Child Care & Early Education RESEARCH CONNECTIONS

ICPSR 29462

Head Start Impact Study (HSIS), 2002-2006 [United States]

United States Department of Health and Human Services. Administration for Children and Families. Office of Planning, Research and Evaluation

Spring 2006 Cohort A Parent Interview

ICPSR INTER-UNIVERSITY CONSORTIUM FOR POLITICAL AND SOCIAL RESEARCH

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OMB#: 0970-0229 Expiration Date: 07/30/2006



Spring 2006



Child ID number:	
Child name:	
Birth date:	

PARENT INTERVIEW COHORT A

Date:	Interview complete: 🗖
Interviewer:	

START TIM	E:	AM/PM
	L .	

SC. ELIGIBILITY

WILL THE INTERVIEW BE COMPLETED USING AN INTERPRETER?				
YES NO				
NAME OF INTERPRETER:				
WHAT LANGUAGE WILL BE USED?				
CONFIRM INTERPRETER HAS CONFIDENTIALITY FORM THEN				
Hello, my name isand organization that is conducting an exciting study called <i>Buila</i> . This study is looking at how children learn and grow to be read a similar interview we conducted before.	ling Futures: Head Start Impact Study.			
SC1. Are you the person interviewed last spring when we cor	nducted the spring 2005 interview?			
YES NO				
SC2. We would like to interview the person most responsible	for [CHILD]'s care. Are you that person?			
YES NO	1 (GO TO SC5)			

SC3.	Who is most re	sponsible for [CHILD]'s o	care?		
	Name:				
	Addres	s:			
	City		State	Zip	
	Teleph	one:			
SC4.	Is that person a	available to talk with me r	now?		
					1 (RESTART INTERVIEW) 2 (RESCHEDULE INTERVIEW WITH SC3 PERSON)
SC5.	What is your bi	rth date?			
		_ MONTH DAY Y	 ′EAR		
SC6.	Please confirm	how you are related to [CHILD]. Are you (hi	s/her)	
		Birth Mother	01	Birth Father	02
			(GO TO SC9)		(GO TO SC9)
		Adoptive Mother		Adoptive Fathe	er 04
			(GO TO SC9)		(GO TO SC9)
		Stepmother		•	06
		Grandmother	_		08
		Great Grandmother			her10
		Sister/stepsister			other12
		Other Relative or In-law	,		or In-law (Male)14
		Foster Parent (Female)			Male) 16
		Other Non-relative (Fer	•		tive (Male)18
		Parent's Partner (Fema	le)19	Parent's Partne	er (Male)20

SC7.	Are you [CHILD]'s lega	al guardian?		
		YES		
SC8.	Who is [CHILD]'s lega	guardian?		
	Name:			_
	Address:			_
	City	State	Zi	_ р
	Telephone:			
SC9.	Is now a convenient tir	ne to conduct the interview with you?		
		YES		GO TO INTRODUCTION
		IF THIS IS NOT A CONVENIENT TIME, RESCHEDULE THE INTERVIEW WITH THIS		

RESPONDENT.

INTRODUCTION

During the interview, I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. There are no right or wrong answers to these questions. Only the researchers will see or hear your answers. All of the study results will be reported for groups of parents; no results will be reported for individuals. Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in any child care program. The things you tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you or your family. If that happens, just tell me and I will move to the next question. You may recognize some questions from past interviews, but it is important to ask them again. The interview should take approximately 1 hour. After the interview, you will receive \$20.00. It is just one of the ways that we say thank you for your time. As part of this study, we will also do the child assessment with [CHILD] and ask [CHILD]'s teacher some questions.

Before we begin, let me read the following which is required by the Federal government:

NOTICE: 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 0970-0229 (expires 7/30/2006). The time required to complete this information collection is estimated to average 1 hour per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we begin?

A. SCHOOL EXPERIENCE

Now I'd like to talk to you about [CHILD]'s school experiences.

A1.	What grade in school or if not in school, what type of program is [CHILD] attending?	Is s/he in
	(CIRCLE ONLY ONE)	

Kindergarten or transitional kindergarten	
program 01	(GO TO A4)
First grade	(GO TO A4)
Second grade 03	(GO TO A4)
Head Start, pre-kindergarten, or any other	
type of center-based child care program 04	(GO TO A4)
Attending school, ungraded 05	(GO TO A4)
Other (SPECIFY) 06	(GO TO A2)

A2. Which of the following best describes the setting where [CHILD] spends most of the time Monday through Friday, 9:00 a.m. to 3:00 p.m.?

Someone else's home or daycare home	. 01
Own home	. 02
Other (SPECIFY)	. 03

A3. Which of the following best describes the person most responsible for [CHILD]'s care in this setting?

A relative	1	(GO TO A5)
A non-relative	2	(GO TO A5)
You or another parent/primary caregiver	3	(GO TO D1)

CHART A4.- CURRENT SCHOOL EXPERIENCE

a1. Which of the following best describes the setting that [CHILD] is in?	a2. What is the name, address, and telephone number of this school?	a3. What is the name of [CHILD]'s teacher there?	a4. What month and year did [CHILD] begin going to this school?
Public school	School Name Address City State () Telephone	For coders only: Teacher=1	_ _ _ Month Year
a5. Altogether, how many hours per week does [CHILD] typically attend this school? Total # of hours per week	a6. Is this school religiously affiliated of RELIGIOUSLY AFFILIATED	1	

GO TO A6.

CHART A5.- CURRENT CHILD CARE SETTING EXPERIENCE

a1. What is the name, address, and telephone number of this setting/home?	a2. What is the name of person responsible for [CHILD]'s care at the setting?	a3. What month and year did [CHILD] b	
Name		Month	Year
Address	Name (OR WRITE "NONE")		
City State			
() Telephone			
a6. Altogether, how many hours per week does [C	CHILD] typically spend in this setting?		
 Total # of hours per week			

GO TO D1.

