



## **Smart Start Family Interview with Instructions**

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Evaluation Product  
Smart Start Evaluation Team

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UNC-Chapel Hill

# Smart Start Family Interview

## Interview Instructions

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# Smart Start Family Interview

## PART ONE. GENERAL CONSIDERATIONS

### Preparation

Fill out a Telephone Contact Sheet for each family on the agency list to whom you sent a letter. Record all your attempts to contact the family and explain why a visit was not eventually arranged if that was the case. Be sure and call at several different times of the day to maximize the probability of reaching the family. List the date, time, and place of the interview along with directions to the location on the Telephone Contact Sheet.

Use the telephone script when you make a call to a family to explain that you are calling them to ask them to participate in the evaluation of Smart Start. Check to be sure they have child(ren) birth through age 5 in the home since there is always the possibility of us improperly identifying families as having been involved with Smart Start (e.g., duplicate names or small errors in telephone numbers are possible).

If the mother or another appropriate family member agrees to participate, arrange a mutually convenient time and place for the interview. Let the family decide the place for the interview. Most will probably want you to come to their home while others may prefer another location, especially if they meet you during the work day. If the only time the family has available is on the weekend, try to accommodate them if you possibly can.

If you are concerned about your safety in a particular neighborhood after getting directions, talk with the family member about your concern. You might phrase your concern as follows: "What is the best time of the day or day of the week to come there?" or "Are there any times we should avoid my coming into your neighborhood?" If necessary, you can arrange to meet at another site such as a McDonald's, an office, a community or recreation center, a church, or a public library nearby.

If a family does not have a phone and you must go to a home for your initial contact, try to do so when you might optimally just sit down and do the interview at that time. Saturday mornings and Sunday afternoons are the easiest times for most families with young children. In rural areas the local post office can assist you in locating route and box numbers.

**Under no circumstances** should you offer to transport people to the location due to insurance liability in the event of an accident.

This probably goes without saying, but be sure to tell someone at home or the office where you are going and when you expect to return. Dress appropriately in casual business attire (slacks and shirt or a casual dress), preferably in subdued colors and simple accessories, so that your appearance does not distract from the interviewing process. Questions about the interview content should be directed to (xxx-yyy-zzzz).

Take all the following items that you will need for the interview:

- watch
- pencils
- calculator
- mileage log
- consent form
- interview form
- response cards (on ring)
- name tag and business cards
- executive director's name and telephone number
- family member's name, address, phone number, and directions
- family information booklet/resource list for family (if appropriate and available)

### Preliminary Coding of the Form

Before going to the interview you should code as much of the identifying information that appears in the upper right-hand corner of the first page as you can. The codes, similar to those used on the child care center director's interview, are as follows:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
county      setting      unit number      informant      individual

**County:** Write in the 2-digit code for the Smart Start county

12 Burke	46 Hertford	50 Jackson
14 Caldwell	52 Jones	87 Swain
23 Cleveland	60 Mecklenburg	20 Cherokee
26 Cumberland	68 Orange	22 Clay
29 Davidson	84 Stanly	38 Graham
42 Halifax	44 Haywood	56 Macon

**Setting:** Enter "F" for the Family Interview.

**Unit number:** Use these spaces only if you have selected families from a child care center where ECERS/ITERS was done. If so, write the unit number of the child care center used in ECERS coding in this space.

**Informant:** Enter one of the following:

m=mother      f=father      g=grandmother      r=other relative      o=non-relative.

For "r" and "o" write a description of the respondent's relationship to the child if it does not fit one of these categories.

NOTE: We would strongly prefer not to interview a non-relative. However, in the rare instance in which a non-relative acts like a mother, a foster mother for example, it would be appropriate to interview that person. A non-relative should NOT be interviewed unless s/he acts as a primary caregiver.

**Individual:** Assign a unique 2-digit number, beginning with “01” to every family you interview. The number will uniquely identify each family within your county.

**Interviewer:** Put your initials to the right of the “Begin Time:\_\_\_\_\_.”

**Date:** Date of the interview: month, day and year.

### Getting “Stood-up”

This can always be a problem with in-person interviewing. To reduce these occurrences, phone the family the day before or just before leaving to meet them to be sure your plans are still firm. If you arrive at an empty house, be sure you have some paper to leave them a note requesting they call you at a given number as soon as possible. Call the family back within 24 hours to reschedule. Only after three “no shows” should you give up on a family.

### Meeting the Respondent

Greet the individual, introduce yourself, and review the following points with her/him:

- The purpose of the interview and who is doing it -- FPG is part of the statewide Smart Start evaluation
- Confidentiality of data -- interview information will be kept secret by FPG staff
- Length of the interview
- The consent form -- GET IT SIGNED BEFORE PROCEEDING!
- Any questions about the interview content or the data collection procedures

### Answering the Questions about the Interview

Always answer a respondent’s questions as they arise. Listen carefully and answer clearly and concisely only what is asked to keep the interview comfortably short and focused. Here are some frequently asked questions and recommended answers:

**What is this study about?** The purpose of this interview is to measure the impact of Smart Start on families in your county. You can help us evaluate how well it is working across the state by telling us about your experiences with various services in the community.

**What kinds of questions will you be asking?** The interview covers child care, child health care, community services, and basic demographic information.

**Who do you work for?** I work for the North Carolina Smart Start Evaluation team at the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill.

Frank Porter Graham has a contract with the state of North Carolina to measure Smart Start outcomes. My work with the state evaluation team is completely separate from the work of the Smart Start Partnership in this county.

**How long will the interview take?** Most interviews that I have done run about 45 minutes. For some people it's a little longer; for others, a little shorter.

**How did you get my name and phone number? How did you choose me?** We randomly selected your name and number from a list provided by a local agency or program that receives Smart Start funds.

**Who is paying for this study?** The state of North Carolina.

**How do I know that you and the study are legitimate?** You can call my supervisor (*Jane Doe at xxx-yyy-zzzz*) in Chapel Hill or the local Partnership office to confirm what I have told you.

**Can I get a copy of the results?** The results of the study will not be available for several months, perhaps a year, but I would be happy to take your name and address and send you the results when they are available.

**How will the results be used? What will you do with this information?** The results will help us measure how much an effect Smart Start is having on the lives of families in both the county and the state.

**Is there anyone I can call in Raleigh about this study?** You can call Jo Deck at the Division of Child Development (919-662-4554) if you wish.

**How do I know you will keep the data confidential?** I have signed a statement agreeing to keep confidential all data provided to me in the interview. Results of the study will be published as group data. We will not release any information that would identify any individual.

