

MIECE Family Baseline Survey

DRAFT

11/7/2011

1. Domain: Child Health and Development

Construct: Newborn Health- Birth weight

Source: Baby FACES Parent Interview

Question Item	Question Response
How much did {CHILD} weigh when (he/she) was born?	Number of pounds/ounces or number of kilograms
Was {CHILD}'s birth weight...	Normal (5 ½ lbs. [2.5 kilograms] or more), low {between 3 ½ [1.5 kilograms] and 5 ½ lbs. [2.5 kilograms]}, or very low (under 3 ½ lbs. [1.5 kilograms])?

Construct: Infant and Child Health and Physical Development- Overall health

Source: Baby FACES Parent Interview

Question Item	Question Response
First, let's talk about {CHILD}'s health. Overall, would you say {CHILD}'s health is...	Excellent, very good, good, fair, poor

Construct: Infant and Child Health and Physical Development- Regular source of care

Source: Health Families Alaska interview

Question Item	Question Response
Is there a place you usually take BABY for well child care, such as shots and routine exams?	Yes (ask: What is name of the place you visit?), no
[IF NO]: Have there ever been a place you usually took BABY for well child care?	Yes, no
How long has it been since BABY last went to (REGULAR SOURCE) for care?	3 months or less, 4-12 months, more than 12 months
Since BABY was born, not counting times he/she might have stayed overnight in the hospital, how many times has he/she seen by a doctor for any kind of visit?	# of visits

Construct: Infant and Child Health and Physical Development- Hospital admissions and injuries

Source: Baby FACES Parent Interview (Child abuse, neglect, or injuries)

Question Item	Question Response
Since ([CHILD] was released from the hospital after (he/she) was born, (his/her) X birthday), how many different times has [CHILD] stayed in a hospital for at least one night?	Number of times
Altogether, (since (his/her) X birthday), how many nights did [CHILD] stay in a hospital?	Number of nights
Was this/were any of these hospitalization(s) because of an accident or injury?	Yes, no
How many of the [NUMBER in question above] hospitalizations were because of an accident or injury?	Number of times

Construct: Infant and Child Health and Physical Development- Emergency department use

Source: Health Families Alaska interview

Question Item	Question Response
Not including the injuries and illnesses we've already talk about, has BABY made any other emergency room visits since he/she was born?	Yes, no
[IF YES]: How many other ER visits?	# of visits

Construct: Newborn Health- Special health care needs

Source: Baby FACES Parent Interview (Child and Development)

Question Item	Question Response
Has a doctor, nurse, or other medical professional told you that [CHILD] has developmental delays?	Yes, no

Construct: Newborn Health- Special health care needs

Source: Children with Special Health Care Needs Screener (CSHCN)

Question Item	Question Response
Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	Yes, no
[IF YES]: Is this because of any medical, behavioral or other health condition?	Yes, no
[IF YES]: Is this a condition that has lasted or is expected to last for at least 12 months?	Yes, no
Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?	Yes, no
[IF YES]: Is this because of any medical, behavioral or other health condition?	Yes, no
[IF YES]: Is this a condition that has lasted or is expected to last for at least 12 months?	Yes, no
Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	Yes, no
[IF YES]: Is this because of any medical, behavioral or other health condition?	Yes, no
[IF YES]: Is this a condition that has lasted or is expected to last for at least 12 months?	Yes, no
Does your child need or get special therapy, such as physical, occupational or speech therapy?	Yes, no
[IF YES]: Is this because of any medical, behavioral or other health condition?	Yes, no
[IF YES]: Is this a condition that has lasted or is expected to last for at least 12 months?	Yes, no
Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?	Yes, no
[IF YES]: Is this a condition that has lasted or is expected to last for at least 12 months?	Yes, no

Construct: Infant and Child Health and Physical Development- Temperament

Source: Emotionality Subtest of the EASI-II

Question Item	Question Response
He/she cries easily	5-point scale from (1) Not at all like my child - (5) Very much like my child
He/she reacts frequently by getting upset or frightened	5-point scale from (1) Not at all like my child - (5) Very much like my child
He/she often fusses or cries	5-point scale from (1) Not at all like my child - (5) Very much like my child
He/she gets upset easily	5-point scale from (1) Not at all like my child - (5) Very much like my child
He/she reacts intensely when upset	5-point scale from (1) Not at all like my child - (5) Very much like my child

2. Domain: Parenting

Construct: Parenting Behavior- Cognitive stimulation

Items drawn from the Infant-Toddler HOME Scale asking about the child’s exposure to literature, whether parent talks to the child while doing housework and the number of times that the parent reads to the child throughout the week.

Construct: Parenting Behavior- Harsh parenting and discipline

Items drawn from the Parent-Child Conflict Tactics Scale asking whether and how many times in the past parent shook child.

