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**MATHEMATICA**  
Policy Research, Inc.



***Parent Questionnaire***  
***For Parents of***  
***3-Year-Old Children***  
***Spring 2011-2012***

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Items A1 – A5. ASQ. Squires, Jane, Elizabeth Twombly, Diane Bricker, and LaWanda Potter. *Ages&Stages Questionnaires®*, Third Edition (ASQ-3 tm). Squires & Bricker ©2009 Paul H. Brookes Publishing Co. All rights reserved.

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Items C1 and C2. *MacArthur Communicative Development Inventory*. MacArthur Communicative Development Inventories (CDI) are copyrighted by the MacArthur CDI Advisory Board.

Items D1 A-K. PSI. *Parenting Stress Index*. "Adapted and reproduced by special permission of the Publisher, Psychological Assessment Resources, Inc., 16204 North Florida Avenue, Lutz, FL 33549, from the Parenting Stress Index Short Form by Richard R. Abidin, Ed.D., Copyright 1990, 1995 by PAR, Inc. Further reproduction is prohibited without permission from PAR, Inc."

Items E1 A-L. CES-D. Ross, C.E., Mirowsky, J., & Huber, J. (1983). Dividing work, sharing work, and in between: Marriage patterns and depression. *American Sociological Review*, 48, 809-823.

Items F1 A-BB. BPI. *Behavior Problems Index*. Adapted from the Behavior Problems Index based on Parent Report by Nicholas Zill. Copyright 1990: Child Trends, Inc.

Items G1 – G6. HOME. Caldwell, Bettye M., and Robert H. Bradley. *Administration Manual: Home Observation for Measurement of the Environment*. Little Rock, AR: University of Arkansas at Little Rock, 2003.

## ABOUT THIS SURVEY

- The questions in this survey are about you and your child, your health, and your family routines. The survey has been specifically designed to help the Administration for Children and Families (ACF) gain a better understanding of how Early Head Start programs deliver services to families and children.
- Most of the questions can be answered by marking an “X” in the box. For a few questions you will be asked to write in a response.

1 ☐      2 ☒      3 ☐

- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank. If you want to try out a question with your child, please circle the question number and come back to it.
- Information you provide will be treated in a confidential manner to the extent allowable by law. Your name and your child’s name will not be attached to any information you give us. Your answers will not affect you or your child’s participation in any Early Head Start program.
- If you have any questions, please contact the Baby FACES team at Mathematica Policy Research at 1-866-773-5954.

## RELATIONSHIP

**R1. What is your relationship to the Baby FACES child?**

PnSR1

- 1 ☐ Mother / Female Guardian → GO TO R2
- 2 ☐ Father / Male Guardian → GO TO SECTION A
- 3 ☐ Grandmother
- 4 ☐ Grandfather
- 5 ☐ Other Relative
- 6 ☐ Other Non-Relative

**R2. Which best describes you?**

PnSR2

- 1 ☐ Birth Mother
- 2 ☐ Adoptive Mother
- 3 ☐ Stepmother
- 4 ☐ Foster mother or female guardian

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## **SECTION A. CHILD DEVELOPMENT**

A1 – A5. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

## SECTION B: SOCIAL SKILLS

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## SECTION C: WORDS SPOKEN

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## SECTION D: RAISING A CHILD

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## SECTION E: HEALTH

**E1.** Below is a list of ways you might have felt or behaved. Please mark how often you have felt this way during the past week. Mark rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time.

MARK ONLY ONE ON EACH LINE

	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)
a. I was bothered by things that usually don't bother me ..... <span style="float: right;">PnSE1a <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I did not feel like eating; my appetite was poor ..... <span style="float: right;">PnSE1b <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I felt that I could not shake off the blues, even with help from family and friends ..... <span style="float: right;">PnSE1c <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I had trouble keeping my mind on what I was doing ..... <span style="float: right;">PnSE1d <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I felt depressed ..... <span style="float: right;">PnSE1e <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I felt that everything I did was an effort ..... <span style="float: right;">PnSE1f <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I felt fearful ..... <span style="float: right;">PnSE1g <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. My sleep was restless ..... <span style="float: right;">PnSE1h <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I talked less than usual ..... <span style="float: right;">PnSE1i <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. I felt lonely ..... <span style="float: right;">PnSE1j <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. I felt sad ..... <span style="float: right;">PnSE1k <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. I could not get "going" ..... <span style="float: right;">PnSE1l <input type="checkbox"/></span>		2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

## SECTION F: CHILD BEHAVIOR

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## SECTION G: AROUND THE HOME

These questions are about things found around your home and about some of your household routines.

**G1. In the past month, how often did you read stories to your child?**

PnSG1

- 5 ☐ Once a day or more
- 4 ☐ 3 to 6 times a week
- 3 ☐ Once or twice a week
- 2 ☐ A few times in the past month
- 1 ☐ About once a month
- 0 ☐ Not at all in the past month

**G2. About how many books, both those for adults and children, do you have in your house?**

PnSG2

- 0 ☐ None
- 1 ☐ 1 to 9
- 2 ☐ 10 to 20
- 3 ☐ More than 20

**G3. Thinking about children's books, how many, if any, children's books does your child have?**

PnSG3

- 0 ☐ None
- 1 ☐ 1 to 5
- 2 ☐ 6 to 9
- 3 ☐ 10 to 20
- 4 ☐ 21 or more

**G4. About how often do you read a newspaper? (Age 3 only)**

P3SG4

- 0 ☐ Never or rarely
- 1 ☐ Once a week
- 2 ☐ Daily

**G5. Does your child have the use of a device for listening to music here at home and at least 5 children's tapes, CDs, or albums? (Age 3 only)**

P3SG5

- 0 ☐ No
- 1 ☐ Yes

**G6. For each of the following please mark how many of each type of toy your child has. (Age 3 only)**

**NOTE:** These include toys that your child may share with other children.

**MARK ONLY ONE ON EACH LINE**

		NONE	ONE TO TWO	THREE TO FOUR	FIVE OR MORE
a. Toys that teach colors, sizes, and shapes ....	P3SG6a	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Puzzles .....	P3SG6b	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Toys that teach numbers .....	P3SG6c	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**G7. Please mark whether you or anyone else in your household has helped your child to learn the following . . . (Age 3 only)**

**MARK ONLY ONE ON EACH LINE**

		YES	NO
a. Shapes and sizes .....	P3SG7a	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. The alphabet.....	P3SG7b	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Colors.....	P3SG7c	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Numbers .....	P3SG7d	1 <input type="checkbox"/>	0 <input type="checkbox"/>

DATE COMPLETED: |\_\_|\_\_| / |\_\_|\_\_| / |2|0|1|1|  
Month Day Year

**Thank you for your participation in Baby FACES!**