**Do I have to do this? Do I have to answer your questions?** Of course not. But your opinions are important to our having a representative view of the impact of Smart Start families.

**Can I refuse to answer any of the questions?** Yes, you can refuse to answer any question.

**I don't think I have time to do the interview today.** I would be happy to talk with you at another time. What day and time might be good for you in the next week?

**I don't think you should interview me because I think the state should spend our tax dollars on programs other than Smart Start.** We selected you because you have participated in a program that's been supported by Smart Start. We realize that families will have different opinions about Smart Start, and we want to hear all opinions. Most of the interview asks about your experiences with services, not about your opinion of Smart Start.

In general, DO NOT COMMENT ON THE RESPONDENT'S ANSWERS because you do not want to make them uncomfortable or imply your approval or disapproval of their response.

## Common Interviewing Problems

Proceed sequentially through the interview protocol using the following guidelines whenever you are uncertain about what to record. Three general kinds of problems usually arise when doing a person interviews.

**1. Equivocating:** The respondent's remarks leave you unsure which response to record. Repeat the essence of what the person said and then offer them the closest options on the form. For example, say "You've told me \_\_\_\_\_ and \_\_\_\_\_, so would you say it's \_\_\_\_\_ or \_\_\_\_\_?" Be sure to re-state what they have said first, in case you simply misheard them.

**2. Rambling:** The respondent digresses from the topic at hand. When you realize this is happening, break in with, "So you are telling me (summarize briefly what they have said). However, we started off talking about (restate the item). Tell me about that." Re-focusing the respondent on the interview question should be done the first or second time it occurs to prevent a habit of rambling from developing.

**3. Minimal responding:** The respondent volunteers nothing, seems in a hurry to finish, and contradicts his/her previous answers. Sometimes this behavior is evident toward the end of an interview, so please be aware of it. Try to change this set pattern by restating what the respondent has just indicated. For example, (Item 39) "So you're saying that the statement, 'I can do anything I really set my mind to do,' is not at all like you?" In the case of a contradiction, reiterate both responses and ask the respondent to choose one of them.

**Closing.** Thank the person for his/her time. Assure them that they have been most helpful and that all their responses will be kept confidential. If they request additional information, then, at the end of the interview, give them a name and telephone number of the local partnership office.

# Smart Start Family Interview

## PART TWO. CLARIFICATION OF INDIVIDUAL ITEMS

Directions for administering and coding all items of the family interview are included in this section. Start by filling in the Begin Time and put your initials after the time.

**First of all, let's talk specifically about one of your young children. If you have more than one....**

The purpose of this question is to randomly choose one of the family's young children if they have more than one. A young child is someone under the age of six. A random way to do that is to have them pick the one with the most recent birthday (i.e., the one who most recently celebrated a birthday, not the one who was born most recently).

**That would be \_\_\_\_\_...** List only the child's first name to protect confidentiality. The purpose in writing it at all is to help the interviewer remember it.

Who (child) is how old? When did they turn\_\_\_\_? Determine the child's age in years and months, asking the birth date if necessary to calculate months. This does not have to be precise to the day; a rough estimate is satisfactory. You can just ask, after the "how old" question, "when did they turn \_\_\_\_\_ (years old)?" and write down the date of birth so you can go back and calculate the months after the interview is over.

**And is \_\_\_\_\_ a boy? a girl?** Be sure to indicate the child's sex, but you don't have to ask the direct question unless you are unsure of the child's sex. For example, you should ask it if they are named "Marty," have long curly hair and eyelashes, and run around making automotive sounds.

## CHILD CARE

**1. Is (child) currently cared for by someone other than yourself for 20 or more hours a week?**

This seems a simple YES-NO question that may be more complicated. The purpose of the question is to ascertain whether the child is regularly in child care. Any arrangement that is for less than 20 hours a week, even if it is a regular, long-standing one, should be answered "NO." If the child being discussed has been in child care regularly -- though s/he has been home recently due to illness -- the answer should still be "YES" if the 20 hour requirement is met. If the child has recently enrolled in child care for 20 hours or more but has not begun attending regularly, the answer should still be "YES." If the child stays with a relative who is not paid for the service, answer this item "YES" if the relative cares for the child more than 20 hours a week.

**2. What are your current regular child care arrangements for (child)?** First let the respondent describe their child care arrangements in their own words Follow up when needed to distinguish between categories. For example, you may need to probe to determine whether grandmother keeps the child at her house or the respondent's or whether the child care center is in the same or a different county. Basically, we want to know whether the arrangement is with a relative or not,



whether it is a family child care home or a child care center, and whether it is in or outside the county. If more than one arrangement is used, check all that apply. Note that there is an “Other” space where you can describe any unusual arrangement not covered by the alternatives given. If more than one situation is described for the same child, be sure to ask the follow-up question about which is most often used.

**3. Why did you choose your most recent child care arrangement?** Read all the response categories and check those that the respondent affirms. Again there is an “Other” alternative, but be sure to write the response you could not otherwise categorize if you check it.

**4. Of the reasons you gave, which were the most important to you?** Read the reasons that the respondent gave you in #3 and ask the respondent which was the most important, the next most important, and so on. Enter the letters from #3 in the blanks provided in the order that the respondent ranks them, putting the most important in the left blank, the second most important in the middle blank and the least, in the right blank.

**5. Overall, how would you rate the quality of your current child care arrangement?** If the family has several different child care arrangements, be sure to have them complete this question for the arrangement they use the most often. You may restate the question: “**Overall how would rate the quality of \_\_\_\_\_?**”

**6. How would you rate the quality of child care in your county?** The purpose of this question is to have the respondent rate the overall quality of child care in the county based on their own personal experience as well as what they have heard about all the child care available in the county. Read the five options to the question aloud and have the respondent pick one of them.

**7. In the past week, have you done the following things with your (child)?** Read each of the activities in turn and mark each one either N for “no” or Y for “yes.” Repeat the qualifier “in the past week” with each of the activities because we want to know about last week, not a typical or average week. Also note that any family member can engage in these activities with the child, not just the mother or the respondent. If the respondent indicates that they did engage in that activity, then immediately ask, “**How often would you say you \_\_\_\_\_ (e.g. played ball) in the last week?**” Mark the appropriate column indicating the number of times the activity occurred in the last week. Some notes about specific items in the list follow.

A. Story Telling is different from reading a story to a child, so be sure to distinguish the two. It may involve re-telling a familiar fairy tale, a family story or a favorite movie; the story does not have to be an original tale as long as books are not used.

B. Teaching the child letters, words, or numbers includes informal activities like counting out forks and spoons for the dinner table or playing games that teach letters or words, as well as formal activities.

