

# Interview Coordinator's Manual

## Specifications for Facilitating Research Interviews

Diane DePanfilis, Ph.D., Principal Investigator

University of Maryland School of Social Work

525 West Redwood Street, Baltimore, Maryland 21201

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  - Fatima Mirza, M.S.W., Graduate Assistant
  - Kimberly McCorr, B.A., Office Manager
-

## List of Appendices

Comment [dd1]: We all need to review the appendices.

- A. Assurance of Confidentiality
- B. Referral Guide
- C. Referral Information/Attempts to Contact Form
- D. Map of Empowerment Zone
- E. Operational Definitions of Neglect
- F. Sample Thank You Letters to Referral Sources
- G. Sample Appointment Reminder Letters for Client
- H. Informed Consent Form
- I. Research Tracking Form
- J. Instructions for Research Tracking Database
- K. Client Information/Attempts to Contact for Closing Interview
- L. TANF (Temporary Assistance to Needy Families) – Chart of Amounts Paid by Family Size
- M. List of Drugs
- N. Follow-Up Information/Attempts to Contact form for Final Interview
- O. Sample Reminder Letter

Comment [AH2]: Gillian developing new letters

Comment [AH3]: Need TANF rates for 2005, need drug list for??

#### Purpose of Manual

This manual provides documentation for Family Connections' research protocols.

#### **FAMILY CONNECTIONS (FC) & GRANDPARENT FAMILY CONNECTIONS (GFC)**

The primary goal of FC and GFC is to have a positive impact on the families it serves. Its objectives are to (1) decrease risk factors among families at risk for child neglect; (2) increase protective factors among families at risk for child neglect; (3) increase child safety among families at risk for child neglect; (4) improve the well-being of children at risk for child neglect and (5) improve family stability and permanency for children.

FC and GFC work with two populations: (1) vulnerable families who have difficulty meeting their children's basic needs (FC) and (2) vulnerable intergenerational families headed by grandparents who have difficulty meeting their children's basic needs (GFC).

#### **FAMILY CONNECTIONS (FC)**

**SERVICE DESCRIPTION:** FC families receive emergency assistance, family assessment, a service plan, family fun activities, advocacy, coordinated referrals to community agencies, and outcome driven intervention for six months. Social work interns collaborate with a wide range of other community service providers and include them in planning and service delivery to maximize the opportunity for successful intervention and desirable outcomes. Furthermore, FC families are not involved in the research protocol.

Interview coordinators conduct two interviews with FC Participants:

**Initial Interview:** Before intervention, we ask primary caregivers whose families meet the eligibility criteria to complete a computerized interview. This interview is completed by all participants entering the FC program.

**6 Month Interview:** At the close of intervention for Family Connection's participants, we visit the client's home and conduct a second research interview. This interview is conducted 6 months after the initial interview.

#### **GRANDPARENT FAMILY CONNECTIONS (GFC)**

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**SERVICE DESCRIPTION:** Grandparent families are served by one of four service models: FC3, FC6, FC6+ or I&R. These service models are described in detail below.

Eligible participants are randomly assigned to one of the four groups. Those grandparents who are assigned to FC3, FC6, or FC6+ will participate in ecological service modules that reflect an awareness of intergenerational families' multiple and complex needs. All intervention groups will replicate components of the demonstrated effective FC intervention. Families in the FC3 intervention group will receive emergency assistance, family assessment, a service plan, family fun activities, advocacy, and coordinated referrals to community agencies over a three month service interval. The social work intern will collaborate with a wide range of other community service providers and include them in planning and service delivery to maximize the opportunity for successful intervention and desirable outcomes. Families assigned to the FC6 intervention group will receive everything that families in the FC3 group receive but will additionally receive outcome driven intervention and will be served for 6 months. Families assigned to the F6+ intervention group will receive everything that families in the FC6 group receive but will additionally receive community-based health and legal services. Families assigned to the I&R group will receive a visit from the assigned social work intern who will assess the family's immediate needs and make appropriate referrals to service providers.

Grandparent caregivers will complete from three to four interviews depending on which group they are assigned to:

**Initial Interview:** Before intervention, we ask primary caregivers whose families meet the eligibility criteria to complete a computerized interview in their home. This interview will be administered to all participants before they are randomly assigned to one of four groups: **I&R, FC3, FC6, FC6+.**

**3 Month Interview:** For the **I&R & FC3**, caregivers complete the computerized assessment interview at either close of intervention (for the FC3 group) or 3 months after the initial interview (for the I&R group).

**6 Month Interview:** For the **FC6** and **FC6+**, interviews are conducted at the end of service (6 months following the initial interview).

**9 Month Interview:** For **I&R** and **FC3**, an interview is conducted at 6 months after case closing (9 months after initial interview).

**12 Month Interview:** 12 months following the baseline interview, we visit the client's home and conduct the last interview in the protocol. This interview is administered to all four groups (**I&R, FC3, FC6** and **FC6+**).

## The Manual's Organization

The manual consists of four sections. The first section provides introductory information and the next three sections are devoted to each research protocol. Where the information needed overlaps, the manual refers to earlier sections.

- Section 1 gives information on the role of the interview coordinator that applies to all research protocols. This section also provides information on the ethics of interviewing for research purposes.

Section 2 describes procedures and documentation for facilitating the Baseline Interview. Its purposes are:

- To review criteria for accepting referrals;
- To provide information about scheduling, preparing for, and facilitating computer assisted baseline interviews;
- To summarize basic research interviewing techniques; and
- To operationally define selected questions from each interview.

Section 3 describes procedures and documentation for facilitating the Follow-up and closing Interviews. Its purposes are:

- To provide logistical information on scheduling, preparing for, and documenting the computer-assisted follow-up and closing interviews.;

All interview coordinators must be totally familiar with the specifications within this manual and the automated interview. They must also take part in training which includes: (1) participating in training that includes time for practice; (2) practicing in dyads through role play sessions; (3) successfully accomplishing a role play as an interview coordinator with a staff member in the role of client; and (4) successfully completing an interview with a client, with a staff member available for consultation.



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## ROLE OF THE INTERVIEW COORDINATOR AND ETHICS FOR INTERVIEWING

### ROLE OF THE INTERVIEW COORDINATOR

As an interview coordinator, you play an essential role in the evaluation of Family Connections. You are the vehicle to enable clients to tell us about themselves before intervention and at the each point of follow-up. The interviews can be combined to give a true picture of the thoughts, actions, and feelings of all clients who participate with us in Family Connections only if all interview coordinators working on the study have learned to follow the procedures.

Completing the interview can feel like an overwhelming task for clients **UNLESS** you help them understand the importance of this information and make it a fun process. At the baseline interview, you are often the first person from Family Connections that clients meet. You are key to helping clients feel comfortable with the services we can provide. At each follow-up interview, you are essential to making the client feel like their participation is valuable and in encouraging them to cooperate with scheduling and completing each interview.

- You have an important role in helping clients understand how to read and/or listen to each question and how to answer each question accurately. The information gathered during the interview must be accurate and complete. Interview data will form the basis of published reports and documentation about the family's conditions before intervention (at baseline), and at each of the points of follow-up (3 months, 6 months, 9 months, and 12 months). Any problems with that data may seriously affect the validity of the study. The interview coordinator is a valuable and necessary person on the research team because self-report data is the principal source of data at baseline, and a significant part of information collected at the times of follow-up.
- You will assist clients by teaching them how to complete the interview. Explain that the interview includes a variety of question formats and you will help them learn how to use the computer to answer each type of question. Start by reading each screen aloud and help the caregiver respond to the questions in the first two sections of the interview. After the introduction to the interview, she can decide whether to have you sit and read to her or to complete the interview herself.

### ETHICS OF INTERVIEWING FOR RESEARCH PURPOSES

As social workers, we are bound to specific values, ethics, and obligations of our profession. We must therefore follow specific ethical principles whether we are in the role of helper or

researcher. The mission of social work is rooted in a set of core values. These core values, embraced by social workers throughout the profession's history, are the foundation of social workers' unique purpose and perspective. How are these core values related to our professional roles as researchers?

#### VALUE I: SERVICE

Ethical Principle: The social worker's primary goal is to help people in need and to address social problems.

When we undertake research to understand how we can intervene most effectively, we are able to fulfill this primary principle more effectively as well. By learning more about the stresses and strains in the lives of families before we work with them, we should be able to be more effective in evaluating the degree to which we are able to help families address the social problems which may lead to problems in the well being of their children.

#### VALUE II: SOCIAL JUSTICE

Ethical Principle: Social workers challenge social injustice.

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts focus primarily on issues of poverty, discrimination, and other forms of social injustice. We can be more effective pursuing social justice on behalf of our clients when we base this advocacy on accurate portrayals of their life circumstances. Enabling clients to confidentially provide information about their life circumstances will help us be more effective advocating on behalf of other families who have similar characteristics and experiences.

#### VALUE III: DIGNITY AND WORTH OF THE PERSON

Ethical Principle: Social workers respect the inherent dignity and worth of the person.

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. One way that we do this is to promote self-determination and to provide clients all the information they need to make an informed decision about participating with us in Family Connections. We must therefore be able to describe what services we can provide and help them understand how they can help other families by participating in the research associated with this project.

The decision about whether to participate however is totally up to the client. It is essential that you inform clients that they can withdraw from the research and services available through Family Connections at any time. We must give them the information they need to make an informed decision and must not use any degree of coercion or influence in the process. On the other hand, it is absolutely appropriate for them to hear about the potential benefits of working with us so they can make an informed decision for their family.

## Confidentiality

Collection of valid information on any topic requires establishing and constantly maintaining confidentiality. To establish rapport, you must ensure that clients have a clear understanding of how the information will be used and, more importantly, that it will not be misused. In most instances, clients will not question the legitimacy of your mission. When they do, you may need to make considerable effort to establish that we will use the information as a part of a scientific and statistical picture, and not in any way that would be harmful to anyone.

With their permission obtained by the informed consent, we may use some data to inform the services that they receive [See procedures on extraction of clinical data for details]. In all instances of data use, no unauthorized person is ever permitted to see the interview. We maintain strict security at all points of handling. We will not use names and addresses except for the necessary purpose of making sure that the recorded information is for the person to whom it refers. The responses obtained are summarized and shown only in the form of statistical summaries, so that published details cannot be traced back to families or to individuals.

Comment [AH4]: What is the official name for this?

Interview coordinators who work with the University of Maryland are expected to maintain professional standards, collecting data with scientific objectivity, and treating with utmost confidence all information offered or observed during an interview. Successful and meaningful evaluation research is dependent on the establishment of trust between the interview coordinator and the client and continuance of this sense of responsibility to the public throughout all evaluation activities.

The questionnaire pursues questions that one would not think of asking a close friend; questions that might be thought of as "too personal". You will find that the average person is willing to answer these questions, sometimes offering information that would not be given to a close friend or relative. Your protection of all information about clients gained during the interview is therefore essential. This includes information that concerns the interview itself or extraneous observations of the caregiver's home, family, and activities.

The main reason research organizations can point to many successes in collecting information is **CONFIDENTIALITY**. Our interview coordinators can, and do, promise people who are interviewed that their answers to the questions will be kept **COMPLETELY CONFIDENTIAL**. However, if the interview coordinator uncovers evidence of recent child maltreatment, we are obligated, by law to report the alleged maltreatment to child protective services. We make clients aware of this in the Consent Form. If you have any concern about whether information that you obtain suggests that a child may have been abused or neglected, you should see a field instructor or investigator immediately after the interview.