47.	YES
A7.	Different teacher
	Same teacher
48 .	
	YES
4 9.	Approximately how many days has [CHILD] been absent from class since the beginning of the school year, that is, since last September?
	DAYS ABSENT
	IF A9=0, SKIP TO A11.
A10.	What is the most frequent reason for [CHILD]'s missing days? (CIRCLE ONE)
	ILLNESS OF CHILD 01
	ILLNESS OF FAMILY MEMBER02
	CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE 03
	LACK OF TRANSPORTATION04
	BAD WEATHER 05
	CHILD DID NOT WANT TO GO
	PARENT DECISION NOT TO SEND CHILD OR TO SEND
	CHILD ELSEWHERE07
	OTHER (SPECIFY) 08
A11 .	Since the beginning of this school year, has [CHILD] been in the same school?
	YES 1 (GO TO B1) NO 2
	DON'T KNOW 8 (GO TO B1)

A12.	2. How many different schools has [CHILD] attended?				
		_	_ NUMBER OF SCHOOLS		

9

B. SCHOOL COMMUNICATION AND INVOLVEMENT

B1. For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things during the school year:

[IF NECESSARY, READ AFTER EACH STATEMENT: Would you say [CHILD]'s school does this very well, just OK, or doesn't do it at all? (USE RESPONSE CARD)(CIRCLE ONE RESPONSE FOR EACH ITEM)]

		Does it very well	Just OK	Does not do it at all	Don't know
a.	Lets you know (between report cards) how [CHILD] is doing in school	1	2	3	8
b.	Helps you understand what children at [CHILD]'s age are like	1	2	3	8
C.	Makes you aware of chances to volunteer at the school	1	2	3	8
d.	Provides workshops, materials, or advice about how to help [CHILD] learn at home	1	2	3	8
e.	Provides information on community services to help [CHILD] or your family	1	2	3	8
f.	Understands the needs of families who don't speak English	1	2	3	8

B2. In general how often and in what way do you usually have contact with [CHILD]'s teacher about his/her daily activities or behavior? (USE RESPONSE CARD)(CIRCLE ONE RESPONSE FOR EACH ITEM)

		<u>Daily</u>	Weekly	<u>Monthly</u>	Less than Monthly	<u>Never</u>
a.	Talk to the teacher in person	1	2	3	4	5
b.	Teacher calls you	1	2	3	4	5
C.	Receive written notes from teacher	1	2	3	4	5
d.	Schedule meetings or conferences with teacher	1	2	3	4	5
e.	Teacher conducts home visits	1	2	3	4	5
f.	Teacher sends home examples of [CHILD]'s work	1	2	3	4	5

B3.	During this school year, about how many times have you gone to meetings or participated in
	activities at [CHILD]'s school?

	NUIN	/IRFR	OF:	TIMES

B4.	. When you visit the school, do the people there make you feel welcome?				
		YES NO			
B5.		s year, have the following reasons made it harder for you to HILD]'s school? How about	participate	in activities	
			<u>YES</u>	<u>NO</u>	
	a.	Inconvenient meeting times? Has that made it harder for you to participate in activities at [CHILD]'s school?	1	2	
	b.	No child care keeps your family from going to school meetings or events? Has that made it harder for you to participate in activities at [CHILD]'s school?	1	2	
	C.	Family members can't get time off from work? Has that made it harder for you to participate in activities at [CHILD]'s school?	1	2	
	d.	Problems with safety going to the school? Has this made it harder for you to participate in activities at [CHILD]'s school?	1	2	
	e.	Problems with transportation to the school? Has that made it harder for you to participate in activities at [CHILD]'s school?	1	2	
	f.	Problems because you or members of your family speak a language other than English and meetings are conducted in English only? Has that made it harder for you to participate in activities at [CHILD]'s school?	1	2	
	g.	You don't hear about things going on at school that you might want to be involved in? Has that made it harder for you to participate in activities at [CHILD]'s school?	1	2	

at

C. TEACHER FEEDBACK ON CHILD'S SCHOOL PERFORMANCE AND BEHAVIOR

Here are some things teachers tell parents about how their children are doing in school. For each one, please tell me if a teacher said something like this about [CHILD], or wrote it in a note or on a report card during this school year, even if you didn't agree. (CIRCLE YES OR NO FOR EACH ITEM)

C1. Since the beginning of this school year, has a teacher said or written that [CHILD]...

		<u>YES</u>	<u>NO</u>
a.	Has been doing really well in school	1	2
b.	Has not been learning up to (his/her) ability	1	2
c.	Doesn't concentrate or does not pay attention for long	1	2
d.	Has been acting up in school or disrupting the class	1	2
e.	Has often seemed sad or unhappy	1	2
f.	Has been very restless, fidgets all the time, or doesn't sit still	1	2
g.	Has been having trouble taking turns, sharing, or cooperating with other children	1	2
h.	Gets along with other children or works well in a group	1	2
i.	Is very enthusiastic and interested in different things	1	2
j.	Lacks confidence in learning new things or taking part in new activities	1	2
k.	It's hard to understand what (he/she) is saying	1	2
I.	Is often sleepy or tired in class	1	2
m.	Likes to express (his/her) ideas	1	2
n.	Is often bored in class	1	2

C2. As far as you know, is [CHILD] going to be promoted to the next grade this coming fall, or will he/she spend another year in (kindergarten/first grade/second grade/other program)?

YES, WILL BE PROMOTED TO	
NEXT GRADE	1
NO, WILL SPEND ANOTHER YEAR IN	
SAME GRADE	2
NO, WILL GO INTO A TRANSITIONAL	
CLASS	3

C3.	Now that [CHILD] has been in (kindergarten/first grade/second grade/other program) for most school year, how satisfied are you with what last year's schooling did to help [CHILD] and family be prepared for school? Are you				
	Somev Somev Very s	issatisfied,vhat dissatisfied,vhat satisfied, oratisfied?plicable.	2 3 4		
C4.	How well does this school mee	t your child's needs?			
	Okay,	ry well	2		

D. OTHER CHILD CARE

D1. You just told me about [CHILD]'s school or other setting. Now I want to ask about other kinds of care you use for [CHILD] between the hours of 8 a.m. and 6 p.m. Monday through Friday. During these hours, does [CHILD] regularly spend at least 5 hours per week in an extended day, before-or after-school program, or any other child care arrangement, including care by relatives or neighbors?

PROBE: FOR AT LEAST 5 HOURS PER WEEK ANYTIME BETWEEN THE HOURS OF 8 A.M. AND 6 P.M. MONDAY THROUGH FRIDAY?