Construct: Parenting Behavior- Harsh parenting and discipline

Source: Supporting Healthy Marriage 12-month survey

Question Item	Question Response
Yelled, shouted, screamed at, or threatened [FOCAL CHILD] because you were mad at him/her?	Every day or almost every day, a few times a week, a few times this past month, never
Hit, spanked, grabbed or used physical punishment with [FOCAL CHILD]?	Every day or almost every day, a few times a week, a few times this past month, never

Construct: Parenting Behavior- Nutrition

Source: Adapted from Baby FACES Parent Interview

Question Item	Question Response
Is [CHILD] currently drinking anything other than breast milk or formula?	Yes, no

Construct: Parenting Behavior- Breastfeeding

Source: Early Childhood Longitudinal Study-Birth Cohort (ECLS-B)

Question Item	Question Response
Did you ever breastfeed child?	Yes, no
For how many months did you breast-feed {him/her}?	# of months

Construct: Child Maltreatment- Substantiated and unsubstantiated reports

Source: Adapted from Baby FACES Parent Interview

Question Item	Question Response
Has {CHILD} ever been involved with Child Protective Services in any way? If yes, who was reported as the responsible person (perpetrator)? If yes, what was the finding?	Yes, no; Identify responsible person; Describe finding

Construct: Parenting Knowledge

Source: Knowledge of Infant Development Inventory (KIDI) from the 14-month Early Head Start Research and Evaluation Project

Question Item	Question Response
Babies with colic sometimes cry for 20-30 min. at a time, no matter how much you try to comfort them	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
All infants need the same amount of sleep	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
Taking care of a baby can leave the parent feeling tired, frustrated, or overwhelmed	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
A one-year-old knows right from wrong	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
Some normal babies do not enjoy being cuddled	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
The more you comfort crying babies by holding and talking to them the more you spoil them	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
A frequent cause of accidents for one-year-olds is pulling something like a frying pan, a table cloth, or a lamp down on top of them	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
A good way to train children not to hit is to hit them	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
A baby of 6 months will respond to someone differently depending on whether that person is happy, sad, or upset	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
Most infants are ready to be toilet trained by one year of age	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
Five-month-olds understand what "no" means	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
One-year-olds often cooperate and share when they play together	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
A baby is about 7 months old before he or she can reach for and grab things	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree
A baby usually says its first real word by about 6 months of age	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree

Construct: Parenting Attitudes and Beliefs

Items drawn from the Adult Adolescent Parenting Inventory (AAPI) from the Health Families Alaska Survey asking about parental attitudes, beliefs and expectations of children’s needs, the use of corporal punishment, family roles and children’s level of control and self-sufficiency.

Construct: Fathering- Co-parenting relationship

Items drawn from the Parenting Alliance Inventory (PAI) asking whether parents believe that they have an effective working relationship with the other parent.

Construct: Fathering- Relationship happiness

Source: Supporting Healthy Marriage Baseline Survey

Question Item	Question Response
All things considered, on a scale from 1 to 7, where 1 is “completely unhappy” and 7 is “completely happy”, how happy are you with your relationship?	The options are, obviously, from 1-7, are 1=completely unhappy, 2=moderately unhappy, 3=slightly happy, 4=not happy or unhappy, 5=slightly happy, 6=moderately happy, and 7=completely happy.

Construct: Fathering- Paternity, father involvement

Source: Baby FACES Parent Interview (Parenting-Fathering/Paternity)

Question Item	Question Response
Has the paternity of [CHILD]'s biological father been established?	Yes, no
In the first three months of [CHILD]'s life, about how often did [CHILD] see his/her father?	Every day or almost every day, a few times a week, a few times a month, about once a month, less often than that, never
In the last three months, about how often has [CHILD] seen his/her father?	Every day or almost every day, a few times a week, a few times a month, about once a month, less often than that, never
In a typical day, does [FATHER] give you a lot, some, or no help in caring for [CHILD]?	A lot, some, no help
In the past month, how often has [FATHER] taken care of [CHILD] while you did other things? Was it...	Every day or almost every day, a few times a week, a few times a month, once or twice, never

3. Domain: Parent Health and Well-being

Construct: Maternal Health- Physical health/illness

Items drawn from the SF-12 Health Survey Scoring Demonstration asking about parent's general health and daily activity level.

Construct: Maternal Health- Physical health/illness

Source: California Health Interview Survey (CHIS) Adult Questionnaire

Question Item	Question Response
How tall are you without shoes?	Height in m/inches
{When not pregnant, how/How} much do you weigh without shoes?	Weight in kg/pounds

Construct: Maternal Health- Depression

Source: Center for Epidemiological Studies Depression Scale (CES-D), 10-Item Version

Question Item	Question Response
How often have you felt this way during the last week...I felt depressed	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...I felt that everything I did was an effort	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...My sleep was restless	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...I was happy	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...I felt lonely	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...People were unfriendly	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...I enjoyed life	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...I felt sad	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...I felt that people disliked me	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))
How often have you felt this way during the last week...I could not get going	0-3 (0= rarely or none of time, 1= some or little (1-2 days), 2=occas/mod (3-4 days), 3= most of time (5-7 days))

Construct: Attachment style

Source: Attachment Style Questionnaire- Short Form (ASQ-SF)