C. Teaching songs or music may involve showing a child how to play simple or homemade instruments as well as teaching words and tunes of popular songs.

D. Arts and crafts include making seasonal decorations, cutting paper, drawing pictures, painting, whittling wood or soap.

E. Indoor play includes both quiet board games like “Chutes and Ladders” and more active games such as skipping rope.

F. Outdoor sports and games may include hide-and-go-seek and “Mother May I” as well as individual or team sports.

G. Taking the child along on errands can also include taking the child along while completing farm chores or other trips. Use your best judgment in each individual case.

H. Household chores can include many more than the few mentioned in the item so long as the chore teaches about cooperation, responsibility and living together.

K. Watched educational television together. If a respondent asks for a definition of *educational television*, give Sesame Street as an example. The Disney channel is NOT educational television. If the respondent requests more information, tell them they should use their own judgment.

**NOTE:** All the items except H and I (taught child colors/shapes) should be asked about infants. Though some parents do not do these activities with infants, others do. The shaded area under “Not Applicable” is to remind you to omit only these two items for infants.

**8. In the past month**, have you done the following things with (child)? Read all the activities and check those that the respondent affirms. For every other one (B,D,F,H) add the qualifier “in the last month,” so you end up restating those items as follows:

**In the last month have you ... \_\_\_\_\_(e.g. visited a zoo or aquarium)?** Again, the family may include anyone in the household but does NOT include the child doing any of the activities with other families, friends, or school groups.

B. Gone to a play, concert, or other live show could also include a circus, an ice show, a puppet show or another child’s dance recital.

E. Talking about family or ethnic history may include stories about ancestors in their country of origin, their immigration or the cultural traditions of the ethnic group.

F. Attended an event sponsored by a community or religious group may include Scouting, recreation programs, church choir and others. Again, use your good judgment.

**9. Compared to other children about (child)’s age, do you think s/he will find...?** For each learning activity read the introductory phrase (above), the stem (...learning to read..., ...learning

to write..., or ...learning to do math...) and all four response categories (...very easy, ...somewhat easy, ...somewhat hard, and ...very hard). Notice that “don’t know” is not an option here. If the respondent expresses uncertainty, advise them to choose the option closest to what s/he thinks.

**10. How much education do you expect (child) to complete?** Ask this question open-ended; do not read the options. If the response does not **fit** one of those given, you may have to ask them to explain their answer with a general follow-up question such as “Could you tell me more about that please?”

## MEDICAL CARE

In administering the medical section (11-27), be sure the respondent is talking about the health of the one specifically identified target child and not all their children. For example, if the respondent identifies a large number of injuries, be sure they all happened to the one child and not to siblings.

**11. How would you rate (child)’s health in general?** Read the four options and mark the one the respondent chooses.

**12. In the last year did you take (child) for well child medical care?** Here we mean to ask only about routine care such as annual check-ups, not routine illnesses that children frequently have such as colds, tummy aches, and ear infections. Though regular in one sense, these common illnesses fall under “sick care” covered in items 16 - 19. However, visits for immunizations are part of well child care so if they occurred, the answer to this item is YES.

**13. If you did not take (child) for well child care, why not?** Read all of the options aloud, in order, to the respondent and check the box next to all those the respondent affirms. Note that there is a space to write any response that does not correspond to one of the given options.

If the respondent questions the option, “not sick often enough to need a doctor,” explain that some people don’t need to take a child to the doctor for annual physical exams because the child doesn’t get sick very often.

**14. If you got well child care for (child) in the last year, where did you receive that care?** First, read all of the options aloud in order (i.e., read down the left column) and check the boxes down the left margin beside all the facilities the respondent affirms. After you are sure you have checked all the places where the respondent took the child for well child care last year, **HAND THEM THE RESPONSE CARDS** and ask:

How satisfied were you with \_\_\_\_\_ (the place) ...very satisfied, ...somewhat satisfied, ...neither, ...somewhat dissatisfied, or ...very dissatisfied? Have the respondent rate **ONLY THE SERVICES THEY HAVE USED**. If the respondent was “somewhat” or “very” satisfied with all their well child care you can skip question 15 and go to 16.

**15. If you were not satisfied with the well child care (child) received, why was this so?** Read all the responses aloud and put checks in the boxes beside the items the respondent indicates were reasons for their dissatisfaction with routine medical care.

**16. In the last year did you take (child) for sick care?** The purpose of this item is to find out if the respondent took the child in for treatment of any illness in the last year. It is possible that the child was not sick at all and never had to see a doctor. Be sure the respondent thinks back over the entire last year however. Be sure to note which question to ask next: if they say “no,” go to question 17; if “yes”, go to 18.

**17. If you did not take (child) for sick care, why not?** Read all the options aloud in order and check the options the respondent affirms. If you choose the “Other” option, be sure you write something in the blank. After question 17, go to 20.

**18. If you got sick care for (child) in the last year, where did you receive that care?** Follow the directions given in #14. Be sure to emphasize sick care to contrast this and the following questions with the previous ones regarding well child care.

**19. If you were not happy with the sick care (child) received, why was this so?** Read all the options and mark those that the respondent indicates were reasons why they were not satisfied with the sick care their child received.

**20. In the last year, which of the following health services has (child) received?** Read the whole list and check those that the respondent indicates the child has received. Obviously there is some overlap between this item and some of the previous ones. When this list is read to the respondent, it is possible that the respondent might cite additional services that s/he did not recall in previous items. If the respondent notices her/his inconsistencies and asks that you go back and change a previous answer that they have given, then do so. If you notice inconsistencies, point them out to the respondent.

If the respondent doesn't know what immunizations are, explain that they are shots that children receive to prevent them from contracting common childhood diseases such as whooping cough, diphtheria, small pox, and polio.

**21. Is (child) up-to-date on his/her shots (immunizations)?** Count a “don't know” response the same as a “no” and go to question 22; if “yes,” skip 22 and go to 23.

**22. Why does your family find it hard to keep up-to-date on shots?** Read all of the options and check those that the respondent affirms. If you mark “Other,” write a description of the other reason.

**23. In the last year, has a physician or nurse ever told you that (child) has any of the following problems?** First read down the whole list of problems, entering a check mark in the “Yes, I was told” column if the respondent so indicates. Repeat the stem (“In the last year, has a physician or nurse... ) on C and F to remind them that we are asking about physician or nurse and not

teachers or other helping professionals. If someone other than a physician or nurse told them, don't consider it a "YES." ONLY for those marked YES, ask, "Did you get help?" (Mark either "N" for no or "Y" for yes.) and "What kind of help?" (Briefly describe the type of help received in the space provided.)