We promise our clients that we will never reveal what they have told us to others outside of the project. In published results, we combine his or her answer with everyone else's in the survey. The results are in percentages and totals in such a way that no individual person's answers can be identified. Information collected or seen during an interview can be shared only with the research team, or clinical staff (**see procedures for specifications on sharing clinical material**), whose members are under the same ethical and moral obligations as the interviewer.

**IT IS YOUR DUTY TO KEEP THE PROMISE OF CONFIDENTIALITY. NEVER DIVULGE NAMES OR TELL FACTS ABOUT OR REVEAL THE OPINIONS OF ANYONE TO ANY OTHER PERSON WHO DOES NOT HAVE A PROFESSIONAL ROLE ON THIS PROJECT.**

All clients must sign an Informed Consent Form before conducting **each** interview. This manual provides procedures for completing the Informed Consent Forms.

Laws pertaining to the privacy of individuals.

- As you may know, there have been recent Federal Laws, i.e., Privacy Act of 1974, dealing with the rights to privacy of sampled persons. By adhering to these procedures, the interview coordinator will help ensure that the data is collected in compliance with the law.

Assurance of confidentiality pledge.

- All staff members and social work students working on this study must sign an Assurance of Confidentiality Pledge (Appendix A). This pledge states that the person understands that they are prohibited by law from disclosing any information that has been obtained while working on the project and pledges to abide by their assurance of confidentiality.

#### VALUE IV: IMPORTANCE OF HUMAN RELATIONSHIPS

Ethical Principle: Social workers recognize the central importance of human relationships.

As social workers, we understand that relationships between and among people are an important vehicle for change. Family Connections engages clients as our partners in the helping process. Because you are the first person the client meets, it is important that you begin to build this partnership. Before concluding the first contact, we attempt to transition this partnership to the family and the student intern who will be facilitating the helping process. If possible, we provide the client with the student intern's name and telephone number. The next section describes these procedures.

#### VALUE V: INTEGRITY

Ethical Principal: Social workers behave in a trustworthy manner.

- Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards, and practice in a manner consistent with them. Whether in a role of researcher, helper, advocate, or other social work role, we must always act honestly and responsibly and promote ethical practices on behalf of the University of Maryland. In order to carry out this principal, you must feel totally comfortable with your role in meeting with the client for the first time and helping them understand the research process.

#### VALUE VI: COMPETENCE

Ethical Principal: Social workers practice within their area of competence and develop and enhance their professional expertise.

As social workers, we are continually striving to increase our professional knowledge and skills and to apply them in practice. Part of this process involves making sure we are comfortable to fulfill new roles, such as that of interview coordinator in an evaluation study. Another part of that is that we aspire to contribute to the knowledge base of the profession. Serving as a

member of the research team will promote the development of knowledge about which interventions are most effective in helping families achieve positive outcomes for their members.

### PROTOCOL I: BASELINE PROTOCOL

This section describes procedures and documentation for facilitating the Baseline Interview protocol. Its purposes are:

- To review criteria for accepting referrals;
- To provide information about scheduling, preparing for, and facilitating computer assisted baseline interviews;
- To summarize basic research interviewing techniques; and
- To operationally define selected questions from each interview.

In addition, the automated questionnaire contains interview instructions and definitions.

#### SCREENING AND ACCEPTING REFERRALS

Screening potential participants is an important part of your role. We want to reach families who are experiencing significant risks in their lives but who have NOT yet been reported to child protective services (CPS). In order to evaluate which combinations of interventions may be most effective at preventing neglect, it is important that we serve families where risk is present. Interviewing a referring party about their concern for a family is our way of trying to identify families who are truly at risk and in need of intervention.

**ELIGIBILITY:** The programmatic boundaries are defined through the eligibility criteria.

##### Eligibility for Family Connections (FC)

- Families must meet the following eligibility criteria:
  - Live (or children attend school) in one of the West Baltimore Empowerment Zone's zip codes (see below)
  - No current CPS involvement
  - One child between the ages of 5-11 currently living in the household
  - Child is identified to be at risk for at least one type of neglect
  - There are at least two other identified risk factors related to the child, caregiver, and/or family system
  - Willingness of the family to participate with services

##### Grandparent Family Connections (GFC)

Same as FC criteria above plus:

- Grandparent must be primary caregiver of a grandchild living in the home.
- Child will be in the home for at least the next 6 months.

**Geographical Boundaries:** (same for both GFC and FC). Because Family Connections believes that service should be community-based, the program defines its boundaries to be consistent with the West Side Empowerment Zone (zip codes: 21201, 21216, 21217, 21223, 21229 and 21230). Families who live and/or whose children go to school in the defined West Baltimore Empowerment Zone are eligible to participate. This permits Family Connections to develop collaborative relationships with neighborhoods and communities located in West Baltimore and to empower families to access existing services close to home.

**No Current Involvement with CPS:** (same for both GFC and FC). Family Connections strives to reach families early – before problems become deeply entrenched or they have evolved to the point of needing CPS intervention. Referrals should identify families who, to the best of staff members’ knowledge, are not currently receiving CPS intervention; referral sources are urged to refer families to the FC/GFC program as soon as risks are identified. Insert further definitions here about what to do for recent reports (unsubstantiated and indicated).

Comment [AH5]: Still unresolved.

**Household Composition:** FC & GFC serves diverse families that vary by composition and size. However, a criterion for inclusion in the program is that a child between 5 and 11 years of age resides in the household, and there is intent for that child to be in the household for at least twelve months. For GFC, the primary caregiver must be a grandparent; for FC there is such requirement.

**Child is At Risk of Neglect (Basic Needs Unmet):** (same for both GFC and FC). The goal of FC/GFC is to prevent 18 different types of neglect. There must be a risk for at least one type of neglect within the family for acceptance for services:

- Inadequate/delayed health care:** failure of a child to receive needed care for physical injury, acute illnesses, physical disabilities, or chronic condition or impairment that if left untreated could result in negative consequences for the child. (Adapted from: Magura & Moses, 1986; U.S. Department of Health and Human Services, 1988; Zuravin & DePanfilis, 1996).
- Inadequate nutrition:** failure to provide a child with regular and ample meals that meets basic nutritional requirements or when a caregiver fails to provide the necessary rehabilitative diet to a child with particular types of physical health problems. (Adapted from: Zuravin & DePanfilis, 1996).
- Poor personal hygiene:** failure to attend to cleanliness of the child’s hair, skin, teeth, and clothes. (Adapted from: Magura & Moses, 1986; Zuravin & DePanfilis, 1996).
- Inadequate clothing:** chronic inappropriate clothing for the weather or conditions. (Adapted from: Magura & Moses, 1986).
- Unsafe household conditions:** presence of obvious, hazardous physical conditions in the home that could result in negative consequences for the child(ren). (Adapted from: Magura & Moses, 1986; Zuravin & DePanfilis, 1996).
- Unsanitary household conditions:** presence of obvious, hazardous unsanitary conditions in the home. (Adapted from: Magura & Moses, 1986; Zuravin & DePanfilis, 1996).

- Unstable living conditions:** moves of residence due to eviction or lack of planning at least three times within a six month period or homelessness due to the lack of available, affordable housing or the caregiver's inability to manage finances. (Adapted from: Zuravin & DePanfilis, 1996).
- Shuttling:** the child is repeatedly left at one household or another due to apparent unwillingness to maintain custody or chronically and repeatedly leaving a child with others for days/weeks at a time. (Adapted from: U.S. Department of Health and Human Services, 1988; Zuravin & DePanfilis, 1996).
- Inadequate supervision:** child left unsupervised or inadequately supervised for extended periods of time or allowed to remain away from home overnight without the caregiver knowing the child's whereabouts. (Adapted from: U.S. Department of Health and Human Services, 1988).
- Inappropriate substitute caregiver:** failure to arrange for safe and appropriate substitute child care when the caregiver leaves child with an inappropriate caregiver. (Adapted from: Magura & Moses, 1986; Zuravin & DePanfilis, 1996).
- Inadequate nurturance or affection:** marked inattention to the child's needs for affection, emotional support, attention, or competence; being detached or uninvolved, interacting only when absolutely necessary, failing to express affection, caring, and love for the child. (Adapted from: American Professional Society on the Abuse of Children, 1995; U.S. Department of Health and Human Services, 1988).
- Isolating:** the child is consistently denied opportunities to meet needs for interacting/communicating with peers or adults inside or outside the home; markedly overprotective restrictions which foster immaturity or emotional over dependency; chronically applying expectations clearly inappropriate in relation to the child's age or level of development; inattention to the child's developmental/emotional needs. (Adapted from: American Professional Society on the Abuse of Children, 1995; U.S. Department of Health and Human Services, 1988).
- Witnessing violence:** a child witnesses violence in the home, e.g., partner abuse or violence between other persons who visit the home on a regular basis. (Adapted from: U.S. Department of Health and Human Services, 1988).
- Permitting alcohol or drug use:** encouraging or permitting of drug or alcohol use by a child. (Adapted from: U.S. Department of Health and Human Services, 1988).
- Permitting other maladaptive behavior:** encouraging or permitting of other maladaptive behavior (e.g., severe assaultiveness, chronic delinquency) under circumstances where the caregiver had reason to be aware of the existence and seriousness of the problem but did not attempt to intervene. (Adapted from: U.S. Department of Health and Human Services, 1988).
- Delay in obtaining needed mental health care:** a child is not provided needed treatment for an emotional or behavioral impairment. (Adapted from: U.S. Department of Health and Human Services, 1988; Zuravin & DePanfilis, 1996).



- Chronic truancy:** a child (age 6) is not enrolled in school or habitual truancy (minimum of 20 days) without a legitimate reason. (Adapted from: U.S. Department of Health and Human Services, 1988; Zuravin & DePanfilis, 1996).
- Unmet special education needs:** a child fails to receive recommended remedial educational services, or treatment for a child's diagnosed learning disorder or other special educational needs or problems of the child. (Adapted from: American Professional Society on the Abuse of Children, 1995; U.S. Department of Health and Human Services, 1988).

#### Additional Criteria

Other Risk Criteria: In addition to meeting the above criteria, at least two of the following risk criteria must be identified:

##### Primary Caregiver

- Employment
  - Over employed
  - Newly Employed
  - Unemployed
- Mental health problem
- Alcohol or drug problem
- Serious health challenges

##### Child

- Behavior or mental health problem (e.g., ADHD, truancy, vandalism, depression)
- Physical disability
- Developmental disability (e.g., speech and language disorder, mental retardation)
- Learning disability
- Alcohol or drug problem

##### Family

- Homelessness
- Domestic violence

- More than 3 children in the household

**Family is Willing to Participate:** Services from FC/GFC are voluntary. Prior to making a referral; the referral source should talk with families about the services available through FC/GFC so that it is known that families are interested in receiving services. When the intake worker speaks with the family for the first time, the family members are consulted directly about their interest in receiving FC/GFC services. The primary caregivers in the families are asked to make a commitment for the full length of their program.

## REFERRAL PROCESS:

### OVERVIEW OF PROCESS:

If families express an interest in the program or service providers believe families will benefit from FC/GFC intervention, either can initiate the referral by calling to request an intake appointment. At the time of the initial telephone contact, intake workers review the eligibility screening criteria with callers and determine if families are eligible for FC or GFC services. If families meet the criteria, initial assessments are scheduled with primary caregivers in their homes, the research office, or the FC/GFC program office, depending on the desire of the caregivers. Following this initial appointment, services are provided within the home or wherever is most convenient for families. If families do not meet the criteria, appropriate referral information is provided to the callers.

During the initial face-to-face assessment interviews, research interviewers meet with families. At this time the research-related consent forms (see Appendix #), and computer-assisted initial assessment interviews are completed.

