

Family-Provider Relationship Quality (FPRQ)
Knowledge: Theoretical/Substantive Knowledge - Family Functioning

Definition: Family Functioning is defined by:
o understands the dynamics of the family
o understands the factors that affect how a family interacts

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	[The staff member] understands that I know my child better than anyone else.	5 point Likert scale: 1= Never and 5= always	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Provider	As part of your child care activities, how often do you or your staff have conversations with parents of children you care for on these issues: - problems parents are having in their relationships with partners or family members	1= daily, 2= 3-4 times a week, 3= 1-2 times a week, 4= 1-2 times a month, 5= every few months	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Director/ Administrator	Staff are knowledgeable about: - the parenting styles of both mothers and fathers and the strengths of each. - parent-child relationships, attachment, and bonding. - promoting positive relationships between children living in the same household. Staff know how to respond to family crises. Staff receive training on: - recognizing such issues as domestic violence, depression, developmental delays, mental illness, chronic health problems, substance abuse and other signs of imminent crisis - understanding the impact of family crises and/or loss on all family members- especially children- and how to respond appropriately. Staff make sure that parents understand how their child(ren)'s positive relationships with other adults positively impacts their own relationship with their child(ren). All staff are trained on the impact of loss and trauma on children and how to respond to the situation appropriately. Staff know how to respond appropriately to family crises. Staff receive training on: - maintaining confidentiality - resolving conflicts - talking to families about difficult issues - recognizing such issues as domestic violence, depression, developmental delays, mental illness, chronic health problems, substance abuse, and other signs of imminent crisis. - helping families make immediate and long-term plans - understanding the impact of family crises and/or loss on all family members--especially children--and how to respond appropriately. - talking to parents about helping children in time of crisis.	5 point scale: 5= Strongly agree, 4= Agree, 3= neither agree nor disagree, 2= Disagree, 1= Strongly disagree, not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (nurse)	The physical care of the child is more important than understanding the experience of the family. Families have the right to say what is important to them in planning care.	5 point Likert scale: 1= Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale); criterion validity Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire
Other (medical provider)	The family's wellbeing (adults and other children) and their needs for support? The family's support network and the role of faith/religion or other cultural supports? The family's concerns and any stresses or success they may experience as a caregiver? Depression, domestic violence, substance abuse, housing or food insecurity?	5-point scale: 1=Never, 5= Always	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Other (medical staff)	Orientation and in-service programs support staff in acquiring patient-and family-centered knowledge, skills, and attitudes.	5 point scale:1= not at all, 3= ok, 5 = very well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	Care Setting: Medical Setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)
Knowledge: Theoretical/Substantive Knowledge - Child Development

Definition: Child Development Knowledge is defined by knowledge about:
o provider understands the different domains of child development
o understanding what can be done to facilitate development across various child development domains

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	My caregiver shows that she(he) knows a lot about children and their needs.	Emlen Scales: Yes, No, Mixed Feelings Quality for ME: Never, rarely, sometimes, often and always (don't know). Three-City Study: 5 point Likert scale: 1 = never, 2= rarely, 3 = sometimes, 4= often, 5= always	Emlen Scales Quality for ME: Quality of Child Care Services Three-City Study Child Care Interview Protocol	55 items in 7 factors: warmth and interest in child; rich activities and environment; high risk care; child feels safe and secure; a skilled caregiver; parent and caregiver share information; a supportive caregiver. Cronbach's alpha for internal consistency (warmth and interest in child: .93, rich activities and environment: .87, skilled caregiver: .88, talk and share information: .72, caregiver accepting and supportive: .70). Face validity; "validation by replication;" prediction of quality.	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	The teachers show they know a lot about children and their needs.	Always, often, rarely , never	Partnership Impact Research Study Parent Questionnaires	None available online or internally. Child Trends staff have contacted the author.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: Preschool aged children Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>Staff spend time with parents when they are observing their children to help them recognize:</p> <ul style="list-style-type: none"> - Their children's unique temperament, personality, communication styles and cues. - Positive social skills and developmentally appropriate emotional behavior in their children. - Their children's independence and abilities. <p>Information is provided on regular developmental challenges, such as bed-wetting, potty training, appropriate discipline, eating, sleeping, and aggression.</p> <p>For parents with children with special needs, staff:</p> <ul style="list-style-type: none"> - Support parents in developing appropriate developmental expectations for their special needs children. - Ensure that parent-child activities are appropriate for families with children with special needs. <p>Staff receive training on:</p> <ul style="list-style-type: none"> - Fostering children's social and emotional development. - Recognizing developmental delays. - Recognizing behavioral/emotional problems. 	Excellent, fair, poor, and not applicable.	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
	<p>The program introduces parents to social and emotional development by:</p> <ul style="list-style-type: none"> - Informing parents of the importance of supporting children's healthy social and emotional development and its connections to success in school. - Helping parents understand age-appropriate social and emotional skills and behaviors. - Providing opportunities to discuss social and emotional issues with parents within a cultural context. - Encouraging parents to be aware of their children's social and emotional development. - Offering parents ideas on how to foster a child's social and emotional learning at home. - Teaching about children's social and emotional development in parenting classes and informal discussions. <p>Staff encourage children to express their feelings through words, artwork, and expressive play.</p> <p>Staff model behavior toward children that encourages social and emotional expressiveness.</p>				
Other (medical provider)	<p>Do you and your staff:</p> <ul style="list-style-type: none"> - reassess care approaches at key developmental milestones and transitions? (For example, when the child begins to walk, talk, begins school, enters puberty, and begins middle or high school). 	Never, some of the time, most of the time, and always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)

