

Early Head Start 2015-16 Parent Survey Results

Q#	Question	Answers		
1	How long have you been in our Early Head Start Program?			
	Under 6 months	20		
	6-12 months	27		
	1-2 years	35		
	2-3 years	11		
	3+ years	21		
2	Are the home visits scheduled at a time convenient for your family?			
	Always	111		
	Almost Always	1		
	Sometimes	1		
	No	0		
3	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?			
	All the time	113		
	Most of the time	0		
	Some of the time	0		
	No	0		
4	Do you feel that your home visitor listens to you?			
	Yes	113		
	Some of the time	0		
	No	0		
5	Has your home visitor offered to help you find other services that you may need?			
	Yes	110		
	No-I haven't needed any help	3		
	No-I asked but did not get the information	0		
6	Have you and your home visitor talked about setting goals and the steps to achieving them?			
	Yes and I have accomplished some goals since enrolling in the program	95		
	Yes and I am working toward some goals	22		
	No-I've been in the program under 2 months	2		
	No-We haven't discussed any goals	0		
7	Overall I would rate the support and services from my Home Visitor as...			
	Excellent	104		
		2		
	Okay	1		
		0		
	Poor	0		
HV1	The attachment relationship between me and my child has improved			
	Yes	66		
	No	0		
	No Change	10		
	Somewhat	4		
HV2	I am more responsive to my child's needs.			
	Yes	74		

	No	1		
	No Change	6		
	Somewhat	0		
HV3	I know more about child development and what is age appropriate			
	Yes	70		
	No	0		
	No Change	2		
	Somewhat	2		
	I have made progress to my education, literacy, employment, and/or personal goals			
	Yes	68		
	No	0		
	No Change	7		
	Somewhat	6		
HV4	How to provide for my child's health and safety			
	Yes	80		
	No	1		
HV5	To use the family activity plan to help my child learn new things			
	Yes	80		
	No	1		
HV6	About oral health and dental care for myself and my child			
	Yes	80		
	No	1		
HV7	About the importance of keeping my child up to date on well child care and immunizations			
	Yes	80		
	No	1		
HV8	About nutrition for myself and my family			
	Yes	80		
	No	1		
HV9	And encouraged me to take care of myself			
	Yes	80		
	No	1		
HV10	I receive flyers and information about my local city and county events			
	Yes	80		
	No	1		
HV11	I was offered transportation to attend EHS events			
	Yes	77		
	No	4		
HV12	I was offered transportation to attend medical/dentists appointments			
	Yes	74		
	No	7		
HV13	How often does your Home Visitor talk with you about your baby/child's development and parenting?			
	Every Visit	77		
	Most visits	3		
	Seldom during visits	0		
	Almost never	0		
HV14	I am encouraged to attend social playgroups and parent meeting events			

	Yes	81		
	No	0		
HV15	I receive invitations/flyers about social evens and/or Parent meetings			
	Yes	81		
	No	0		
HV16	I was offered transportation to attend EHS events			
	Yes	76		
	No	5		
HV17	Do you think the information your home visitor brings you is helpful?			
	Yes	74		
	No	0		
HV18	Do you think the information your home visitor brings you is helpful?			
	Yes	8		
	No	7		
CI	My Child attends childcare at:			
	Heritage Youth Development Center	2		
	Pumpkin Patch	5		
	Michelle Phillips Daycare	0		
	South Joplin EHS Classroom	4		
	North Joplin EHS Classroom	0		
CI2	The attachment relationship between me and my child has improved.			
	yes	0		
	no	4		
	No Change	0		
	Somewhat	0		
CI3	I am more responsive to my child's needs.	28		
	yes	0		
	no	5		
	No Change	1		
	Somewhat	0		
CI4	I know more about child development and what is age appropriate			
	yes	0		
	no	0		
	No Change	1		
	Somewhat	0		
CI5	I have made progress to my education, literacy, employment, and/or personal goals			
	yes	1		
	no	2		
	No Change	0		
	Somewhat	0		
CI6	How to provide for my child's health and safety			
	yes	0		
	no	0		
CI7	To use the family activity plan to help my child learn new things			
	yes	0		
	no	0		
CI8	About the importance of keeping my child up to date on well child care and immunizations			