Comment [PC6]: ADD

Information that is gathered during the initial session is utilized for two purposes – research and clinical/service. Information provided by clients, on the Intake/Referral form, regarding their needs and problems will frame topics for further exploration during the family assessment. Furthermore, if clients have signed the appropriate release of information, selected scores and data self-report measures will be shared with FC social workers. **Either at the end of this initial interview or within one business day**, caregivers meet with the social workers with whom they will be working.

### PROGRAM MARKETING:

Initially and continually, staff members spend many hours collaborating with, marketing to, and forming informal and formal relationships with community partners (e.g., housing personnel, mental health specialists, educators, school-based mental health providers, temporary cash assistance programs, local village centers, medical facilities staff members, etc.) These partnerships take several forms – attendance at community association meetings; maintenance of reciprocal advisory committee memberships with neighboring agencies and task forces; participation in community Executive Director round table discussions; sharing of personnel and/or space for meetings, gatherings, and support or therapeutic groups; presence at medical clinics; and programmatic and/or topic-specific presentations for community agencies. These working relationships not only serve to facilitate referrals and service collaboration (see Appendix B for FC community-based referral system), but they also give information and insight about life within the community and the daily experiences of families, and help to facilitate the collaborative process.

Comment [PC7]: need latest versions

REFERRALS FROM COMMUNITY AGENCIES:

When receiving a referral ensure that: (1) all basic criteria have been met; (2) at least 1 of the neglect criteria is a concern; and (3) at least 2 of the additional criteria are identified.

Record the information on the Screening & Intake form as you talk with the referring party, and add any additional information about the family in the Presenting Concerns section of the form. **If you have any question about whether you should accept a referral, consult with a field instructor or investigator.**

Consult the Case Management System User Manual (the "MIS Manual") for information on how to enter referral information in the MIS. **When entering a new referral, be sure to note the "Referral ID#" on the top of the intake form.** After a participant has been accepted as a referral, record the MIS # on the form also. Note that this is not the Study ID # or the Case ID # that are generated after an initial interview has been completed and the participant is officially accepted into the program for services.

If it is clear that a referral is NOT appropriate, help the referring party locate another appropriate community resource. A list of programs by zip code is available through the data base located with the MIS program on the FC server. Also, feel free to call on other Family Connections personnel to help you with providing referral information. You should follow-up your information and referral with a letter to the referring party and record information in the MIS. (See sample thank you letters in Appendix F).

Comment [AH8]: Gillian is working on new letter.

If you accept the referral, use any information the referral source can give you about how to locate the family, call the family and schedule an interview as per procedures outlined below. If you receive extensive information on the family's presenting problems, note these issues on page 5 of the intake form in the presenting problems section.

**As soon as possible** after the referral is accepted, you should attempt to contact the primary caregiver by telephone. If the family does not have a telephone, you should have obtained information from the referral source about how to contact the primary caregiver. Record all attempts to contact the potential client on the Referral Information/Attempt to Contact page in the Screening & Intake Form and enter the information in the "new contact attempt" section of the MIS (see MIS manual for instructions).

If you are unable to reach the primary caregiver after several attempts, the Research Coordinator will ask the field instructors to ask either an intern or the Outreach Worker to visit the prospective client and explain the program. The Outreach worker will attempt to schedule the interview and then contact the research staff. ????????

Comment [PC9]: Is this still the way it will be done?

SELF REFFERALS:

Caregivers will often call and request FC or GFC services directly. When a caregiver calls and requests services, first determine if they are a grandparent headed household (GFC) or a regular FC family.

Determine eligibility using the criteria specified above and record the information on the Screening & Intake form as you talk with the caregiver. Add any additional information about the family in the Presenting Concerns section of the form

**If you have any question about whether you should accept a referral, consult with a field instructor or investigator.**

Consult the Case Management System User Manual (the "MIS Manual") for information on how to enter referral information in the MIS. **When entering a new referral, be sure to note the "Referral ID#" on the top of the intake form.** After a participant has been accepted as a referral, record the MIS # on the form also. Note that this is not the study ID # or the Case ID # that are generated after a baseline interview has been completed and the participant is officially accepted into the program for services.

If it is clear that a referral is NOT appropriate, ask the caregiver what her primary concerns/needs are and provide a referral based on these needs. A list of programs by zip code is available through the data base located with the MIS program on the FC server. Also, feel free to call on other Family Connections personnel to help you with providing referral information.

If you accept the referral, schedule the caregiver for an interview immediately as per procedures outlined below.

## SCHEDULING THE INTERVIEW

When you reach the primary caregiver, have a conversation that includes the following:

Provide the primary caregiver with information about the services that FC/GFC provides. Ask if the person has a brochure. Answer any questions that she<sup>1</sup> may have about the research procedures or about the kind of services we provide.

Ask the caregiver to talk with you generally about the family's needs and about why she believes that she needs services. If the caregiver identifies any other conditions that the referral source did NOT previously identify, make note of them on the Referral Guide/Attempts to Contact form.

If the caregiver is still interested in services, explain that you need to ask a few more questions to verify that we will be able to serve the family. Verify the basic criteria, including:

(1) the family lives in or the children go to school in the West Empowerment Zone; (2) there is a child who lives in the home between the ages of 5 and 11 and there is intent for that child to remain in the household for at least twelve months. ; (3) the family has been together for the past six months and is

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<sup>1</sup> The primary caregiver may be male or female. However, because the majority of our caregivers are female, this manual uses the pronoun "she" to refer to them.

likely to remain together; and (4) the caregiver reports that the family is not currently involved in Child Protective Services. If she meets these criteria, proceed to scheduling an appointment for the computer-assisted interview.

Explain that this project is conducting an evaluation so that we can learn about which services are most helpful for families. All families begin services by confidentially answering questions about themselves. At the close of services, we will have some additional questions. In addition, we will want to talk with her again after we terminate services for follow-up interviews.

Once you know the preferred time of day, look at the scheduling book to find the earliest day that an interviewer will be available to complete the interview. Make sure that you carefully look at the Interview Schedules in the **Scheduling Book** when scheduling appointments. We must have an interviewer and computer available for the interview.

There are up to three separate interview schedules per day; one schedule for each of the 2 available laptop computers. If you only see one scheduling page for a day in the scheduling book, then there are no other interviewers scheduled for that day. You are scheduling with an interviewer who is available for a minimum of 3 hours starting at the beginning of the interview. We allow this overlap of time to adjust for caregivers that may arrive late and for caregivers that need to take a break during the interview. Thus, to schedule for each date, you record the following:

EXAMPLE:					Laptop 3
TIME	Respondent	PHONE#	INTERVIEWER	Intern	Location
9:00 AM	Alice Smith	410-888-8888	Joy Ernst	Amy Miller	SSW

Because we use the schedule book to schedule the all types of interviews, write “Initial”, “3 month”, “6 month”, “9 month”, or “12 month” under the client’s name in the schedule book so that any research staff person who looks at the schedule book will know what type of interview it is.

Record the interview on the wall calendar. If you are scheduling an interview for someone besides yourself, send an email AND call the person to be sure that they know there is an interview scheduled for them for the following day.

While the caregiver is on the telephone, ask for a telephone number where we can reach her in case of the need to contact her. Also, give her the telephone number of the research office so she may call if she will be unable to make the appointment. Explain that it is not a problem to reschedule but we prefer to receive a telephone call in advance so that we can use the original appointment time for someone else if needed. If you schedule the appointment time farther away than the next day, tell her that someone will call her the day before the appointment as a reminder.

Ask the caregiver if she has any questions regarding the interview. Answer any questions she has before the scheduled appointment.

Record information about the interview date and time in the scheduling book, on the Referral Information/Attempt to Contact Form, and in the MIS. If the appointment is one week away or more, send a reminder letter to the client using the reminder letter form (Appendix G – Sample Appointment Reminder Letters). Write “we look forward to seeing you” on the letter.

Comment [AH10]: Gillian working on.

Call Fred at the Family Connections office to inform him that an interview has been scheduled. If Fred is not available, leave a message telling him which type of interview you will be completing (FC or GFC), the time and general location of the interview.

At times, caregivers will initially express interest in the program but eventually decline services without having completed the Baseline Interview. If the caregiver tells you that she is not interested in participating in Family Connections, tell her that she can call us if she changes her mind. Write a letter that thanks the referral source for the referral and explains that the client has declined services. (See sample letter in Appendix F.)

## INTERVIEW PREPARATION

In this study, the person who screens and schedules potential clients may not be the same person that completes the interview.

When you come in to work, look at the Scheduling Book (and the Calendar) to determine interviews scheduled for the next business day. Call caregivers to remind them of the appointment the next day. When you have confirmed an appointment, put your initials next to the appointment time, indicating that it has been confirmed.

At the conclusion of the day, type a schedule<sup>2</sup> for the next day that includes: the interviewees' names, appointment times, person interviewing, and phone number where the interview coordinator can be located at the time of the scheduled interview.

**Comment [AH11]:** This can be generated by MIS for later interviews. Do we still want to type up a list?

Put together the materials needed for the interview – two copies of the consent form, the referral information, and the Research Tracking form (see Appendix H and I). Write the study ID (in pencil) on the consent forms. (Do not assign a case number at this point).

**Comment [AH12]:** What is this? Are we using the same form? If so, need to implement.

Pending interview packets will be kept locked in the Research Coordinator's cabinet. See separate procedures for key location.

## INTERVIEWS AT THE CENTER FOR FAMILIES OFFICE

If there are interviews scheduled at the SSW, the first person working in the morning informs the security guard by providing a typed list of caregiver names and interview times, ask that the security guard call you when the caregiver arrives.

Plan to be on site at least fifteen minutes before any schedule interview. Locate the logbook and obtain the appropriate computer and the interview materials.

Locate the interview room that you will use for the potential client. If you know that she will bring children, you should find toys or other activities to keep them occupied during the interview.

A few minutes before your appointment time walk to the Security Guard's desk and confirm that he/she knows that you have someone coming in to meet with you. Also, confirm that he knows the telephone number to reach you when the caregiver arrives.

## INTERVIEWS AT THE CAREGIVER'S HOME

Even if you have directions from the caregiver, it is a good idea to check the directions and address with MapQuest before leaving the office. Print the directions and bring them with you.

Before leaving the office, confirm that you have all the materials you will need for the interview, including: 1 copies of the correct consent form (FC or GFC); the correct computer (FC or GFC) & all peripheral equipment, the Referral/Intake Form; a pad of paper, two black ink pens and your Interview Coordinator's Manual.

Call the caregiver and confirm that she is home and tell her that you are on your way.

Inform someone in the office (preferably the Office Manager) that you are going out on an interview. Leave the caregiver's name address and phone number at the office so that someone knows how to contact you and where you are.

## **INTERVIEWING PROCEDURES**

If the caregiver does NOT show up for the interview on the date and time scheduled, immediately attempt to contact her to reschedule the interview TODAY if time permits or ASAP. Try to find out why she did not show and help her problem solve whatever interfered with her attendance today. If you are unable to reschedule her, put the "Referral Information/Attempt to Contact" form into the Interview Schedule Book and make a note, with a post-it, that she should be contacted ASAP. Be

**Comment [AH13]:** This form is now attached to the intake/screening form, do we want to remove it at this point? The procedure we have been following is to keep a file of need further contact intake forms.

<sup>2</sup> This schedule will also include any closing and 6-month follow-up interviews scheduled. It may also include Phase I (BCDSS reunification project) interviews.

sure to update the MIS each an every time an appointment is scheduled and not kept, or a contact is made (by phone or in person).

