

**MIECE Annual Survey of Program Site Home Visitors**

DRAFT

11/7/2011

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No -> [SKIP TO NEXT SECTION] ..... 1  
 Yes ..... 2

**Section A. Demographics**

1. In which model do you work?
- NFP..... 1
  - PAT ..... 2
  - HFA ..... 3
  - Early Head Start.....4
  - Fill in other models here.....

8. What was the name of the home visiting model, service or program?
- 

2. Age:
- Under 20 years..... 1
  - 20-29..... 2
  - 30-39..... 3
  - 40-49..... 4
  - 50-59..... 5
  - 60 or older ..... 6

3. What races and ethnicities do you consider yourself to be:  
 (circle one or more)
- Black/African-American ..... 1
  - Asian/Pacific Islander ..... 2
  - White, non-Hispanic ..... 3
  - American Indian/Native American..... 4
  - Hispanic/Latina ..... 5
  - Other (specify)..... 6

4. What was the highest level/degree you completed in school?
- High School/GED-> [SKIP TO 6] ..... 1
  - Vocational/technical training program ..... 2
  - Some college, no degree..... 3
  - Associate’s degree ..... 4
  - Bachelor’s degree ..... 5
  - Master’s degree (e.g., MA, MS, MSW)..... 6
  - Professional degree (e.g., LLB, LD, MD, DDS) ..... 7
  - Doctorate degree (e.g., PhD, EdD) ..... 8

5. Field of study (Check all that apply. Responses not limited to highest degree completed.):
- Child development..... 1
  - Early childhood education/Education..... 2
  - Psychology ..... 3
  - Social work/Social welfare ..... 4
  - Nursing..... 5
  - Other (specify)..... 6

6. Have you ever been a primary caregiver of a child?
- No ..... 1
  - Yes..... 2

7. Have you ever been the recipient of home visiting services?

**Section B. Employment, Training, Supervision, and Computer Use**

1. When did you begin your present job?

\_\_\_\_\_ Month \_\_\_\_\_ Year

2. Please indicate your role(s) in this agency (check all that apply):

- Home visitor \_\_\_\_\_
- Supervisor \_\_\_\_\_
- Assessment worker (HFA programs only) \_\_\_\_\_

3. Please indicate the number of hours worked in a typical week and show the breakdown of that total:

Total hours \_\_\_\_\_

Hours spent in:

- Home visiting (excluding paperwork) \_\_\_\_\_
- Manual paperwork \_\_\_\_\_
- Data entry into computer \_\_\_\_\_
- Travel to home visit \_\_\_\_\_
- Transporting family \_\_\_\_\_
- Time spent on the phone \_\_\_\_\_
- Supervision \_\_\_\_\_
- Initial assessment (KEMPE) \_\_\_\_\_

4. In what language are you fluent enough to provide services?

- English \_\_\_\_\_
- Spanish \_\_\_\_\_
- Other (specify): \_\_\_\_\_

5. Please rate the size of your current caseload:

- Lighter than you are able to handle ..... 1
- About right ..... 2
- Heavier than you are able to handle ..... 3

6. How often do you have a caseload that is more than what you can handle?

- None of the time ..... 0
- 1%-25% of the time ..... 1
- 26%-50% of the time ..... 2
- 51%-75% of the time ..... 3
- 76%-99% of the time ..... 4
- All of the time ..... 5

7. Do you have prior experience delivering home-based interventions to families?

- No -> [SKIP TO 9] ..... 1
- Yes ..... 2

8. How many total years of experience do you have delivering home-based interventions?

\_\_\_\_\_

9. Do you have prior experience working with families in any of the following settings? Check all that apply.

- In-home child care \_\_\_\_\_
- Daycare \_\_\_\_\_
- Preschool \_\_\_\_\_
- School (non-nurse) \_\_\_\_\_
- After school program \_\_\_\_\_
- Special education program \_\_\_\_\_
- Health care \_\_\_\_\_
- Home Health Care \_\_\_\_\_
- Social Services \_\_\_\_\_
- Mentoring Programs \_\_\_\_\_
- Mental Health Agencies \_\_\_\_\_
- Elementary School Nurse \_\_\_\_\_
- Middle School Nurse \_\_\_\_\_
- High School Nurse \_\_\_\_\_
- Other \_\_\_\_\_

10. How likely are you to leave your present job in the next 12 months?

- Very unlikely ..... 0
- Somewhat unlikely ..... 1
- Somewhat likely ..... 2
- Very likely ..... 3

11. How likely are you to leave your present job in the next 12 months?

- Very unlikely ..... 0
- Somewhat unlikely ..... 1
- Somewhat likely ..... 2
- Very likely ..... 3

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**Training, Supervision, and Computer Use**

The next questions are about the supervision and training provided by your program.

12. How many hours last year did you attend staff trainings?

| | Number of hours  
Never/none ..... 0

12a. How many different trainings did you attend last year?

| | Number of trainings

12b. On average, what % of the time was spent on didactic/lecture, demonstration by trainer, discussion and or question/answer, and/or role playing/practice/behavioral rehearsal?

