

The Fragile Families and Child Wellbeing Study changed its name to The Future of Families and Child Wellbeing Study (FFCWS). Due to the issue date of this document, FFCWS will be referenced by its former name. Any further reference to FFCWS should kindly observe this name change.

Survey of Parents year 9

Princeton University • Columbia University

Home Visit Workbook

Case ID: _____
Child Name: _____
Child BD/Gender: _____
City: _____

PCG Name: _____

Relationship to child: _____

Date of Visit: _____

Location of visit: _____

Interviewer ID: _____

Interviewer Name: _____

Home Visit Materials Checklist

- Case folder
- Year 9 ID Badge
- Laptop
- Labeled Home Visit Folder containing:
 - Labeled Home Visit Workbook
 - Labeled Consent forms:*
 - 2 Home Visit Consent
 - 2 Genetic Component (Saliva Sample) Consent
 - 1 3-part Teacher Contact Consent/Info Form
 - Labeled Primary Caregiver SAQ
 - 2 labeled envelopes ("M" and "C"), each containing a saliva sample kit and biohazard bag
 - 1 labeled cassette tape
 - Envelope with cash incentive and labeled receipt

Equipment:

- Scale (check batteries)
- Stadiometer
- Tape Recorder (check batteries)

Health Measures Kit:

- Disposable sterile gloves
- Tissue pack
- Wet Wipes
- Disposal bag (for gloves, tissues, packaging)
- Saliva Sample/Height Measurement showcard
- Sugar packets

Child Assessment materials:

- PPVT easel
- WJ III easel
- Pad of paper
- Pencil
- Pencil sharpener
- Child Interview showcards

Backup pack containing:

- Info folder with copies of: FAQs, Survey of Parents Newsletter, *What Is a Gene?*
- 2 extra tape cassettes
- 2 extra saliva sample kits
- 1 swab-type saliva sample kit with instructions
- 1 extra each consent: Home Visit, Genetic/Saliva Sample, Teacher Consent
- 1 extra Primary Caregiver SAQ
- 2 extra incentive receipt forms
- Extra batteries for scale (2 Lithium coin 3v CR203) and tape recorder (4 AA)
- Extra pens

HOME VISIT TASKS CHECKLIST

START time: _____ : _____ AM PM END time: _____ : _____ AM PM

<i>Complete</i>		<i>Page</i>
<input type="checkbox"/>	1. Home Visit Consent	3
<input type="checkbox"/>	2. Saliva Sample Consent.....	5
<input type="checkbox"/>	3. Teacher Contact Consent/Info	7
<input type="checkbox"/>	4. Child Assent.....	9
<input type="checkbox"/>	5. Information for Child Assessment	11
	Child Assessment pages.....	12–15
<input type="checkbox"/>	6. Child Assessment completion	13
<input type="checkbox"/>	7. Primary Caregiver SAQ.....	13
	Health Measures pages	17–23
<input type="checkbox"/>	8. <i>Bio Mother</i> Weight.....	19
<input type="checkbox"/>	9. PCG Response	19
<input type="checkbox"/>	10. Child Weight.....	21
<input type="checkbox"/>	11. Child Height	21
<input type="checkbox"/>	12. <i>Bio Mother</i> Saliva Sample.....	23
<input type="checkbox"/>	13. Child Saliva Sample	23
<input type="checkbox"/>	14. Parent/PCG Audiotape.....	25
<input type="checkbox"/>	15. Incentive Payment.....	28
	Interviewer Obs Guide	inside back cover

BEFORE LEAVING THE HOME, BE SURE THAT:

- All consents are correctly signed, initialed, and dated by parent/PCG,
- The Teacher Contact information is complete, *and*
- Every page of the PCG SAQ is completed.