- 1	(COMPLETE
	CHART D-2)
2	(PROBE RE: ANY
	BEFORE- AND
	AFTER-SCHOOL
	CARE OR ANY
	REGULAR CHILD
	CARE; IF NONE,
	GO TO
	SECTION E)

CHART D2. – ADDITIONAL SETTINGS FOR CHILDREN

a1. Which of the following best describes the additional setting that [CHILD] is in at least 5 hours per week, between the hours of 8 AM - 6 PM Monday through Friday? If there is more than one setting, please start with the setting that is used most often. (CIRCLE ONE RESPONSE) A before- or after-school, or extended day program at [CHILD]'s school	Setting Name Address City State () Telephone	a3. Which of the follow describes the person re [CHILD]'s care at this some second results of the following second results of	esponsible for setting?1	a4. What is the name of the person responsible for [CHILD]'s care at the setting?
a5. What month and year did [CHILD] begin going to [NAME OF SETTING]?	n6. Altogether, how many hours per week does in this setting? Total # of hours per week	CHILD] typically spend	YES	TINUED CHART D2 BELOW) 2

CHART D2. – ADDITIONAL SETTINGS FOR CHILDREN (CONTINUED)

b1. Which of the following best descring additional setting that [CHILD] is in a hours per week, between the hours of PM Monday through Friday? If the more than one setting, please start visetting that is used most often. (CIRCRESPONSE) A before- or after-school, or extende program at [CHILD]'s school	t least 5 of 8 AM – re is vith the CLE ONE Address City Setting Name City Setting Name Address City Setting Name	* · · · · · · · · · · · · · · · · · · ·	responsible for setting?12	b4. What is the name of person responsible for [CHILD]'s care at the setting?
b5. What month and year did [CHILD] begin going to [NAME OF SETTING]? Month Year	b6. Altogether, how many hours per withis setting? Total # of hours per week	veek does [CHILD] typically spend in	YES	UED CHART D2 BELOW) 2

CHART D2. – ADDITIONAL SETTINGS FOR CHILDREN (CONTINUED)

	c1. Which of the following best describes the additional setting that [CHILD] is in at least 5 hours per week, between the hours of <u>8 AM – 6 PM Monday through Friday?</u> If there is more than one setting, please start with the	c2. What is the name, address, and telephone number of this setting? Setting Name	c3. Which of the following best describes the person responsible for [CHILD]'s care at this setting? Teacher	c4. What is the name of person responsible for [CHILD]'s care at the setting?
	setting that is used most often. (CIRCLE ONE RESPONSE) A before- or after-school, or extended day program at [CHILD]'s school	Address City State () Telephone	Relative	
	A before- or after-school program in a place other than [CHILD]'s school. For example: a YMCA, Boys and Girls Club	Тогорионо		
4.7	Someone else's home			
	Other (SPECIFY)6	c6. Altogether, how many hours per week	does [CHILD] typically spend in this setting?	
	c5. What month and year did [CHILD] begin going to [NAME OF SETTING]? Month Year	Total # of hours per week	acco [cD] typically opena in and detung:	

E. ACTIVITIES WITH YOUR CHILD

Now I have some questions about things you do with [CHILD] when he/she is at home. E1. How many times have you or someone in your family read to [CHILD] in the past week? Would you say... (CIRCLE ONE RESPONSE) Not at all, 1 Every day?..... 4 E2. For about how long does [CHILD] enjoy being read to at a sitting? (PROBE: About how many minutes?) |___| MINUTES E3. How often did your child ask you to read books in the past week? Was it... (CIRCLE ONE RESPONSE) Not at all, 1 Every day? 4 E4. How often does your child show interest in reading labels, people's names, or signs (such as signs for McDonald's)? Would you say... (CIRCLE ONE RESPONSE) Never, 1 Once or twice in the past week? 4

E5. Now I'd like to talk with you about [CHILD'S] activities with family members. *In a typical week*, how often do you or any other family members do the following things with [CHILD]? (USE RESPONSE CARD) (CIRCLE ONE RESPONSE FOR EACH ITEM)

(PROBE: Would you say not at all, once or twice, 3-6 times, or every day?)

		Not at all	Once or twice	3-6 times	Every day
a.	Tell stories to [CHILD]? Would you say not at all, once or twice, 3-6 times, or every day?	1	2	3	4
b.	Sing songs with [CHILD]?	1	2	3	4
C.	Help [CHILD] to do arts and crafts?	1	2	3	4
d.	Involve [CHILD] in household chores, like cooking, cleaning, setting the table, or caring for pets?	1	2	3	4
e.	Play games or do puzzles with [CHILD]?.	1	2	3	4
f.	Talk about nature or do science projects with [CHILD]?	1	2	3	4
g.	Build something or play with construction toys with [CHILD]?	1	2	3	4
h.	Play a sport or exercise together?	1	2	3	4
i.	Practice reading, writing, or working with numbers?	1	2	3	4
j.	Read books to [CHILD]?	1	2	3	4

E6. In the past month, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

		<u>YES</u>	<u>NO</u>
a.	Gone to a movie	1	2
b.	Gone to a play, concert, or other live show	1	2
c.	Visited an art gallery, museum, or historical site	1	2
d.	Visited a playground, park, zoo, or gone on a picnic	1	2
e.	Talked with [CHILD] about (his/her) family history or ethnic heritage	1	2
f.	Attended an event sponsored by a community, ethnic, or religious group	1	2
g.	Taken [CHILD] along while doing errands like going to the post office, the bank, or the store	1	2

£7.	Но	w often do you work with [CHI	LDJ on things (he/she) learned in	school?		
			Never Once a month or less Two or three times a month Once or twice a week Three or four times a week Every day			
E8.		w often have you read books, RCLE ONE RESPONSE)	magazines, or the newspaper, do	uring the	past week?	Was it
		<u>.</u>	Not at all, Once or twice, Three or more times, or Every day?		2 3	
E9.	Wł	nich of the following do you ha	ve in your home?			
				<u>YES</u>	<u>NO</u>	
	a.	Comic books		1	2	
	b.	Books for children		1	2	
	c.	Magazines for children		1	2	
	d.	Magazines for adults, like Ne Illustrated	ewsweek or People or Sports	1	2	
	e.	Newspapers		1	2	
	f.	Catalogs		1	2	
	g.	Religious books like a Bible of	or prayer book	1	2	
	h.	Dictionaries or encyclopedias	S	1	2	
	i.	Other books like novels, biog	graphies, or non-fiction	1	2	
E10.	In t	he past month did you take ar	ny books home from the library?			
			YES NO		1 2	
E11.	Do	es [CHILD] have (his/her) owr	library card?			
			YES NO		1 2	