- 1) Didactic/lecture  
\_\_\_\_%    \_\_\_\_ Unknown
- 2) Demonstration by [TRAINER/EDUCATOR]:  
\_\_\_\_%    \_\_\_\_ Unknown
- 3) Discussion and/or Question and Answer  
\_\_\_\_%    \_\_\_\_ Unknown
- 4) Role playing/practice/ behavioral rehearsal by [TRAINEES/ATTENDEES]    \_\_\_\_%    \_\_\_\_ Unknown

13. Do you have one-on-one supervision meetings, group supervision meetings, or both?

One-on-one supervision ..... 1  
Group supervision ..... 2  
Both ..... 3  
None .....0

14. Are supervision meetings scheduled regularly?

Yes ..... 1  
No .....0

15. How frequently do you have supervision meetings?

Once a month or more often ..... 1  
Once every 1-3 months ..... 2  
Once every 4-6 months ..... 3  
Once a year ..... 4  
Never .....5

16. Are you required to submit home visit plans?

Yes.....1  
No .....0  
Not required but does submit lesson plans..... 2

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16a. Do you use a curriculum to prepare your home visit plans?

Yes .....1  
No .....0

16b. How often do you submit written home visit plans?

Less than once a month ..... 1  
Once a month .....2  
Two times a month.....3  
Three times a month ..... 4  
More than three times a month/weekly .....5

17. Do you have access to a computer at your office?

Yes .....1  
No .....0

18. Do you have laptops for use during home visits?

Yes .....1  
No .....0

19. Does your center/office have Internet access available to you?

Yes .....1  
No .....0

20. Do you use a laptop or videos to show parents recorded videos of their interactions with their child?

Yes .....1  
No .....0

21. Do you use a laptop or videos of your own home visits in your meetings with your supervisors or mentors?

Yes .....1  
No .....0

**Section C. Psychological Well-Being**

*Attachment Instrument*

Thinking about your relationships in general, please indicate the extent to which you agree or disagree with each of the twenty-five statements. The scale ranges from 1 (totally disagree) to 6 (strongly agree). Please circle only one response for each statement. There are no wrong or right answers, please select the answer that most generally applies to you.

	Totally Disagree	Strongly Disagree	Disagree	Agree	Strongly Agree	Totally Agree
1. I prefer to depend on myself rather than other people.	1	2	3	4	5	6
2. I prefer to keep to myself.	1	2	3	4	5	6
3. To ask for help is to admit that you're a failure.	1	2	3	4	5	6
4. People's worth should be judged by what they achieve.	1	2	3	4	5	6
5. Achieving things is more important than building relationships.	1	2	3	4	5	6
6. Doing your best is more important than getting on with others.	1	2	3	4	5	6
7. If you've got a job to do, you should do it no matter who gets hurt.	1	2	3	4	5	6
8. I find it hard to make a decision unless I know what other people think.	1	2	3	4	5	6
9. Sometimes I think I am no good at all.	1	2	3	4	5	6
10. I find it hard to trust people.	1	2	3	4	5	6
11. I find it difficult to depend on others.	1	2	3	4	5	6
12. I find it easy to trust others.	1	2	3	4	5	6
13. I feel comfortable depending on other people.	1	2	3	4	5	6
14. I worry that others won't care about me as much I care about them.	1	2	3	4	5	6
15. I worry about people getting too close.	1	2	3	4	5	6
16. I worry that I won't measure up to other people.	1	2	3	4	5	6
17. I have mixed feelings about being close to others.	1	2	3	4	5	6
18. While I want to get close to others, I feel uneasy about it.	1	2	3	4	5	6
19. I wonder why people would want to be involved with me.	1	2	3	4	5	6
20. I worry a lot about my relationships.	1	2	3	4	5	6
21. I wonder how I would cope without someone to love me.	1	2	3	4	5	6
22. I often feel left out or alone.	1	2	3	4	5	6
23. I often worry that I do not really fit in with other people.	1	2	3	4	5	6
24. Other people have their own problems, so I don't bother them with mine.	1	2	3	4	5	6
25. When I talk over my problems with others, I generally feel ashamed or foolish.	1	2	3	4	5	6

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### *Depression (CES-D)*

Radloff, L. (1977). "The CES-D Scale: A Self Report Depression Scale for Research in the General." Applied psychological measurement 1(3): 385-401.

For each statement, please place a mark in the column that best describes how you have been feeling *in the past week*.

1. I was bothered by things that don't usually bother me.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

2. I did not feel like eating; my appetite was poor.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

3. I felt that I could not shake off the blues even with the help of my family or friends.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

4. I felt that I was just as good as other people.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

5. I had trouble keeping my mind on what I was doing.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

6. I felt depressed.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

7. I felt everything I did was an effort.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)

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- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

8. I felt hopeful about the future.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

9. I thought my life had been a failure.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

10. I felt fearful.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

11. My sleep was restless.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

12. I was happy.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

13. I talked less than usual.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

14. I felt lonely.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

15. People were unfriendly.

- A. Rarely or none of the time (<1 day)

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- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

16. I enjoyed life.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

17. I had crying spells.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

18. I felt sad.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

19. I felt that people disliked me.

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

20. I could not get "going".

- A. Rarely or none of the time (<1 day)
- B. Some or a little of the time (1-2 days)
- C. Occasionally or a moderate amount of the time (3-4 days)
- D. Most or all of the time (5-7 days)