## Introductions to Interview and Initial Informed Consent Form

The location of the interview is determined by what will be most convenient for the caregiver. Most interviews are likely to take place in the caregiver's home. It is important to arrive on time for the interview and to have all of the appropriate interview papers and supplies with you. If the interview is administered at the Center for Families research office, the research office will receive a call from the security guard notifying them of the caregiver's arrival. Meet her in the lobby and escort her with all needed interview materials to the room assigned for the interview. In both instances, the caregiver must sign the initial Informed Consent Form BEFORE you conduct the interview. Follow the following introductory procedures:

Exchange names and verify that the person you are meeting is actually the person you are scheduled to interview. Occasionally caregivers come in at the wrong time or, possibly, we will schedule more than one person at the time for a different person to interview. We need to make sure that we accurately record information so that we do not "mix-up" interview responses between caregivers.

After introductions, explain that you want to review a few things that were probably also discussed with her on the telephone. Explain that after today, Family Connections will provide services in her home or wherever she is most comfortable. However, because this project is conducting an evaluation to find out which services are most helpful to families, we need to ask her a few questions first. Confirm that she meets the basic criteria that (1) the family lives or the children go to school in the West Empowerment Zone; (2) there is a child who lives in the home between the ages of 5 and 11; (3) the family has been together for the past six months and is likely to remain together; and (4) the caregiver reports that the family is not currently involved with the CPS system as the result of a report of neglect or abuse.

Explain that we conduct interview on a computer. It takes up to 2 hours. You will sit with her for the introductory information and after that, she can ask that you stay with her during the interview OR she can complete the questionnaire by herself.

Present the initial Informed Consent Form (See Appendix H). Ask the caregiver if she wants to read it herself or have you read it to her. If she wants to read it herself, emphasize that everything that she tells you is confidential. Answer any questions that she has about the form or the interview process. Once she signs and dates both forms, you should sign and date both forms and give her one copy. IT IS VERY IMPORTANT THAT SHE HAS CORRECTLY RECORDED HER ADDRESS INCLUDING ZIP CODE as well as any telephone number on the consent form. This includes providing information about persons who will be able to reach her should she move. Since we will need to contact her even after we no longer provide services, these contact persons should be people who will likely always know where she resides. Try very hard to get **two** contact names from the caregiver.

**Be sure to record any problems with individual questions/variables on the "Variable Issues Log"**

Comment [AH14]: What are we calling this form?

## Guidelines for Conducting Interview<sup>3</sup>

Your introduction to the caregiver is the first opportunity for you to demonstrate friendly intentions and describe the questionnaire in such a way that she will want to cooperate with you. Explain that

<sup>3</sup> Material in this section also applies to the interview procedures to be followed for Protocols II and III.



there are 11 sections all together in this interview. However, each person is only asked questions that pertain to her and her family, thus she will skip some questions if they do not apply. Explain that even so, most interviews take about one and 1/2 to 2 hours. Thus, she should feel free to tell you if she needs a break. Offer to get her a cup of coffee or a soft drink and help her get comfortable with her surroundings.

Explain again that instead of the typical pencil-and-paper survey, we conduct this interview on the computer. Ask her whether she has ever used a computer and show her how the mouse works and point out important keys on the keyboard - ENTER, backspace, space bar, arrow keys.

If the respondent chooses to operate the computer herself, explain to her that you will enter the information in the first section of the interview. In this section, we get information on all of the children in the household. It is preferable for the research coordinator to enter this information to ensure accuracy. When you reach the second section of the interview (the Child Behavior Checklist), she may begin to operate the computer herself. Periodically check and make sure that she understands the questions.

**Be sure to record the interview number which is generated by the computer at the beginning of the interview. This should be recorded on the top of the consent form.**

If the caregiver prefers that you sit with her during the interview and read the questions, or if she interrupts the process by coming to you with a question, please follow these procedures:

**ASK ALL QUESTIONS EXACTLY AS WORDED.** Do not change even one little word that is printed in the question. Many times, the smallest change can affect the whole meaning of the question. Although you may feel that the question could be worded much more simply, **do not** improvise on the method of asking the question. Emphasize only those words that are in capital letters and pause only at commas or after each answer category when they are included in the question itself. Read everything in a natural, even tone.

Sometimes caregivers will ask you to define words in a question or explain some part of the question. Unless a definition or explanation is provided in your question-by-question specifications (or on the screen), do not provide one. Simply let the respondent know that she should answer using her own definition. Say, "Whatever it means to you--just answer that way."

**ALWAYS REMAIN NEUTRAL.** You must maintain a neutral attitude with the caregiver. The interview coordinator must be careful that nothing in words or manner implies criticism, surprise, approval or disapproval of either the questions asked or the respondent's answers.

It is important that you feel at ease with the questions. If you do not feel comfortable, you may transmit this feeling to the respondent. Practice asking all questions in a "matter of fact" way. When you ask questions in this way, both you and the caregiver will most likely not feel sensitive about any questions asked. It is important to remember that the questions in this interview are there for a specific reason. If you feel strongly about any topic in this study to the point that you are unable to hide your feelings in front of the caregiver, you should not be serving as an interview coordinator for this study.

**MAINTAIN THE FLOW OF THE INTERVIEW.** Through your manner and behavior, you can create a friendly but professional atmosphere in which the caregiver feels she can express herself.

Occasionally a caregiver may find a particular question "too personal" or may not want to answer a question for some other reason. If this happens, take time to reassure the caregiver that she may speak freely without embarrassment or loss of privacy. Restating the confidential nature of the questionnaire may be all that is needed. Assure the caregiver that many people hesitate at first because it is not common to discuss these matters, but that the information is badly needed and her help is important.

If a caregiver refuses to answer a question after you have reassured her of confidentiality, do not coerce her, go on to the next question. You do not want to irritate the caregiver and provoke a

refusal to complete the interview. If a respondent refuses to answer a question, simply enter the appropriate REFUSED response for the particular question.

Occasionally a particular question may cause the caregiver to reminisce or relate a lengthy story illustrating the point just made. You will do both yourself and her a favor if you keep the interview in a business like tone. If you have a rambling interviewee or one who launches into irrelevant conversation, do not hesitate to interrupt and bring her back to the point of the question. You can maintain the flow of the interview by repeating the question or suggesting that you would be happy to continue talking after the interview is complete. You, of course, want to be careful not to antagonize her.

Because of the sensitive nature of some of the interview items, some caregivers may get upset when discussing those items. While you need to maintain the flow of the interview, you do not want to ignore her feelings. Offer to let her take a break and explain that we can attempt to contact the intern or supervisor to talk with her at the conclusion of the interview if she wishes.

**DO NOT READ INSTRUCTIONS TO THE RESPONDENT.** The first part of the interview contains many instructions for the interviewer. These instructions guide you while facilitating the interview. On the computer, these instructions are prefaced with "INTERVIEWER:" or "NOTE:" and usually appear in capitalized inverse text. Even when they do not appear in inverse text, the interviewer can easily distinguish instructions from text that s/he should read to the respondent. Be sure you are comfortable with reading these instructions to yourself before you start interviewing.

**INTRODUCING SECTIONS OR TOPICS.** Each major section of the questionnaire begins with a brief opening statement or preamble. These preambles are printed just like questions and you should always read them aloud. By letting the caregiver know something about the next few questions, these preambles make the questionnaire more conversational. They will run more smoothly and naturally if you practice them a few times before you begin interviewing.

**PROBING.** You will sometimes need to probe the caregiver in order to get a meaningful answer. Probing is the technique used by the interviewer to stimulate discussion and obtain more information. We probe when a caregiver's answer is not meaningful or is incomplete, i.e. when it does not adequately answer the questions. Probing, therefore, has two major functions. First, probing motivates caregivers to enlarge, clarify, or explain the reasons for their answers. Second, probing focuses the caregiver's answer so that irrelevant and unnecessary information can be eliminated. However, you must probe without introducing bias or antagonizing the respondent.

Sometimes the best probe for a pre-coded question is repeating the original question. You could also use the non-directive probe, "Well, which answer comes closest?" and repeat all of the answer categories. For example:

Interviewer: "About how often do you attend religious services? Would you say never, once a year or less, several times a year, once a month, 2 or 3 times a month, once a week, or more than once a week?"

Interviewee: "Every once in a while."

Interviewer: "Well, would you say you attend religious services never, once a year or less, several times a year, once a month, 2 or 3 times a month, once a week, or more than once a week?"

Interviewee: "Several times a year."

Sometimes an interviewee will feel that none of the pre-coded responses fit; or that under certain conditions she would choose one answer and under other conditions she would choose another.

In this situation, you should try to get the caregiver to generalize by repeating the question and saying, "Just generally speaking, is it this or that?" or "Most of the time, " or "In most cases," etc.

There are also some questions where the instructions for answering a question that is "not applicable" are printed on the screen. The caregiver may not notice these notes so you will need to point them out to her.

Question SF14: The grownups in this household understand and agree on household decisions.

Responses:

1	Fits our household very well
3	Fits our household some
5	Doesn't fit our household at all.

NOTE: Select 5 if this statement doesn't apply to you.

**Probing methods should be neutral:** It is very important to use neutral probes. You should not imply to the caregiver that you expect a specific answer or that you are dissatisfied with an answer. Remember that the intent of probing is to motivate the interviewee to respond more fully or to focus the answer, without introducing bias. The potential for bias is great in the use of probes. Under the pressure of interviewing, the interviewer may unintentionally imply that some answers are more acceptable than others or may hint that a caregiver might want to consider this or include that in giving responses. You must be careful not to do this.

**Kinds of Probes:** The following are neutral probes that may stimulate a fuller, clearer response:

**AN EXPRESSION OF INTEREST AND UNDERSTANDING:** By saying such things as "uh-huh" or "I see", the interviewer indicates that she is listening and is expecting more.

**AN EXPECTANT PAUSE:** The simplest way to convey to a caregiver that you know she has begun to answer the question, but has more to say, is to be silent. The pause—often accompanied by an expectant look or nod—allows the respondent time to gather her thoughts.

**REPEAT THE QUESTION:** When the caregiver does not seem to understand the question, misinterprets the question, seems unable to decide, or strays from the subject, it is often useful to repeat the question. After hearing the question a second time, many interviewees will realize what kind of answer is needed.

**REPEATING THE RESPONDENT'S REPLY:** Simply repeating the respondent is often an excellent probe. Hearing the response she just gave may stimulate a respondent to further thought.

**A NEUTRAL QUESTION OR COMMENT:** Interviewers often use neutral questions or comments to obtain fuller and clearer responses.

**RECORDING ANSWERS.** Because the interview is computerized, you do not need to worry about the caregiver incorrectly circling the responses or writing answers illegibly. However, you still need to help the caregiver understand the importance of recording answers accurately. Accurate answers are not only essential to the final product, but also to determining the course of the entire interview. Because the answers to many questions determine the other questions asked, it is essential to record all answers accurately. If you or a caregiver makes mistakes in recording her answers, the interview program may omit relevant questions or ask the caregiver irrelevant

questions. Therefore, caregivers must be taught how to record answers or choose response categories correctly.

Here are some general instructions for caregivers about answering questions:

- A. To go back and change the answer to a previous question, the caregiver can click the mouse on the word previous and go back question by question until she finds the question she is looking for. She can then enter the correct response and proceed.
- B. Most questions permit proceeding to the next question by pressing the ENTER button or clicking on Next.
- C. If a caregiver enters the incorrect response in a field that involves entering a number or text, she can change her answer by using the backspace key and retyping the correct response.
- D. For questions that involve lists, e.g., variable RINC (Respondent's Income) – the arrow keys can be used to go down the list using the space bar to enter a check mark in the box before all correct items. If she incorrectly presses the space bar, she can press the space bar to erase the check. Alternatively, if she is more comfortable with a mouse, she can click on all appropriate boxes to enter the check marks. She can click a second time to erase the check.
- E. For questions that involve scales (usually at the bottom of the page), she can use the arrow key to advance right or left to the correct response, then press ENTER. Alternatively, she can move the mouse to the correct answer and click.