Knowledge: Theoretical/Substantive Knowledge - Effective Parenting Skills

Definition: Effective Parenting Skills is defined by:

o Understand what are effective parenting skills, such as anger management, engaging children in play, and setting boundaries

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Director/ Administrator	<p>Staff guide parents' observations of their children to help them recognize their child's independence and abilities</p> <p>The program supports children's social and emotional development with intentional practices that:</p> <ul style="list-style-type: none"> -encourage children to express their feelings. -encourage sharing, taking turns, and cooperative play. <p>Staff encourage children to express their feelings through words, artwork, and expressive play.</p> <p>Staff understand and respect the relationships and attachments that children form in the program by providing children the opportunity to say goodbye when they are leaving the program or when staff changes occur.</p> <p>When staff talk with parents about discipline, they:</p> <ul style="list-style-type: none"> - Explain why the center uses the forms of discipline that they do. - Provide information on age-appropriate discipline and reasonable expectations. - Offer ideas for alternate forms of discipline and how to recognize and reinforcement. <p>Staff coach parents about how to interact effectively with their children (listening; appreciating ideas, efforts, and feelings; creating a non-threatening environment).</p> <p>Staff are knowledgeable about:</p> <ul style="list-style-type: none"> - the parenting practices of different cultural and ethnic groups. - the parenting styles of both mothers and fathers and the strengths of each. - parent-child relationships, attachment, and bonding. - promoting positive relationships between children living in the same household. 	5 point scale: 5= Strongly agree, 4= Agree, 3= neither agree nor disagree, 2= Disagree, 1= Strongly disagree, not applicable	Strengthening Families Through Early Care and Education Program Self-Assessments	Contacted developer to see if psychometric information is available.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire

Family-Provider Relationship Quality (FPRQ)

Knowledge: Family/Child-Specific Knowledge

Definition: Family/Child-Specific Knowledge is defined by:

o Whether information about the child is on file

o Whether the provider understands, knows, and/or is aware of the specific needs of the child

o Ongoing reciprocal information gathering among providers, programs, and families: Families' culture/context/situations influencing the family; children's specific abilities and needs; family members' specific abilities, needs, and goals