### **Section D. Organizational Social Context Measure**

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*See Glisson, C., Landsverk, J., Schoenwald, S., Kelleher, K., Hoagwood, K. E., Mayberg, St., Green, Philip. The Research Network on Youth Mental Health. (2008). Assessing the Organizational Social Context (OSC) of Mental Health Services: Implications for Research and Practice. Adm Policy Ment Health, 35, 98–113.*

## Section E. Program Outcomes

### Background Information

Home visiting programs focus on a range of outcomes; however, programs may vary in the outcomes they try to achieve with families. In general, a *program outcome* is an impact on or benefit to a child, parent, or family. Such outcomes are usually recognized as acquired knowledge, skills, behaviors, or values. For example, some programs might see the improvement of prenatal health as one of their primary outcomes, while other programs might see prenatal health as an important outcome, but not their primary focus. Other programs might not see it as an explicit outcome at all.

Programs may place more importance on some outcomes over others for several reasons such as agency-specific goals or funding responsibilities. Additionally, home visiting staff may differ in what they see as their program site's main outcomes. For the purpose of this survey, we would like to learn how *staff members* perceive their program site's intended outcomes.

### Instructions for Outcomes Survey:

The following portion of the survey is a long list of many possible outcomes for home visiting sites. We know your program site may care about all of these benefits for your families. However, we would like to get a sense of which outcomes you feel may be more important than others to your program site. We would like you to circle the letter that best represents how you feel about each item. The letter descriptions are as follows:

- A. I see this as a main or primary outcome of our program site.
- B. I see this as a secondary outcome of our program site (important, but not as emphasized as a main outcome).
- C. I do not see this as an explicit outcome of our program site.
- D. I am not sure how to rank the importance of this outcome to our program site.

**To help you decide on an outcome's rank, think about whether it is discussed routinely in training and supervision. Think about what staff are told about its importance. That is, think about the extent to which your program emphasizes the outcomes in training and supervision.**

**Please note that primary or secondary outcomes do not refer to the timing in which changes occur but, instead, refer to the extent to which your program emphasizes the outcome.** For example, a main or primary outcome is one that your program emphasizes highly, but may occur in the future (e.g., ensuring that children have age-appropriate early literacy skills). Option C is for outcomes which are not discussed in training or supervision.

*For each outcome, circle the letter which best describes your program site's ranking of this outcome. Please circle only one response for each statement.*

Category	Main or Primary Outcome	Secondary Outcome	Not an Explicit Outcome	Not Sure
<b>Prenatal Health</b>				
1. enter prenatal care as early as possible	A	B	C	D
2. keep scheduled prenatal care appointments	A	B	C	D
3. follow their prenatal care provider's recommendations	A	B	C	D
4. do not take tobacco, abuse alcohol, or take other drugs	A	B	C	D
5. get help if they need treatment for tobacco, alcohol or other drug use	A	B	C	D
6. know about the signs of pre-term labor	A	B	C	D
<b>Maternal Health and Well-being</b>				
7. have a postpartum medical visit by 8 weeks after birth	A	B	C	D
8. use family planning to assure a healthy interval before next birth	A	B	C	D
9. have good mental health	A	B	C	D

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Category	Main or Primary Outcome	Secondary Outcome	Not an Explicit Outcome	Not Sure
10. get help for mental health problems	A	B	C	D
11. do not take tobacco, abuse alcohol, or take other drugs	A	B	C	D
12. get help if they need treatment for tobacco, alcohol, or other drug use	A	B	C	D
13. have healthy, supportive adult relationships	A	B	C	D
14. get help if they experience domestic violence/intimate partner violence (IPV)	A	B	C	D
<b>Family Economic Needs and Self-Sufficiency Ensuring that...</b>				
15. families are receiving public benefits for which they are eligible (i.e. TANF, SNAP, WIC)	A	B	C	D
16. mothers set and achieve goals for employment	A	B	C	D
17. mothers set and achieve goals for education	A	B	C	D
18. mothers and children have health insurance	A	B	C	D
19. families become independent from TANF	A	B	C	D
<b>Parenting behavior Ensuring that...</b>				
20. mothers have access to appropriate sources of early care and education	A	B	C	D
21. mothers breastfeed their child	A	B	C	D
22. parents have healthy parent-infant attachment/bonding	A	B	C	D
23. parents promote their child's physical development	A	B	C	D
24. parents promote their child's social-emotional development	A	B	C	D
25. parents promote their child's cognitive/language development	A	B	C	D
26. parents follow their child's primary care provider's recommendations				
27. parents promote positive discipline and behavior management strategies	A	B	C	D
<b>Birth, Infant, and Child Health For babies, ensuring that they...</b>				
28. are not born too early (preterm birth) or too small (low birth weight)	A	B	C	D
29. are not abused or neglected	A	B	C	D
30. have a regular primary care provider (medical home)	A	B	C	D
31. are up to date on well child visits	A	B	C	D
32. are up to date on immunizations	A	B	C	D
33. avoid ER use for non-emergencies	A	B	C	D
34. avoid injuries or ingestion of materials that require medical care	A	B	C	D
<b>Child Development For children, ensuring that they...</b>				
35. have age-appropriate communication, language, and literacy skills	A	B	C	D
36. have age-appropriate cognitive skills	A	B	C	D
37. have positive approaches to learning	A	B	C	D
38. have age appropriate social behavior and positive emotional well-being	A	B	C	D
39. are referred for potential developmental delays (physical, language, and social-emotional)	A	B	C	D

40. Please check the appropriate box below regarding your responsibilities:

- My responsibility is to move outcomes for the mother
- My responsibility is to move outcomes for the mother and the father, if he is involved in child-rearing.