Question Item	Question Response
I prefer to depend on myself rather than other people	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I prefer to keep to myself	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
To ask for help is to admit that you're a failure	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
People's worth should be judged by what they achieve	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
Achieving things is more important than building relationships	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
Doing your best is more important than getting on with others	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
If you've got a job to do, you should do it no matter who gets hurt	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I find it hard to make a decision unless I know what other people think	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
Sometimes I think I am no good at all	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I find it hard to trust people	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I find it difficult to depend on others	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I find it easy to trust others	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I feel comfortable depending on other people	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I worry that others won't care about me as much as I care about them	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I worry about people getting too close	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I worry that I won't measure up to other people	Totally disagree, strongly disagree, disagree, agree, strongly agree,

MIECE Family Baseline Survey

	totally agree
I have mixed feelings about being close to others	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
While I want to get close to others, I feel uneasy about it	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I wonder why people would want to be involved with me	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I worry a lot about my relationships	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I wonder how I would cope without someone to love me	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I often feel left out or alone	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
I often worry that I do not really fit in with other people	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
Other people have their own problems, so I don't bother them with mine	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree
When I talk over my problems with others, I generally feel ashamed or foolish	Totally disagree, strongly disagree, disagree, agree, strongly agree, totally agree

Construct: Maternal Health- Food security

Source: Food Security subset of the Family Questionnaire substest of the National Health and Nutrition Examination Survey (NHANES)

Question Item	Question Response
The food that {I/we} bought just didn't last, and {I/we} didn't have enough money to get more food.	Often true, sometimes true, never true
{I/we} couldn't afford to eat balanced meals.	Often true, sometimes true, never true
In the last 12 months, since last {DISPLAY CURRENT MONTH AND LAST YEAR}, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?	Yes, no
How often did this happen?	Almost every month, some months but not every month, in only 1 or 2 months
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	Yes, no
[In the last 12 months], were you ever hungry but didn't eat because there wasn't enough money for food?	Yes, no

Construct: Maternal Health- Social support

Source: The Social Support Questionnaire-6 (SSQ-6)

Question Item	Question Response
Whom can you really count on to distract you from your worries when you feel under stress?	Name(s)
Whom can you really count on to help you feel more relaxed when you are under pressure or feeling tense?	Name(s)
Who accepts you totally, including both your worst and your best points?	Name(s)
Whom can you really count on to care about you, regardless of what is happening to you?	Name(s)
Whom can you really count on to help you feel better when you are feeling generally down-in-the-dumps?	Name(s)
Whom can you really count on to console you when you are very upset?	Name(s)

Construct: Maternal Substance Use- Substance use

Source: Baby FACES Parent Interview

Question Item	Question Response
The next question is about your use of drugs on your own. By “on your own” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use drugs on your own during the past 12 months?	Yes, no, don't know, refused

Construct: Maternal Substance Use- Substance use

Source: Drug Abuse Screening Test (DAST)

Question Item	Question Response
Have you ever used drugs other than those required for medical reasons?	Yes, no
Have you ever abused prescription drugs?	Yes, no
Do you abuse more than one drug at a time?	Yes, no
Can you get through the week without using drugs (other than those required for medical reasons)?	Yes, no
Are you always able to stop using drugs when you want to?	Yes, no
Do you abuse drugs on a continuous basis?	Yes, no
Do you try to limit your drug use to certain situations?	Yes, no
Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes, no
Do you ever feel bad about your drug use?	Yes, no
Does your spouse (or parents) ever complain about your involvement with drugs?	Yes, no

Construct: Maternal Substance Use- Tobacco use

Source: Baby FACES Parent Interview

Question Item	Question Response
In the last 3 months of your pregnancy, how many cigarettes or packs did you smoke on an average day? PROBE: A pack has 20 cigarettes	Number of packs or cigarettes
In the last 30 days, did (you/anyone else in your household) smoke tobacco such as cigarettes or cigars?	Yes, no, don't know, refused
How many cigarettes or packs of cigarettes do (you/other household members) smoke on an average day? PROBE: A pack has 20 cigarettes	Number
Do (you/other household members) smoke anywhere inside the home?	Yes, no, don't know, refused
In an average day, how many cigarettes do (you/other household members) smoke inside the home?	Yes, no, don't know, refused
(Including yourself,) how many people currently smoke inside your home?	Number

Construct: Maternal Substance Use- Alcohol use

Source: Baby FACES Parent Interview

Question Item	Question Response
In the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week? By a "drink" we mean either a can or bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.	Didn't drink then, less than 1 drink, 1 to 3 drinks, 4 to 6 drinks, 7 to 13 drinks, 14 to 19 drinks, 20 or more drinks, don't know, refused
During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor?	Less than once a week, 1 or 2 days per week, 3 or 4 days per week, 5 or 6 days per week, everyday or never, don't know, refused
On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks did you usually have per day?	Number

Construct: Maternal Reproductive Health- Desired timing of subsequent births

Source: Health Families Alaska interview

Question Item	Question Response
How many more children do you plan to have?	Number
How old would you like your new baby to be when you have your next child?	Number

4. Domain: Intimate Partner Violence

Construct: Intimate Partner Violence- Physical violence, sexual victimization and perpetration

Items drawn from the Conflict Tactics Scale (CTS) taken from the Supporting Healthy Marriage Survey asking whether and how many times in the past a parent used physical violence, sexual victimization and perpetration against the other parent.