	Yes	0	
	No	0	
CI9	About nutrition for myself and my family		
	Yes	0	
	No	0	
CI10	And encouraged me to take care of myself		
	Yes	1	
	No	0	
CI11	I receive flyers and information about my local city and county events		
	Yes	4	
	No	0	
CI12	I was offered transportation to attend EHS events and medical/dentist appointments		
	Yes	34	
	No	0	
CI13	How often does your home visitor visit you and your family?		
	Twice a month	6	
	Once a month	27	
CI14	How long do the home visits usually last?		
	1 1/2 hours - 2 hours	0	
	1 1/2 hours	34	
	1 hour	0	
	Less than 1 hour	0	
CI15	How satisfied are you with the childcare placement of your child?		
	Yes	1	
	No	0	
CI16	How convenient is the childcare location?		
	Yes	0	
	No	0	
CI17	I'm satisfied with information shared between the childcare provider and me		
	Yes	0	
	No	0	
CI18	My home visitor explained the child care options clearly		
	Yes	1	
	No	0	
CI19	How often does your Home Visitor/Family Advocate talk with you about your baby/child, parenting and his/her development?		
	Every Visit	0	
	Most visits	0	
	Seldom during visits	33	
	Almost never	0	
	My Home Visitor Has taught me:	0	
CI20	Helpful activities to do with my child		
	Yes	0	
	No	0	
CI21	To recognize and respond to my child's needs		
	Yes	0	
	No	0	

CI22	To have a better understanding of how my child is growing and developing.		
	Yes	0	
	No	0	
CI23	To sing, read, and recite nursery rhymes with my child.		
	Yes	1	
	No	6	
CI24	New ways to increase my child's language		
	yes	0	
	No	0	
CI25	How to encourage my child with talking and understanding		
	yes	2	
	no	0	
CI 26	I am encouraged to attend social playgroups and parent meeting events		
	yes	2	
	no	0	
CI 27	I receive invitations/flyers about social evens and/or Parent meetings		
	Yes	0	
	No	0	
LD1	How long have you been in our Early Head Start Program?		
	Under 6 months	0	
	6-12 months	1	
	1-2 years	1	
	3+ years	0	
LD2	Are the home visists scheduled at a time convenient for your family?		
	Always	0	
	Almost Always	2	
	Some of the time	0	
	No/Explain	0	
LD3	Do you feel that you are treated with respect; does your home visitor undertand and respect your culture?		
	All the time	0	
	Most of the time	2	
	Some of the time	0	
	No/Explain	0	
LD4	Do you feel that your home visitor listens to you?		
	Yes	2	
	Some of the time	0	
	No	0	
LD5	Has your home visitor offered to help you find other services that you may need?		
	Yes	2	
	No-I haven't needed any help	1	
	No-I asked but did not get the information	0	
LD6	Have you and your home fisitor talked about setting goals and the steps to achieving them?		
	Yes and I have accomplished some goals since enrolling in the program	0	
	Yes and I am working toward some goals	1	
	No-I've been in the program under 2 months	1	
	No-We haven't discussed any goals	0	

LD7	Overall I would rate the support and services from my Home Visitor as...			
	Excellent	0		
		0		
	Okay	2		
		0		
	Poor	0		
LD8	How often does your home visitor visit you and your family?			
	Twice a month	0		
	Once a month	2		
LD9	How long do the home visits usually last?	0		
	1 1/2 hours - 2 hours	0		
	1 1/2 hours	2		
	1 hour	0		
	Less than 1 hour	0		
LD10	How often does your Home Visitor talk with you about your baby/child's development and parenting?	0		
	Every Visit	0		
	Most visits	2		
	Seldom during visits	0		
	Almost never	0		
LD11	About oral health and dental care for myself			
	Yes	0		
	No	0		
LD12	About nutrition for myself and my unborn child			
	Yes	0		
	No	0		
LD13	And exercise and ways to take care of myself			
	Yes	0		
	No	0		
LD14	I receive flyers and information about my local city and county events			
	Yes	1		
	No	0		
LD15	I was offered transportation to attend EHS events and medical/dentist appointments			
	Yes	0		
	No	0		
LD16	I know more about fetal development			
	Yes	0		
	No	0		
LD17	I know more about risks during pregnancy			
	Yes	0		
	No	0		
LD18	I know more about the benefits of breastfeeding			
	Yes	0		
	No	0		
LD19	I know more about prenatal care			
	Yes	0		
	No	0		
LD20	I know more about labor and delivery			