**Section F. Program Referrals**

Service	1. Is there at least one organization which provides this service in your area?	2. How easy or hard is it for your families to get services here?	3. What are the barriers (i.e.: cost, hours of operation, distance, eligibility requirements, and long wait lists)? Please check all that apply.	4. Overall, how would you rate the quality of the services provided by this agency?	5. Overall, how would you rate your current coordination with this agency in making referrals?
<p><b>a. Prenatal Care</b></p>	<p>Organization _____</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list) _____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b>b. Family Planning and Reproductive Health</b></p>	<p>Organization _____</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list) _____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b>c. Substance Use (Alcohol and other drugs)</b></p>	<p>Organization _____</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list) _____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>

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<p><b>d. <u>Mental Health</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b>e. <u>DV Shelter</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b>f. <u>DV Counseling/ Anger Management Services</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b>g. <u>Early Care and Education</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>

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<p><b><u>h. Early Intervention Services</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b><u>i. Application for Public Benefits (i.e. TANF, SNAP, WIC)</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b><u>j. Job Training and Employment</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b><u>k. Adult Education</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>
<p><b><u>l. Application for Health Insurance</u></b></p>	<p>Organization</p> <p>Name: _____</p> <p><input type="checkbox"/> NOT SURE OF NAME [Continue to next service]</p> <p><input type="checkbox"/> NO, THERE IS NO ORGANIZATION [Continue to next service]</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> VERY EASY [Skip to 4]</p> <p><input type="checkbox"/> RELATIVELY EASY</p> <p><input type="checkbox"/> RELATIVELY DIFFICULT</p> <p><input type="checkbox"/> VERY DIFFICULT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> COST</p> <p><input type="checkbox"/> HOURS OF OPERATION</p> <p><input type="checkbox"/> DISTANCE</p> <p><input type="checkbox"/> ELIGIBILITY REQUIREMENTS</p> <p><input type="checkbox"/> LONG WAIT LISTS</p> <p><input type="checkbox"/> OTHER (please list)</p> <p>_____</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>	<p><input type="checkbox"/> UNSURE</p> <p><input type="checkbox"/> SERVICES NOT RECEIVED</p> <p><input type="checkbox"/> POOR</p> <p><input type="checkbox"/> SATISFACTORY</p> <p><input type="checkbox"/> GOOD</p> <p><input type="checkbox"/> EXCELLENT</p>

## Section G-N. Home Visitor Roles and Responsibilities

In these sections, you will be asked about your roles and responsibilities as a home visitor within different areas of interest in home visiting. The areas of interest are listed below:

- G. Parent Health and Well-Being: Maternal health – prenatal health
- H. Parent Health and Well-Being: Maternal health – post-natal health
- I. Parent Health and Well-Being: Maternal Health - substance use
- J. Parent Health and Well-Being: Maternal Health – stress and mental health
- K. Parent Health and Well-Being: Parent well-being – healthy adult relationships
- L. Parent Health and Well-Being: Family economic self-sufficiency
- M. Parenting: Parenting to support child development
- N. Parenting: Parenting to promote child health

Within each area of interest, three components of your roles and responsibilities as a home visitor will be addressed. The following statements briefly describe the three components:

- i.)* Home visitors have many roles and responsibilities when serving clients. In this component, you will be asked to think about your roles and responsibilities as they apply to information gathering activities, education activities, and referral activities with the parents with whom you work.
- ii.)* *Resources available to you.* As a home visitor you may have access to a number of resources that assist you in carrying out your roles and responsibilities. In this component, you will be asked to rate the helpfulness of the written materials (e.g., guidelines, instructions, or manuals) you receive, the helpfulness of the professionals to whom you may have access, and the helpfulness of your supervisor.

We will begin by asking you about your roles and responsibilities regarding prenatal health.

**\*\*\*IMPORTANT\*\*\***

We will be referring to home visiting clients as parents in this section of the survey. PARENT refers to the primary caregiver of the child. The parent could be the mother, father, grandparent, etc., of the child.

**G. Prenatal Health**

	My program makes clear this activity is an essential part of my role. <sup>1</sup>	I have had excellent training to carry out this activity	I am highly skilled in carrying out this activity
<b>Information Gathering Activities</b>			
1. Determine mother's health insurance status	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Determine mother's prenatal care use	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Determine mother's knowledge, attitudes, and beliefs about prenatal care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Barriers to prenatal care access beyond lack of health care coverage	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Current prenatal care provider's recommendations	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Education Activities</b>			
6. Available sources of health coverage/care for the uninsured	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Benefits of prenatal care for mother and child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Referral Activities</b>			
8. Refer mother to health care coverage if needed	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Reinforce and facilitate adherence to prenatal care recommendations	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

<sup>1</sup> I do this activity with every family where applicable.