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	My caregiver recognizes my child's special abilities. My caregiver understands my job and what goes on for me at work.	Yes, No, Mixed Feelings	Emlen Scales	55 items in 7 factors: warmth and interest in child; rich activities and environment; high risk care; child feels safe and secure; a skilled caregiver; parent and caregiver share information; a supportive caregiver. Cronbach's alpha for internal consistency (warmth and interest in child: .93, rich activities and environment: .87, skilled caregiver: .88, talk and share information: .72, caregiver accepting and supportive: .70). Face validity; "validation by replication;" prediction of quality.	Care Setting: Center (not-specified) Age Range: 0-12 Type of Instrument: Self-Administered Questionnaire
Parent	I know the steps to take when I am concerned my child is receiving poor services. I know what to do when problems arise with my child. I understand how the early intervention system is organized. I know what services my child needs. I know what the rights of parents and children are under the early intervention laws. I have a good understanding of my child's health and development. I understand how to access community services for my child.	1 (Not True at All), 2 (Occasionally True), 3 (Somewhat True), 4 (True), and 5 (Very True).	Family Empowerment Scale	34-item self-report w/5-pt Likert scale; alphas (.87-.88); Pearson's r (.77-.85) for stability; 2 analyses of validity (unspecified) Piloted with 94 parents for pre/post evaluation of a family empowerment intervention .	Care Setting: Other Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with emotional disabilities
Parent	[The staff member] understands that I know my child better than anyone else does.	5-point scale: 1=Never, 5=Always	Family-Centered Behavior Scale	Cronbach's alpha coefficient: .97 (N=133), test-retest correlation was .96, and after items removed, 26-item scale had a .98 alpha	Care Setting: Unspecified Age Range: Unspecified (mean age: 10.7) Type of Instrument: Self-Administered Questionnaire Special Population: Special needs children
Parent	To what extent do the people who work with your child recognize the demands of caring for a child with special needs? To what extent do the people who work with your child recognize that your family has the last say when making decisions about your child's treatment? To what extent do the people who work with your child seem aware of your child's changing needs as he/she grows? To what extent do the people who work with your child remember personal details about your child or family when speaking with you?	8-point scale: 0=Not applicable, 1=Not at all, 2=To a very small extent, 3=To a small extent, 4=To a moderate extent, 5=To a fairly great extent, 6=To a great extent, 7=To a very great extent	Measure of Process of Care	Internal Consistency as assessed by Cronbach's coefficient alpha: Respectful and Supportive Care (9 items) - Pilot Study = .91, Field testing = .92, Reliability re-test = .86. Providing Specific Info about the Child (5 items) - Pilot Study = .81, Field Testing = .82, Reliability re-test = .63. Providing general info (9 items) - Pilot Study = .91, Field Testing = .93, Reliability re-test = .94. Enabling & Partnership (16 items) - Pilot Study = .95, Field Study = .96 Reliability re-test = .86.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: Children with a disability (developmental or physical)