	Yes	0		
	No	0		
LD21	I know more about postpartum recovery, including maternal depression			
	Yes	0		
	No	0		
LD22	I feel more knowledgeable and prepared for motherhood			
	Yes	42		
	No	0		
	(Mark N/A if you were not introduced to these strategies.)			
MH1	I found Concious Discipline activities such as Baby Doll Circle Time and Love Rituals that promote children's mental health helpful to my child.	0		
	Yes	43		
	No	1		
	N/A	31		
MH2	I implemented the Concious Discipline activities that I was taught and felt they made a difference in my child's well-being.	0		
	Yes	39		
	No	2		
	N/A	39		
MH3	I implemented other strategies, such as infant massage, that promote children's mental health and found them helpful.	0		
	Yes	34		
	No	0		
	N/A	46		
MH4	The Mental Health Consultant provided helpful information	0		
	Yes	36		
	No	0		
	N/A	47		
MH5	The Mental Health Consultant taught me how to handle stress.	0		
	Yes	36		
	No	0		
	N/A	47		
MH6	The Mental Health Consultant responded to my request for services in a timely manner.	0		
	Yes	36		
	No	0		
	N/A	47		
MH7	My time spent with the Mental Health Consultant was very productive.	0		
	Yes	36		
	No	0		
	N/A	47		
MH8	Overall, I am satisfied with services provided by the Mental Health Consultant.	0		
	Yes	0		
	No	0		
	N/A	0		
		0		
	Mental Health LD	0		

	Did you receive services from the Early Head Start Mental Health Consultant?			
	Yes	1		
	No	0		
LD1	I was taught infant massage during my pregnancy or after delivery as a means of bonding.			
	Yes	0		
	No	0		
LD2	I implemented infant massage and found it helpful			
	Yes	0		
	No	0		
	N/A	2		
LD3	The Mental Health Consultant provided helpful information.	0		
	Yes	0		
	No	0		
	N/A	2		
LD4	The Mental Health Consultant taught me how to handle stress.	0		
	Yes	0		
	NO	0		
	N/A	2		
LD5	The Mental Health Consultant responded to my request in a timely manner.			
	Yes	0		
	No	0		
	N/A	2		
LD5	My time spent with the Mental Health Consultant was very productive.	0		
	Yes	0		
	No	0		
	N/A	2		
LD 6	Overall, I am satisfied with services provided by the Mental Health Consultant.			
	Yes	0		
	No	0		
	N/A	0		
	What else would you like us to know?			
		0		
		0		
		0		

Q#	Question	Answers
1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help Not asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No, we haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Fair Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H06	How to provide for my child's health and safety.	Yes No No Change Somewhat
H08	To use the family activity plans to help my child learn new things.	Yes No No Change Somewhat
H09	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H10	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H16	About nutrition for myself and my family.	Yes No No Change Somewhat
H19	And encouraged me to take care of myself.	Yes No No Change Somewhat
H20	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H21	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H22	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H23	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Sometimes during visits Almost never
H24	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H25	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H26	Was offered transportation to attend DHS events.	Yes No No Change Somewhat
H27	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
H27	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My Child attends childcare at:	Marriage Youth Development Center Pamplin Park Muhlenberg Daycare South Spring EIS Classroom North Spring EIS Classroom Garthage EIS
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
C7	To use the family activity plans to help my child learn new things.	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
C9	About nutrition for myself and my family.	Yes No No Change Somewhat
C10	And encouraged me to take care of myself.	Yes No No Change Somewhat
C11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C12	Was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C13	How often does your home visitor visit you and your family?	Twice a month Once a month
C14	How long do the home visits usually last?	1-1/2 hours - 2 hours 1-1/2 hours 1 hour Less than 1 hour
C15	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C16	How convenient is the childcare location?	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your baby/child's learning and his/her development?	Every visit Most visits Sometimes during visits Almost never
C20	My Home Visitor has taught me helpful activities to do with my child.	Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To have a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	How ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always