When asking whether the respondent got help and what kind of help, ask both questions about each problem in turn rather than asking about getting help about each problem and then going back and asking kind of help. In other words, go straight down the list filling out column one, but, when you go back and ask about particular problems, fill out column two, then column three, and then go to another row.

I. **Anemia.** Anemia is a lack of iron in the blood diagnosed by a finger prick test that sometimes indicates a serious underlying medical problem but more often suggests poor diet. In common parlance it is often referred to as "weak blood" or "tired blood."

**24A. In the past year, has (child) had a health problem or condition that lasted at least three months?** The purpose of this question is to find out about chronic or long lasting health problems. It is a simple yes/no question, the crucial variable being the length of the illness: the illness should have lasted at least three consecutive months. Also, indicate here chronic problems (such as asthma, epilepsy, sickle cell) with which the child experiences occasional flare-ups. You may have to assist the respondent with calculating how long an illness lasted. Use milestones such as holidays and birthdays to help them remember. If there was a lengthy illness, be sure to describe it in the space provided.

**24B. In the past year, has (child) been limited (for more than a half day) in the type or amount of physical activity by any health problem or medical condition?** The purpose of this question is to find out if any limitations due to medical problems were placed on the child's normal activities such as attending day care, playing outside, going swimming. If the answer is "yes" be sure to describe the problem.

**24C. In the past year has (child) stayed overnight in the hospital at least one night?** If the child has been hospitalized, we want to know how many times and for how many total days for the year. It is not necessary to list the reason for the hospitalization(s).

**25. In the past year, did (child) go to a physician, nurse, or medical assistant about any of the following problems?** This is a long list. After D and after H, go back and repeat the stem of item, "during the past 12 months..." just to make sure the respondent is keeping the two conditions: "*in the last 12 months*" and "*visited a medical person,*" in mind. If the respondent names a chronic condition not previously mentioned, return to 24A. If the respondent indicates more than one occurrence of a problem, loss of consciousness for example, you still just check it once. There is a space for "Other" if none of the given options fit. Be sure to mark "R. No injury" if the child experienced none of these problems over the course of the last year. If no injuries are reported, go to question 28.

**26. Where did the injury(s) or accidents(s) happen?** To answer this question, refer back to the problems indicated in #25. For each one, ask:

**Now the \_\_\_\_\_ (e.g. bump/bruise), where did that happen?** Enter the letters from 25 beside the locations given in 26. Squeeze as many letters as needed in the response space or use the margins. Please print neatly.

**27. How did this injury occur?** Again, address each of the accidents/injuries the respondent has reported in 25, in turn. For example, ask:

**Now the \_\_\_\_\_ (e.g. breathing problem), how did that happen?** If necessary, ask for additional information to decide which precipitating event prompted the medical visit. The “Other” option should be used as a last resort. If the respondent initially says “I don’t know,” try to get some details and prompt their memory by asking a leading question such as “What was s/he doing when the accident happened? Where was s/he?”

## COMMUNITY

**28. How long have you been in this community?** An approximation will suffice here. Be sure to mark whether the respondent indicated years or months however. If they say “all my life,” you can say, “Well, about how many years is that?”

**29. Do you belong to any of these organizations?** Read all the options. If they want examples in A., mention the Kiwanis, Veterans of Foreign Wars, and the Elk or-Moose or whatever is most common in your area. If a volunteer organization is operated under religious auspices but really represents a serious additional time commitment beyond what most church members make, such as running a soup kitchen or working on Habitat for Humanity, credit both B and D.

**30. I would like to know what services or programs members of your immediate family have needed/used in the last year. Have you needed/used...?** For this item, complete each column before going on to the next one. For each option, A-Q, first ask if the respondent needed it. After you have read the whole column asking about needed, ask: “**Have you used \_\_\_\_\_ (option)?**” but ONLY with respect to the options the respondent has answered YES in the first column.

ONLY if the respondent has both needed and used a service do you ask if they were satisfied with it. You must circle at least one letter in each row of the table. You may circle as many as three letters in any one row, but only if the NEEDED and USED columns are both answered “Yes.”

**31. How likely are you to talk to the following people when you have a serious family problem?** GIVE THE PERSON THE RESPONSE CARDS. Ask,

**“How likely are you to talk to your spouse (or partner)?”** You can say husband or wife rather than “spouse” if you know they have one or “partner” if you know they are not married but living with someone. Then say, “How about other family members or relatives? How likely are you to talk to them?” Then ask, **“What about close friends?”** Repeat the whole original question about every fourth option.

**32. In general, how do you learn about services or agencies when you need help? Do you....** Repeat the “Do you” on each option. Read all of the options in order. Check the box next to each option the respondent indicates s/he uses.

**33. Do any of the following problems prevent your family from getting the services you need?** Read all the options in the list. If the respondent indicates that they earn slightly more than the level that qualifies them for Medicaid so that the cost of services is high for them, mark E. If at the end of the list they have not indicated any problems then mark option “I. None.”

**34. How helpful to you and your family has each of the following agencies and service providers in your county been in the last year?** HAND THE PERSON THE RESPONSE CARDS. Read each of the options and all the response categories (very helpful, somewhat helpful, not helpful, and not used) for each item. Be sure to circle one of the numbers in each row.

**35. How able is your family to... ?** HAND THE PERSON THE RESPONSE CARDS. Read the stem (above) with each of the options. Read the response options aloud only for A & B. The respondent should be used to the categories after that. If not, you may repeat them when the respondent requests it. Do not rephrase or interpret the items for the respondent. If they request an interpretation, say, “think of it however you wish.”

**36. How well does each of the following statements describe you?** HAND THE PERSON THE RESPONSE CARDS. Read all the options in turn. Pause after each one and say:

**Is that a lot like you, somewhat like you or not at all like you?** Mark one of the response categories in each row. If the person expresses uncertainty, say “just interpret the statement however it strikes you right now.”

#### PERSONAL

**37. Male - Female** Ask this question only if at this point in the interview you still have no idea.

**38. How old?** Enter the number of years the respondent gives. Do not question the respondent’s answer to this question! If the respondent’s age raises questions about their relationship to the child, such as a 54-year old woman with a two-year-old child, be sure to clarify by asking: “So you are (child)’s\_\_\_\_\_ (mother/father)?”

**39. And you are...?** Read all the options and have the respondent pick one of them.

40. **Do you consider yourself...?** As noted on the interview form, begin with whichever category appears closest to the respondent's observable race. If the respondent acknowledges membership in that group, then you can omit reading the other categories.