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**ii.) Resources available to you.**

1. How often does your supervisor give you guidance with prenatal health?

- Never -> [SKIP TO 3] .....0
- Once a week..... 1
- Once every two weeks ..... 2
- Once a month ..... 3
- Once every couple of months ..... 4
- Once every 6 months ..... 5
- Once a year ..... 6
- Less frequently than once a year ..... 7

2. How helpful is your supervisor's guidance to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful..... 5

3. Not including your supervisor, do you have easy access to someone to consult with about prenatal health?

- No -> [SKIP TO 6] .....0
- Yes..... 1
- Not sure -> [SKIP TO 6]..... 2

4. Have you accessed these professionals?

- No -> [SKIP TO 7] .....0
- Yes..... 1

5. How helpful are these professionals to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful..... 5

**H. Maternal Post-natal Health**

**i.) Home visitors have many roles and responsibilities when serving parents. Below, you will find a list of different activities concerning maternal post-natal health. Please check the appropriate box for each item.**

	My program makes clear this activity is an essential part of my role. <sup>2</sup>	I have had excellent training to carry out this activity	I am highly skilled in carrying out this activity
<b>Information Gathering Activities</b>			
1. Mother's knowledge, attitudes, beliefs about birth spacing	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Barriers to family planning beyond lack of health care coverage	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Current family planning provider's recommendations	No Yes	No Yes	No Yes
<b>Education Activities</b>			
4. Available sources of family planning coverage	No Yes	No Yes	No Yes
5. Advantages and disadvantages of birth spacing, family planning methods	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Referral Activities</b>			
6. Refer parent to resources for family planning	No Yes	No Yes	No Yes
7. Reinforce and facilitate adherence to family planning provider recommendations	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

<sup>2</sup> I do this activity with every family where applicable.

**ii.) Resources available to you.**

1. How often does your supervisor give you guidance with maternal post-natal health?  
Never -> [SKIP TO 3] ..... 0  
Once a week..... 1  
Once every two weeks ..... 2  
Once a month ..... 3  
Once every couple of months ..... 4  
Once every 6 months ..... 5  
Once a year ..... 6  
Less frequently than once a year ..... 7
  
2. How helpful is your supervisor's guidance to you?  
Never helpful ..... 1  
Rarely helpful ..... 2  
Sometimes helpful ..... 3  
Frequently helpful..... 4  
Always helpful..... 5
  
3. Not including your supervisor, do you have easy access to someone to consult with about maternal post-natal health?  
No -> [SKIP TO 6] ..... 0  
Yes..... 1  
Not sure -> [SKIP TO 6]..... 2
  
4. Have you accessed these professionals?  
No -> [SKIP TO 7] ..... 0  
Yes..... 1
  
5. How helpful are these professionals to you?  
Never helpful ..... 1  
Rarely helpful ..... 2  
Sometimes helpful ..... 3  
Frequently helpful..... 4  
Always helpful ..... 5

**I. Substance Use**

*i.) Home visitors have many roles and responsibilities when serving parents. Below, you will find a list of different activities concerning mental health and substance abuse. Please check the appropriate box for each item.*

	My program makes clear this activity is an essential part of my role. <sup>3</sup>	I have had excellent training to carry out this activity	I am highly skilled in carrying out this activity
<b>Information Gathering Activities</b>			
1. Mother's stage of change regarding substance use (SU)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Mother's understanding of SU effects on parenting	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Education Activities</b>			
3. Available sources of SU treatment coverage/care for the uninsured	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Benefits of ending SU for mother and fetus/child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Referral Activities</b>			
5. SU health care coverage/ SU treatment sites for the uninsured	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. SU treatment options	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Reinforce and facilitate adherence to SU treatment recommendations	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

<sup>3</sup> I do this activity with every family where applicable.

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**ii. Substance abuse resources available to you.**

1. How often does your supervisor give you guidance with substance abuse?  
Never-> [SKIP TO 11]..... 0  
Once a week..... 1  
Once every two weeks ..... 2  
Once a month ..... 3  
Once every couple of months ..... 4  
Once every 6 months ..... 5  
Once a year ..... 6  
Less frequently than once a year ..... 7
  
2. How helpful is your supervisor's guidance to you?  
Never helpful ..... 1  
Rarely helpful ..... 2  
Sometimes helpful ..... 3  
Frequently helpful..... 4  
Always helpful ..... 5
  
3. Not including your supervisor, do you have easy access to someone to consult with about substance abuse?  
No -> [SKIP TO 14] ..... 0  
Yes..... 1  
Not sure -> [SKIP TO 14]..... 2
  
4. Have you accessed these professionals?  
No -> [SKIP TO 14] ..... 0  
Yes..... 1
  
5. How helpful are these professionals to you?  
Never helpful ..... 1  
Rarely helpful ..... 2  
Sometimes helpful ..... 3  
Frequently helpful..... 4  
Always helpful ..... 5

**J. Stress and Mental Health**

*i.)* Home visitors have many roles and responsibilities when serving parents. Below, you will find a list of different activities concerning mental health and substance abuse. Please check the appropriate box for each item.