POST-HOME VISIT TASKS

- CAPI Task - Interviewer Observations
- Transmission to home office

BLANK PAGE

HOME VISIT ACTIVITIES CONSENT

1a. AGREEMENT TO PARTICIPATE

CHECK ONE

- Agreement to Participate section *SIGNED* and *DATED* by parent/PCG
- Refused – DO NOT CONTINUE WITH ANY PART OF HOME VISIT
(Explain): _____

1b. CONSENT FOR AUDIOTAPING

CHECK ONE

- Consent for Audiotaping section *INITIALED* by parent/PCG
- Refused (Explain): _____
- Other (Explain): _____

1c. CONSENT FOR USE OF AUDIOTAPE

CHECK ONE

- Consent for Use of Audiotape section *INITIALED* by parent/PCG
- Refused (Explain): _____
- Other (Explain): _____

Say: ***This is the consent form for the home visit. You can read it over and sign it. It tells you what this study is about and lists the activities that we have planned today. It also describes the protections that are in place to protect your privacy. I have two copies of the same form that need to be signed by you here (POINT) and initialed here and here (POINT). The pink copy is for you and the white copy is for our files. Let me know if you have any questions.***

If child is present, say: **I don't have a consent form for CHILD, but I am going to tell him/her about what we're going to be doing and then ask if he/she will agree to participate. I will talk about the same kinds of things that are in your consent form so you may want to listen as I do that.**

NOTES:

- Allow PCG to read form, and answer any questions.
- Obtain signature, date, and initials on both white and pink copies.
- After signing, give the PINK copy to the PCG and place the WHITE copy in the case folder.

FAQs About the Saliva Sample

Q. What is a gene/DNA?

A. Genes are made of sections of DNA. They are the biological way we pass along traits to our children. DNA consists of four bio-chemicals, and the order of these bio-chemicals serves as a kind of a recipe book for human traits.

Q. Why are you studying DNA?

A. We are studying DNA in order to look at the way genes and life are related to feelings, learning, and behavior and health, growth and development.

Q. Can we get the results of the DNA test?

A. No. Like all the other data we have collected, we can only examine group trends and not individual data on your child. We are not clinicians and can only use data for research purposes.

Q. Can anyone else get my DNA, like the police, lawyers, or insurance companies?

A. No. We have a Certificate of Confidentiality from the US Department of Health and Human Services. This helps to protect your privacy. With this form, no one can force us to tell anything about you to people who are not a part of this study. This includes the courts, the police, and others.

Q. Can I share the DNA with someone like my child's doctor?

A. No, I'm afraid that is not possible. We use a research laboratory and not a clinical or medical laboratory. Medical professionals require that a clinical or medical laboratory that has "CLIA" certification (Clinical Laboratory Improvement Amendments certification). Your DNA will only be used for this research.

Q. Why do you only want DNA from the mom and not the dad?

A. We are not collecting DNA from dads because we only need DNA from one parent and because many children in the study are not living with their dads. It is my understanding that having genes from both moms and their children is an important part of the study.

Q. I don't want my child to do this, but I will agree to do it. OR It's fine if my child wants to do this, but I don't.

A. Ok, this is fine. Thank you.

Q. What do you mean you will look for new genes as they are discovered?

A. Because scientists identify new genes every year, we would like to be able to look at your DNA again if a new discovery is made. This allows the study to make the most meaningful contributions to science. However, it is important to know that we will only use the saliva samples to study differences in genes related to feelings, learning, and behavior and health, growth and development.

[If a participant has a question that you cannot answer]

A. I'm afraid I don't know the answer to that question, but I'm sure that one of the principal research scientists can answer it. Would you like me to have someone follow up with you about your question?

[After the visit, give your supervisor the participant's question or clarification request, along with the participant's name and contact information.]