Construct: Intimate Partner Violence- Psychological, emotional violence

Source: Psychological Maltreatment of Women Inventory-Short Form (PMWI-SF)

Question Item	Question Response
My partner called me names.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner swore at me.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner yelled and screamed at me.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner treated me like an inferior.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner monitored my time and made me account for my whereabouts.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner used our money or made important financial decisions without talking to me about it.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner was jealous or suspicious of my friends.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner accused me of having an affair with another man.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner interfered in my relationships with other family members.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner tried to keep me from doing things to help myself.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner restricted my use of the telephone.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner told me my feelings were irrational or crazy.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner blamed me for his problems.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable
My partner tried to make me feel crazy.	1 = Never, 2 = Rarely, 3 = Occasionally, 4 = Frequently, 5 = Very Frequently, NA = Not Applicable

5. Domain: Crime

Construct: Maternal and Paternal Criminal Involvement- Arrests, convictions, and incarcerations

Source: Challenge Survey

Question Item	Question Response
Have you ever been arrested?	Yes, no
How many times have you been arrested?	Number
Have you ever been convicted of a crime?	Yes, no
Have you spent any time “locked up” or been sent away from home, for instance to a group home, reform school, detention center, jail, or prison?	Yes, no
Has [CHILD]'s father ever been arrested?	Yes, no
How many times has [CHILD]'s father been arrested?	Yes, no
Has [CHILD]'s father ever been convicted of a crime?	Yes, no
Has [CHILD]'s father spent any time “locked up” or been sent away from home, for instance to a group home, reform school, detention center, jail, or prison?	Yes, no

6. Domain: Family Self-Sufficiency

Construct: Income- Maternal and paternal earned income and household income in last month

Source: Supporting Healthy Marriage 12-month survey

Question Item	Question Response
Now please tell me where you, or other members of your household have received income from these sources in the past month. This includes anyone who you support and/or supports you and lives in your household. Did you, or other members of your household receive income from this source in the past month Cash welfare which is also known as TANF, or [Local name of TANF]?	Yes, no
[IF YES], How much did you receive in the past month?	Dollar amount
Food stamp or Supplemental Nutrition Assistance Program (SNAP) benefits?	Yes, no
[IF YES], How much did you receive in the past month?	Dollar amount
Disability insurance such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	Yes, no
[IF YES], How much did you receive in the past month?	Dollar amount
Unemployment Insurance Benefits or UI?	Yes, no
[IF YES], How much did you receive in the past month?	Dollar amount
Child support?	Yes, no
[IF YES], How much did you receive in the past month?	Dollar amount
Money from friends or relatives outside of the household?	Yes, no
[IF YES], How much did you receive in the past month?	Dollar amount
Earnings from other family members including [Spouse]?. Please report any earnings before taxes or other deductions, and include tips, commissions, and overtime pay.	Yes, no
[IF YES], How much did you receive in the past month?	Dollar amount

Construct: Maternal and paternal employment

Source: KS-MO Hard to Employ Survey

Question Item	Question Response
Are you currently working for pay?	Yes, no
How many jobs do you currently have?	Number
For whom do you usually work the most hours? (if hours are the same: Who have you worked for the longest?)	Employer's name
I'd like to ask you some questions about your (current job/most recent job). Please tell me where you (work/worked).	Employer's name
Would you describe this job as...	Full time (30 or more hours per week); part-time with hours most weeks; seasonal work; temporary work through a temp agency, day labor; odd jobs; something else (specify _____)
(Now/Just before you left), including overtime, how many hours per week (do/did) you usually work on this job?	Hours per week
What (is/was) your wage (now/just before you left), before taxes? Please include tips, commissions, and regular overtime pay.	Dollar amount
(Is/Was) that...	Per hour, per week, every 2 weeks, twice a month, once a month, per day or per piece, some other way (specify _____)
[If per day, per piece, or other]: What would you estimate you make in a week?	Dollar amount
Is [name of spouse/child's father] currently working for pay?	Yes, no
How many jobs does [name of spouse/child's father] currently have?	Number
For whom does [name of spouse/child's father] usually work the most hours? (if hours are the same: Who has he worked for the longest?)	Employer's name
I'd like to ask you some questions about his (current job/most recent job). Please tell me where he (works/worked).	Employer's name
Would you describe this job as...	Full time (30 or more hours per week); part-time with hours most weeks; seasonal work; temporary work through a temp agency, day labor; odd jobs; something else (specify _____)
(Now/Just before he left), including overtime, how many hours per week (does/did) he usually work on this job?	Hours per week
What (is/was) [NAME]'s wage (now/just before he left), before taxes? Please include tips, commissions, and regular overtime pay.	Dollar amount
(Is/Was) that...	Per hour, per week, every 2 weeks, twice a month, once a month, per

MIECE Family Baseline Survey

	day or per piece, some other way (specify _____)
[If per day, per piece, or other]: What would you estimate he makes in a week?	Dollar amount

Construct: Maternal and paternal employment

Question Item	Question Response
Have you ever worked for one employer for six consecutive months?	Yes,no

Construct: Maternal and paternal employment- earnings

Source: Supporting Healthy Marriage 12-month survey

Question Item	Question Response
What were your approximate total earnings from your work, including tips and overtime pay? (If respondent has difficulty with recalling that last 12 months, interviewer should ask about the prior calendar year. Interviewer should ask this question open-ended but can use the categories below to probe if respondent is unsure or unclear.) Do you think it was...	Less than \$5000, \$5000 TO \$9,999, \$10,000 TO \$14,999, \$15,000 TO \$19,999, \$20,000 TO \$24,999, \$25,000 TO \$29,999, \$30,000 TO \$34,999, \$35,000 or over, Don't know, Refused?