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Parent	<p>I know who my family's service coordinator is.</p> <p>I know how to call or find my service coordinator when I need to.</p> <p>Our service coordinator understood my child's and family's needs.</p> <p>I understand what is written in our IFSP.</p> <p>I know about my legal rights and protections under the early intervention law (like what to do if I don't agree with a decision made about my child's early interventions services).</p>	<p>Yes, no, or not sure</p> <p>Yes, no, or not sure</p> <p>6-point scale: 0=Don't know, 1=Strongly disagree, 6=Strongly agree</p> <p>6-point scale: 0=Don't know, 1=Strongly disagree, 6=Strongly agree</p> <p>6-point scale: 0=Don't know, 1=Strongly disagree, 6=Strongly agree</p>	Virginia Family Survey	None available. This is a state-specific tool, and psychometric testing has not been conducted.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire Special Population: For families whose children are receiving early intervention services
Provider	<p>Thinking about (Focus Parent), please tell me whether you agree or disagree with each statement.</p> <p>Do you disagree, agree, or neither disagree nor agree with this statement?</p> <p>I understand what (his/her) schedule is like.</p>	3-point scale: 1=disagree, 2=neither disagree nor agree, 3=agree	Child Care Assessment Tool for Relatives (CCAT-R) Interview	<p>Criterion validity; construct validity through factor analysis (factors: nurturing, bi-directional communication, uni-directional communication, engagement); content validity; informal test of concurrent validity w/ FDCRS 4 items</p> <p>No other reliability information is available.</p>	Care Setting: Family Child Care; Family, Friend or Neighbor care Age Range: 0-5 Type of Instrument: Interviewer-Administered Survey
Provider	To the best of your knowledge, how much does this parent do things to encourage this child's positive attitude toward the education (e.g., take child to the library, play games to teach child new things, read to child)?	5-point scale: 1=Don't know or not at all, 2=A little, 3=Some, 4=A lot, 5=A whole lot	Incredible Years Evaluation: INVOLVE - Teacher Questionnaire	<p>20 items; 5-pt Likert scale.</p> <p>Alpha coefficients for INVOLVE-T Teacher Questionnaire Summary Scales Parent involvement in education .91 Parent involvement with school/teacher .84 Parent involvement total .90 Teacher bonding with parent .76</p>	Care Setting: K-12 Age Range: 6-12 Type of Instrument: Self-Administered Questionnaire
Provider	<p>How many of the children have a physical condition that affects the way your program serves them?</p> <p>How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of boys?</p> <p>How many of your children do not speak English at home? If needed: What percent of your children do not speak English at home?</p> <p>Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? If needed: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?</p> <p>How many of your families have difficulty communicating with their child's teacher because of a language barrier? If needed: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.</p> <p>Do you and your staff have access to a family support resource/mental health consultant/guidance counselor?</p>	<p>_____ Number of children</p> <p>_____ Number of girls</p> <p>_____ Number of boys</p> <p>_____ Number of Children or _____% of children</p> <p>Yes, No</p> <p>_____ Number of families</p> <p>Yes, No</p>	National Study of Early Care and Education Design Questionnaire for Center-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Head Start; Pre-K; Community-based Center Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Provider	<p>Does (Child's Name) have a physical condition that affects the way you provide care for (him/her)?</p> <p>Does (Child's Name) have an emotional, developmental, or behavioral condition that affects the way you provide care for (him/her)?</p> <p>Does (Child's Name) speak a language other than English at home?</p> <p>How many of the children have a physical condition that affects the way your program serves them?</p> <p>How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of boys?</p> <p>How many of your children do not speak English at home? If needed: What percent of your children do not speak English at home?</p> <p>Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? If needed: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?</p> <p>How many of your families have difficulty communicating with their child's teacher because of a language barrier? If needed: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.</p> <p>How much do you agree or disagree with the following statements: -I understand what parents' schedules are like? -I'm willing to be flexible in working with parents' schedules?</p>	<p>Yes, No</p> <p>Yes, No</p> <p>Yes, No</p> <p>____ Number of children</p> <p>____ Number of girls ____ Number of boys</p> <p>____ Number of Children or ____% of children</p> <p>Yes, No</p> <p>____ Number of families</p> <p>3-point scale: 1=Agree, 2=Neither agree nor disagree, 3=Disagree</p>	National Study of Early Care and Education Design Questionnaire for Home-Based Care Settings (NSECE)	None available. Survey will not be fielded until 2012.	Care Setting: Family Child Care Age Range: 0-12 Type of Instrument: Interviewer-Administered Survey
Observer	<p>Forms are available and used for recording information about allergies and special needs and includes the child's name, date, nature of allergy and/or special need, and parent signature.</p> <p>A child information form is available and parents complete it at enrollment.</p> <p>A system is established and used by Provider and Parents to provide written information about specific daily needs or variation in a child's routine (such as sleeping, eating, toileting, pick-up, job changes, family travel, family visitors).</p> <p>Immunization records are current and on file for all children and updated at least annually.</p> <p>Signed, notarized emergency medical release form is on file for each child.</p> <p>Current phone numbers are available for each child's pediatrician, parent(s) and emergency contact information if parent(s) cannot be reached and are updated at least annually.</p> <p>Provider is able to identify community resources for special needs (such as learning disabilities, vision, hearing, motor, speech)</p> <p>Provider is able to identify community resource to whom suspected child abuse is reported.</p>	Not applicable - observational scale	Assessment Profile for Family Child Care Homes	Not available online or internally, Child Trends staff contacting author.	Care Setting: Family Child Care Age Range: Unspecified Type of Instrument: Observational

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Observer	<p>When a child enrolls, information is obtained regarding his/her:</p> <ul style="list-style-type: none"> - family background (language spoken, special dietary concerns, parental attitude toward discipline, relationship with relatives) - physical development - cognitive development - social-emotional development <p>Information concerning family/parents' resources (time, skills, interests) is requested.</p> <p>Educational interests and needs of parents are identified.</p>	Not applicable - observational scale	Child Development Program Evaluation Scale (CDPES)	<p>Total 37 items from 900 items from 4 states (NY, PA, CA, WVA); statistically significant predictors of compliance and quality; face validity with NAEYC and CWLA standards</p> <p>Concurrent validity was assessed by comparing the CDPES and the ECERS total scores ($r = .77$; $p < .005$).</p>	<p>Care Setting: Center (not-specified)</p> <p>Age Range: 0-12</p> <p>Type of Instrument: Observational</p> <p>Special Population: Includes items for special needs children.</p>
Observer	Families understand how the program works to support their children's development and learning.	Not applicable - observational scale	Qualistar Rating Criteria Chart	None available. This tool is used in Colorado to evaluate programs participating in the Colorado quality rating and improvement system.	<p>Care Setting: Head Start; Pre-K; Community-based Center; Center (not-specified); Family Child Care</p> <p>Age Range: 0-5</p> <p>Type of Instrument: QRIS</p> <p>Special Population: Quality Rating and Improvement System for Colorado's child care centers/FCC homes</p>
Other (medical care provider)	<p>Patients' and families' goals are included in the medical record/chart.</p> <p>Staff acknowledge the individuality, culture, capacity, and abilities of each patient and family.</p> <p>Leaders of the organization (governing board, administration, and clinical staff leadership) are knowledgeable about patient- and family-centered care.</p>	5-point scale: 1= Not at all, 3=Ok, 5=Very well	A Hospital Self-Assessment Inventory, Patient - and Family-Centered Care	Per author, psychometrics testing has not been conducted for this measure.	<p>Care Setting: Medical Setting</p> <p>Age Range: Unspecified</p> <p>Type of Instrument: Self-Administered Questionnaire</p>