**EDITING ANSWERS.** If during the interview, the caregiver needs to go back and change answers of questions much earlier in the questionnaire – instruct the caregiver to ask you for assistance. ONLY YOU should use the following tips. DO NOT provide them to the caregiver.

- A. To view a list of variables, press F8. Once you locate the variable that needs editing, highlight it and click or press ENTER. After you modify the value, you should proceed through each question – one by one, if the corrected value has altered the path of the interview. If you are not certain whether the path has been altered, then you should help the caregiver go through each question checking previously entered answers in the lower right hand corner of the screen. If you are certain however that the corrected value has NOT altered the path of the interview, you may press F9 to fast forward section by section to the last question completed by the caregiver. Once the interview is back to “normal”, you can choose to allow the caregiver to proceed as before (with or without your assistance).
- B. At times, a caregiver may become ill or suddenly decide that she does NOT have time to complete the interview after it has begun. You can help her click the X at the top of the interview or press CONTROL END. This will permit her to come back in later and proceed with the interview where she left off. In order to edit an interview however, you MUST KNOW THE COMPUTER NUMBER assigned to this interview. This is the number you should have recorded at the beginning of the interview at variable R1. When the caregiver comes in to complete the interview, the interview coordinator should enter YES to edit a previously started interview and enter the number recorded on the consent form.

## Ending the Interview

The interview is automatically set to pause and then save when the caregiver reaches the last screen of the interview.

When possible, the field instructor will have arranged for you to introduce the caregiver to the intern who will work with her. If not, give the caregiver the name and telephone number of the intern who will work with her along with the field instructor's name and telephone number. Explain that the intern will contact her as soon as possible to schedule a time to meet. If the caregiver does NOT have a telephone, obtain information about all ways that the intern can contact her AND suggest that the caregiver also try to call the intern the next day. It is also possible that the field instructor will give you some times to offer the client for an initial meeting with the intern.

**Comment [AH15]:** As of yet, we have never had this information on hand. Do we still want to leave this as is or revise to the more realistic expectation that we let caregivers know that someone will be contacting them.

Give the caregiver a welcome gift.

**Comment [AH16]:** Is this what we are calling the \$20? If so, add here sign receipt.

## RECORDING INTERVIEW INFORMATION AND FILING

Immediately following the interview, assign the family to the it's treatment group using the **Randomization Plan Master List**. You must enter the caregiver's name in the next available slot (NO EXCEPTIONS). This list will also provide the next available case number (FAM#). For FC cases, refer to the master list for the next available FAM#. For this study, GFC cases begin at 100 (100, 100, 101, etc.) and FC cases begin at 300 (301, 302, 304, etc.)

Update all fields in the MIS, record the date of interview, check "success" and you will be able to make a group assignment for this family. After successfully making a group assignment, be sure to record the computer-generated Case Number on the Intake and Consent forms. After recording the case number, you can then add family household information to MIS (please see MIS manual for detailed procedures).

Enter the contact information in the MIS, selecting the appropriate group assignment (obtained from the randomization table) , a case number will then be generated by the computer program. Be sure to record this number on the consent form and on the original referral form. Enter the demographic information collected during the interview into Household Composition Information section of the MIS. See the data entry procedures and MIS Manual for additional instructions.

Back up the information following the back-up procedures. If you are unsure of how to back up, **WAIT** until you have received instruction. Record information on the date of interview, computer used, Protocol ID, and Case Number in the **Client Log located in the Interview Scheduling book**.

**Comment [AH17]:** We keep this information on our "master list" that is only exists in electronic form on Gillian's hard-drive. Should a printed version be kept in the scheduling book also?

Begin a new file for the new client using the STUDY ID and the Family Connections Case Number on the label. Include the completed Referral Guide/ Attempts to Contact form, the Signed consent form, and the Research Tracking form. Staple the Research Tracking form to the right side of the file. File in the appropriate file drawer.

**Comment [AH18]:** Are we using this form? If so, need to implement this procedure. If not, revise this section.

Fill out the "Client Information/Attempts to Contact for Closing Interview" form (Appendix K). Depending upon the client's treatment group assignment, place this form in the section for the appropriate month in the "tickler" notebook. For example, if you do the interview in March and the client is a 3-month client, you would place the form in the "June" section of the tickler notebook.

**FOLLOW-UP to REFERRAL SOURCE:** Write the thank you letter to the referral source, providing the name and telephone number of the intern who will work with the family. (See Appendix F). Addresses for referral agencies are available in the MIS.

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**Comment [AH19]:** Gillian working on letter for this.

# ITEM SPECIFICATIONS

## GENERAL SPECIFICATIONS

### Questionnaire Sections

• There are 9 sections to this questionnaire. Most sections begin with a statement that briefly introduces the subject of the section. You should be totally familiar with how the questionnaire flows and how to enter and edit responses in each section.

- 1) Introduction
- 2) Demographic Information
- 3) Child Functioning
- 4) Parent(Caregiver) Functioning
- 5) Attitudes Toward Change
- 6) Family Functioning
- 7) Family Resources
- 8) Social Support
- 9) Spirituality
- 10) Health, Alcohol Abuse, Mental Health, Social Desirability
- 11) Drug Abuse
- 12) Housing and Neighborhood

### Types of Questions

- 1) Lead-in phrases: A series of repetitive questions appears in a format with a lead phrase followed by a list of completion phrases. In some cases, the interview is set to repeat the lead phrases periodically to be sure that the interviewee understands the question. If the caregiver forgets the lead-in phrase and is confused about how to answer, help her go back to the beginning of the section so she will understand more completely how to answer questions in this section.
  1. Example: During the LAST YEAR, about how often did (CHILD'S) father...
    2. a. Talk with (CHILD) over the phone 0 1 2 3
    3. b. Visit (CHILD) in your home 0 1 2 3
- 2) Questions with help lists. A few questions have built-in HELP lists. For example, the variable RHOUSE7 asks the caregiver how long she has lived at the current residence and asks her to record

the response in months. A caregiver that has lived at a location for multiple years may need help in calculating the number of months. For this question, she can click on the HELP button at the bottom of the screen for that question and a MONTH chart is included to help with selecting the correct number of months.

### Recording Answers

- 1) "Don't Know" and "Refused": - the question by question specifications that follow, provide information for how to record refused, don't know, or not applicable responses.
- 2) Coding age: The computer is automatically set to permit values for birth dates that "make sense". For our purposes, we have assumed that a primary caregiver will be at least 11 years of age and that she will not be younger than age 11 at the time her first child is born. If you inadvertently enter the WRONG year for the mother's date of birth or for one of her children, the computer will NOT advance. If at any time if the computer will not advance, it probably means you entered something incorrectly. If you examine the question carefully, you should be able to solve the problem.

Due to the eligibility criteria for this project, at least one child MUST be between the ages of 5 and 11 as of the date of the interview. The computer will pick the youngest child in this range as the index child. If you did not enter a child with a birth date that places her/him in this age range, when you get to variable INDCHILD, the computer will say, "NOONE" has been selected. If this happens, you must go back to each child's DOB question by question so that you can correct the child that the computer should have identified as the index child.

- 3) Coding age when respondent gives two ages: When asking for age of respondent the very first time something happened, code the younger of the two ages. For example, "I was 13 or 14", code 13. When asking for age of respondent the very last time something happened, code the older of the two ages. For example, "I was 18 or 19", code 19.
- 4) When a respondent says she does not know how old she was when a particular event happened, encourage her to recall the age with a probe such as, "Could you give me your best guess?" If she cannot give an exact age, but says for example she was in her 20's, code the first digit as "2" and the second digit as "5"; the midpoint of the 20's.

### Question by Question Specification

Throughout the automated questionnaire, we have provided clarifications and definitions as appropriate. We provide explanations that are too lengthy to describe totally on the screen here. We organize these specifications by section.

#### **SECTION 1: INTRODUCTION**

- This section introduces the questionnaire and assigns a computer number to this caregiver's data.

PREVIOUSLY USED VARIABLE(S)	• COMMENTS	• FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
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PREVIOUSLY USED VARIABLE(S) RESUMEa1	• COMMENTS	• FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
RESUMEa2	<ul style="list-style-type: none"> <li>• What is the respondent number?</li> </ul>	<p>If you answer “Yes” to RESUMEa1 you will get this screen allowing you to enter the respondent number of the interrupted interview that you want to resume, otherwise you will be skipped to STUDYIDa</p>
STUDYIDa	<ul style="list-style-type: none"> <li>• Please enter the respondent's study ID.</li> </ul>	
INTROa1	<ul style="list-style-type: none"> <li>• Hello! Thank you for agreeing to participate in Grandparent Family Connections. We are looking forward to working together to help your family grow stronger. We also hope to learn from you.</li> <li>•</li> <li>• Chances are, this is your first time to be interviewed using a computer. This is just one of the exciting things about this project.</li> <li>•</li> <li>• Almost like when you first learned to ride a bike or take a bus, at first it may seem hard, but after awhile it should be easier.</li> <li>•</li> <li>• At any time during this interview, please feel free to ask the project staff any questions you might have.</li> <li>•</li> <li>• Hit any key to begin.</li> </ul>	<p>Read this screen aloud. Ask the caregiver if she has any questions before you begin.</p>



PREVIOUSLY USED VARIABLE(S)	• COMMENTS	• FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
INTROa2	<p>We start by asking general questions. This will give us a description of all the families who work with this project.</p> <p>Please remember, all of your answers are <b>STRICTLY CONFIDENTIAL</b>. For many of the questions we ask you today, we are interested in your opinion, and there are no right or wrong answers.</p> <p>This screen emphasizes the <b>CONFIDENTIAL</b> nature of the questionnaire. <b>IN ADDITION, – YOU MUST RECORD THE NUMBER THAT APPEARS AT THE UPPER RIGHT HAND CORNER OF THE SCREEN ON THE UPPER RIGHT HAND CORNER OF THE CONSENT FORM.</b></p>	

**SECTION 2: DEMOGRAPHICS**

- This section collects demographic information about the caregiver, household composition, income contribution, children in the home, and identifies pre-selected index children (one between 5 and 11 and a second randomly selected child (if applicable)). Selected questions follow with comments as necessary.