Construct: Education- Maternal and paternal highest grade completed, currently attending school; maternal educational aspirations

Source: KS-MO Hard to Employ 15-month Survey

Question Item	Question Response
Next, I'd like to ask you to tell me a little bit about the education you've received as well as your education-related activities. What is the highest grade or year of regular school that you have completed? [IF GED: Before you received your GED, what was the highest grade of school you completed?]	Highest grade/year in school, high school diploma, associate degree, BA/BS degree, MA/Masters, PhD/Doctorate, No regular/formal school education
Are you currently taking ABE, GED, or high school classes?	Yes, no
Are you currently taking any college or advanced degree courses?	Yes, no
What type of degree are you working towards?	2-year, 4-year, Graduate, Other (Specify ____)
Do you plan on pursuing an additional educational degree in the future?	Yes, no
What type of degree would you pursue?	Record answer
Now, I'd like to ask you about the father's educational attainment. Remember, all the information you provide will be kept confidential. What is the highest grade or year of regular school that he has completed? [IF GED: Before you received your GED, what was the highest grade of school you completed?]	Highest grade/year in school, high school diploma, associate degree, BA/BS degree, MA/Masters, PhD/Doctorate, No regular/formal school education
Is he currently taking ABE, GED, or high school classes?	Yes, no
Is he currently taking any college or advanced degree courses?	Yes, no
What type of degree is he working towards?	2-year, 4-year, Graduate, Other (Specify ____)

Construct: Public Assistance- Receipt of TANF, SNAP, WIC, and UI in last month

Source: Opportunity NYC Family Rewards 12-month Follow-up Survey

Question Item	Question Response
The next few questions are about health coverage for you and your family. In (PRIOR MONTH) were you covered by a public health insurance program like Medicaid, or Family Health Plus?	Yes, no
In (PRIOR MONTH) were you covered by any health insurance plan other than Medicaid or family Health Plus, such as private insurance, an employer-paid plan, or a private HMO?	Yes, no
HEALTH COVERAGE IF HAVE MULTIPLE CHILDREN: How many of your (# of CHILDREN) children who were age 18 or younger and who lived with you in (PRIOR MONTH) were covered by Medicaid, Family Health Plus, or Child Health Plus?	Yes, no
[IF DIFFERENCE BETWEEN # OF CHILDREN AND RESPONSE ABOVE IS 1]: Was the one child who was not covered by Medicaid, Family Health Plus, or Child Health Plus last month, covered by another health insurance plan?	Yes, no
[IF DIFFERENCE BETWEEN # OF CHILDREN AND RESPONSE ABOVE IS 2-12]: How many of the [DIFFERENCE] children who were not covered by Medicaid, Family Health Plus, or Child Health Plus last month, were covered by another health insurance plan?	Yes, no
HEALTH COVERAGE IF 1 CHILD: In (PRIOR MONTH) was your child covered by Medicaid, Family Health Plus, or Child Health Plus?	Yes, no
In (PRIOR MONTH) was your child covered by any other health insurance plan?	Yes, no
In (PRIOR MONTH), did you/you or anyone else in your household receive the Special Supplemental Nutrition Program for Women, Infants, and Children or WIC?	Yes, no

Construct: Assistance from Nonresidential Father- Material, formal and informal support contributed to child

Source: Supporting Healthy Marriage 12-month survey

Question Item	Question Response
Since the father stopped living with you, has he ever contributed money or child support for [FOCAL CHILD]'s upbringing?	Yes, no
Thinking about child support, do you have a legal agreement, an informal agreement, or no agreement at all for [FOCAL CHILD] with [SPOUSE]?	Legal agreement, informal agreement, no agreement
Last month, how much money for child support did you receive for [FOCAL CHILD]?	Dollar amount
In the last month, has the father spent money on [FOCAL CHILD]'s clothes?	Yes, no
In the last month, has the father spent money on [FOCAL CHILD]'s medicine/health care?	Yes, no
In the last month, has the father spent money on [FOCAL CHILD]'s schooling/childcare?	Yes, no
In the last month, has the father spent money on [FOCAL CHILD]'s food?	Yes, no
In the last month, has the father spent money on [FOCAL CHILD]'s diapers?	Yes, no

7. Demographics

Construct: Housing and Household Composition- Age and relations of other member

Source: Baby FACES Parent Interview (Housing and Household Composition)