41. And **how far did you go in school?** Usually the person will give you the last grade they completed. If they say "9 or 10," ask which grade they completed. If the respondent says "12," ask if they received a high school diploma. If the respondent indicates they completed less than 12 years of high school or did not receive a diploma, ask if they received a GED and mark YES or NO on the form.

42. **How many adults...? How many children...? How many children under 5...? How many children have a disability...?** The purpose of this set of questions is to ascertain how many children the respondent is responsible for supervising and how many other adults are available to help in the home. Record whatever numbers the respondent gives you. To count as a member of the household, an individual must spend at least three nights a week there. Define an adult as anyone over 18 years of age. If there is a child in the household who has a disability but is not receiving special services, put "0" after that question.

43. **Are you employed?** Ask the follow-up questions associated with either employed or unemployed. Note that persons who work part time are considered employed, so be sure to record the number of hours a week they worked.

44. **We are trying to estimate how much of your family income is spent on child care. For how many of your children do you currently pay child care, including before and after school care?** Be sure that the respondent includes all his or her children who are cared for by someone else for pay in the count. Going to a neighbor's or relative's after school does not count unless money changes hands.

45. **Approximately how much do you spend on child care...?** Help the respondent figure out their total monthly child care expenses by jotting down and adding up whatever numbers they provide. Be sure to ask, if they don't tell you, whether the expense is for a week or for a month. You may have to convert a weekly figure to a monthly one. Approximate numbers such as "about \$55 a month" are sufficient. Be sure the respondent includes all the children for whose care s/he pays as indicated in 44.

46. **Do you receive any financial assistance for child care costs?** If the answer is "yes," read all the options given and answer the respondent's questions that arise using the information that follows.

A. Government subsidies: Money from federal, state, or local governments to pay for child care costs. These are usually administered through the Department of Social Services. If the family receives a child care subsidy from the military, check the "A" box.

B. Scholarships: Moneys provided from private charities or other sources for this specific child.

C. Tax credits/deductions: Standard deduction taken for child care.



D. Child support payments: Money from a former spouse or partner applied to care of the child.

E. Help from family/friends: Sometimes grandparents or boyfriends contribute money directly to child care costs. Volunteer baby-sitting (an in-kind payment of sorts) should be considered as financial assistance.

**47. What is your yearly household income from all sources?** If the respondent is not sure about their wages, suggest that they try to remember what their gross (not net) family income was on their last tax return. Ask about wages for the adults in the household. These can be rough estimates. You can total the numbers later.

**Did you also receive income from any of these sources?** Ask whether the family receives other kinds of income and read all of the sources listed. In asking about sources of income besides wages, be sure to ask the amount but if they don't know that's O.K. If they do know the amount, ask if the figure they give for the month or for the year, because most people remember the monthly figure. If they do provide monthly figures, record them and later compute the YEARLY figures; we only want the yearly numbers (if known).

***For your information:*** Gross income DOES include AFDC, SSI, Emergency Assistance and General Assistance or General Relief, training stipends, alimony, child support, military family allotments, pensions, insurance or annuity payments, college/university scholarships and grants, fellowships and assistantships, capital gains, dividends, interest, net rental income, royalties, net gambling or lottery winnings. For this reason, the various options are included here.

Gross income does NOT include savings, sale of property, house or car, tax refunds, gifts, loans, inheritances, one-time insurance payments or compensations for injury, health insurance, fringe benefits, food or housing received in lieu of wages, food and fuel produced and consumed on farms, federal non-cash benefits such as Medicare, Medicaid, food stamps, school lunches, and housing assistance. But we want the information about participation in these programs too.

It is not necessary to ask specifically about all these sources of income, but if a respondent asks about one of them, you have the lists above for reference in categorizing income for them.

**48. What Smart Start activities have you been involved in?** Ask the question open-ended; do not read the list. Check all the activities the respondent mentions. Use the "Other" option for any activity not on the list.

**49. Overall, how helpful has Smart Start been to you and your family?** Read the five options and mark the one the respondent chooses.

**50. In conclusion, what is the best thing about your family or living in the community?** Write a condensed summary of the respondent's answer.

## FUTURE INTERVIEW CONTACT SHEET

On the next page, indicate whether the family is willing to be contacted next year and, if so, get the name of a back-up contact person and that person's phone number in case the respondent moves or no longer has a phone next year.

**End time:** Enter the time you finished the interview.

**REMEMBER:** If during the interview the respondent has asked for information about programs or services available in the community, be sure to give them either the family information booklet or the resource list from the local partnership if one is available at the end of the interview. If appropriate, also give them the name and telephone number of the Child Care Resource and Referral person in their community. **Remember to thank them for their time and say that you enjoyed talking with them.**

**On the back of the last page:**

1. Note if English is the only language spoken in the home.
2. Briefly summarize any observations or spontaneous comments made by the respondent about Smart Start during the course of the interview after you have left the respondent's home and before you turn in the completed interview.

## SMART START FAMILY INTERVIEW

🕒 Begin time: \_\_\_\_\_

### CHILD CARE

*Note to interviewer: Use the child's name where you see (child) in the following questions.*

First of all, let's talk specifically about one of your preschool children. If you have more than one preschool-aged child, think about the one who most recently celebrated a birthday.

That would be (child) \_\_\_\_\_

Who (child) is how old? \_\_\_\_\_ years \_\_\_\_\_ months.

*(If necessary ask:)* And (child) is...  a boy  a girl

1. Is (child) currently cared for by someone other than yourself for 20 or more hours a week?  
 No (go to 6)  Yes (go to 2)

2. What are your current regular child care arrangements for (child)? *(check all that apply)*

<input type="checkbox"/> A. Family member, in my home	<input type="checkbox"/> E. Child care center in my county
<input type="checkbox"/> B. Family member, out of my home	<input type="checkbox"/> F. Child care center/home in another county
<input type="checkbox"/> C. Non-family member, in my home (baby-sitter)	<input type="checkbox"/> G. Other (specify): _____
<input type="checkbox"/> D. Family daycare provider in my county	

*(if respondent gives more than 1 response, ask):*

Which one do you use most often? (Enter letter) \_\_\_\_\_

3. Why did you choose your most recent child care arrangement? *(read and check all that apply)*

<input type="checkbox"/> A. Near my home	<input type="checkbox"/> I. Like the program values and goals
<input type="checkbox"/> B. Near my work	<input type="checkbox"/> J. Like the teacher/child care provider
<input type="checkbox"/> C. Convenient hours	<input type="checkbox"/> K. Enrolls children with special needs
<input type="checkbox"/> D. Affordable	<input type="checkbox"/> L. Is the only place that had space available
<input type="checkbox"/> E. Accepts child care subsidy payments	<input type="checkbox"/> M. Already had child enrolled there
<input type="checkbox"/> F. Reputation	<input type="checkbox"/> N. Accepts infants
<input type="checkbox"/> G. Recommended by family member	<input type="checkbox"/> O. Want to keep my child with a family member
<input type="checkbox"/> H. Familiar with the place	<input type="checkbox"/> P. Other (specify): _____