	My program makes clear this activity is an essential part of my role. <sup>4</sup>	I have had excellent training to carry out this activity	I am highly skilled in carrying out this activity
<b>Information Gathering Activities</b>			
1. Mother's stage of change regarding dealing with stress and MH	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Screening for maternal depressive symptoms	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Mother's understanding of effects of stress and MH on the fetus/child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Mother's knowledge, attitudes, beliefs about coping strategies and MH treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Education Activities</b>			
5. Available sources of MH treatment coverage/care for the uninsured	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Benefits of effective stress management and of good maternal MH for self and fetus/child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Referral Activities</b>			
7. Link parent with MH care coverage/MH treatment sites for the uninsured	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Resources for MH treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Reinforce and facilitate adherence to provider recommendations	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

<sup>4</sup> I do this activity with every family where applicable.

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**ii.) Mental health resources available to you.**

1. How often does your supervisor give you guidance with stress and mental health?

- Never -> [SKIP TO 3] ..... 0
- Once a week..... 1
- Once every two weeks ..... 2
- Once a month ..... 3
- Once every couple of months ..... 4
- Once every 6 months ..... 5
- Once a year ..... 6
- Less frequently than once a year ..... 7

2. How helpful is your supervisor's guidance to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful ..... 5

3. Not including your supervisor, do you have easy access to someone to consult with about stress and mental health?

- No -> [SKIP TO 6] ..... 0
- Yes..... 1
- Not sure -> [SKIP TO 6]..... 2

4. Have you accessed these professionals?

- No -> [SKIP TO 6] ..... 0
- Yes..... 1

5. How helpful are these professionals to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful ..... 5

**K. Healthy Adult Relationships**

*i.)* Home visitors have many roles and responsibilities when serving parents. Below, you will find a list of different activities concerning domestic violence. Please check the appropriate box for each item.

	My program makes clear this activity is an essential part of my role. <sup>5</sup>	I have had excellent training to carry out this activity	I am highly skilled in carrying out this activity
<b>Information Gathering Activities</b>			
1. Mother's stage of change regarding health relationships	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Mother's understanding of social isolation effects on parenting, self	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Mother's knowledge, attitudes, beliefs about social supports	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Mother's stage of change regarding DV	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Screening for DV	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Education Activities</b>			
6. Provide parent information on safety plans	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Available sources of DV service coverage/care for the uninsured	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Benefits of addressing DV for self, fetus, child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Advantages and disadvantages of available DV services	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Referral Activities</b>			
10. DV service coverage	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
11. Resources for DV services	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
12. Reinforce and facilitate adherence to DV service provider recommendations	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
13.			

<sup>5</sup> I do this activity with every family where applicable.

MIECE Annual Survey of Program Site Home Visitors

**ii.) Resources available to you.**

1. How often does your supervisor give you guidance with healthy adult relationships or domestic violence?

- Never -> [SKIP TO 9] ..... 0
- Once a week..... 1
- Once every two weeks ..... 2
- Once a month ..... 3
- Once every couple of months ..... 4
- Once every 6 months ..... 5
- Once a year ..... 6
- Less frequently than once a year ..... 7

2. How helpful is your supervisor's guidance to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful ..... 5

3. Not including your supervisor, do you have easy access to someone to consult with about these issues (e.g., a domestic violence service provider)?

- No -> [SKIP TO 7] ..... 0
- Yes..... 1
- Not sure -> [SKIP TO 7]..... 2

4. Have you accessed these professionals?

- No -> [SKIP TO 7] ..... 0
- Yes..... 1

5. How helpful are these professionals to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful ..... 5

**L. Family Economic Self-Sufficiency**

*i.)* Home visitors have many roles and responsibilities when serving parents. Below, you will find a list of different activities concerning family economic self-sufficiency. Please check the appropriate box for each item.

	My program makes clear this activity is an essential part of my role. <sup>6</sup>	I have had excellent training to carry out this activity	I am highly skilled in carrying out this activity
<b>Information Gathering Activities</b>			
1. Mother's stage of change regarding public benefits/education/employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Mother's understanding of unmet basic needs on self, fetus, and child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Mother's knowledge, attitudes, beliefs about public benefits/education/employment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Education Activities</b>			
4. Available public benefits, educational, and employment resources	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Benefits of public benefits, education, and employment for self and child	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Ways to overcome barriers to public benefits, educational, and employment services	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Referral Activities</b>			
7. Benefit, education, and	No Yes	No Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
8. Reinforce and facilitate access to services	No Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
9. Reinforce and facilitate progress toward goals	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

<sup>6</sup> I do this activity with every family where applicable.

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**ii.) Resources available to you.**

1. How often does your supervisor give you guidance with family economic self-sufficiency?  
Never -> [SKIP TO 4] ..... 0  
Once a week..... 1  
Once every two weeks ..... 2  
Once a month ..... 3  
Once every couple of months ..... 4  
Once every 6 months ..... 5  
Once a year ..... 6  
Less frequently than once a year ..... 7
  
2. How helpful is your supervisor's guidance to you?  
Never helpful ..... 1  
Rarely helpful ..... 2  
Sometimes helpful ..... 3  
Frequently helpful..... 4  
Always helpful ..... 5
  
3. Not including your supervisor, do you have easy access to someone to consult with about family economic self-sufficiency?  
No -> [SKIP TO 6] ..... 0  
Yes..... 1  
Not sure -> [SKIP TO 6]..... 2
  
4. Have you accessed these professionals?  
No -> [SKIP TO 6] ..... 0  
Yes..... 1
  
5. How helpful are these professionals to you?  
Never helpful ..... 1  
Rarely helpful ..... 2  
Sometimes helpful ..... 3  
Frequently helpful..... 4  
Always helpful ..... 5

**M. Parenting to Support Child Development**

*i.)* Home visitors have many roles and responsibilities when serving parents. Below, you will find a list of different activities concerning parent-child interaction. Please check the appropriate box for each item.