Question Item	Question Response
(Starting with your spouse or partner), please tell me the names of all the other people 16 years and older who normally live here.	Names
How old is [NAME]?	AGE (0-99), don't know, refused
Is [NAME] male or female?	Male, female, don't know, refused
What is [NAME]'s relationship to ([CHILD]/your unborn child(ren)/the unborn child(ren))?	Mother/female guardian, father/male guardian, sister, brother, girlfriend or partner of child's parent/guardian, boyfriend or partner of child's parent/guardian, grandmother, grandfather, aunt, uncle, cousin, other relative, other non-relation, don't know, refused

Construct: Housing and Household Composition- Age and relations of other members

Source: PIMA Performance-Based Scholarship demonstration (PBS)

Question Item	Question Response
[IF CHILDREN ARE NOT CHECKED ABOVE]: Do you have any children?	Yes, no
How many children?	Number
[IF CHILDREN ARE CHECKED ABOVE]: Now I am going to ask some questions about your children. How many children do you have?	Number
Do you have any children in the following age ranges?	Mark all that apply: 0 to 11 months, 1 to 1 year and 11 months, 2 to 2 years and 11 months, 3 to 3 years and 11 months, 4 to 5 years and 11 months, 6 to 9 years and 11 months, 10 to 15 years and 11 months, 16 years or older
[ASK FOR EVERY POSITIVE RESPONSE ABOVE]: Do any of these children live with you at least half of the time?	Yes, no

Construct: Housing and Household Composition- Homeless status last month

Source: KS-MO Hard to Employ Survey

Question Item	Question Response
Which of the following best describes your housing arrangement last month? (if more than one arrangement say: Tell me about the one you spent the most time at in the last month) Did you...	Own your own home or apartment, rent your home or apartment, live in emergency or temporary housing (in a shelter or is homeless), live with friends or relatives and pay rent to them, live with friends or relatives and not pay rent to them, have some other housing arrangement?

Construct: Housing and Household Composition- Mobility, languages spoken at home, acculturation

Source: Supporting Healthy Marriage 12-month survey

Question Item	Question Response
Are you living in the same house or apartment as you were in [RAD]?	Yes, no
How many times altogether have you moved since [RAD], including your most recent move?	Number of times
What languages do you usually speak at home?	Record answer
Is that...	Only (response above), More (response above) than English, Both English and (response above) equally, More English than (response above), Only English
Do(es) your child(ren) speak or understand a language other than English at home?	Yes, no

Construct: Demographics of Index Child's Parents- Languages spoken at home, acculturation

Source: Items from Brief Acculturation Scale for Hispanics

Question Item	Question Response
In what language do you usually think?	Only (response above), More (response above) than English, Both English and (response above) equally, More English than (response above), Only English
What language do you usually speak with friends?	Only (response above), More (response above) than English, Both English and (response above) equally, More English than (response above), Only English

Construct: Demographics of Index Child's Parents- Parents' race/ethnicity

Source: BSF BIF Form

Question Item	Question Response
Do you consider yourself Latino or Hispanic?	Yes, no
Do you consider yourself...	Mark all that apply: White, American Indian or Alaskan Native, Black/African American, Native Hawaiian or Other Pacific Islander, Asian
Is [FOCAL CHILD FATHER] Latino or Hispanic?	Yes, no
Is [FOCAL CHILD FATHER]....	Mark all that apply: White, American Indian or Alaskan Native, Black/African American, Native Hawaiian or Other Pacific Islander, Asian

Construct: Demographics of Index Child's Parents- Other living children

Source: BSF Baseline Survey

Question Item	Question Response
How many children do you have with [NAME OF FATHER]? Please include all your biological children, even if they are not born yet.	# of children
How many children do you have with other partners? Please include all your biological children, even if they are not born yet.	# of children
How many children does [NAME OF FATHER] have with other partners? Please include all of his biological children, even if they are not currently living with you or are not born yet.	# of children

Construct: Demographics of Index Child's Parents- Parents' ages

Question Item	Question Response
What is your date of birth?	mm/dd/yy
How old is [FOCAL CHILD FATHER]?	Age

Construct: Demographics of Index Child's Parents: Parents' ages, race/ethnicity, languages spoken at home, acculturation

Source: Standards from U.S. Department of Health and Human Services, Office of Minority Health

Question Item	Question Response
Are you Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected)	No, not of Hispanic, Latino/a, or Spanish origin; Yes, Mexican, Mexican American, Chicano/a; Yes, Puerto Rican; Yes, Cuban; Yes, another Hispanic, Latino, or Spanish origin
What is your race? (One or more categories may be selected)	White, Black or African American, American Indian or Alaska Native, Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander
What is your sex?	Male or Female
How well do you speak English? (5 years old or older)	Very well, Well, Not well, Not at all
Do you speak a language other than English at home? (5 years old or older)...	Yes/no
For persons speaking a language other than English (answering yes to the question above): What is this language? (5 years old or older)...	Spanish, Other Language (Identify)

Construct: Demographics of Index Child's Parents: Parents' ages, race/ethnicity, languages spoken at home, acculturation