*(if respondent gave more than 1 reason, go to 4; otherwise, go to 5)*

4. Of the reasons you gave, which were the most important to you?

*(enter the letters -- you may list up to 3):* \_\_\_\_\_

5. Overall, how would you rate the quality of your current child care arrangement? *(if more than one used, rate the one used most frequently)*

1. Terrible  2. Poor  3. Fair  4. Good  5. Excellent

6. How would you rate the quality of child care in your county?  
 1. Terrible    2. Poor    3. Fair    4. Good    5. Excellent

7. In the past week, have you (or someone in your family) done the following things with (child)? (circle Y for yes, N for no, indicate number of times)

			1-2 times	3-4 times	>4 times	Not applicable
A. Told (child) a story	N	Y				
B. Taught (child) letters, words, or numbers	N	Y				
C. Taught (child) songs or music	N	Y				
D. Did arts and crafts	N	Y				
E. Played with toys or games indoors	N	Y				
F. Played with games or sports outdoors	N	Y				
G. Took (child) along while doing errands like going to post office, bank, or store	N	Y				
H. Involved (child) in household chores like cooking, cleaning, or setting the table	N	Y				
I. Taught (child) colors/shapes	N	Y				
J. Read to (him/her)	N	Y				
K. Watched educational television together	N	Y				

8. In the past month, have you (or someone in your family) done the following things with (child)? (check all that occurred at least once)

- |  |  |
|--|--|
| <input type="checkbox"/> A. Visited a library                                  | <input type="checkbox"/> E. Talked with (child) about (his/her) family history/ethnic heritage |
| <input type="checkbox"/> B. Gone to a play, concert, or other live show        | <input type="checkbox"/> F. Attended an event sponsored by a community or religious group      |
| <input type="checkbox"/> C. Visited an art gallery, museum, or historical site | <input type="checkbox"/> G. Gone to a movie  |
| <input type="checkbox"/> D. Visited a zoo or aquarium                          | <input type="checkbox"/> H. Visited a playground or park                                       |

9. Compared to other children about (child)'s age, do you think s/he will find....? (read the stem and then the response categories)

	Very Easy	Somewhat Easy	Somewhat Hard	Very Hard
Learning to read	1	2	3	4
Learning to write	1	2	3	4
Learning to do math	1	2	3	4

10. How much education do you expect (child) to complete?

- |  |   |
|--|---|
| <input type="checkbox"/> A. Less than high school            | <input type="checkbox"/> D. Some college                    |
| <input type="checkbox"/> B. High school diploma              | <input type="checkbox"/> E. College graduate                |
| <input type="checkbox"/> C. Trade school/vocational training | <input type="checkbox"/> F. Graduate or professional school |



18. If you got sick care for (child) in the last year, where did you receive that care? (check those used, then ask... ) how satisfied were you with \_\_\_\_\_ (name service used) -- very satisfied...very dissatisfied? (hand card to respondent, if respondent was satisfied with all care, go to 20)

Service used	very satisfied	somewhat satisfied	neither	somewhat dissatisfied	very dissatisfied
<input type="checkbox"/> A. Doctor's office or private clinic	1	2	3	4	5
<input type="checkbox"/> B. Hospital outpatient clinic	1	2	3	4	5
<input type="checkbox"/> C. Public health department	1	2	3	4	5
<input type="checkbox"/> D. Rural or migrant health clinic	1	2	3	4	5
<input type="checkbox"/> E. Hospital emergency room	1	2	3	4	5
<input type="checkbox"/> F. Private walk-in urgent care center	1	2	3	4	5
<input type="checkbox"/> G. Community, neighborhood or family health center	1	2	3	4	5
<input type="checkbox"/> H. Healer in the community	1	2	3	4	5
<input type="checkbox"/> I. Health services in a company clinic	1	2	3	4	5
<input type="checkbox"/> J. Other	1	2	3	4	5

19. If you were not happy with the sick care (child) received, why was this so? (read & check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> A. It costs too much.                        | <input type="checkbox"/> E. The staff did not answer my questions. |
| <input type="checkbox"/> B. It took too long to get an appointment.   | <input type="checkbox"/> F. They could not understand me.          |
| <input type="checkbox"/> C. I could not understand what they told me. | <input type="checkbox"/> G. The office was too far away.           |
| <input type="checkbox"/> D. The staff was rude or unfriendly.         | <input type="checkbox"/> H. Other _____                            |

20. In the last year, which of the following health services has (child) received? (read & check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> A. Well check up               | <input type="checkbox"/> E. Dental care               |
| <input type="checkbox"/> B. Immunizations (shots)       | <input type="checkbox"/> F. Hearing screening         |
| <input type="checkbox"/> C. Eye examinations            | <input type="checkbox"/> G. Speech/language screening |
| <input type="checkbox"/> D. Screening for slow learning |   |

21. Is (child) up-to-date on his/her shots (immunizations)?

- No  
 Don't know (if "no" or "don't know" go to 22)  
 Yes (go to 23)

22. Why does your family find it hard to keep up-to-date on shots? (read and check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> A. Not enough money to pay for shots         | <input type="checkbox"/> F. Didn't have child care for other children while going to doctor or clinic |
| <input type="checkbox"/> B. Not enough time to go to clinic or doctor | <input type="checkbox"/> G. Did not know shots were needed  |
| <input type="checkbox"/> C. Took too long to get an appointment       | <input type="checkbox"/> H. No doctor or clinic close enough  |
| <input type="checkbox"/> D. Other things were more important          | <input type="checkbox"/> I. Clinic not open at time I can go  |
| <input type="checkbox"/> E. Didn't have transportation                | <input type="checkbox"/> J. Other reason: _____   |

23. In the last year, has a physician or nurse ever told you that (child) has any of the following problems? (check 1st box if they were told, ask whether they got help [yes - no] and what kind)

	Yes, I was told		Kind of Help	
			N	Y
A. Vision			N	Y
B. Hearing			N	Y
C. Lead poisoning			N	Y
D. Underweight			N	Y
E. Overweight			N	Y
F. Too short for his/her age			N	Y
G. Slow/delayed speech/language skills			N	Y
H. Slow/delayed physical/motor skills			N	Y
I. Anemia			N	Y
J. Dental problems			N	Y

24A. In the past year, has (child) had a health problem or condition that lasted at least three months?