	My program makes clear this activity is an essential part of my role.		I have had excellent training to carry out this activity		I am highly skilled in carrying out this activity	
<b>Information Gathering Activities</b>						
1. Child's current health care coverage	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
2. Access to regular source of pediatric primary care	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
3. Child's development (potential delays)	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
4. Mother-child attachment	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
5. Quality of home learning environment	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
<b>Education Activities</b>						
6. Appropriate developmental expectations for child	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
7. Suggest, model, and reinforce activities that parent can do to promote the child's learning and development	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
8. Suggest, model, and reinforce activities that parent can do to promote the mother-child relationship being	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
9. Suggest, model, and reinforce activities that parent can do to promote positive behavior management	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
<b>Referral Activities</b>						
10. Refer parent to pediatric primary care if needed	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
11. Refer parent to developmental services if child screens positive for delay	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
12. Attachment services if attachment is poor	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
13. Reinforce and facilitate adherence to service provider recommendations	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

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**ii.) Resources available to you.**

1. How often does your supervisor give you guidance with parenting to support child development?

- Never -> [SKIP TO 3] ..... 0
- Once a week ..... 1
- Once every two weeks ..... 2
- Once a month ..... 3
- Once every couple of months ..... 4
- Once every 6 months ..... 5
- Once a year ..... 6
- Less frequently than once a year ..... 7

2. How helpful is your supervisor's guidance to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful ..... 4
- Always helpful ..... 5

3. Not including your supervisor, do you have easy access to someone to consult with about parenting?

- No -> [SKIP TO 6] ..... 0
- Yes ..... 1
- Not sure -> [SKIP TO 6] ..... 2

4. Have you accessed these professionals?

- No -> [SKIP TO 6] ..... 0
- Yes ..... 1

5. How helpful are these professionals to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful ..... 4
- Always helpful ..... 5

**N. Parenting to Promote Child Health**

*i.) Home visitors have many roles and responsibilities when serving parents. Below, you will find a list of different activities concerning home safety. Please check the appropriate box for each item.*

	My program makes clear this activity is an essential part of my role. <sup>7</sup>		I have had excellent training to carry out this activity		I am highly skilled in carrying out this activity	
<b>Information Gathering Activities</b>						
14. Child's current health care coverage	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
15. Access to regular source of pediatric primary care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
16. Mother's stage of change regarding home safety	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
17. Mother's knowledge, attitudes, beliefs about home safety	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
18. Risk of maltreatment	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Education Activities</b>						
19. Available sources of child health care coverage/care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
20. Information on child injury prevention	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
21. Benefits of baby-proofing the home	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
22. Suggest, model, practice, and reinforce positive behavior management approaches	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Referral Activities</b>						
23. Health care coverage/sites for the uninsured	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
24. Pediatric primary care provider	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
25. Reinforce and facilitate adherence to provider recommendations for home safety	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

<sup>7</sup> I do this activity with every family where applicable.

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**ii.) Resources available to you.**

1. How often does your supervisor give you guidance with parenting practices to promote child health?

- Never -> [SKIP TO 3] ..... 0
- Once a week..... 1
- Once every two weeks ..... 2
- Once a month ..... 3
- Once every couple of months ..... 4
- Once every 6 months ..... 5
- Once a year ..... 6
- Less frequently than once a year ..... 7

3. How helpful is your supervisor's guidance to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful ..... 5

6. Not including your supervisor, do you have easy access to someone to consult with about parenting practices to support child health?

- No -> [SKIP TO 6] ..... 0
- Yes..... 1
- Not sure -> [SKIP TO 6]..... 2

7. Have you accessed these professionals?

- No -> [SKIP TO 6] ..... 0
- Yes..... 1

8. How helpful are these professionals to you?

- Never helpful ..... 1
- Rarely helpful ..... 2
- Sometimes helpful ..... 3
- Frequently helpful..... 4
- Always helpful ..... 5

**Section O. Knowledge of Child Development** *(High/Scope Knowledge Scale Domains)*

We want to get your ideas about when babies (birth up to 24 months old) need and do certain things. Below is a list of questions asking the age when YOU think most babies begin to need, or do, certain things. There are six age ranges that you can choose from. For each question, check the age range that best fits.