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
RSSNa	<p>Enter the caregiver’s social security number here. If you make a mistake, use the BACKSPACE key to enter the number correctly.</p> <p>If the caregiver asks why we want the social security number, explain that we would like to use it as a “BACKUP” number. It will enable us to link information from this interview to the second interview that we will ask her to complete at the closure of services.</p> <p>If the caregiver does not know her number, enter 888 88 88888.</p> <p>If she REFUSES to give us her number,</p>	

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	enter 777 77 7777.	
RDOBa	Enter the caregiver's date of birth. If she does not know her date of birth or refuses to provide it ENTER 01-01-20.	
RSEXa	What is your sex? 0=Female 1=Male	
RETHNICa	What is your ethnic or cultural background? 1 = African American 2 = Hispanic American 3 = Non-Hispanic White 4 = Asian American, including Pacific Islander 5 = Mixed ethnicity 6 = Other	
RMARITa	What is your marital status?  0 = never married 1 = married (living together) 2 = separated 3 = divorced 4 = widowed	
REDUCa	Now, I would like to ask you about regular school, such as grade school, high school, trade school and/or college. By regular school, we mean school which can be counted toward a high school diploma or a college degree.  What is the highest grade of regular school that you have completed?  0 Years            11 Years 1 Years            12 Years 2 Years            13 1 Year of College 3 Years            14 2 Years of College 4 Years            15 3 Years of	You should enter the highest grade of REGULAR school that the caregiver completed. For example, if she dropped out of school in 10 <sup>th</sup> grade, you would enter 9 for 9 <sup>th</sup> grade. When you enter anything below 12, a question will follow that will ask whether the caregiver later received her GED.  <b>SKIP PATTERN:</b>  <b>IF (reduce &gt;12) SKIP TO</b>

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	College 5 Years                    16 4 Years of College 6 Years                    17 Other School (Specify) 7 Years 8 Years 9 Years 10 Years	<b>WORK1</b>
RGEDa	Since withdrawing from regular school have you obtained your GED? 0 = No 1 = Yes	
WRKINTa		Introduction screen to questions about employment
WORKa1	Are you currently working for pay?  1 = Yes 0 = No	<b>SKIP PATTERN:</b> <b>IF (WORK1 = 0) SKIP TO RINC</b>
WORKa2	How many full-time jobs do you currently hold? By full-time, we mean working as a paid worker for 35 hours or more a week.  If you are working part-time, please type "0". •	Fill in the blank: Allow 0-9
WORKa3	How many part-time jobs do you currently hold? By part-time, we mean working 34 hours or less a week.  If you are working full-time, please type "0".	Fill in the blank: Allow 0-9  <b>CORRECTION NOTICE SHOWS UP :</b> <b>IF (work1=1) AND (work2=0) AND (work3= 0) SHOW MESSAGE:</b> Previously, you said that you currently work, but have indicated that you do not hold any full or part time jobs. Press any key to go back and re-answer these questions.

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
WORKa5	<p>Considering all the jobs you currently have, what is the total number of hours a week that you typically work for pay?</p> <ul style="list-style-type: none"> <li>•</li> </ul>	Fill-in-the blank: Allow 1-99
RINCa1	<p>People can get money as well as help to pay bills and buy food from many different sources. During the last 12 MONTHS (YEAR), did you get:</p> <p>(Please check all that apply by using the arrow keys, then pressing the &lt;spacebar&gt;. When you are finished, press ENTER or Next.)</p> <p>Money from a job  Child support  TANF (or AFDC)  Food Stamps  WIC  Medicaid  Social Security, other disability, pensions or retirement programs  Supplemental Security Income (SSI)  Unemployment benefit  State General Assistance (including energy assistance)  Veteran's benefits  Allowances from any government training programs (eg, Job Corps)  Money from family or friends on a regular basis  Other (Please specify)</p> <ul style="list-style-type: none"> <li>• Instructions for Interviewer: This list identifies ALL sources of income the caregiver may have received over the</li> </ul>	<p>This list identifies ALL sources of income the caregiver may have received over the last 12 MONTHS. So, if she received AFDC or TANF early in the year and now works part time, check both items. This would NOT mean that she was collecting income assistance inappropriately.</p>

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	last 12 MONTHS. So, if she received TANF early in the year and now works part time, check both items. This would NOT mean that she was collecting income assistance inappropriately.	
RINCa2	<p>Considering ALL the ways you were able to get money and help for your household expenses, about how much income did you have for the past 12 MONTHS (YEAR)?</p> <p>SHOW "Feel free to ask the interviewer for assistance in calculating this amount."</p> <p>Instructions to Interviewer: You may need to help the caregiver calculate this amount. We are trying to estimate how much "take home" money, the caregiver received in the last year. If the caregiver was on TANF (Temporary Assistance to Needy Families, formerly AFDC), use the chart in Appendix L to help calculate the amount. Food Stamps are counted as income, as is energy assistance, scholarship money, etc.</p> <p>If the caregiver Refuses to provide this income information, enter 77777. If she does not know (and you cannot help her estimate), enter 88888.</p>	Fill in the blank: Allow 1-99999
RHSEa1	<p>Which of the following best describes where you live right now?</p> <p>1 = House/Apartment Owned By You</p> <p>2 = House/Apartment Rented By You</p> <p>3 = Share an Apartment/House With A Relative</p> <p>4 = Share an Apartment/House With A Friend</p> <p>5 = Live in Shelter</p> <p>6 = Homeless</p> <p>7 = Other (Please specify)</p>	SKIP PATTERN: If RHSEa1 = 5 OR 6 SKIP TO RHSEa7A

<b>PREVIOUSLY USED VARIABLE(S)</b>	<b>ITEMS/COMMENTS</b>	<b>FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS</b>
RHSEa4	Do (you/ the person you live with) live in a public housing project?  0 = No 1 = Yes	IF (RHSEa4 = 1) SKIP TO RHSEa6
RHSEa5	Do (you/ the person you live with) live in Section 8 housing?  0 = No 1 = Yes	
RHSEa6	How many rooms are in this house/ apartment, not counting bathrooms?	Fill in the blank: Allow 1-20
RHSEa7	About how long have you been living here? (Please indicate in MONTHS)  If less than two weeks, enter 0	Fill in the blank: Allow 0-999
RHSEa7A	About how long has this been your living situation?	SKIP PATTERN: IF (RHSEa1 < 5) SKIPTO RHSEa8 IF (RHSEa1 > 6) SKIPTO RHSEa8
RHSEa8	How many times have you moved your residence during the last 12 months?	Fill in the blank: Allow 0-99 IF (RHSEa7 >= 12) SKP IF (RHSEa7A >= 12) SKP
RHSEa9	Do you plan to move within the next 6 months?  0 = No 1 = Yes	SKIP PATTERN:  IF (RHSEa1 = 5) SKIPTO C1 IF (RHSEa1 = 6) SKIPTO C1
RHSEa10	Please tell me how true this statement is: I would like to move but cannot.  0 = Not true 1 = Somewhat true 2 = True	SKIP PATTERN:  IF (RHSEa9 = 1) SKP

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	3 = Very true	
Ca1	<p>The next set of questions are about the grandchild(ren) you are caring for right now.</p> <p>This information will help give us a general description of the grandchildren in this project.</p>	•
CLIVEa	<p>Please check a box for each grandchild that lives with you right now.</p> <p>Use the &lt;SPACEBAR&gt; and arrow keys to choose your answers.</p> <p>• When you are finished, press ENTER.</p>	<p>• Check for each child up to the total number of children that currently live under the primary care of the caregiver. This question allows the interview to follow-up with questions for each child in the family.</p>
CFNAMEa	<p>Please tell me the FIRST name of this child.</p> <p>•</p>	•
CLNAMEa	<p>Please tell me the LAST name of this child.</p> <p>•</p>	• •
CDOBa	<p>Please tell me when _____ was born, using the format MM-DD-YYYY.</p> <p>•</p> <p>•</p>	<p>• We ask the date of birth for each child in the family. It is very important that at least one of the children is between the ages of 5 and 11 as of the date of the intake interview. If NOT, the computer will NOT advance. Calculation is to the day so a child who is 4 and ½ will NOT meet the eligibility criteria.</p>

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
		<ul style="list-style-type: none"> <li>•</li> <li>• If the caregiver does NOT remember the day of birth for a child, enter 15 for the day.</li> <li>•</li> <li>• If the caregiver does NOT remember the day or the month of the birth for a child, enter June 15 and the year.</li> <li>•</li> <li>• If the caregiver does NOT remember any part of the birthdate, ask age of child and compute date but make a note of this. (We will go back and edit these variables when she can locate this information).</li> <li>•</li> <li>• The caregiver MUST know the date of birth of the child who is between the ages of 5 and 11 or the computer cannot proceed. In addition, the computer will NOT accept a child date of birth that is less than 11 years older than the mother's date of birth.</li> </ul>
CSEXa	What is the sex of  1 = Male 2 = Female	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
CRELa	What is your relationship to  1 = Mother 2 = Grandmother 3 = Step-Mother 4 = Father 5 = Grandfather or Other father figure 6 = Other Relative 7 = Unrelated	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>



PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
CRACEa	What is the race of 1 = African American 2 = Hispanic-American 3 = Non-Hispanic White 4 = Asian American, including Pacific Islander 5 = Mixed ethnicity 6 = Other	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
CSCHa	Does go to school? 1 = Yes 0 = No	SKIP PATTERN: IF (CSCHa = 0) SKIP TO NEXT CHILD—CFNAME#
CEDUCa	What grade is she/he in?  0 = Kindergarten or Pre-K 1 = Grade 1 2 = Grade 2 3 = Grade 3 4 = Grade 4 5 = Grade 5 6 = Grade 6 7 = Grade 7 8 = Grade 8 9 = Grade 9 10 = Grade 10 11 = Grade 11 12 = Grade 12 13 = Other  Note: If it is summer, enter the grade your child just completed	We did not program range specifications into this variable due to its complexities. Make sure that the grade level is consistent with the age of the child. For example, if a 10-year-old child is only in 1 <sup>st</sup> grade the e caregiver must answer YES to variable Cfail – has the [Child] ever repeated any grades?  <i>If it is summer, you should select the grade level for the grade the child just completed.</i>
CFAILa	Has <child's first name> ever repeated any grades?  1 = Yes 0 = No	

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
CSPEDa	<p>Does &lt;child's first name&gt; get special education services?</p> <p>1 = Yes 0 = No</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
LISTCNFa	<p>Here is a list of the children you are caring for now and their corresponding ages based on the information you provided.</p> <p>Is this information correct?</p> <p>1 = Yes 0 = No</p> <p>If this is not correct, please click on the "previous" button and back up to correct your answers.</p>	<p>This screen shows first names and ages of children identified by caregiver. Confirm that the calculation occurred correctly. If it did not, that means you entered the wrong year or years for one or more children. Either use the F8 key to select and correct the appropriate variables, or click on previous until you get to the variable that was entered incorrectly.</p> <p><b>WRITE THE NAMES DOWN FOR FUTURE REFERENCE IN QUESTION "INDX2FNA"</b></p>
INDEX1a	<p>Many of our questions today will be about a child living with you between the ages of 5 to 11 years.</p> <p>From the children you have just told us about, the computer has identified _____ as the name of the YOUNGEST child living with you now who is between 5 and 11 years.</p> <p>Please hit any key to continue.</p>	<p>When you get to this screen, the computer should have selected the youngest child in the family between the ages of 5 and 11. Confirm that the calculation occurred correctly. If it did not, that means you entered the wrong year or years for one or more children. Either use the F8 key to select and correct the appropriate variables, or click on previous until you get to the variable that was entered incorrectly.</p>
INDX1SLa	<p>Please select _____ from the following list.</p> <p>Also select any child who is LESS THAN 5 YEARS OLD (if applicable).</p>	

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	Use the <SPACEBAR> and arrow keys to choose your answers. When you are finished, press ENTER.	
CHDLST2a	Here is a new list not including or children less than 5 years old in your household.  We are going to use this list to choose a second child living with you who is between the ages of 5 and 18 about whom we would like to ask specific questions.  Please hit any key to continue.	This list is should include all children in the household EXCEPT the Index Child #1 and any children < 5 years old. The purpose of the list is to prepare to select the Index Child #2.
RANDLSTa	Here is the same list in random order. Please click on the first child listed. This will be the second child we will reference in later questions.	This is the same list as the question before it but in random order in preparation to select Index Child #2.
INDX2FNA	Here is Index 2. Please refer to the prior list of names to see the corresponding name and enter it in the space below.	Refer to your hand written list of child names from screen "LISTCONF" to see Child's First Name and enter on this screen.  This is Index Child #2—a randomly selected child between ages of 5 and 18.
CNOTHM1a	Does <child's first name> have any sibling who is not living with her/him in the household right now?  1 = Yes 0 = No	Specific to Index Child 1