- No
- Yes (if yes), What was the problem? \_\_\_\_\_

24B. In the past year has (child) been limited for more than a half day in type or amount of physical activity by any health problem or medical condition?

- No
- Yes (if yes), What was the problem? \_\_\_\_\_

24C. In the past year has (child) stayed overnight in the hospital at least one night? (don't count being born)

- No
- Yes (if yes), How many different times? \_\_\_\_\_ For how many total days? \_\_\_\_\_

25. In the past year, did (child) go to a physician, nurse, or medical assistant about any of the following injuries? (read and check all that apply-if "no injury" go to 28)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> A. Breathing problem (choke, strangle) | <input type="checkbox"/> G. Loss of consciousness                   | <input type="checkbox"/> M. Mouth/other tooth injury |
| <input type="checkbox"/> B. Cut/scrape/bleeding from skin       | <input type="checkbox"/> H. Bleeding (from orifice/other body site) | <input type="checkbox"/> N. Head/face injury         |
| <input type="checkbox"/> C. Swelling/bump /bruise               | <input type="checkbox"/> I. Dislocation                             | <input type="checkbox"/> O. Poisoning                |
| <input type="checkbox"/> D. Neck/spine injury                   | <input type="checkbox"/> J. Broken bone                             | <input type="checkbox"/> P. Other (specify): _____   |
| <input type="checkbox"/> E. Burn, reddened, or blistered skin   | <input type="checkbox"/> K. Internal injuries                       | <input type="checkbox"/> Q. Don't know               |
| <input type="checkbox"/> F. Sprain/strain/pulled muscle         | <input type="checkbox"/> L. Eye injury                              | <input type="checkbox"/> R. No injury                |

26. Where did the injury(s) or accident(s) happen? (if more than 1 indicated in 25, enter letters from 25 in blank before the appropriate locations below)

- |                            |   |   |
|----------------------------|---|---|
| ___ A. My home             | ___ E. Recreation or sports center (not school) | ___ H. Farm/agricultural area (except home) |
| ___ B. Someone else's home | ___ F. Street or highway                        | ___ I. Other: _____                         |
| ___ C. Day care location   | ___ G. Public building or space (not school)    | ___ J. Don't know                           |
| ___ D. School              |   |   |

27. How did this injury occur? (if more than 1 indicated in 25, enter letters from 25 in blank before the appropriate locations below)

- |   |   |
|---|---|
| <input type="checkbox"/> A. Human bite                                | <input type="checkbox"/> L. Electric shock                            |
| <input type="checkbox"/> B. Animal bite                               | <input type="checkbox"/> M. Got body part stuck in something          |
| <input type="checkbox"/> C. Animal scratch                            | <input type="checkbox"/> N. Something stuck in body (cinder in eye)   |
| <input type="checkbox"/> D. Hit/struck by something/someone           | <input type="checkbox"/> O. Motor vehicle accident (occupant)         |
| <input type="checkbox"/> E. Striking (running into) something/someone | <input type="checkbox"/> P. Motor vehicle accident (pedestrian)       |
| <input type="checkbox"/> F. Fall                                      | <input type="checkbox"/> Q. Pedal cycle (i.e., bike/tricycle)         |
| <input type="checkbox"/> G. Gashes/cuts/stabs                         | <input type="checkbox"/> R. Firearms/explosives                       |
| <input type="checkbox"/> H. Insect bites/sting                        | <input type="checkbox"/> S. Ingestion (swallowed poisonous substance) |
| <input type="checkbox"/> I. Fire                                      | <input type="checkbox"/> T. Strangulation/suffocation                 |
| <input type="checkbox"/> J. Scald/hot liquid                          | <input type="checkbox"/> U. Choked on something in throat             |
| <input type="checkbox"/> K. Drowning                                  | <input type="checkbox"/> V. Don't know                                |
|   | <input type="checkbox"/> W. Other (Specify): _____                    |

## COMMUNITY

28. Now let's talk about services in your community. How long have you been in this community? (approximate) \_\_\_\_ Yrs. \_\_\_\_ Mos.

29. Do you belong to any of these organizations? (read and check all that apply)

- A. Civic, patriotic or fraternal organization
- B. Religious group (church/synagogue/mosque/ashram)
- C. Organization concerned with families/young children (such as the PTA or daycare center board)  
Name(s): \_\_\_\_\_
- D. Volunteer organization (such as Red Cross) Name(s): \_\_\_\_\_
- E. Other local groups or organizations -- Name(s): \_\_\_\_\_
- F. None

30. I would like to know what services or programs members of your immediate family have needed/used in the last year. Have you needed/used..... (enter Y for yes, N for no in all boxes)

	needed		used		were you satisfied?	
A. Transportation to services	N	Y	N	Y	N	Y
B. Information about child development	N	Y	N	Y	N	Y
C. Family planning information	N	Y	N	Y	N	Y
D. Information about nutrition, child safety	N	Y	N	Y	N	Y
E. Prenatal care	N	Y	N	Y	N	Y
F. Health care for newborn infant	N	Y	N	Y	N	Y
G. Health care for your child(ren)	N	Y	N	Y	N	Y
H. Health care for yourself	N	Y	N	Y	N	Y
I. Dental care services	N	Y	N	Y	N	Y
J. Marriage and family counseling	N	Y	N	Y	N	Y
K. Child/daycare for infant/toddler	N	Y	N	Y	N	Y
L. Child/daycare for pre-schooler	N	Y	N	Y	N	Y
M. Parenting training	N	Y	N	Y	N	Y
N. Child care resource and referral information	N	Y	N	Y	N	Y
O. Special education/special services for children with disabilities/chronic illness	N	Y	N	Y	N	Y
P. Financial counseling	N	Y	N	Y	N	Y
Q. Financial assistance for child care	N	Y	N	Y	N	Y



31. How likely are you to talk to the following people when you have a serious family problem... very likely, somewhat likely, or not at all likely? (hand card to respondent)

Service used	very likely	somewhat likely	not at all likely
A. Partner (Spouse)	1	2	3
B. Other family members/relatives	1	2	3
C. Close friends	1	2	3
D. Neighbors/acquaintances	1	2	3
E. Clergy/ministers	1	2	3
F. Employers/co-workers	1	2	3
G. Physicians/Other health care professionals	1	2	3
H. Mental health professionals/counselors	1	2	3
I. School personnel (teachers, counselors)	1	2	3
J. Support groups	1	2	3
K. Police/lawyers	1	2	3
L. Other: _____	1	2	3