<b>WHEN DO BABIES BEGIN TO:</b>	<b>Birth- 1 Month</b>	<b>1-4 Months</b>	<b>4-8 months</b>	<b>8-12 months</b>	<b>12-18 months</b>	<b>18-24 months</b>
1. Explore things that an adult gives them by putting them into their mouths?						
2. Startle at a sudden light or noise?						
3. Say their first real word? This means correctly naming a person or thing.						
4. Use their finger to explore their own faces?						
5. Be ready to start toilet training?						
6. Know whether or not their parent is in a good mood?						
7. Sit without any support?						
8. Watch a ball as it disappears behind a box and then push the box in order to get the ball?						
9. Recognize their own name?						
10. Recognize a familiar voice, like their parent's?						
11. First settle on their own pattern of sleeping and eating, even though this pattern will keep changing later on?						
12. Throw toys or food on the floor because they need to show their independence?						
13. Turn and suck on a nipple, either their mother's breast or a bottle?						
14. Play with their own voices, repeating and trying out sounds to themselves?						
15. Stop eating because they want to play?						
16. Be aware that they can fall off things?						
17. Turn their heads from side to side to look at pictures taped inside their cribs?						
18. Play peek-a-boo as a way of learning that people come back even if they go away for a while?						
19. Feed themselves with a spoon?						

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<b>WHEN DO BABIES BEGIN TO:</b>	<b>Birth- 1 Month</b>	<b>1-4 Months</b>	<b>4-8 months</b>	<b>8-12 months</b>	<b>12-18 months</b>	<b>18-24 months</b>
20. Cry because they are bored, and not just hungry or wet or tired?						
21. Feed themselves food, like dry cereal or bits of cheese, with their fingers?						
22. Imitate and try to be like a grownup, like imitating the way a parent wipes off the table?						
23. Turn their heads in the direction of a sound?						
24. Understand when an adult says “no”?						
25. Transfer a toy back and forth from one hand to the other?						
26. Fight the diaper change because they are having too much fun moving around and exploring?						
27. Dress themselves?						
28. Take out small objects and put them back in a bigger container (like blocks in a tin can) over and over?						
29. Play by themselves (like in their cribs when they wake up) and keep their attention for as much as one hour?						
30. Understand simple statements like “Bring me the shoe?”						
31. Quiet down if wrapped up or held closely when they are upset?						
32. Play a game of give and take, by repeatedly giving a toy to another person and then taking it back again?						
33. Sleep through the night, that is about 8 hours at a time?						
34. Act differently with different people?						
35. Walk without any support?						
36. “Tune out” of something disturbing (like a loud noise) that bothered them the first time they heard it?						
37. Lift their chests up off the ground when lying on their stomachs?						
38. Hold out their arms to be picked up or held?						
39. Watch and understand television programs as more than just lights and sounds?						
40. Grasp something like a finger when it is placed in the palm of their hands?						
41. Need the physical closeness while being fed for cuddling and learning as well as for food?						
42. Have a sense of humor, that is recognize that something a little different from the						

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<b>WHEN DO BABIES BEGIN TO:</b>	<b>Birth- 1 Month</b>	<b>1-4 Months</b>	<b>4-8 months</b>	<b>8-12 months</b>	<b>12-18 months</b>	<b>18-24 months</b>
usual (like a silly face) can be funny?						
43. First creep (with stomachs touching) and then crawl (with stomachs off) along the floor?						
44. Look for a special toy until they find it, without being distracted by other things along the way?						
45. Turn from their stomachs onto their backs?						
46. Learn that a certain kind of cry will get their parent's attention?						
47. Smile at their own reflections in the mirror?						
48. Cry when their parent leaves them alone with a strange person?						
49. Put their hands in their mouths to suck?						
50. Imitate and make faces back and forth with another person?						
51. Point to pictures of things in a book as an adult names them?						
52. Learn a simple gesture like waving "bye-bye?"						
53. Follow a slow moving bright object, like a mobile, with their eyes?						
54. Touch a mobile hanging above them with their hands or feet?						
55. Drop a toy deliberately so the mother will have to pick it up and make a "game" of it?						
56. "Tune into" just one thing (like a bright object) out of many things going on at the same time?						
57. Show an attachment to a "love object" like a security blanket?						
58. Have the sense when left on their own to not do something dangerous like poking a finger in a socket?						
59. Need a child-proof house so they aren't in danger of things like falling down stairs, swallowing poisons, or poking their fingers into electrical outlets?						
60. Show their own individual personality?						
61. Show whether or not their mothers took good care of themselves while pregnant?						
62. Start a game with an adult?						
63. Drink from a cup with some help?						
64. Shake their heads and say "no"?						
65. Smile socially, that is smile into the face of another person?						

Implementation Study- Annual Survey of Program Site Home Visitors

<b>WHEN DO BABIES BEGIN TO:</b>	<b>Birth- 1 Month</b>	<b>1-4 Months</b>	<b>4-8 months</b>	<b>8-12 months</b>	<b>12-18 months</b>	<b>18-24 months</b>
66. Cry at regular periods each day, no matter what you do, just to release some tension?						
67. Stop playing for a little while to make sure a parent is nearby?						
68. Imitate simple sounds (like ooh or aah) that another person makes to them?						
69. Bat at a mobile or wiggle their legs purposely to make a mobile move?						
70. "Cruise", that is pull to a stand and walk sideways while holding on to furniture?						
71. Make gurgling and cooing noises to "talk" to someone else?						
72. Eat solid foods, like rice cereal or mashed banana?						
73. Keep their heads upright and steady without support?						

**Section P. Response to Videotaped Situation**

Home visitors will be asked to report on which assessment, education, and referral activities they would undertake after watching a short (2 minute) video clip of a common home visiting scenario.