13. How can the [home visiting program] improve [PRACTICE]?**

**MARK ALL THAT APPLY**

- 1  Help me understand how [PRACTICE] can help me and my family
- 2  Help me understand the best ways to use [PRACTICE]
- 3  Provide me with more support while using [PRACTICE]
- 4  Adjust [PRACTICE] so it is more useful
- 5  Provide me with more resources and materials to use [PRACTICE] *[Provide examples of resources/materials, if applicable]*
- 6  Discontinue use of [PRACTICE]
- 7  Other (*specify*) \_\_\_\_\_
- 0  No suggested improvements

**14. Please use the space below to write anything else you want to share about using [PRACTICE].**

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**15. Write your HomeEc ID number. *[If applicable]* \_\_\_\_\_**

**Thank you for completing this survey!**