SALIVA SAMPLE/GENETIC COMPONENT CONSENT

2a. Part 1 - CHILD

CHECK ONE

- Consent is *INITIALED* by parent/PCG
- Refused (Explain): _____
- Other (Explain): _____

2b. Part 2 - BIO MOTHER

CHECK ONE

- Consent is *INITIALED* by parent/PCG
- PCG is *not* Bio Mother (no initials for this part)
- Refused (Explain): _____
- Other (Explain): _____

2c. Part 3 - PARENT/PCG SIGNATURE

CHECK ONE

- Consent is *SIGNED* and *DATED* by Parent/PCG
- Refused (Explain): _____
- Other (Explain): _____

Say: ***Next, I have the consent form for the saliva sample. Again, I have two copies of the same form that need signatures. One is for you and one is for our files. You can read the consent over and sign it. It describes why we are collecting saliva and how the saliva will be used. It also discusses the protections that are in place to protect your privacy. You will see a place for your signature at the end (POINT).***

IF PCG IS BIO MOTHER: ***There are also places for you to initial to allow [CHILD] to do this procedure and for you (POINT TO EACH).***

IF PCG IS *NOT* BIO MOTHER: ***There is a separate place for you to initial to allow [CHILD] to do this procedure (POINT). Since you are not the bio mother, you don't need to initial Part 2b (POINT). I won't be collecting a saliva sample from you.***

Allow PCG to read form and answer any questions. Use the *What Is a Gene?* handout if PCG asks for more detailed description and to answer questions.

FAQs about the Teacher Survey

Q. Will my child's school see the information? Will it affect my child's school record?

A. No. The child's teacher will mail the form directly to us, and we will not share any information with the school, or anyone else.

Q. Are you going to talk to my child's teacher?

A. No, I'll give this information to my company, Westat, who will mail a letter and a questionnaire to the teacher.

Q. Which teacher do you want to contact? Last year or this year?

A. We want to interview a teacher who knows your child very well. During summer break through October 31st we want to contact your child's previous teacher from last year. Starting in November we want to contact this year's teacher.

Q. What if my child's teacher left the school?

A. Please, give us as much information as possible even if the teacher has switched schools. We often are still able to contact the teacher.

Q. What if my child changed schools during the year?

A. We want to interview a teacher who knows your child very well. Please give us the information for where your child spent most of the school year.

3. TEACHER CONTACT CONSENT/INFORMATION FORM

CHECK ONE

- Teacher Contact Consent/Information Form COMPLETED by Interviewer and SIGNED and DATED by Parent/PCG.
- Refused (Explain): _____
- Other (Explain): _____

Say: ***As part of the Year 9 Survey of Parents we would like to contact CHILD's teacher. We want to send the teacher a questionnaire to complete about CHILD and his/her classroom and school, and also the teacher's background. Do I have your permission for the study to contact CHILD's teacher?***

IF YES: ***I'll need the teacher's full name, the name of the school, and the school address and telephone number. Can you give me this information?***

This school year vs. last school year

- From start of data collection through October 31, obtain the contact information about the teacher from the 2008-2009 school year.
- After October 31, obtain information about the teacher from the 2009-2010 school year.

Enter the information:

- child's first and last name
- school year and grade
- teacher's first and last name
- the complete school name and address (including city, state, and zip)
- school telephone number

If necessary, ask the parent/PCG to use school materials, a phone book or school website so that the information is as complete and accurate as possible (e.g., the correct spelling of the teacher's name, the full school address).

I also need to ask you to sign this form. We will send a copy to the school so that the teacher and the school will know that you have given permission.

Obtain the signature and date.

- Give the bottom, PINK copy to the PCG, and
- Place the WHITE (original) and YELLOW copies in the Home Visit Folder.

BLANK PAGE

4. CHILD ASSENT

CHECK ONE

- Child agreed to participate
- Refused (Explain): _____
- Other (Explain): _____

NOTE:

- If the child does not agree to participate, you cannot conduct the child health measures or assessment.

Read the following to the child *exactly as it is written*:

Before we start, I want to tell you about this study. We want to find out about the health of kids your age, what they know, and what they can do. And, we want to learn about their families. I will ask (your mother/PCG) about you, your family, and about the things going on in your life. I will also send your teacher a questionnaire to fill out to learn about you, your teacher, and your school.

So let me tell you about the activities that I would like to do with you today. You and I will sit down together, and I'll ask you some questions about math, reading, and vocabulary. There is also a memory activity with numbers. Then, I will ask you to answer some questions about you and your family and friends.