C2	How often does your home visitor visit you and your family?	Twice a month Once a month
C3	How long do the home visits usually last?	1-1/2 hours 1-1/2 hours 1 hour Less than 1 hour
C4	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C5	How convenient is the childcare location?	Yes No No Change Somewhat
C6	I'm satisfied with info. shared between the childcare provider and me.	Yes No No Change Somewhat
C7	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C8	How often does your Home Visitor/Family Advocate talk with you about your baby/child's learning and his/her development?	Every visit Most visits Sometimes during visits Almost never
C9	My Home Visitor has taught me helpful activities to do with my child.	Yes No No Change Somewhat
C10	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C11	To have a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C12	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C13	How ways to increase my child's language.	Yes No No Change Somewhat
C14	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C15	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C16	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always

Some of the time	2
Not at all	1
103 Do you feel that you are treated with respect, does your home visitor understand your culture?	2
All the time	3
Most of the time	4
Some of the time	5
Not at all	6
104 Do you feel that your home visitor listens to you?	2
Yes	3
Some of the time	4
No	5
105 Has your home visitor offered to help you find other services that you may need?	2
Yes	3
No I haven't needed any help	4
No I asked but did not get the information	5
106 Have you and your home visitor talked about setting goals and the steps to achieve them?	2
Yes and I have accomplished some goals since enrolling in the program	3
Yes and I am working toward some goals	4
No I've been in the program under 2 months	5
No We haven't discussed any goals	6
107 Overall I would rate the support and services from my Home Visitor as...	2
Excellent	3
Good	4
Fair	5
Poor	6
108 How often does your home visitor visit you and your family?	2
Once a month	3
109 How long do the home visits usually last?	2
1 1/2 hours - 2 hours	3
1 1/2 hours	4
1 hour	5
120 How often does your Home Visitor talk with you about your baby/child's development?	2
Every visit	3
Most visits	4
Seldom during visits	5
Almost never	6
121 About oral health and dental care for myself?	2
Yes	3
No	4
122 About nutrition for myself and my unborn child?	2
Yes	3
No	4
123 And exercise and ways to take care of myself?	2
Yes	3
No	4
124 I receive flyers and information about my local city and county events?	2
Yes	3
No	4
125 Has offered transportation to attend EMS events and medical/dentist appointments?	2
Yes	3
No	4
126 I know more about fetal development?	2
Yes	3
No	4
127 I know more about risks during pregnancy?	2
Yes	3
No	4
128 I know more about the benefits of breastfeeding?	2
Yes	3
No	4
129 I know more about prenatal care?	2
Yes	3
No	4
130 I know more about labor and delivery?	2
Yes	3
No	4
131 I know more about postpartum recovery, including maternal depression?	2
Yes	3
No	4
132 I feel more knowledgeable and prepared for motherhood?	2
Yes	3
No	4
133 (Check N/A if you were not introduced to these strategies.)	2
134 I found Conscious Discipline activities such as Baby Doll Circle Time and Love and Logic to help improve my child's mental health helpful to my child?	2
Yes	3
No	4
N/A	5
135 I implemented the Conscious Discipline activities that I was taught and felt they made a difference in my child's well-being?	2
Yes	3
No	4
N/A	5
136 I implemented other strategies, such as infant massage, that promote children's mental health and found them helpful?	2
Yes	3
No	4
N/A	5
137 The Mental Health Consultant provided helpful information?	2
Yes	3
No	4
N/A	5
138 The Mental Health Consultant taught me how to handle stress.	2
Yes	3
No	4
N/A	5
139 The Mental Health Consultant responded to my request for services in a timely manner?	2
Yes	3
No	4
N/A	5
140 The time spent with the Mental Health Consultant was very productive?	2
Yes	3
No	4
N/A	5
141 Overall, I am satisfied with services provided by the Mental Health Consultant?	2
Yes	3
No	4
N/A	5
Mental Health LD	2
Did you receive services from the Early Head Start Mental Health Consultant?	2
Yes	3
No	4
142 I was taught infant massage during my pregnancy or after delivery as a means of bonding?	2
Yes	3
No	4
143 I implemented infant massage and found it helpful?	2
Yes	3
No	4
N/A	5
144 The Mental Health Consultant provided helpful information.	2
Yes	3
No	4
N/A	5
145 The Mental Health Consultant taught me how to handle stress.	2
Yes	3
No	4
N/A	5
146 The Mental Health Consultant responded to my request in a timely manner?	2
Yes	3
No	4
N/A	5
147 The time spent with the Mental Health Consultant was very productive?	2
Yes	3
No	4
N/A	5
148 Overall, I am satisfied with services provided by the Mental Health Consultant?	2
Yes	3
No	4
N/A	5
What else would you like us to know?	2
	3
	4
	5
	6