F. DISABILITIES

Now I	have a few questions about [CHILD]'s health and well-being.			
F1.	Do you have any serious concerns about [CHILD]'s development or behavior?			
	YES NO			
F2.	Did a doctor or other professional ever tell you that [CHII disabilities—for example, physical difficulties, emotional, la difficulties, or other special needs?			
	YES NO			
	IF F1 <u>AND</u> F2 ARE NO, GO TO C	3 1.		
F3.	How did the doctor or other health or education professional de [CHILD] have	escribe [C	CHILD]'s needs? Does	
		<u>YES</u>	<u>NO</u>	
	a. A specific learning disability	1	2	
	b. Mental retardation	1	2	
	c. A speech or language impairment	1	2	
	e. An emotional/behavioral disorder	1	2	
	f. Deafness or another hearing impairment	1	2	
	h. Blindness or another visual impairment	1	2	
	j. An orthopedic impairment	1	2	

2

2

2

2

2

1

1

k. Another health impairment lasting six months or more......

m. Traumatic brain injury

n. Non-categorical/Developmental delay?.....

o. Any other disability (SPECIFY) _____

١.

Autism

F4.	How helpful has your child's school been with(READ EACH ITEM BELOW)	Would you say not
	at all helpful, somewhat helpful, or very helpful?	

		Not at all helpful	Somewhat helpful	Very <u>helpful</u>
a.	Identifying [CHILD'S] special needs or disabilities	1	2	3
b.	Suggesting you get a professional opinion	1	2	3
C.	Finding resources to meet [CHILD'S] special needs	1	2	3
d.	Helping you to provide for [CHILD'S] special needs at home (for example, diet and exercise, recommended therapy)	1	2	3

						_			
F5.	Does I	[CHILD]	have an	Individualiz	ed Education	n Program	or Plan	(IEP)	1?

YES	1
NO	2

G. YOUR CHILD'S ACCOMPLISHMENTS

These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

G1.	Can [CHILD] recognize		
		All of the letters of the alphabet,	1 2 3 4
G2.	How high can [CHILD] count? V	Vould you say	
		Not at all, Up to five, Up to ten, Up to twenty, Up to fifty, or. Up to 100 or more?	1 2 3 4 5 6
G3.	How often does [CHILD] like to	write or pretend to write? Would you say	
		Never,	1 (GO TO G5) 2 3 4
G4.	Can [CHILD] write (his/her) first	name even if some of the letters are backw	vard?
		YES	1 2
G5.	Does [CHILD] trip, stumble, or fa	all easily?	
		YESNO	1 2
G6.	When [CHILD] speaks, is (he/sh	ne) understandable to a stranger?	
		YESNO	1 2

G7.	Did [CHILD] start speaking later than other children you know? (REFERS TO PRIMAR) LANGUAGE)
	YES 1
	NO 2
G8.	Does [CHILD] stutter or stammer?
	YES
G9.	Does [CHILD] actually read the words written in a book, or does he/she look at a book and pretend to read?
	READS THE WRITTEN WORDS
G10.	How old was [CHILD] in years and months when (he/she) began reading simple, whole sentences?
	YEARSMONTHS
G11.	How many story books did [CHILD] read on (his/her) own last month? Please do not count books assigned in school.
	NUMBER OF BOOKS
G12.	Did (he/she) pick out books on (his/her) own, or did you help (him/her) choose them?
	PICKED ON OWN
	PICKED ON OWN
G13.	How often does [CHILD] pretend to read out loud?
	Never
	Has done it once or twice

G14.	4. When (he/she) pretends to read a book, does it sound like a connected story, or does (he/tell what's in each picture without much connection between them?				
		Sounds like connected story Tells what's in each picture Does both	2		
G15.	How often does your child look a	at books alone or with another child?			
		Never Has done it once or twice Once or twice in the past month One or more times in the past week	2		
G16.	Does [CHILD] recognize (his/he	r) own first name in writing or in print?			
		YESNO			
G17.	Can [CHILD] identify the colors	red, yellow, blue, and green by name? Wo	ould you say		
		None of them	2		
G18.	Can [CHILD] recognize shapes	such as a circle, square, triangle, or rectan	gle?		
		None of them	2		

G19. Now I'm going to read you a list of some activities and behaviors. Does [CHILD] do these things on a regular basis, or rarely or not at all?

		<u>Regularly</u>	Rarely/Not <u>at all</u>
a.	Talks with familiar adults	1	2
b.	Enjoys having visitors	1	2
c.	Shares newly learned ideas	1	2
d.	Keeps self occupied	1	2
e.	Takes care of personal belongings	1	2
f.	Asks for assistance with difficult tasks, such as picking up heavy items, putting on clothes, or locating lost items	1	2
g.	Expresses feelings	1	2
h.	Expresses needs to adults	1	2
i.	Helps with simple household tasks	1	2
j.	Notices when others are happy, sad, angry	1	2
k.	Offers comfort when others are in distress	1	2
I.	Gets along with other family members	1	2

H. YOUR CHILD'S BEHAVIOR

H1. In general, thinking about [CHILD] now or over the past month, tell me how well the following statements describe [CHILD]'s <u>usual</u> behavior. For each one, tell me if it is very true, sometimes true, or not true.

			Sometimes	
		Very True	<u>True</u>	Not True
a.	Makes friends easily?	1	2	3
b.	Enjoys learning?	1	2	3
c.	Has temper tantrums or hot temper?	1	2	3
d.	Can't concentrate or pay attention for long?	1	2	3
e.	Is very restless, and fidgets a lot?	1	2	3
f.	Likes to try new things?	1	2	3
g.	Shows imagination in work and play?	1	2	3
h.	Is unhappy, sad, or depressed?	1	2	3
i.	Comforts or helps others?	1	2	3
j.	Hits and fights with others?	1	2	3
k.	Worries about things for a long time?	1	2	3
l.	Accepts friends' ideas in sharing and playing?	1	2	3
m.	Doesn't get along with other kids?	1	2	3
n.	Wants to hear that he or she is doing okay?	1	2	3
Ο.	Feels worthless or inferior?	1	2	3
p.	Has difficulty making changes from one activity to another?	1	2	3
q.	Is nervous, high-strung, or tense?	1	2	3
r.	Acts too young for (his/her) age?	1	2	3
s.	Is disobedient at home?	1	2	3

I. HOUSEHOLD RULES AND PARENTING PRACTICES

Now I'd like to ask you a few questions about how you deal with your child at home.