There are also some activities related to your health. I will measure how tall you are and how much you weigh. (I'll measure how much your mom weighs, too.) I will also ask you (and your mom) for a sample of saliva. I will ask you to spit several times into a small container. Saliva contains something called genes—not blue jeans!—and genes are like recipes for what a person is like. Children get their genes from their parents. So, for example, a child might have eyes just like their mother's eyes. This study wants to learn how genes are related to feelings, learning, and behavior and health, growth, and development. This information, along with all the other information in the study, can be used to design ways to help children.

(Continued on the next page)

Before we start doing these things, there are a couple of things that I want you to know. First, you do not have to be in the study. If there is an activity that you do not want to do, you can just tell me, and we won't do it. And that's okay. Even though your (mother/PCG) gave permission for you to be in the study, you still do not have to do something if you do not want to.

Second, everything you do and the things you tell us are private. That means that we won't tell your answers to your parents, your teachers, or other people who are not working on this study. However, if you tell me about something that means you could get hurt or someone else could get hurt, we will discuss the problem. Then I will talk to someone who can protect you or that other person.

All the activities with you should take about an hour and a half. We can take a break if you want to. To thank you for your help today, after we're all done I will give (your mother/PCG) a gift of \$30 for you.

Does this sound okay with you?

5. INFORMATION NEEDED FOR CHILD INTERVIEW

CHECK ONE

Information was obtained...

- During the parent or PCG Interview
- From PCG during the Home Visit
- Some other way (Explain): _____

Using the appropriate box, fill in the information *before* proceeding to next page.

IF PCG = BIO MOTHER

1. Has CHILD seen his/her biological father in the last year?
CONF2 Yes, because Bio Father lives with mother & child 1 GO TO NEXT PAGE
Yes, but Bio Father does not live in same hh 2
No..... 3
2. Does biological mother have a husband or partner living in this household with her and CHILD?
CONF3 Yes 1 GO TO 3
No..... 2 GO TO NEXT PAGE
3. What is his name? _____ GO TO NEXT PAGE
CONF4

IF PCG = BIO FATHER

1. Has CHILD seen his/her biological mother in the last year?
CONF6 Yes 1
No..... 2
- GO TO NEXT PAGE

IF PCG = NON-PARENT

1. Has CHILD seen his/her biological mother in the last year?
CONF9 Yes 1
No..... 2
 2. Has CHILD seen his/her biological father in the last year?
CONF10 Yes 1
No..... 2
- GO TO NEXT PAGE

THE CHILD ASSESSMENT AND PCG SAQ

Say to Parent/PCG:

For the assessment with CHILD, I'll need a quiet place with a table and two chairs. I'll use my laptop and show CHILD some pictures and ask some questions. The whole thing will take about an hour.

Children usually do better on assessments if their parents/caregivers aren't watching. Is there some place with a little privacy?

Set up the following materials on a table:

- Laptop, plugged into an outlet.
- Open PPVT easel.
- Open WJ III easel.
- Paper and pencil.
- Child Interview showcards

Also get out the labeled PCG SAQ and a pen.

Give the Parent/PCG the SAQ booklet and say:

While I work with CHILD, let me give you this questionnaire for you to complete yourself. It will take about 20 minutes. Do you need a pen?

If the parent/PCG cannot read, you may read the questions and record responses. *Be sure that the questionnaire is conducted privately, so that no one else overhears the questions or responses.*

Show the child the setup on the table and say:

Now let's sit down together and I'll ask you some questions in these books. I won't ask you all the questions, just some of them. I'll use the computer to tell me what to do.

The whole thing will take about an hour. Do you need a drink or to go to the bathroom before we start?

NOTES:

- Make sure the child is comfortable
- Have easels set up and ready for use (with blank page pages showing)
- Have pen and paper ready for WJ III Test 10
- Keep table clear of materials unless they are being used

CHILD ASSESSMENT REMINDERS

Use neutral praise (praise for the child's efforts, not correct responses):

The best neutral praise is nonverbal—a positive, friendly facial expression.