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1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Fair Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H14	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H15	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H16	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H17	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H18	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Pumpkin Patch South Joplin DHS Classroom Mildred Phillips Daycare Catherine DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
C7	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
C9	About nutrition for myself and my family.	Yes No No Change Somewhat
C10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How satisfied are you with the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	My Home Visitor has taught me: Helpful activities to do with my child Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change
C15	How satisfied are you with the childcare location?	Somewhat Yes No No Change
C16	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change
C17	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change
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4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H08	About nutrition for myself and my family.	Yes No No Change Somewhat
H09	And encouraged me to take care of myself.	Yes No No Change Somewhat
H10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H11	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H12	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H13	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H14	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H15	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
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H17	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
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C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour 1-2 hours 2-3 hours More than 3 hours
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	My Home Visitor has taught me: Helpful activities to do with my child Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
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L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-2 hours 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change Somewhat
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7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
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H20	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
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C12	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C13	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour 1-2 hours 2-3 hours More than 3 hours
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	Multiple activities to do with my child Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
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C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-2 hours 2-3 hours More than 3 hours
C10	How long is the home visits usually last?	1-2 hours 1-2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Not at all Yes No
C15	How convenient is the childcare location?	Somewhat Not at all Yes No
C16	I'm satisfied with info.	Somewhat Not at all Yes No
C17	I'm satisfied with info.	Somewhat Not at all Yes No
C18	My home visitor explained the child care options clearly.	Somewhat Not at all Yes No
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
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L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Some of the time
Not at all

L204 Do you feel that your home visitor listens to you?
Yes
Some of the time
No

L205 Has your home visitor offered to help you find other services that you may need?
Yes
Not been needed any help
Not asked but did not get the information

L206 How do you and your home visitor adjust about setting goals and the steps to address them?
Yes and I have accomplished some goals since enrolling in the program
Yes and I am working toward some goals
No I'm been in the program under 2 months
No We haven't discussed any goals

L207 Overall I would rate the support and services from my Home Visitor as...
Excellent
Good
Fair
Poor

L208 How often does your Home Visitor talk with you about your baby/child's development?
Every visit
Most visits
Sometimes during visits
Almost never

L209 About oral health and dental care for myself?
Yes
No

L210 About nutrition for myself and my unborn child?
Yes
No

L211 And exercise and ways to take care of myself?
Yes
No

L212 I receive flyers and information about my local city and county events?
Yes
No

L213 I was offered transportation to attend DHS events and medical/dentist appointments?
Yes
No

L214 I know more about fetal development?
Yes
No

L215 I know more about risks during pregnancy?
Yes
No

L216 I know more about the benefits of breastfeeding?
Yes
No

L217 I know more about prenatal care?
Yes
No

L218 I know more about labor and delivery?
Yes
No

L219 I know more about postpartum recovery, including maternal depression?
Yes
No

L220 I feel more knowledgeable and prepared for motherhood?
Yes
No

Mark N/A if you were not introduced to these strategies.

M401 I used Conscious Discipline activities such as Baby-Doll Circle Time and Love-Rituals to promote children's mental health helpful to my child?
Yes
No
N/A

M402 I implemented the Conscious Discipline activities that I was taught and felt they made a difference in my child's well-being?
Yes
No
N/A

M403 I implemented other strategies, such as infant massage, that promote children's mental health and found them helpful?
Yes
No
N/A

M404 The Mental Health Consultant provided helpful information?
Yes
No
N/A

M405 The Mental Health Consultant taught me how to handle stress?
Yes
No
N/A

M406 The Mental Health Consultant responded to my request for services in a timely manner?
Yes
No
N/A

M407 Our time spent with the Mental Health Consultant was very productive?
Yes
No
N/A

M408 Overall, I am satisfied with services provided by the Mental Health Consultant?
Yes
No
N/A