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
NOSIBS1a	<p>How many siblings do not live with &lt;child's first name&gt; right now?</p> <p>(Type the number then press ENTER.)</p> <p>IF (CNOTHOME = 0) SKP STABLE1</p>	<p>Specific to Index Child 1</p>
STB1a1 through STB1a10	<p>Questions about stability in child's life.</p>	<p>Specific to Index Child #1</p> <p>SKIP PATTERNS:</p> <p>IF (STB1a6= 0) SKIP TO LEG1INTa</p>
LEG1INTa	<p>The following questions ask you about your plans for _____</p> <p>When we use the term "legal custody", we mean a legal arrangement that makes you the formal caregiver for this child.</p> <p>When we use the term "adoption", we mean a permanent legal arrangement that makes you this child's parent.</p> <p>Please hit any key to continue.</p>	<p>Specific to Index Child #1</p> <p>The next set of questions ask the respondent about the legal status of the grandchild(ren) in his/her care.</p>
LEG1a1 through LEG1a4		<p>SKIP PATTERNS:</p> <p>IF (LEG1a1 = 3) SKIPTO CNOTHM2a</p> <p>IF (LEG1a2 = 0) SKIP LEG1a3</p> <p>IF (LEG1a3 = 3) SKIP LEG1a4</p>
CNOTHM2a	<p>Does &lt;child's first name&gt; have any sibling who is not living with her/him in the household right now?</p> <p>1 = Yes</p> <p>0 = No</p>	<p>Specific to Index Child 2</p>

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
NOSIBS2a	<p>How many siblings do not live with &lt;child's first name&gt; right now?</p> <p>(Type the number then press ENTER.)</p> <p>IF (CNOTHOME = 0) SKP STABLE1</p>	<p>Specific to Index Child 2</p>
STB2a1 through STB2a10	<p>Questions about stability in child's life.</p>	<p>Specific to Index Child #2</p> <p>SKIP PATTERNS:</p> <p>IF (STB2a6= 0) SKIP TO LEG2INTa</p>
LEG2INTa	<p>The following questions ask you about your plans for _____</p> <p>When we use the term "legal custody", we mean a legal arrangement that makes you the formal caregiver for this child.</p> <p>When we use the term "adoption", we mean a permanent legal arrangement that makes you this child's parent.</p> <p>Please hit any key to continue.</p>	<p>Specific to Index Child #2</p> <p>The next set of questions ask the respondent about the legal status of the grandchild(ren) in his/her care.</p>
LEG2a1 through LEG2a4		<p>SKIP PATTERNS:</p> <p>IF (LEG2a1 = 3) SKIPTO HINTROa</p> <p>IF (LEG2a2 = 0) SKIP LEG2a3</p> <p>IF (LEG2a3 = 3) SKIP LEG2a4</p>
HINTROa	<p>We would next like to ask some questions about the people &lt;&lt;CHILD NAME&gt;&gt; is living with. Again, all this information is confidential.</p> <p>This information will help us know more about some of</p>	<p>Changed wording to "We would next like to ask some questions about the people your grandchild(ren) is living with."</p>

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	the persons your child(ren) live with, and help us get general information about the families in this program.	
HOTHERSa	<p>Besides yourself and your children, are there other people (adults and children) who have been living with you for at least the past two weeks?</p> <p>0 = No 1 = Yes</p> <p>Instructions for Interviewer: This is another branching variable – it is important that you select yes if anyone other than the caregiver and her children have lived in the household for the past two weeks.</p>	<p>SKIP PATTERN: IF (HOTHERSa = 0) SKP CBC1aDIR</p>
HADULT1a	<p>How many OTHER ADULTS who live in your household (BESIDES YOURSELF) are at least partially responsible for the care of the grandchild(ren)?</p> <p>(Type the number and then press ENTER)</p> <p>Instructions for Interviewer: Hadult1 is to identify other <b>caregivers</b> in the household, and Hadult2 is to identify other adults in the household who are <b>not</b> usually in a caregiving role. These are also branching variables so it is important that you explain them clearly to the respondent.</p>	<p>Fill in the blank: Allow 0-20</p>
HADULT2a	<p>How many OTHER ADULTS who live in your household (BESIDES YOURSELF) are NOT partially responsible for the care of the grandchild(ren)?</p>	<p>Fill in the blank: Allow 0-20</p>

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	(Type the number and then press ENTER)	
HCHILDa	How many OTHER CHILDREN have been living with you in this house/ apartment BESIDES the ones you care for, for at least the last two weeks?	Fill in the blank: Allow 0-20
HINCa1	Did any adult in the household contribute toward household expenses during the past year? 1 = Yes 0 = No	SKIP PATTERN: IF (HADULT1 = 0) SKP IF (HADULT2 = 0) SKP
HINCa2	Approximately how much did others contribute to cover household expenses during the past year?  This variable attempts to capture additional income available for household expenses in the past year. If the caregiver refuses to provide this information, enter 77777. If she does not know (and you cannot help her estimate), enter 88888.	Fill in the blank: Allow 0-99999
HDRUGa, HDRINKa, HMHLTHa, HABUSEa	Instructions for Interviewer: These variables refer to OTHER adults in the household, NOT to the primary caregiver. If the caregiver has previously responded that no other persons reside in the household besides herself and the children, you will skip out of these variables. When asking the respondent if anyone she lived with used drugs, got drunk, had mental problems, or physically abused others if the respondent asks what you mean by any of these, tell her <b>whatever it means to her</b> . For instance, if the caregiver says "My	

PREVIOUSLY USED VARIABLE(S)	ITEMS/COMMENTS	FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS
	husband has mental problems when he drinks, does that count?" Ask her, "Do you think he has mental problems?"	
HDRUGa	During the last year, as far as you know, did any OTHER adult in the household use non-prescription drugs?  0 = No 1 = Yes	
HDRINKa	During the last year, as far as you know, did any OTHER adult in the household get drunk?  0 = No 1 = Yes	
HMHLTHa	During the last year, as far as you know, did any OTHER adult in the household have mental or emotional problems?  0 = No 1 = Yes	
HABUSEa	During the last year, as far as you know, did any OTHER adult in the household physically or sexually abuse others in the household?  0 = No 1 = Yes	

**SECTION 3: CHILD FUNCTIONING**

This section consists of the Child Behavior Checklist (CBCL) and the Behavioral and Emotional Rating Scale—version 2(BERS-2). All questions pertain to the index Child(ren).

VARIABLE(S)	• COMMENTS	•
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VARIABLE(S)	• COMMENTS	•
CBC1aDIR	This is a “busy” screen ...make sure the caregiver knows how this section of questions works by reviewing this screen and moving on to the first couple of questions as examples. If she is comfortable proceeding on her own, this is the point in the interview where your presence may NOT be necessary. If she goes on her own, she may want to ask for your help every time she gets to a new type of question format. However, if she is uncomfortable with proceeding without you, stay with her until she is comfortable. You may need to remind her that her answers are totally confidential and although you are sitting with her, we will never match her name with her answers in any research reports.	USING new version of CBCL 6-18
CBC1a001 through CBC1a112	<p><b>Child Behavior Checklist</b>  <b>For all questions in this series, caregiver should select:</b>  0 if the description is Not true of the [child]  1 if the description is Sometimes or Somewhat true of the [child]  2 if the description is Very or Often true of the INDEX [child]</p> <p>Sometimes a caregiver may feel that none of the responses “seem right” for her child. Ask her to select the response that is “most like” her 5 to 11 year old child.  It will help, if the caregiver says her child’s name at the beginning of each question. For example, Sally “whines”.... not true, sometimes true, very true.</p>	<p>Index-child specific</p> <p>Repeated for Index Child 2—variable names:</p> <p>CBC2a001 through CBC2a112</p> <p>IF NO INDEX CHILD 2—SKIPS TO BERDIR1a</p>
BERDIR1a	Introduction page to BERS-2	Index-child specific Repeated
BERS1a01 through BERS1a52	Behavioral And Emotional Rating Scale-Second Edition (Bers-2)	<p>for Index Child 2—variable names</p> <p>BERS2a01 through BERS2a52</p> <p>IF NO INDEX CHILD 2—SKIPS TO AAPIDR1a</p>

#### SECTION 4: PARENT FUNCTIONING

This section includes four scales: (1) The Adult-Adolescent Parenting Inventory (AAPI) to assess parenting knowledge, attitudes, and skills; (2) the Parental Stress Index (PSI) to assess parenting stress and life stress; (3) Parenting Sense of Competence Scale (PSOC) to assess

parenting attitudes; (4) Everyday Stressors Index (ESI) to identify events that cause stress on a daily basis; and (5) Burden Interview to assess attitudes about the caregiver role.

<b>AAPI VARIABLE(S)</b>	<b>• COMMENTS</b>	<b>• FC PROTOCOL ITEMS/COMMENTS/SKIP PATTERNS</b>
AAPIDR1a AAPIDR2a AAPIDR3a AAPIDR4a	These screens introduce the The Adult-Adolescent Parenting Inventory (AAPI) and provide instruction for answering the items. In each of the questions that follow, caregivers are asked to say how much they agree or disagree with each statement.	
AAPiA01 through APPIa40	For each question, the caregiver should follow the procedures above, move the pointer, and enter the response that she believes is right for her.	USING AAPI-2 (40 items) Each of these questions is on a 4-point scale. Respondents answer 1= Strongly Agree 2 =Agree 3=Uncertain 3=Disagree 4=Strongly Disagree

<b>PSI VARIABLE(S)</b>	<b>COMMENTS</b>	
PSIDR1a1	This screen introduces the Parental Stress Index—Short Form (PSI-SF) and asks caregivers to think about the INDEX child. There are 36 questions in this section.	Index-child specific  Repeated for Index Child 2—variable names: only items PSI2a04, PSI2a05, PSI2a13 through PSI2a21, PSI2a23 through PSI2a36  IF NO INDEX CHILD 2—SKIPS TO PSOCDIRa
PSI1a01 through PSI1a21	These questions all have the same format.	1= Strongly Agree 2 =Agree 3=Not Sure 4=Disagree 5=Strongly Disagree
PSI1a22	This question has a different format. The respondent enters a number 1 through 5 for the statement that most closely matches her feelings about being a parent.	1=Not very good at being a parent 2=a person who has some trouble 3=an average parent

PSI VARIABLE(S)	COMMENTS	
		4=a better than average parent 5=a very good parent
PSI1a23 through PSI1a31	These questions all have the same format.	1= Strongly Agree 2 =Agree 3=Not Sure 4=Disagree 5=Strongly Disagree
PSI1a32	This question has a different format. The respondent enters a number 1 through 5 for the statement that most closely matches her feelings about caring for the INDEX child.	1=much harder than I expected 2=somewhat harder than I expected 3=about as hard as expected 4=somewhat easier than I expected 4=much easier than I expected
PSI1a33	This question has a different format. The respondent enters a number 1 through 5 for <b>number of things</b> the child does that bothers them.	1=10+ 2=8-9 3=6-7 4=4-5 5=1-3
PSI1a34 through PSI1a36	These questions all have the same format.	1= Strongly Agree 2 =Agree 3=Not Sure 4=Disagree 5=Strongly Disagree
PSOCDIRa		Reminds grandparent that words “parent” and “child” refer to them in the role of caregiver for their grandchildren  “For the following items, please remember that when we refer to “parent” or “child(ren)”, we would like you to think of yourself in the role of caregiver for your grandchild(ren).