Here are some examples of verbal neutral praise:

- ***You are helping me by answering these questions.***
- ***I like the way you are listening and paying attention.***
- ***You are really listening.***

Never tell the child where s/he has answered a question correctly (unless it is scripted to do so in a practice item). Don't say "Great!" or "Good job!"

If the child asks you, say:

- ***We just want to see what you think.***
- ***I'm sorry, but I can't tell you the answer. It's okay if you don't know.***

When scoring in all tests:

- Use F5 for a response of "don't know."
- Use F6 for a refusal or if the child does not respond.

The PPVT-III

- Using the script on the back of the easel, first administer training items on Plate C.
- Then administer training items on Plate D.
- Do not put "a" or "the" or any other article in front of the word.
- Enter the number of the picture child chooses.

The Digit-Span

- The script and instructions for administration are all in CAPI. You do not need anything else for administration of the Digit Span.
- Read sequences at the rate of *one digit per second, dropping your voice slightly on the last digit in the sequence.*
- Do not repeat any item. If the child asks you to repeat any item, say: ***I can't repeat the numbers. Just take your best guess.***
- Because you may not repeat an item, be sure you have the child's full attention before beginning a sequence.

WJ III Test 9 – Passage Comprehension

- All study children will start on easel page 157, Sample Item B. This item is not scored.
- Allow children to read the text either aloud or silently, whichever they prefer.
- Do not tell the children any words on this test.
- Do not penalize a child for mispronunciations resulting from articulation errors, dialect variations, or regional speech patterns.
- Unless otherwise noted, accept only one-word responses as correct. If a child gives a two-word response, ask for a one-word answer.
- Score a response *correct* if it differs from the listed correct response(s) in verb tense or number (singular/plural), unless otherwise indicated by the scoring key.
- Score a response *incorrect* if the child substitutes a different part of speech, such as a noun for a verb, unless otherwise indicated by the scoring key.

WJ III Test 10 – Applied Problems

- All study children will start on easel page 195, Item 20.
- You may repeat questions during this test whenever the child requests.
- Give the pencil and paper to child where directed at Item 30.
- If the child requests or appears to need paper and pencil prior to Item 30, give them to him/her.

Child Interview

- The transition from the cognitive tests to the interview is important. The child should understand that there are no right or wrong answers, and now you will ask questions that only the child can answer.
- Give the child the showcard of response categories for the designated questions.

BLANK PAGE

THE HEALTH MEASURES

Set up the materials. Near a kitchen or bathroom is best.

- Set the scale on a level, uncarpeted floor.
- Set up the stadiometer nearby.
- Get out the pre-labeled saliva kit envelopes.
- Get out the hygiene kit.

IF THE PCG IS THE BIO MOTHER, SAY: ***Now, I'm going to measure YOUR weight. Then I'll weigh and measure how tall CHILD is. Then I'll ask you each to spit into a small container for a saliva sample.***

IF THE PCG IS NOT THE BIO MOTHER, SAY: ***Now, I'm going to measure how much CHILD weighs and how tall CHILD is. Then I'll ask him/her to spit into a small container for a saliva sample.***

MOUTH RINSE

First, to prepare for the saliva sample, you'll need to rinse your mouth with water. This has to be done 5 minutes before you spit into a little container I will give you. If you rinse now, we can then do the height and weight measures. When we are done with those, 5 minutes will have gone by and we can do the saliva samples.

We'll each need a glass of water, so I can demonstrate. To rinse your mouth, take a mouthful of water and slosh it around, then swallow the water. Do it a second time, and then you'll be ready.

Demonstrate mouth rinse.

BIO MOTHER WEIGHT PROCEDURE

Ask the mother to take off her shoes and any coat or heavy sweater she may be wearing. She should put down anything she is holding.