Mental Health LD

LD 1 Do you receive services from the Early Head Start Mental Health Consultant?
Yes
No
N/A

LD 2 I have received infant massage during my pregnancy or after delivery in a comfortable setting?
Yes
No
N/A

LD 3 I implemented infant massage and found it helpful?
Yes
No
N/A

LD 3 The Mental Health Consultant provided helpful information.
Yes
No
N/A

LD 4 The Mental Health Consultant taught me how to handle stress.
Yes
No
N/A

LD 5 The Mental Health Consultant responded to my request in a timely manner.
Yes
No
N/A

LD 6 Our time spent with the Mental Health Consultant was very productive.
Yes
No
N/A

LD 6 Overall, I am satisfied with services provided by the Mental Health Consultant?
Yes
No
N/A

What else would you like us to know?
Curtis is very helpful, polite and caring. We are very pleased with him. He listens to my questions & takes his time. He usually asks me how I'm doing. I'm very glad Ryan is comfortable with Curtis. We have enjoyed him this year. The program has been amazing and Curtis has been a helpful smooth and competent help with resources.

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L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month Less than once a month
C10	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
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C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Q#	Question	Answers
1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No- I've been in the program under 2 months No-We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals	Yes No No Change Somewhat
H05	How to provide for my child's health and safety	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations	Yes No No Change Somewhat
H09	About nutrition for myself and my family	Yes No No Change Somewhat
H10	And encouraged me to take care of myself	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments	Yes No No Change Somewhat
H14	I was offered transportation to attend DHS events and medical/dentist appointments	Yes No No Change Somewhat
H15	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H16	I am encouraged to attend social playgroups and parent meeting events	Yes No No Change Somewhat
H17	I receive invitations/flyers about social events and/or Parent meetings	Yes No No Change Somewhat
H18	I was offered transportation to attend DHS events	Yes No No Change Somewhat
H19	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2		Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals	Yes No No Change Somewhat
C6	How to provide for my child's health and safety	Yes No No Change Somewhat
C7	To use the family activity plan to help my child learn new things	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations	Yes No No Change Somewhat
C9	About nutrition for myself and my family	Yes No No Change Somewhat
C10	I receive flyers and information about my local city and county events	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 month
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C16	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C17		Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	My Home Visitor has taught me: Helpful activities to do with my child
C21	To recognize and respond to my child's needs	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child	Yes No No Change Somewhat
C24	New ways to increase my child's language	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 month
C10	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C16	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
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6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Fair Poor
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H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
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H19	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Caffery DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
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C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
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C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	Multiple activities to do with my child Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
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L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change Somewhat
C15	How convenient is the childcare location?	Somewhat Yes No No Change Somewhat
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3	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Fair Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
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H17	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H18	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
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C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C18	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C19	My Home Visitor has taught me:	My Home Visitor has taught me: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C20	Helpful activities to do with my child.	Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
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C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change
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C1	My child attends childcare at:	Heritage Youth Development Center Pumpkin Patch North Joplin DHS Classroom Midland Phillips Daycare Catherine DHS Classroom Nessiah DHS Classroom Anderson DHS Classroom
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C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	My Home Visitor has taught me: Helpful activities to do with my child
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Q#	Question	Answers
1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H14	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H15	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H16	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H17	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H18	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H19	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H20	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Caffery DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
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C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
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C7	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
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C11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C12	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C13	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour 1-2 hours 2-3 hours More than 3 hours
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	My Home Visitor has taught me: Helpful activities to do with my child Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
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L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-2 hours 2-3 hours More than 3 hours
C10	How long is the home visits usually last?	1-2 hours 1-2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change Somewhat
C15	How convenient is the childcare location?	Somewhat Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Somewhat Yes No No Change Somewhat
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L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Some of the time	
Not at all	
124 Do you feel that your home visitor listens to you?	
Yes	
Some of the time	
No	
125 Has your home visitor offered to help you find other services that you may need?	
Yes	
Not been needed any help	
Not asked but did not get the information	
126 How do you and your home visitor adjust about setting goals and the steps to achieving them?	
Yes and I have accomplished some goals since enrolling in the program	
Yes and I am working toward some goals	
No I've been in the program under 2 months	
No We haven't discussed any goals	
127 Overall I would rate the support and services from my Home Visitor as...	
Excellent	
Very Good	
Good	
Fair	
Poor	
128 How often does your home visitor talk with you and your family?	
Twice a month	
Once a month	
129 How long do the home visits usually last?	
1 1/2 hours, 2 hours	
1 1/2 hours	
1 hour	
Less than 1 hour	
130 How often does your Home Visitor talk with you about your baby/child's development?	
Every Visit	
Most visits	
Often during visits	
Almost never	
131 About oral health and dental care for myself?	
Yes	
No	
132 About nutrition for myself and my unborn child?	
Yes	
No	
133 And exercise and ways to take care of myself?	
Yes	
No	
134 I receive flyers and information about my local city and county events?	
Yes	
No	
135 I was offered transportation to attend DHS events and medical/dentist appointments?	
Yes	
No	
136 I know more about fetal development?	
Yes	
No	
137 I know more about risks during pregnancy?	
Yes	
No	
138 I know more about the benefits of breastfeeding?	
Yes	
No	
139 I know more about prenatal care?	
Yes	
No	
140 I know more about labor and delivery?	
Yes	
No	
141 I know more about postpartum recovery, including maternal depression?	
Yes	
No	
142 I feel more knowledgeable and prepared for motherhood?	
Yes	
No	
Mark N/A if you were not introduced to these strategies.	
143 I used Concrete Discipline activities such as Baby Doll Circle Time and Love Rhythms to promote children's mental health helpful to my child.	
Yes	
No	
N/A	
144 I implemented the Concrete Discipline activities that I was taught and felt they made a difference in my child's well being.	
Yes	
No	
N/A	
145 I implemented other strategies, such as infant massage, that promote children's mental health and found them helpful.	
Yes	
No	
N/A	
146 The Mental Health Consultant provided helpful information.	
Yes	
No	
N/A	
147 The Mental Health Consultant taught me how to handle stress.	
Yes	
No	
N/A	
148 The Mental Health Consultant responded to my request for services in a timely manner.	
Yes	
No	
N/A	
149 Did your appointment with the Mental Health Consultant was very productive.	
Yes	
No	
N/A	
150 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	
No	
N/A	
Mental Health LD	
151 Do you receive services from the Early Head Start Mental Health Consultant?	
Yes	
No	
N/A	
152 I have received infant massage during my pregnancy or after delivery as a concrete discipline strategy.	
Yes	
No	
N/A	
153 I have received infant massage post delivery it helpful.	
Yes	
No	
N/A	
154 The Mental Health Consultant provided helpful information.	
Yes	
No	
N/A	
155 The Mental Health Consultant taught me how to handle stress.	
Yes	
No	
N/A	
156 The Mental Health Consultant responded to my request in a timely manner.	
Yes	
No	
N/A	
157 Did your appointment with the Mental Health Consultant was very productive.	
Yes	
No	
N/A	
158 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	
No	
N/A	
What else would you like us to know?	
She is amazing!!	