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (medical provider)	<p>Do choices of diagnostic and treatment approaches take into account:</p> <ul style="list-style-type: none"> - family/child youth preference for site of care, type of provider (gender, language spoken, etc.)? - child/youth's ability to tolerate the procedure? - any follow up medical treatment the child/youth will need? - family insurance status and economic situation? - family and child/youth work and school schedules? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - have a process to identify the strengths of families within the practice that they can share with other families? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - have a policy about delivering family-centered care? - have a process to assist families in understanding and interpreting the child's medical record? (For example, provide explanations of medical terms and answer questions about content). <p>Do you and your staff:</p> <ul style="list-style-type: none"> - document the community-based services families use? (Examples include intervention, Head Start, childcare, community recreation programs, vocational rehab, faith-based activities?) <p>Do you and your staff:</p> <ul style="list-style-type: none"> - recognize families' schedules and cultural events as important factors related to scheduling appointments? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - document the need for interpretation services when making referrals? <p>Do you and your staff:</p> <ul style="list-style-type: none"> - assess and document the development status of each child/youth? - reassess care approaches at key developmental milestones and transitions? (For example, when the child begins to walk, talk, begins school, enters puberty, and begins middle or high school). 	Never, some of the time, most of the time, and always	Family-Centered Care Self-Assessment Tool	Not available online, Child Trends staff has contact author and is awaiting a response.	Care Setting: Unspecified Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire
Other (nurses)	Knowing the family is not essential in order for me to care for them.	5 point Likert scale: 1= Strongly disagree, 5= Strongly agree	Family Nurse Caring Belief Scale (FNCBS)	<p>27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale);criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire

Respondent	Original Item	Response Scale	Source	Psychometrics	Notes
Other (medical staff)	<p>An electronic data system includes identifiers and utilization data about children with special health care needs CSHCH; these data are used for monitoring, tracking, and for indicating levels of care complexity.</p> <p>In addition to above, an electronic data system is used to support the documentation of need, monitoring of clinical care, care plan and related coordination and the determination of outcomes (e.g. clinical, functional, satisfaction and cost outcome).</p>	Partial, complete	Medical Home Index: Pediatric	<p>Kappa coefficients of interrater reliability between two Center for Medical Home Improvement project staff were above .50 for all 25 themes. Kappa scores comparing each staff member and the practice sites' self-assessment found 80% of the themes at .65 or better for one interviewer (J.W.M.) and 60% of the themes at .65 or better for the second interviewer (K.S.). The internal consistency reliability standardized alpha coefficients across the 6 domains of the MHI ranged from .81 to .91, and the overall standardized alpha coefficient was .96.</p>	<p>Care Setting: Pediatric medical care setting Age Range: Unspecified Type of Instrument: Self-Administered Questionnaire</p>
Other (nurses)	Knowing the family is not essential for me to care for them.	5-point scale: 1=Strongly agree, 5= Strongly disagree	Family Nurse Caring Belief Scale (FNCBS)	<p>27-items w/5-pt Likert scale; Internal reliability: Cronbach's alpha (.81); construct validity: 4 factors: ethical caring practices; systems orientation to families; child advocacy, normalizing milieu; concurrent validity (Pearson's r .57 with the Caring Behaviors Inventory and the Family Caring Scale); criterion validity</p> <p>Phase 1: instrument construction: pilot tested w/ 60 PICO nurses; phase 2: psychometric testing w/ random sample of 720 PICO/NICU nurses; although intended to measure attitudes; could be used for knowledge and behaviors</p>	<p>Care Setting: Center (not-specified) Age Range: 0-2 Type of Instrument: Self-Administered Questionnaire</p>