I-0. Here are some statements that parents of young children say about themselves. I'm going to read the statements, and after each one, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you. (USE RESPONSE CARD)

		Exactly like you	Very much like <u>you</u>	Some- what like you	Not much like you	Not at all like you
a.	There are times I just don't have the energy to make my child behave as (he/she) should	1	2	3	4	5
b.	My child and I have warm intimate moments together	1	2	3	4	5
C.	I teach my child that misbehavior or breaking the rules will always be punished one way or another	1	2	3	4	5
d.	I encourage my child to be curious, to explore, and to question things	1	2	3	4	5
e.	I do not allow my child to get angry with me	1	2	3	4	5
f.	I am easygoing and relaxed with my child	1	2	3	4	5
g.	I believe that a child should be seen and not heard	1	2	3	4	5
h.	I make sure my child knows that I appreciate what (he/she) tries to accomplish	1	2	3	4	5
i.	I have little or no difficulty sticking with my rules for my child even when close relatives					
	(including grandparents) are there	1	2	3	4	5
j.	I encourage my child to be independent of me	1	2	3	4	5
k.	Once I decide how to deal with a misbehavior of my child, I follow through on it	1	2	3	4	5
I.	I believe physical punishment to be the best way of disciplining	1	2	3	4	5
m.	I control my child by warning (him/her) about the bad things that can happen to (him/her)	1	2	3	4	5

I-1.	Please answer yes or no to the following items. In your house, are about	there rule	es or routines	s		
		<u>YES</u>	<u>NO</u>			
	a. What TV programs [CHILD] can watch?	1	2			
	b. How many hours [CHILD] can watch TV?	1	2			
	c. What kinds of food [CHILD] eats?	1	2			
	d. What time [CHILD] goes to bed?	1	2			
	e. What chores [CHILD] does?	1	2			
I-2.	About how many hours does [CHILD] usually watch TV in your home eac	h day?				
	HOURS					
I-3.	Sometimes children mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?					
	YESNO		TO I-5)			
I-4.	About how many times in the past week?					
	NUMBER OF TIMES					
I-5.	Have you used "time out" or sent [CHILD] to (his/her) room in the past we	ek for not	minding?			
	YESNO		TO I-7)			
I-6.	About how many times in the past week?					
	NUMBER OF TIMES					

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J. YOU AND YOUR FAMILY

R	RESPONDENT IS: (CIRCLE ONE)					
	[CHILD]'s BIRTH/ADOPTIVE MOTHER		1 (ASK QUESTIONS ABOUT RESPOND GO TO J7.)			
	NOT [CHILD]'s BIRTH/ADOF MOTHER		2 (ASK QU GO TO		IT BIRTH MOTHER,	
Now I	m going to ask you some questior	ns about (you/[C	CHILD]'s mot	her).		
11.	Is [CHILD]'s mother in this house	., .	•	,		
		MOTHER NOT	IN HOUSE	D	,	
12.	Does [CHILD]'s mother live in the	•	-	-		
				1		
13.	In the past month, on about how	many days ha	s [CHILD] se	en (his/her) mothe	er?	
		_ _	DAYS			
14.	How long has it been since [CHI	LD] last had co	ntact with (hi	is/her) mother?		
				000		
		OR				
		a. NUMBER:	b. _	UNIT: DAYS WEEKS MONTHS YEARS	2 3	

		СНЕ	HILD'S MOTHER IS NOT IN HOUSEHOLD (J1=2), CK THIS BOX TO BOX BEFORE J15.					
	d.	Acted as a volunteer at the scommittee?	school or served on a	1	2	8		
	C.	event for [CHILD]?	vent, such as a play or sports	1	2	8		
	b.		ed parent-teacher conference	1	2	8		
	a.	house, a back-to-school nigh	neeting, for example, an open nt or a meeting of a parent-	1	2	8		
•••			, , , , , , , , , , , , , , , , , , ,	<u>YES</u>	NC	DON'T KNOW		
J9.	Sir	ce the beginning of this scho	NEVER MARRIED					
			MARRIEDSEPARATEDDIVORCEDWIDOWED		2			
J8.	What is (your/her) current marital status?							
			ENGLISHSPANISH EQUAENGLISH AND SPANISH EQUAENGLISH AND ANOTHER LANGUAGE EQUALLY	ALLY	2 3 4			
J7.	Wł	at was the first language (you	·					
			YES NO					
J6.		ce September, has your fam ther?	ily received any other financial s	upport for	· [CHIL	_D] from (his/her)		
			YES NO					
Jo.		ther?	iy received ariy child support pay	ments to		רב] ווסחו (nis/ner)		

J10.	Since September, (have you/has she) attended or enrolled in any courses or university?	from a school, college
	YESNO	
J11.	What is the highest grade or year of school that (you/she) complete RESPONSE) (PROBE: IF COMPLETED 12TH GRADE, Did you earn a dip	
	UP TO 8TH GRADE	. 01
	9TH TO 11TH GRADE	. 02
	12TH GRADE BUT NO DIPLOMA	. 03
	HIGH SCHOOL DIPLOMA	. 04
	GED	
	VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO	
	VOC/TECH DIPLOMA	. 06
	VOC/TECH DIPLOMA AFTER HIGH SCHOOL	07
	SOME COLLEGE BUT NO DEGREE	08
	ASSOCIATE'S DEGREE	09
	BACHELOR'S DEGREE	10
	GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	11
	MASTER'S DEGREE (MA, MS)	12
	DOCTORATE DEGREE (PhD, EdD)	13
	PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE	
	(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	14
J12.	(Have you/has she) ever had any of the following child care or early workshops that were not for college credit? (CIRCLE ALL THAT APPLY)	education training or
	Workshops/training at a child care center	. 1
	Training by a local agency	. 2
	Training workshops at a local or national conference Classes in high school	. 3
	Other (SPECIFY)	. 5
	NO TRAINING	. 6