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7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
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C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
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C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
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C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
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C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
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C10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
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C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	Multiple activities to do with my child Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
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C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change
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L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
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H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
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7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H14	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H15	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H16	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H17	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H18	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
C7	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
C9	About nutrition for myself and my family.	Yes No No Change Somewhat
C10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C18	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C19	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C20	Helpful activities to do with my child.	Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change
C15	How convenient is the childcare location?	Somewhat Yes No No Change
C16	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change
C17	My home visitor explained the child care options clearly.	Somewhat Yes No No Change
C18	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C19	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C20	Helpful activities to do with my child.	Yes No No Change Somewhat
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Some of the time	
Not at all	
124 Do you feel that your home visitor listens to you?	
Yes	
Some of the time	
No	
125 Has your home visitor offered to help you find other services that you may need?	
Yes	
Not at all	
Not needed any help	
Not asked but did not get the information	
126 How do you and your home visitor adjust about setting goals and the steps to achieving them?	
Yes and I have accomplished some goals since enrolling in the program	
Yes and I am working toward some goals	
No I've been in the program under 2 months	
No We haven't discussed any goals	
127 Overall I would rate the support and services from my Home Visitor as...	
Excellent	
Very Good	
Good	
Fair	
Poor	
128 How often does your home visitor visit you and your family?	
Twice a month	
Once a month	
129 How long do the home visits usually last?	
1 1/2 hours, 2 hours	
1 1/2 hours	
1 hour	
Less than 1 hour	
130 How often does your Home Visitor talk with you about your baby/child's development?	
Every Visit	
Most visits	
seldom during visits	
Almost never	
131 About oral health and dental care for myself?	
Yes	
No	
132 About nutrition for myself and my unborn child?	
Yes	
No	
133 And exercise and ways to take care of myself?	
Yes	
No	
134 I receive flyers and information about my local city and county events?	
Yes	
No	
135 I was offered transportation to attend DHS events and medical/dentist appointments?	
Yes	
No	
136 I know more about fetal development?	
Yes	
No	
137 I know more about risks during pregnancy?	
Yes	
No	
138 I know more about the benefits of breastfeeding?	
Yes	
No	
139 I know more about prenatal care?	
Yes	
No	
140 I know more about labor and delivery?	
Yes	
No	
141 I know more about postpartum recovery, including maternal depression?	
Yes	
No	
142 I feel more knowledgeable and prepared for motherhood?	
Yes	
No	
Mark N/A if you were not introduced to these strategies.	
143 I used Conscious Discipline activities such as Baby Doll Circle Time and Love Routines to promote children's mental health to my child.	
Yes	
No	
N/A	
144 I implemented the Conscious Discipline activities that I was taught and felt they made a difference in my child's well being.	
Yes	
No	
N/A	
145 I implemented other strategies, such as infant massage, that promote children's mental health and found them helpful.	
Yes	
No	
N/A	
146 The Mental Health Consultant provided helpful information.	
Yes	
No	
N/A	
147 The Mental Health Consultant taught me how to handle stress.	
Yes	
No	
N/A	
148 The Mental Health Consultant responded to my request for services in a timely manner.	
Yes	
No	
N/A	
149 I am more open with the Mental Health Consultant was very productive.	
Yes	
No	
N/A	
150 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	
No	
N/A	
Mental Health LD	
LD 1 Do you receive services from the Early Head Start Mental Health Consultant?	
Yes	
No	
N/A	
151 I have received infant massage during my pregnancy or after delivery in a conscious and healthy way.	
Yes	
No	
N/A	
152 I have received infant massage and found it helpful.	
Yes	
No	
N/A	
153 The Mental Health Consultant provided helpful information.	
Yes	
No	
N/A	
154 The Mental Health Consultant taught me how to handle stress.	
Yes	
No	
N/A	
155 The Mental Health Consultant responded to my request in a timely manner.	
Yes	
No	
N/A	
156 I am more open with the Mental Health Consultant was very productive.	
Yes	
No	
N/A	
LD 6 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	
No	
N/A	
What else would you like us to know?	