		Introduces Parenting Sense of Competence Scale
PSOCa01 through PSOCa17	Parenting Sense of Competence Scale	1=Strongly agree 2=Agree 3=Slightly agree 4=Slightly disagree 5=Disagree 6=Strongly disagree

<b>HASSLES VARIABLE(S)</b>	<b>• COMMENTS</b>	<b>•</b>
ESIIDIRa	This screen introduces the Every Day Stressors Index and asks respondents to indicate how much various problems “worry” them every day. There are 20 questions in this section.	This screen introduces the Everyday Stressors Index
ESla01 through ESla20	These questions use the pointer similar to the AAPI, PSI, and PSS. The screen asks respondents to select among the following choices: Not at all Bothered, A Little Bothered, Somewhat Bothered, Bothered a Great Deal, or Do Not Know for each question.	1= Not at all Bothered 2= A Little Bothered 3=Somewhat Bothered 4=Bothered a Great Deal 5= Not Applicable  (We used Do Not Know instead of Not applicable for OCAN)
BURDDR1a	This screen introduces the Burden Interview	Response options (items 1-21):

Comment [PC20]: What to do about frthis??

HASSLES VARIABLE(S)	• COMMENTS •
BURD1a01 through BURD1a22	0=Never 1=Rarely 2=Sometimes 3=Frequently 4=Nearly always  Response options (item 22): 0=Not at All 1=A Little 2=Moderately 3=Quite a Bit 4=Extremely  Index child(ren) specific— variable names change to Burd2a01 through Burd2a22  IF NO INDEX CHILD 2— SKIP TO CHNGINTa

**SECTION 5: ATTITUDES TOWARD CHANGE**

This section inquires about the caregiver's motivation to change with individual motivation items, Pearlin Mastery Scale, and the REDI.

Comment [CD21]: used to be Neglect Section

VARIABLE(S)	• C • O M M E N T S
CHNGINTa	The next set of questions ask you for your feelings about making changes in your family.  For the following items, please remember that when we refer to "parent" or "children", we would like you to think of yourself in the role of caregiver for your grandchild(ren).

<b>VARIABLE(S)</b>	<b>• C • O M M E N T S</b>
Change1 through Change5	Each of these questions is on a 5-point scale. Respondents answer Very Sure, Somewhat Sure, Not Sure, Somewhat Unsure, or Very Unsure OR Strongly Agree, Agree, Not Sure, Disagree, or Strongly Disagree.
PEARDIRa	Introduces Pearlin Mastery Scale
PEARa01 through PEARa07	1= Strongly Disagree 2 =Disagree 3=Agree 4=Strongly Agree
REDIDIRa	Introduction to REDI  1= Strongly Disagree 2 =Disagree 3=Undecided 4=Agree 5=Strongly Agree
REDIa01 through REDIa18	

**SECTION 6: FAMILY FUNCTIONING**

• This section inquires about three areas of family functioning: (1) Family Functioning Styles Scale; and (2) the Family Ritual Integrity Questionnaire.

FFSSDIRa	Introduces Family Function Styles Scale
FFSSa01 through FFSSa26	1=Not at all like my family 2=A little like my family 3=Sometimes like my family 4=Usually like my family 5=Almost always like my family

FRIQDIRa	Introduces Family Ritual Integrity Questionnaire	Reminds grandparent that words “parent” and “child” refer to them in the role of caregiver for their grandchildren  “For the following items, please remember that when we refer to “parent” or “child(ren)”, we would like you to think of yourself in the role of caregiver for your grandchild(ren).
FRIQa01 through FRIQa30		Response options: 1=Never 2=Rarely 3=Sometimes 4=Often  Items 28, 29 and 30 are index child specific and are repeated for index child 2 (items 31,32 and 33)  IF NO INDEX CHILD 2 SKIPS TO FRSDIRa

**SECTION 7: FAMILY RESOURCES**

FRSDIRa	Introduces Family Resource Scale	
FRSa01 through FRSa31	Family Resource Scale	1=Not at all adequate 2=seldom adequate 3=sometimes adequate 4=usually adequate 5=almost always adequate

**SECTION 8: SOCIAL SUPPORT**

This section inquires about social support: (1) Support Functions Scale.

SFSDIRa	Introduces Support Functions Scale	
SFSa01 through SFSa20		Response options: 1=Never 2=Once in a while 3=Sometimes 4=Often 5=Quite Often

**SECTION 9: SPIRITUALITY**

This section includes measures of participation in formal religion and perception of spiritual connection (1) individual items about religious involvement; (2) Brief RCOPE; and (3) Daily Spiritual Experiences.

RELIGION VARIABLE(S)	• COMMENTS	•
RELINTRa	Introduction to questions about religion and spirituality	
RELIa01	How close to God do you feel most of the time? 1=Not to Close At All 2=Somewhat Close 3=Close 4=Very Close 5=Don't Believe in God	SKIP PATTERN IF RELIa01= 4 SKIP TO RELIa10.
RELIa05	Do you believe that there is life after death—that people are punished or rewarded for their deeds on earth after they die?  0=No 1=Doubtful or Not Sure 2=Definitely	
RELIa08	religious preference	
RELIa09	Frequency of religious services attendance	0=Never 1=Once or Twice 2=Several Times 3=About Once a Month 4=Two or Three Times Per Month 5=Every Week 6=Several Times a Week
RELIa10	Frequency of non-religious activities attendance	0=Never 1=Once or Twice 2=Several Times 3=About Once a Month 4=Two or Three Times Per Month 5=Every Week 6=Several Times a Week
RCOPEDRa	Introduces Brief RCOPE	
RCOPEa1 through		Response options:



RELIGION VARIABLE(S)	• COMMENTS	•
RCOPEa6		1=A great deal 2= Quite a bit 3=Somewhat 4=Not at all
RCOPEa7		1=very involved 2=somewhat involved 3=not very involved 4=not involved at all
DSEIDIRa	Introduces Daily Spiritual Experiences	
DSEIa01 through DSEIa15		1=Many times a day 2=Every day 3=Most days 4=Some days 5=Once in a while 6=Never or almost never
DSEIa16		1=not at all close 2=somewhat close 3=very close 4=as close as possible

**SECTION 10: HEALTH, MENTAL HEALTH, USE OF ALCOHOL, AND SOCIAL DESIRABILITY**

This section provides a snapshot of the caregiver’s health: (1) 36-item RAND Survey, (2) mental health or level of depression (CES-D), (3 ) Brief Symptoms Inventory; (4) use of alcohol (MAST); and (5) and how she gets along with others or the degree to which the respondent may respond to questions with socially desirable answers (SDRS-5).

HEALTH VARIABLE(S)	COMMENTS	
HLTHINTa	This screen informs the caregiver that the next few questions are about her health.	
RANDINTa	This screen introduces RAND 36 items	
RANDa01	The interview asks the caregiver to rate her health on a 4-point scale ranging from Excellent to Poor.	1=Excellent 2=Very Good 3=Good 4=Fair 5=Poor

HEALTH VARIABLE(S)	COMMENTS	
Randa02	Compared to one year ago, how would you rate your health in general now?	1=Much better now than 1 yr ago 2=Somewhat better now than 1 yr ago 3=About the same 4=Somewhat worse now than 1 yr ago 5=Much worse now than 1 yr ago
RANDa03 through RANDa12	Does health limit activities?	1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all
RANDa13 through RANDa16		In past 4 weeks, problems as result of health? 1=Yes 2=No
RANDa17- RANDa19		In past 4 weeks, problems as result of emotional problems? 1=Yes 2=No
RANDa20		1=Not at all 2=Slightly 3=Moderately 4=Quite a bit 5=Extremely
RANDa21		1=None 2=Very mild 3=Mild 4=Moderate 5=Severe 6=Very Severe
RANDa22		1=Not at all 2=Slightly 3=Moderately 4=Quite a bit 5=Extremely

HEALTH VARIABLE(S)	COMMENTS
RANDa23 through RANDa31	1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
RANDa32	1=All of the time 2=Most of the time 3=Some of the time 4=A little of the time 5=None of the time
RANDa33 through RANDa36	1=Definitely true 2=Mostly true 3=Don't Know 4=Mostly false 5=Definitely false

ALCOHOL VARIABLE(S)	• COMMENTS
ALCSRNa	This screen introduces the alcohol section and asks whether the caregiver ever drinks alcohol. If she says no, she skips out of this section. If she says yes, she proceeds to the next set of questions. Alcohol Use Screen The next few questions are about drinking alcoholic beverages.  Do you now drink or have you ever drunk alcoholic beverages?
MASTa01 through MASTa25	IF (ALCSRNa = 0) SKP CESDINTa  0=No 1=Yes

CESD VARIABLE(S)	• COMMENTS
CESDINTa	This screen introduces the section by informing the respondent that the questions ask about how she has been feeling in the last week.
CESDa01 through	All of these questions have the format. The Response options:

<b>CESD VARIABLE(S)</b>	<b>• COMMENTS</b>	<b>•</b>
CESDa20	interview asks the caregiver to select the appropriate number for the way she felt or behaved in the last week. The list ranges from 0 = rarely or never to 3 = most of the time.	0=Rarely or none o f the time (less than 1 day) 1=Some or a little of the time (1-2 days) 2=Occasionally or a moderate amount of the time (3-4 days) 3=Most or all of the time (5-7 days)
BSIINTa	Introduces Brief Symptoms Inventory.	Respondents should indicate how much problem has distressed them during the past 7 days including today.
BSIa01 through BSIa53		0=Not at all 1= A little bit 2=Moderately 3=Quite a bit 4=Extremely

<b>SOCIAL DESIRABILITY VARIABLE(S)</b>	<b>• COMMENTS</b>	<b>•</b>
SDRSINTa	This screen informs the respondent that the next set of questions asks about how she gets along with others.	
SDRSa1 through SDRSa5	All questions are in the format – a list ranging from 1 = definitely true to 5 = definitely false. Respondents select the number that reflects the degree to which the statement is true for them.	1=definitely true 2=mostly true 3=don't know 4=mostly false 5=definitely false

**SECTION 11: DRUG ABUSE**

- This section inquires about drug use and abuse (DAST).

<b>DRUG ABUSE VARIABLE(S)</b>	<b>• COMMENTS</b>	<b>•</b>
DRGINTa	General Introduction to Drug Questions	
DASTDRa1 DASTDRa2 DASTDRa3	Introduces DAST and provide instructions for answering the questions	
DASTa01 through DASTa28		0=No 1=Yes

**SECTION 12: Housing and Neighborhood**

This section is comprised of a series of questions previously asked by Zuravin and DePanfilis (1996) with other high risk Baltimore family populations.

<b>HOUSING AND NEIGHBORHOOD VARIABLE(S)</b>	<b>• COMMENTS</b>	•
HOMEDIRa	• This screen introduces this section and informs the respondent that we will be asking about housing and neighborhood and start with any housing problems she may have.	•
HOMEa01 through HOMEa11	These questions ask the respondent to select how frequently she had problems with any of these household issues. The list ranges from not at all to very frequently on a 4-point scale from 0 to 3.	0=Not at all 1= Not too frequently 2=Frequently 3=Very frequently
PNSDIRa	Introduces Perceived Neighborhood Scale This screen introduces the neighborhood questions and informs the respondent that we ask about how well each statement fits how she feels about her neighborhood.	
PNSa01 through PNSa34		
END	The final screen thanks the respondent, pauses, saves and closes the interview. If for some reason the respondent now wants to change a previous question, you cannot go back into their interview. Make note of the change, and we will make the change by editing the questionnaire another way.	