J13.	(Are you/Is she) <u>currently</u> working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE)			
	WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) 01 WORKING PART-TIME 02 LOOKING FOR WORK 03 LAID OFF FROM WORK 04 IN SCHOOL/TRAINING 05 IN JAIL/PRISON 06 IN MILITARY 07 KEEPING HOUSE 08 SOMETHING ELSE (SPECIFY) 09			
J14.	(Are you/Is she) still working for the same employer for whom (you were/she was) working 12 months ago?			
	YES			
RE	SPONDENT IS: (CIRCLE ONE)			
	[CHILD]'s BIRTH/ADOPTIVE FATHER 1 (ASK QUESTIONS ABOUT RESPONDENT, GO TO J21.)			
	NOT [CHILD]'S BIRTH/ADOPTIVE 2 (ASK QUESTIONS ABOUT BIRTH FATHER, GO TO J15.)			
J15.	Is [CHILD]'s father in this household?			
	FATHER IN HOUSEHOLD			
J16.	Does [CHILD]'s father live in the same city or county as [CHILD]?			
	YES			
J17.	In the past month, on about how many days has [CHILD] seen (his/her) father?			
	DAYS			

J18.	How long has it been since [CH	ILD] last had contact with (his/her) father?
		[CHILD] NEVER HAD CONTACT000 DON'T KNOW998
		OR
		a. NUMBER: b. UNIT: DAYS
J19.	Since September, has your fan father?	nily received any child support payments for [CHILD] from (his/her)
		YES
J20.	Since September, has your fan father?	nily received any other financial support for [CHILD] from (his/her)
		YES
J21.	What was the first language yo	u/he learned to speak?
		ENGLISH
J22.	What is (your/his) current marit	al status?
		MARRIED 1 SEPARATED 2 DIVORCED 3 WIDOWED 4 NEVER MARRIED 5 REFUSED 7 DON'T KNOW 8

J23.	Sir	nce the beginning of this school year, (have you/has [CHILD]'s	father)		
			<u>YES</u>	<u>NO</u>	<u>DON'T</u> KNOW
	a.	Attended a general school meeting, for example, an open house, a back-to-school night or a meeting of a parent-teacher organization?	1	2	8
	b.	Gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher?	1	2	8
	C.	Attended a school or class event, such as a play or sports event for [CHILD]?	1	2	8
	d.	Acted as a volunteer at the school or served on a committee?	1	2	8
		IF CHILD'S FATHER IS NOT IN HOUSEHOLD (J15=2), CHECK THIS BOX ☐ AND GO TO BOX BEFORE J29.			
J24.		nce September, (have you/has he) attended or enrolled in aruniversity?	ny courses	from a s	school, college
		YES NO			
J25.		nat is the highest grade or year of school that (you/hesponse) (PROBE: IF COMPLETED 12TH GRADE, Did you			CIRCLE ONE
		UP TO 8TH GRADE		. 01	
		9TH TO 11TH GRADE			
		12TH GRADE BUT NO DIPLOMA		. 03	
		HIGH SCHOOL DIPLOMA		. 04	
		GED			
		VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT N			
		VOC/TECH DIPLOMA			
		VOC/TECH DIPLOMA AFTER HIGH SCHOOL			
		SOME COLLEGE BUT NO DEGREE			
		ASSOCIATE'S DEGREE			
		BACHELOR'S DEGREE			
		GRADUATE OR PROFESSIONAL SCHOOL BUT NO D			
		MASTER'S DEGREE (MA, MS)			
		DOCTORATE DEGREE (PhD, EdD)		. 13	
		PROFESSIONAL DEGREE AFTER BACHELOR'S DEG			
		(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ET	C.)	. 14	

J26.	(Have you/has he) ever had any of the following child care or early education training or workshops that were not for college credit? (CIRCLE ALL THAT APPLY)
	Workshops/training at a child care center
J27.	(Are you/Is he) <u>currently</u> working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONLY ONE)
	WORKING FULL-TIME (35 HOURS OR MORE PER WEEK) 01 WORKING PART-TIME 02 LOOKING FOR WORK 03 LAID OFF FROM WORK 04 IN SCHOOL/TRAINING 05 IN JAIL/PRISON 06 IN MILITARY 07 KEEPING HOUSE 08 SOMETHING ELSE (SPECIFY) 09
J28.	(Are you/Is he) still working for the same employer for whom (you were/he was) working 12 months ago?
	YES
	IF RESPONDENT IS CHILD'S BIRTH/ADOPTIVE MOTHER OR BIRTH/ADOPTIVE FATHER, OR SAME RESPONDENT AS SPRING (SC1 = YES), CHECK THIS BOX ☐ AND GO TO J36. OTHERWISE GO TO J29.
Now I'	m going to ask some questions about you.
J29.	What is your birth date?
	//19 MONTH DAY YEAR
J30.	Are you of Spanish origin, Hispanic, or Latino?
	YES
	37

J31.	Which one of these best d	escribes you?	
	M	exican, Mexican American, Chicano,	1
		uerto Rican,	
	C	uban, or	3
	Aı	nother Spanish/Hispanic/Latino group	4
J32.	What is your race? You m	ay name more than one if you like. (CIRCLE	ALL THAT APPLY)
	•	ICAN AMERICAN, OR NEGRO	02
		NDIAN OR ALASKA NATIVE	
	(SPECIFY) _	NI	03
		N	
	3 -		-
		E	
		FURTHER SPECIFIED)	
		/AIIAN	
		OR CHAMORRO	
	m. SAMOAN n. OTHER PAC	IFIC ISLANDER (SPECIFY)	13
	o. ANOTHER R	ACE (SPECIFY)	15
J33.	What is the highest grade (PROBE: IF COMPLETED	e or year of school that you completed? (CIFD 12 TH GRADE, Did you earn a diploma?)	RCLE ONE RESPONSE)
	UP TO 8TH GRAD	DE	01
	9TH TO 11TH GR	ADE	02
	12TH GRADE BU	T NO DIPLOMA	03
	HIGH SCHOOL D	IPLOMA	04
		GRAM AFTER HIGH SCHOOL BUT NO	
		PLOMA	06
		DMA AFTER HIGH SCHOOL	
		BUT NO DEGREE	
		GREE	
		GREE	
		PROFESSIONAL SCHOOL BUT NO DEGREE	
		REE (MA, MS)	
		GREE (PhD, EdD)	13
		DEGREE AFTER BACHELOR'S DEGREE	
	(MEDICINE/MD	; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	14

J34. Have you ever had any of the following child care or early education training or workshows was not for college credit? (CIRCLE ALL THAT APPLY)		
		No training
J35.	Since September, university?	have you attended or enrolled in any courses from a school, college or
		YES

J36. Please tell me the first name of everyone in your household.