Say: ***To be sure the scale is working properly, I'm going to weigh you twice. When I tell you to, step on the middle of the scale.***

1. Tap the scale to turn it on. "0" will appear traveling across the bottom of the screen.
2. When "0.0" appears, say: ***Now step on the scale, and stand still.***
3. Once the number is stable, record the 1st weight reading, including the decimal place.
4. Say: ***Now please step off the scale.***
5. Let the scale reset itself to "0.0."
6. Say: ***Now please step on again.***
7. Once the number is stable, record the 2nd weight reading, including the decimal place.
8. If the two reading are not the same AND are 2 or more pounds different, weigh a third time.

WHAT IF:

Bio Mother refuses to step on scale

Ask: ***Would you mind telling me how much you weigh?***

Code and Explain:

Bio Mother's weight was reported by mother: 175 lbs.

(Explain): She refused to be weighed

Bio Mother is pregnant:

Ask: ***What was your pre-pregnancy weight?***

Code:

Bio Mother's weight was reported by mother: 175 lbs.

(Explain): Pregnant, she reported pre-pregnancy weight

Scale reads Error/Bio Mother weighs over 300 lbs:

Ask: ***Would you mind telling me how much you weigh?***

Code:

Bio Mother's weight was reported by mother: 310 lbs.

(Explain): Scale read error/weighed over 300 lbs

8. BIO MOTHER WEIGHT

CHECK ONE

Bio Mother Weight measures completed

Bio M Reading 1 _____ . ____ lbs.

Bio M Reading 2 _____ . ____ lbs.

Difference between Reading 1 and 2: _____ . ____ *lbs.* If difference is ≥ 2 lbs take 3rd reading.

Bio M Reading 3 _____ . ____ lbs.

Bio Mother's weight was reported by mother: _____ lbs.

*NOTE: If Bio Mother is PREGNANT, ask for pre-pregnancy weight.
Write "Pregnant" on line below.*

(Explain): _____

Not completed, PCG is not Bio Mother

Refused (Explain): _____

Other (Explain): _____

9. PARENT/PCG RESPONSE

AT A NATURAL POINT IN YOUR CONVERSATION WITH THE PARENT/PCG WHILE TAKING THE WT/HT MEASUREMENTS, PRAISE THE CHILD.

EXAMPLES:

What a nice, cooperative child you have!

What a good (boy/girl) you have!

CHILD is such a (handsome/pretty) child!

DID PARENT/PCG RESPOND POSITIVELY?

YES..... 01

NO (INCLUDES NO RESPONSE)..... 00

CHILD WEIGHT AND HEIGHT PROCEDURE

Ask the child to take off shoes and any coat or heavy sweater. She/he should put down anything she is holding. Ask child to remove hat or adjust ponytail or other hairstyle that prevents an accurate measurement.

Say: ***To be sure the scale and the measuring stand are working properly, I'm going to weigh you and measure your height twice. First, I'll weigh you. When I tell you to, step on the middle of the scale.***

Weight Reading 1:

1. Tap the scale to turn it on. "0" will appear traveling across the bottom of the screen.
2. When "0.0" appears, say: ***Now step on the scale, and stand still.***
3. Once the number is stable, record the 1st weight reading, including the decimal place.
4. Say: ***Now please step off the scale, and let's measure how tall you are.***

Height Reading 1:

5. Move to the stadiometer and say: ***Stand with your feet over the outline, with your heels and back almost touching the measuring rod. Your eyes should look straight ahead and your chin should be up a little bit.*** Use the diagram card if necessary.
6. Gently slide the headpiece down the rod so that it rests gently on the child's head.
7. Record the 1st height reading – If the indicator is between centimeters, round UP to the higher centimeter.

Weight Reading 2 and Height Reading 2:

8. Say: ***Now, let's go back to the scale.***
9. Repeat procedures above for 2nd weight and 2nd height readings.
10. If the two WEIGHT reading are not the same AND the difference is 2 or more pounds, weigh a third time.
11. If the two HEIGHT readings are not the same, measure height again.
12. Clean the stadiometer with the provided wipes after use.

10. CHILD WEIGHT

CHECK ONE

- Child weight measures completed

Reading 1 _____ . ____ lbs.

Reading 2 _____ . ____ lbs.