32. In general, how do you learn about services or agencies when you need help? Do you.... (read and check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> A. Ask friends and relatives                       | <input type="checkbox"/> H. Look it up in the newspaper                      |
| <input type="checkbox"/> B. Ask ministers, teachers, or other professionals | <input type="checkbox"/> I. Call the radio station                           |
| <input type="checkbox"/> C. Hear about them -- word-of-mouth                | <input type="checkbox"/> J. Call or go to the library                        |
| <input type="checkbox"/> D. Call an agency about the problem                | <input type="checkbox"/> K. Get a referral from another human service agency |
| <input type="checkbox"/> E. Call a hotline/help line/911                    | <input type="checkbox"/> L. Look it up in the phone book                     |
| <input type="checkbox"/> F. Call an information and referral service        | <input type="checkbox"/> M. Other: _____                                     |
| <input type="checkbox"/> G. Look in a directory of community services       | <input type="checkbox"/> N. None of the above                                |

33. Do any of the following problems prevent your family from getting the services you need? (read and check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A. No weekend or evening hours                      | <input type="checkbox"/> E. Language problems       | <input type="checkbox"/> H. Unpleasant attitude of staff |
| <input type="checkbox"/> B. Lack of transportation to services               | <input type="checkbox"/> F. High cost of services   | <input type="checkbox"/> I. Lack of child care           |
| <input type="checkbox"/> C. Fear that information will be shared with others | <input type="checkbox"/> G. Poor treatment by staff | <input type="checkbox"/> J. None                         |

34. How helpful to you and your family has each of the following agencies and service providers been in the last year? (hand card to respondent)

	very helpful	somewhat helpful	not helpful	not used
A. Department of Social Services	1	2	3	4
B. County Health Department	1	2	3	4
C. Community Mental Health Center	1	2	3	4
D. Child care resource and referral services	1	2	3	4
E. Community or migrant health center	1	2	3	4
F. County Extension Service	1	2	3	4
G. Public Schools	1	2	3	4
H. Head Start	1	2	3	4

35. How able is your family to... (hand respondent card; read options for A & B only)

	always	usually	sometimes	never
A. Afford the cost of basic needs like food, clothing, housing, transportation, and medical care	1	2	3	4
B. Solve personal or family problems that come up during the course of everyday living	1	2	3	4
C. Turn to relatives and friends when a problem occurs that your household cannot handle	1	2	3	4
D. Agree on common values, beliefs and expectations for household members	1	2	3	4
E. Get your children into activities and educational opportunities that will help them succeed	1	2	3	4
F. Overall, meet the various needs that you and other family members may have	1	2	3	4

36. How well does each of the following statements describe you--a lot like you, somewhat like you, or not at all like you? (hand card to respondent)

	a lot like me	somewhat like me	not at all like me
A. There is no way I can solve some of the problems I have.	1	2	3
B. I feel that I'm being pushed around in life.	1	2	3
C. I have little control over the things that happen to me.	1	2	3
D. I can do anything I really set my mind to do.	1	2	3
E. I feel helpless in dealing with the problems of life.	1	2	3
F. What happens to me in the future depends on me.	1	2	3
G. There is little I can do to change the important things in my life.	1	2	3

## PERSONAL INFORMATION

Okay, we're practically finished. I'd just like to get some basic information about you. You are ...

37.  Male      38. How old? \_\_\_\_\_      39. And you are:  Single       Married       Widowed  
 Female       Separated       Other       Divorced

40. Do you consider yourself..... (start with whichever category appears closest)  
 Black/African-American       White/Caucasian       Hispanic/Latino       Other  
 Native American/Indian       Asian/Pacific Islander       Multiracial

41. And how far did you go in school? (circle one)  
**Grade School**      **High School**      **GED**      **College/Technical**      **Graduate/Professional**  
1 2 3 4 5 6 7 8      9 10 11 12      Yes No      13 14 15 16      17 18 19 20 21+

42. (Leave no blanks empty; use "0" if none)

How many adults and children (including yourself) live in your home? \_\_\_\_\_

How many children do you have? \_\_\_\_\_

How many children under 5 live with you? \_\_\_\_\_

How many of these children receive special services for a disability? \_\_\_\_\_

43. Are you... (check one)

Employed

How many hours a week do you work? \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

What are your most important duties? \_\_\_\_\_

What kind of business do you work for? \_\_\_\_\_

Unemployed

How long have you been unemployed? \_\_\_\_\_ mos.

Are you looking for work?  Yes  No

44. We are trying to estimate how much of your family income is spent on child care. For how many of your children do you currently pay child care fees, including before/after school care? \_\_\_\_\_ hours

45. Approximately how much do you spend on child care including daycare for your preschool children and before/after school care for older ones? (assist respondent with computation to arrive at a monthly figure -- be sure that all children are included in the calculation)

Total monthly cost of child care \$ \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

46. Do you receive any financial assistance for child care costs?

No  Yes (if "yes" ask... ) What kind? (read and check all that apply)

- A. Government subsidies
- B. Scholarships
- G. Tax credits/deductions
- H. Child support payments
- G. Help from family and friends

47. What is your yearly household income from all sources? First of all, about how much in wages did your household earn in the last tax year?

Respondent \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Did you also receive income from any of these sources?

- AFDC \$ \_\_\_\_\_
- Alimony \$ \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_
- Social Security/SSI \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Subsidized Housing \$ \_\_\_\_\_
- Military Allowance \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_

48. What Smart Start activities have you or your children been involved in? (do not read the options, check all that respondent mentions)

- A. Child care subsidies
- B. Services through family resource center
- C. Well child care
- D. Sick child care
- E. Immunizations
- F. Dental care
- G. Screenings (vision, hearing, speech, developmental)
- H. Parent education
- I. Crisis intervention services
- J. Transportation
- K. Child care resource and referral
- L. Other: \_\_\_\_\_
- M. Other: \_\_\_\_\_
- N. Other: \_\_\_\_\_

49. Overall, how helpful has Smart Start been to you and your family?

- Very Helpful
- Somewhat Helpful
- Not Helpful
- Not Used


50. In conclusion, what is the best thing about your family or living in this community that you would like to share with me? *(then, go to the next page and answer the questions on it)*

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 **End time:** \_\_\_\_\_

*Please write additional notes on the interview on the back of this sheet*

## **FUTURE INTERVIEW CONTACT SHEET**

Would you be willing to be contacted next year about an interview?

Yes  No

In case you move between now and then, who would know where to contact you?

Name \_\_\_\_\_ Phone number \_\_\_\_\_

*(fill in after interview)*

Name of interviewee \_\_\_\_\_

County \_\_\_\_\_

Phone number \_\_\_\_\_