PROBE: Is there anyone else in your household?

J36a.	J36b. How is [NAME] related to [CHILD]?	J36c.	
First Name	(See codes below)	How old is [NAME]?	
a. [CHILD]			
b. RESPONDENT			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
I.			
m.			
n.			
0.			
RE	ELATIONSHIP CODES:		
01=Birth Mother 02=Birth Father 03=Adoptive Mother 04=Adoptive Father 05=Stepmother 06=Stepfather 07=Grandmother 08=Grandfather	14=Other relativ 15=Foster parer 16=Foster parer 17=Other non-re 18=Other non-re 19=Parent's par	re or in-law (female) re or in-law (male) nt (female) nt (male) elative (female) elative (male) tner (female)	
09=Great grandmother 10=Great grandfather 11=Sister/Stepsister	20=Parent's partner (male) 97=Refused 98=Don't know/Didn't Respond		

K. INCOME, HOUSING, AND NEIGHBORHOOD CHARACTERISTICS

Now I would like to ask you some questions about the sources of income for your household. This information will remain confidential. Is [CHILD] covered by health insurance other than Medicaid through your job or the job of K1. another employed adult? YES...... 1 K2. Is [CHILD] covered by Medicaid or under a state health insurance program? YES...... 1 NO...... 2 K3. In the past three months, have you had difficulty... YES NO a. Paying your rent?..... 1 2 b. Paying your electric and heating bills?..... 1 2 c. Buying food for your family?..... 2 d. Buying clothes for your child(ren)?..... 1 2 K4. Including yourself, how many adults contribute to your household income? | | ADULTS K5. Now, including everyone in your household, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine. (PROBE: IF RESPONDENT REPORTS \$3,000 OR MORE LAST MONTH, THEN VERIFY THAT REPORTED AMOUNT IS ONLY FOR LAST MONTH AND NOT FOR THE ENTIRE YEAR.) \$ ___ , _ HOUSEHOLD INCOME..... (GO TO K7) (AMOUNT LAST MONTH ONLY) OR REFUSED 97 (GO TO K7)

K6.	Would you	say it was				
		Be Be Be Be Ov RE	ss than \$250,	02 03 04 05 06 07 97		
The n	ext question	s are about housing.				
K7.	How many	times has [CHILD] move	ed in the last 12 months?			
		<u> </u>	TIMES			
K8.	Do you curi	ently own your home or	apartment, pay rent, or live in public or	· subsidi	zed hous	ing?
	RE PU	NTS (WITHOUT PUBLIC BLIC OR SUBSIDIZED	ME OR APARTMENT C ASSISTANCE)HOUSING	3		
K9.			ease tell me how often each one happ Would you say <i>never, once,</i> or <i>more th</i>			ng the
				<u>Never</u>	Once	More than once
	a.		es take place in my neighborhood – ugs or stealing	1	2	3
	b.		crime take place in my	1	2	3
	C.		was a victim of a violent crime	1	2	3
	d.	I was a victim of violen	t crime in my neighborhood	1	2	3
	e.	I was a victim of violen	t crime in my home	1	2	3
	f.	I was a victim of dome	stic violence	1	2	3
K10.	In the past	year, has [CHILD] ever t	peen a witness to a violent crime?			
			S			

K11.	In the past year, has [CHILD] ever been a victim of a violent crime?	ever been a victim of a violent crime?	
	YES		

K12. At school this past school year, how often has [CHILD]...

		<u>Never</u>	<u>1-2 times</u>	3+ times
a.	been threatened or bullied by other kids	1	2	3
b.	been in a physical fight	1	2	3
C.	had something stolen?	1	2	3

L. HEALTH AND SAFETY PRACTICES

L1.	Now I'm going to ask you about health is	t your family's health care needs. Overall, v	vould you say [CHILD]'s
		Excellent, Very Good, Good, Fair, or Poor?	2 3 4
L2.	Would you say your health in g	eneral is	
		Excellent,	2 3 4
L3.	Does [CHILD] have an illness o	r condition that requires regular ongoing ca	are?
		YES	
L4.	In the last month, how many ti visited a clinic or emergency ro	mes has [CHILD] seen a doctor or other rom for an injury?	medical professional, or
		NEVER ONCE TWICE THREE OR MORE DON'T KNOW REFUSED	1 2 3 4
L5.	Has [CHILD] been seen by a de	entist since September?	
		YES	
L6.		ou usually take [CHILD] for routine medic e a doctor's office, a clinic or health center linic.	
		YESNO	

L/.	where does [CHILD] go for this care? (CIRCLE O	NLY ONE)			
	A private doctor		01		
	An outpatient clinic				
	The emergency room at a				
	Someplace else (SPECIF)				
		,			
L8.	Has a professional screened or tested [CHILD's] he	earing or visior	n since Sep	tember?	
				DON'T	
		<u>YES</u>	<u>NO</u>	<u>KNOW</u>	
	a. HEARING	. 1	2	8	
	b. VISION	. 1	2	8	
	Lies FOLIII Di berde berdib erre en diferentiste erre				
L9.	Has [CHILD] had a health care need for which you	could not get s	services?		
	YES		1		
	NO		2	2	
L10.	Do you or anyone else in your household smoke to	hacco such as	cinarettes	or cigars?	
_10.			-	•	
	YES				
	NO		2	<u>!</u>	
L11.	During the last 30 days, how often, if ever, did you or liquor? Would you say	drink alcoholic	: beverages	, including beer, wir	١E
	Less than once a	week	1		
	1 or 2 days per we				
	3 or 4 days per we				
	5 or 6 days per we	ek,	4	ļ	
	Every day, or				
	Never?		6	6 (GO TO L13)	
L12.	On the days that you drank alcoholic beverages (days, how many drinks per day did you usually have		, wine, and	liquor) in the last 3	30
	DRIN	NKS PER DAY			
L13.	Is there (anyone/anyone else) in your household th	at drinks alcoh	nol?		
	YES		1		
	NO				

L14.	Is there anyone in your household who uses drugs?				
	YES	1			
	NO	2			

M. COMMUNITY SERVICES

Many types of community services are available for families with young children. Now I'd like to ask about services your family has received.

M1. Since September, have you or anyone in your household received any of the following services?