*Calculate difference between 1 and 2: _____ . ____ lbs.
If difference is 2 lbs or more, take 3rd reading.*

Reading 3 _____ . ____ lbs.

- Child's weight was reported by mother: _____ lbs.

(Explain): _____

- Refused (Explain): _____

- Other (Explain): _____

11. CHILD HEIGHT

CHECK ONE

- Child height measures completed

NOTE: If the indicator is between centimeters, round UP to the higher centimeter.

Reading 1 _____ centimeters

Reading 2 _____ centimeters

If the Reading 1 and 2 are not the same, take 3rd height reading.

Reading 3 _____ centimeters

- Refused (Explain): _____

- Other (Explain): _____

BIO MOTHER AND CHILD'S SALIVA SAMPLES

Put on sanitary gloves. Get out box of tissues, Saliva Sample showcard and disposal bag.

For the MOTHER, be sure to use the kit in the "M" padded envelope. The blue container will have "M" printed on the label on the side of the cup.

For the CHILD, be sure to use the kit in the "C" padded envelope. The blue container will have "C" printed on the label on the side of the cup.

Hand the correct blue container to mother and to child and say:

Please spit into this container. You need to fill it with saliva just up to the edges of the little 'shoulders' on the inside of the container. Use the showcard to point to level needed.

Take your time. It usually takes people about 10 or so spits. When you are finished, please hand it back to me and I'll put this white cap on it.

When respondent is finished, check to make sure they have filled the container to the necessary level. Do not count bubbles or foam. Place the container on a flat surface, then screw the white cap onto the blue container and shake gently for at least 10 seconds.

For the MOTHER: Place sealed "M" container in a plastic biohazard bag and seal. Then place it inside the "M" padded specimen envelope. Seal the envelope.

For the CHILD: Place sealed "C" container in a plastic biohazard bag and seal. Then place it inside the "C" padded specimen envelope. Seal the envelope.

When done, place the envelopes in the case folder.

NOTES:

- ***Sometimes it helps if you rub the sides of your mouth with your tongue.***
- ***A quarter teaspoon of sugar on your tongue can sometimes help.***
With PCG permission (child or mother may not be allowed to eat sugar, e.g., because of diabetes), offer ¼ teaspoon of sugar from kit. A sugar packet holds one teaspoon.
- If necessary, use a swab kit from back-up folder to obtain the sample.
- Do not collect a saliva sample if the PCG is not the child's bio mother.

12. BIO MOTHER SALIVA SAMPLE

CHECK ONE

- Completed
- Not completed, PCG is not Bio Mother.
- Completed with aid of swab kit

(Explain): _____

- Refused (Explain): _____
- Other (Explain): _____

13. CHILD SALIVA SAMPLE

CHECK ONE

- Completed
- Completed with aid of swab kit

(Explain): _____

- Refused (Explain): _____
- Other (Explain): _____

BLANK PAGE

FOR ALL QUESTIONS, USE THESE ELABORATION PROBES FOR RESPONDENTS WHO ARE NOT TALKATIVE:

Can you tell me more about that?

Can you give me an example of that?

How do you feel about that?

Read the questions *exactly as written* – probe as necessary, using the examples or similar probes.

Q1. ***First, how is (CHILD) similar to (his/her) (sibling/closest aged sibling)?***

IF CHILD HAS NO SIBLINGS, ASK: ***How is (CHILD) similar to (his/her) closest aged cousin?***

IF CHILD HAS NO COUSINS, ASK: ***How is (CHILD) similar to other children (his/her) age?***

Q2. ***How is (CHILD) different?***

Q3. ***Now I'd like to get a general picture of (CHILD). Can you tell me a little about (him/her)?***

PROBES:

I've only just met (CHILD). Can you tell me what (he/she) is really like?

How would you describe (his/her) personality?

'How does (he/she) compare to other children (his/her) age?

Q4. **Who is (CHILD) more like, you or (his/her) (other parent)? Why?**

PROBES:

Does (he/she) take after one of you more than the other?

