

OMB No.: 0970-354
Expiration Date: 10/31/2011

MATHEMATICA
Policy Research



Baby FACES
Parent Questionnaire
For Parents of
2-Year-Old Children
Spring 2010-2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0354. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

COPYRIGHT INFORMATION FOR MEASURES
INCLUDED IN THIS DOCUMENT

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

Items B1 and B2. BITSEA. “*Brief Infant-Toddler Social and Emotional Assessment*” and “*BITSEA*” are copyrights, in the US and/or other countries, of Pearson Education, Inc., or its affiliates. *Brief Infant-Toddler Social and Emotional Assessment (BITSEA)*. Copyright © 2002 Yale University and University of Massachusetts. Reproduced with permission of the publisher NCS Pearson, Inc. All rights reserved. Confidential, Trade Secret and Unpublished Copyright Material of NCS Pearson, Inc. All rights reserved. Created 2009. Use permitted only under license as specifically authorized by NCS Pearson.

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

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

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

Items F1 A-O. CHAOS. *Confusion, Hubbub, and Order Scale*. Matheny Jr., Adam P. et al. Bringing order out of chaos: Psychometric characteristics of the confusion, hubbub, and order scale. *Journal of Applied Developmental Psychology*, 16, 2005, 429-444.

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

ABOUT THIS SURVEY

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

1 2 3

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

RELATIONSHIP

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

R2. Which best describes you?

PnSR1

PnSR2

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

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

THIS PAGE IS INTENTIONALLY BLANK.

SECTION A. CHILD DEVELOPMENT

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

SECTION B: SOCIAL SKILLS

B1. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

B2. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

SECTION C: WORDS SPOKEN

C1. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

C2. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

SECTION D: RAISING A CHILD

D1. ITEMS DELETED FROM THIS VERSION TO PROTECT AUTHOR/PUBLISHER COPYRIGHT. SEE PAGE i FOR FULL CITATION.

SECTION E: HEALTH

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

MARK ONLY ONE ON EACH LINE

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

SECTION F: YOUR FAMILY

F1. The next set of questions contains statements about how things are like in many households. Please mark if each statement is very much like your own home, somewhat like your own home, a little like your own home, or not at all like your own home.

MARK ONLY ONE ON EACH LINE

		HOW MUCH LIKE YOUR OWN HOME IS THIS?			
		VERY MUCH	SOMEWHAT	A LITTLE	NOT AT ALL
a.	There is very little commotion in our home.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1a					
b.	We can usually find things when we need them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1b					
c.	We almost always seem to be rushed.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1c					
d.	We are usually able to “stay on top of things”.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1d					
e.	No matter how hard we try, we always seem to be running late.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1e					
f.	It’s a real “zoo” in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1f					
g.	At home we can talk to each other without being interrupted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1g					
h.	There is often a fuss going on at our home.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1h					
i.	No matter what our family plans, it usually doesn’t seem to work out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1i					
j.	You can’t hear yourself think in our home.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1j					
k.	I often get drawn into other people’s arguments at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1k					
l.	Our home is a good place to relax.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1l					
m.	The telephone takes up a lot of time in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1m					
n.	The atmosphere in our home is calm.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1n					
o.	First thing in the day, we have a regular routine in our home.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
PnSF1o					

SECTION G: AROUND THE HOME

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

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

PnSG1

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

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

PnSG2

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

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

PnSG3

- 0 None
- 1 1 to 2
- 2 3 to 4
- 3 5 to 9
- 4 10 or more

G4. For each of the following please mark how many of each type of toy your child has.

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

MARK ONLY ONE ON EACH LINE

PnSG4a

a. Push and pull toys like a dog on string, a doll carriage, a lawn mower, a shopping cart, a stroller, or a wagon

1 2 3 4

PnSG4b

b. Toys that children play with actively like a ball, a riding toy or horse, or a play slide or swing set (this can include toys at a playground near your home)

1 2 3 4

PnSG4c

c. Puzzles, blocks or building toys like Legos, Lincoln Logs, or nuts and bolts

1 2 3 4

PnSG4d

d. Soft, cuddly, or role-playing toys like teddy bears or dolls

1 2 3 4

PnSG4e

e. Toys that make sound or music such as a rattle or toy instrument

1 2 3 4

PnSG4f

f. Things with wheels that your child can ride like a stroller, walker, kiddie-car, or scooter, or tricycle

1 2 3 4

G5. Please mark whether your child has each of the following . . .

MARK ONLY ONE ON EACH LINE

a. Crayons, pencils, or markers and paper to draw or scribble on

YES	NO
1 <input type="checkbox"/>	0 <input type="checkbox"/>

PnSG5a

b. A highchair

1 <input type="checkbox"/>	0 <input type="checkbox"/>
----------------------------	----------------------------

PnSG5b

c. A booster seat

1 <input type="checkbox"/>	0 <input type="checkbox"/>
----------------------------	----------------------------

PnSG5c

d. A child size table and chair

1 <input type="checkbox"/>	0 <input type="checkbox"/>
----------------------------	----------------------------

PnSG5d

e. A playpen

1 <input type="checkbox"/>	0 <input type="checkbox"/>
----------------------------	----------------------------

PnSG5e

PnSG6

G6. Which of the following best describes what you usually do when you are doing housework and your child wants attention? Please check only one.

- 1 Talk and pay attention to your child while you continue doing your housework

OR

- 2 Finish up your housework quickly and then talk and pay attention to your child when you are done

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

Thank you for your participation in Baby FACES!