		<u>YES</u>	<u>NO</u>
a.	Income assistance, including welfare, SSI, or unemployment insurance	1	2
b.	Food and nutrition assistance, including food stamps or WIC	1	2
c.	Help with housing	1	2
d.	Help with utilities (water, heat, electric, telephone)	1	2
e.	Job training and employment assistance	1	2
f.	Alcohol or drug abuse treatment or counseling	1	2
g.	Family counseling or mental health services	1	2
h.	Help dealing with family violence	1	2
i.	Foster care payments	1	2
M2.	Did you or anyone in your household need any services that were not re	eceived?	
	YESNO		TION N)

\\/hc	at were these services?		
VVIIc	at were triese services?		

M3.

N. SOCIAL SUPPORT

N1. Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family. Please tell me how helpful each of the following have been to you in terms of raising [CHILD] in the past month.

you	w helpful (have/has) [ITEM] been? Would u say not very helpful, somewhat helpful, or ry helpful?	Not very <u>helpful</u>	Some- what <u>helpful, or</u>	Very <u>helpful</u>	NA-Not applicable
a.	Your current spouse or partner	1	2	3	4
	RESPONDENT IS CHILD'S BIRTH/ OPTIVE FATHER, CIRCLE 4 (NA) IN N1b.				
b.	[CHILD's] (birth/adoptive) father if different from current spouse or partner	1	2	3	4
	RESPONDENT IS CHILD'S BIRTH/ OPTIVE MOTHER, CIRCLE 4 (NA) IN c.				
c.	[CHILD's] (birth/adoptive) mother if different from current spouse or partner	1	2	3	4
d.	[CHILD's] grandparents	1	2	3	4
e.	Other relatives	1	2	3	4
f.	Your friends	1	2	3	4
g.	Professional help givers like counselors or social workers	1	2	3	4
h.	Religious or social group members	1	2	3	4
i.	Is there anyone else who has been helpful? (SPECIFY)	1	2	3	4

O. YOUR FEELINGS

O1. I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the <u>past week</u>: rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time? (CIRCLE ONE RESPONSE FOR EACH ITEM) (USE RESPONSE CARD)

		Rarely or <u>Never</u>	Some or a <u>Little</u>	Occa- sionally or <u>Moderate</u>	Most or All
a.	Bothered by things that usually don't bother you	1	2	3	4
b.	You did not feel like eating; your appetite was poor	1	2	3	4
C.	That you could not shake off the blues, even with help from your family and friends	1	2	3	4
d.	You had trouble keeping your mind on what you were doing	1	2	3	4
e.	Depressed	1	2	3	4
f.	That everything you did was an effort	1	2	3	4
g.	Fearful	1	2	3	4
h.	Your sleep was restless	1	2	3	4
i.	You talked less than usual	1	2	3	4
j.	Lonely	1	2	3	4
k.	Sad	1	2	3	4
I.	You could not get "going"	1	2	3	4

P. GETTING READY FOR NEXT SCHOOL YEAR

P1.	Do you expect [CHILD] to be in	the same school this coming fall?			
		YESNO	1 2	(GO TO SECTIO (GO TO P2)	NQ)
P2.	What is the name of the school	[CHILD] will attend next year?			
		SCHOOL NAME			
P3.	Where is the school located?				
		STREET (IF KNOWN)			
		CITY			
Thank	you very much for your cooperati	on.			
			END TI	ME:	AM/PM

COMPLETE AFTER INTERVIEW IS CONCLUDED.

S. CONFIDENCE RATINGS

S1.	Interview Completion Code:	Interview Completion Code:									
Respondent terminated interview prematurely								2			
	Interview completed .								ı		
S2.	Please rate the following qual the data. The Respondent (w			ponde	nt, the	intervi	ewing	situati	on, and the quality of		
	a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand		
	b. Truthful	7	6	5	4	3	2	1	Untruthful		
	c. Accurate	7	6	5	4	3	2	1	Inaccurate		
	d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview		
	e. Cooperative	7	6	5	4	3	2	1	Uncooperative		

Spoke English with

great difficulty

Low

2

2

3

6

5

High

7

f. No English language problem

T. OBSERVATION

IN ANSWERING THE FOLLOWING QUESTIONS, PROVIDE YOUR RATING OF THE CHILD'S HOME. T1. Was interview conducted in child's home? YES...... 1 (GO TO T2) NO...... 2 (STOP – DO NOT ANSWER ADDITIONAL QUESTIONS) T2. Overall, the home is safe, clean, and free of hazards. 2 3 5 1 6 Inadequate Minimal Good Excellent T3. Overall, basic hygiene standards are maintained.

		1 Inadequate	2	3 Minimal	4	5 Good	6	7 Excellent	
T4.	A variet	y of learning ma	aterials	are avail	able.				
		1 Inadequate	2	3 Minimal	4	5 Good	6	7 Excellent	
NOTE: Examples of learning materials include children's books; toys which teach colors, sizes, and shapes (e.g., shape sorting cubes, pressouts, mailbox, pegboards, etc.); puzzles; record player or tape recorder and records or tapes; toys or games that permit free expression (e.g., clay, play dough, crayons and paper, paint and paper, finger paints and paper, paste and scraps of paper, etc.); toys or games requiring refined movements (e.g., small building materials such as LEGOS, train sets requiring assembly, dolls with clothes that can be put on and taken off, string beads, etc.); and toys or games that help teach numbers (e.g., puzzles with numbers, games, computer games, dominos, playing cards, etc.).									
T5.	Were ar	ny preschool ag	ge or so	chool-age	childre	n present	at any ti	me during the	e interview?
				_					(STOP – DO NOT ANSWER ADDITIONAL QUESTIONS)
T6.	Overall,	the relationship	p betwe	een the pa	arent/pi	rimary car	egiver aı	nd the child(re	en) is warm and sensitive.
		Not at	1 all	Somev	2 vhat	Quite a	3 lot	4 Very much	
T7.	Overall,	the relationship	p betwe	een the pa	arent/pi	rimary car	egiver aı	nd the child(re	en) is harsh and hostile.
		Not at	1 all	Somev	2 vhat	Quite a	3 lot	4 Very much	
		Building Futures:	: Head S	Start Impact	Study - S		– PARENT	INTERVIEW – 0	COHORT A

If found, return to:

Westat 1650 Research Boulevard Room RB3111 – 7433.07.12 Rockville, MD 20850