Source: Adapted from Healthy Kids California Survey

Question Item	Question Response
In what country were you born?	Name of country, don't know, refused
Are you a citizen of the United States?	Yes, no, application pending, don't know, refused

8. Actual Services

Construct: Child-Related Screenings, Referral, Coordination, and Service Use

Source: Health Families Alaska interview

Question Item	Question Response
Is [BABY]'s health care covered by any health insurance?	Never had health insurance; no but had when he/she was born; medicaid, other choices for health care
[IF NEVER]: Why hasn't BABY ever had health insurance?	Too expensive, Kidcare pending/application took time, Other (_____)
[IF HAD PREVIOUSLY BUT NOT NOW]: What kind of health insurance did BABY have before?	Type of insurance
Why did baby's health coverage change/end?	Lots benefits/ineligible, changed jobs, couldn't afford, moved, insurance dropped them, other (_____).
Compared to most children his/her age, would you say BABY is developing...	Faster than others, about the same, slower than others, much slower
[IF SLOWER]: In what ways do you think BABY may be developing more slowly than other children?	Free response
I need to learn about BABY's shots. Can you show me a written record of his/her shots?	Yes, no
Do you think BABY is missing any of the immunizations or shots for children his/her age?	Yes, no
[IF YES]: Why is that?	Free response

Construct: Mother-Related Screenings, Referral, Coordination, and Service Use

Source: Health Families Alaska interview

Question Item	Question Response
Is your health care covered by health insurance?	Yes (ask what kind); never any health insurance; not now, but since baby was born
[IF NO]: Have you ever had health coverage since BABY was born?	Yes, no
Were there any uninsured periods since BABY was born?	Yes, no
What is the main reason you (lacked/lack) health insurance (then/now)	Unable to pay premium, insurance cancelled by employer, ineligible because of citizenship status, ineligible for medicaid/Denali KidCare
(Do/did) you go anywhere for prenatal care for (this/that) pregnancy?	Yes (ask for place name), no
Before you became pregnant this time, but since BABY was born, was	Yes (ask for place name), no

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there a place you went for family planning or birth control?	
Since BABY was born, how often, if ever, have you seen someone for family planning or birth control?	# of visits
What is the main reason you don't/didn't have a usual place to go for family planning?	No insurance/can't afford, transportation, didn't need, other (_____)
Is there a place you go for general health care, if you are sick or need advice about your health - that is, any care except prenatal care of family planning?	Yes (ask for place name), no
What is the main reason you have never had a usual place to go for your general health care?	No insurance/can't afford, transportation, didn't need, other (_____)
This section is about any help or treatment you may have received for substance use or emotional problems. Have you ever stayed overnight in a hospital or treatment center for substance use or emotional problems? [IF NO]: Did you ever want or need to stay overnight in a treatment center for substance use or emotional problems?	Whether stayed: Yes, no; Wanted or needed: Yes, no
Have you ever (stayed/wanted or needed to stay) overnight in a .. Psychiatric hospital?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Have you ever (stayed/wanted or needed to stay) overnight in a .. Psychiatric or medical unit in a general hospital for substance use or emotional problems?	never; no, but wanted or needed, yes
IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Have you ever (stayed/wanted or needed to stay) overnight in a .. Inpatient Treatment Program	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Have you ever in your life received outpatient help or treatment (not overnight) for substance use or emotional problems? [IF NO]: Did you ever want or need outpatient help or treatment for substance use or emotional problems?	Whether stayed: Yes, no; Wanted or needed: Yes, no
Did you receive/want to receive outpatient help or treatment from a.. Community mental health center or other outpatient mental health clinic?	never; no, but wanted or needed, yes

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[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Did you receive/want to receive outpatient help or treatment from a.. Professional like a psychologist, psychiatrist, social worker, or family counselor not part of service or clinic already mentioned?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Partial hospitalization or day treatment program?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
In-home therapist or counselor or family preservation worker?	never; no, but wanted or needed, yes
IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Any other kind of counselor?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Support group?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Emergency room for substance use or emotional problems?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Family doctor for substance use or emotional problems?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Priest, Minister or Rabbi for substance use or emotional problems?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Healer or Spiritualist for substance use or emotional problems?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no
[IF YES]: Most recent use	mo/yr
Acupuncturist, Chiropractor, or Naturopath for substance use or emotional problems?	never; no, but wanted or needed, yes
[IF YES]: Used since baby was born?	Yes, no

[IF YES]: Most recent use	mo/yr
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Construct: Mother-Related Screenings, Referral, Coordination, and Service Use

Source: Healthy Families Alaska RCT and Descriptive Studies of Baltimore’s Success by 6 Home Visiting Programs

Question Item	Question Response
Families enroll in home visiting for many different reasons. What are the main reasons you want to enroll in home visiting? What do you think will be the three most important benefits of home visiting for you and your family?	Name 3 main reasons

Construct: Mother-Related Screenings, Referral, Coordination, and Service Use

Source: Developed by MIECE to measure constructs from theories of family engagement