In what ways is (he/she) more like you or (his/her) (other parent)?

In what ways is (he/she) similar to (parent not named above)?

Q5. **All children are easier to raise in some ways and harder to raise in others. How would you like (CHILD) to be different? What qualities do you wish he/she had?**

PROBES:

What things does (he/she) do that you wish (he/she) wouldn't?

What parts of (his/her) personality do you wish were different?

Q6. **How do you feel when you are away from (CHILD)?**

BE SURE TO FIND OUT ABOUT THE RESPONDENT'S FEELINGS, NOT JUST HER OR CHILD'S BEHAVIOR.

PROBES:

For example, when you are at work and (he/she) is (in school/with day care provider/with babysitter)?

How do you feel when you or (CHILD) leaves?

How do you feel when you see (him/her) again?

Q7. **Is there anything else you'd like to tell us about your child?**

End of Audio Recording Questions

When the recording is completed, rewind a bit of the tape and play back to be sure that the conversation was recorded properly. Then remove tape from recorder, place it in its cassette case, and put away in Home Visit Folder.

15. HOME VISIT INCENTIVE PAYMENT

Check all that apply to payment given to PCG:

- | | | |
|--------------------------|-----------------------------|------|
| <input type="checkbox"/> | Bio Father Interview | \$75 |
| <input type="checkbox"/> | Bio Mother Interview | \$30 |
| <input type="checkbox"/> | Primary Caregiver Interview | \$25 |
| <input type="checkbox"/> | Child Activities | \$30 |
| <input type="checkbox"/> | Home Visit | \$65 |

Cash Amount paid: _____

NOTES:

- You may pay the PCG for interviews completed before the Home Visit.
- Do not pay for Home Visit if some components are not finalized.
- Obtain signed receipt for cash from PCG.
- Give the incentive for the child activities to the PCG to give to the child.
- Have PCG count cash before signing receipt.

IN-HOME OBSERVATIONS GUIDE

Neighborhood

- Garbage/litter/broken Glass
- Condition of buildings
- Graffiti
- Abandon buildings and vehicles

Immediately outside home

- Entrance lighting
- Broken Steps
- Broken glass/toys
- Large ditches
- Alcohol/drug Paraphernalia
- Garbage/litter
- Peeling paint/damaged walls
- Broken/cracked windows
- Condition of road paving

Interior Common Areas

(for Apartments only)

- Cracks/holes in walls
- Holes in floor
- Broken plaster/peeling paint
- Exposed wires

Interior of home/apartment

- Broken/cracked windows
- Exposed wires
- Cracks/holes in walls/ceiling
- Holes in floor
- Broken plaster/peeling paint over 1 sq/ft
- Lighting
- Crowded
- Cluttered
- Dirty/trash
- Unsafe for young children (exposed wires, pests, broken glass, poisons, broken stairs/walls, peeling paint, flames/heat in reach, weapons)/
- Children's artwork, photos of children
- Noisy from inside the house
- Noisy from outside the house
- Alcohol/drug paraphernalia

Child's appearance

- Clothing
- Hygiene
- Hair
- Odor

Home Scale

- Freq. of interaction with child
- Responded to child
- Encouraged child to contribute
- Helped child demo skill/achievement
- Used term of endearment
- Positive feelings of or to child
- Showed physical affection
- Shouted, showed annoyance/hostility toward child
- Slapped/spanked child
- Scolded/criticized child
- Was Calm
- Clear speech
- Initiated verbal exchanges
- Expressed ideas freely, easily
- Understood questions
- Number of books (10?)
- Freq. phone rang/answered phone
- People coming/going
- Children screaming
- Parent yelling (not at child)
- Other children/adults interrupting
- Some turned on loud TV/music

Child

- Freq. of positive emotions
- Freq. of negative emotions
- Persistence at PPVT/Digit Span/WJ
- Cooperative at PPVT/Digit Span/WJ
- Attentive with interview
- Cooperative with interview, with physical measurements

Please return to:
Westat – TB383F
1500 Research Blvd.
Rockville, MD 20850