Question Item	Question Response
How often do you think you will have home visits? Would you say....	Nearly every day, Once a week, Once every two weeks, Once a month, Once every few months, Once every few months, Don’t know, Refused
Mothers are different in what things they prefer to do in home visiting. Tell me the one you would most like to do in home visits and the one you would least like to do: Watch videos or read about being a parent, Have my home visitor watch me with my baby, Problem solve with my home visitors about problems with my baby or in my life, Talk with my home visitor about things that happened in my own childhood	Name which activity you would most like to do in home visits and the one you would least like to do.
Tell me the one you would most like to do in home visits and the one you would least like to do: Have my home visitor watch me with my baby, Problem solve with my home visitors about problems with my baby or in my life, Talk with my home visitor about things that happened in my own childhood, Talk with my home visitor about my personal feelings	Name which activity you would most like to do in home visits and the one you would least like to do.
Tell me the one you would most like to do in home visits and the one	Name which activity you would most like to do in home visits and the

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<p>you would least like to do:</p> <p>Problem solve with my home visitors about problems with my baby or in my life, Talk with my home visitor about things that happened in my own childhood, Talk with my home visitor about my personal feelings, Get reassurance from my home visitor about being a parent</p>	<p>one you would least like to do.</p>
<p>Do you think the home visiting program will ask you to: Set goals and work on a plan to reach them</p>	<p>Yes, Not, Don't know, Refused</p>
<p>Do you think the home visiting program will ask you to: Practice what my home visitor teaches me</p>	<p>Yes, Not, Don't know, Refused</p>
<p>Do you think the home visiting program will ask you to: Share what I learn with family members</p>	<p>Yes, Not, Don't know, Refused</p>
<p>Do you think the home visiting program will ask you to: Follow through with referrals to community resources</p>	<p>Yes, Not, Don't know, Refused</p>
<p>Did anyone <i>encourage</i> you to enroll in this home visiting program? For example, a relative, a friend, a neighbor, a health care provider or a social services provider?</p>	<p>Yes, Not, Don't know, Refused</p>
<p>[IF YES]: Who encouraged you to enroll in this home visiting program? PROBE: Anyone else?</p>	<p>CODE ALL THAT APPLY: Doctor, Nurse, Someone else who works in the doctor's office or clinic, Somebody from social service, Family member, Friend, Coworker, Neighbor, Someone else (SPECIFY), Refused, Don't know</p>
<p>Is there anyone who does <i>not</i> want you to enroll in this home visiting program?</p>	<p>Yes, Not, Don't know, Refused</p>
<p>[IF YES]: What is their relationship to you? PROBE: Anyone else?</p>	<p>CODE ALL THAT APPLY: Father of the baby, Partner (not father of the baby), Your mother or father, Your brother or sister, Other family member (SPECIFY), Family member of the father of the baby (SPECIFY), Friend, Someone else (SPECIFY), Refused, Don't know</p>

Construct: Social Services

Source: Health Families Alaska interview

Question Item	Question Response
Families often need special services. I'd like to learn about services you have received or needed in the past year. I'll ask whether you received different services, whether you needed them, and where and how you got them. In the past year, have you ever (received/had) AFDC/Welfare?	Yes, no
[IF YES]: Where and how did you get AFDC/Welfare?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get AFDC/Welfare?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) WIC?	Yes, no
[IF YES]: Where and how did you get WIC?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get WIC?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Food Stamps?	Yes, no
[IF YES]: Where and how did you get Food Stamps?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get Food Stamps?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Emergency Food?	Yes, no
[IF YES]: Where and how did you get Emergency Food?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get Emergency Food?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Section 8 Housing?	Yes, no
[IF YES]: Where and how did you get Section 8 Housing?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no

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[IF YES]: Did you try to get Section 8 Housing?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Child Support Enforcement?	Yes, no
[IF YES]: Where and how did you get Child Support Enforcement?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get Child Support Enforcement?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Alcohol/Other Drug Treatment?	Yes, no
[IF YES]: Where and how did you get Alcohol/Other Drug Treatment?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get Alcohol/Other Drug Treatment?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Counseling for Domestic Violence?	Yes, no
[IF YES]: Where and how did you get Counseling for Domestic Violence?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get Counseling for Domestic Violence?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Mental Health Counseling?	Yes, no
[IF YES]: Where and how did you get Mental Health Counseling?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no
[IF YES]: Did you try to get Mental Health Counseling?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you ever (received/had) Adult Ed/Job Training?	Yes, no
[IF YES]: Where and how did you get Adult Ed/Job Training?	Self, family, friends; Other outside help, e.g. MD, church
Did you ever want or need this in the past year?	Yes, no

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[IF YES]: Did you try to get Adult Ed/Job Training?	Yes, no
[IF YES]: Why did you fail to get the service? [IF NO]: Why not - what happened?	Not eligible, didn't follow through, waiting list/not taking applications, other (_____)
In the past year, have you received any of the following services?... Unemployment compensation? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Homeless shelter? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Women's shelter? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Legal aid? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Restraining orders? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Family court? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Child care assistance? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Respite care? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Counseling or support groups for co-dependents? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Vocational counseling? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need
Transportation to needed services? [IF NO:] Did you want or need the service?	Yes; no, wanted/need; no, didn't need