Q#	Question	Answers
1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H14	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H15	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H16	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H17	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H18	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
C7	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
C9	About nutrition for myself and my family.	Yes No No Change Somewhat
C10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	Multiple activities to do with my child Yes No No Change Somewhat
C21	Multiple activities to do with my child.	Yes No No Change Somewhat
C22	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C23	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C24	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C25	To use ways to increase my child's language.	Yes No No Change Somewhat
C26	To encourage my child with talking and understanding.	Yes No No Change Somewhat
C27	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C28	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change Somewhat
C15	How convenient is the childcare location?	Somewhat Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Somewhat Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	Multiple activities to do with my child Yes No No Change Somewhat
C21	Multiple activities to do with my child.	Yes No No Change Somewhat
C22	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C23	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C24	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C25	To use ways to increase my child's language.	Yes No No Change Somewhat
C26	To encourage my child with talking and understanding.	Yes No No Change Somewhat
C27	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C28	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Q#	Question	Answers
1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H14	I was offered transportation to attend DHS events and medical/dentist appointments?	Yes No No Change Somewhat
H15	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H16	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H17	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H18	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H19	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
C7	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
C9	About nutrition for myself and my family.	Yes No No Change Somewhat
C10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours - 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How satisfied are you with the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C18	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C19	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C20	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C21	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C22	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C23	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C24	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C25	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C26	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C27	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C28	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C29	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C30	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C31	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C32	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C33	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C34	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C35	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C36	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C37	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C38	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C39	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C40	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
C41	My Home Visitor has taught me:	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

Some of the time	
Not at all	
124 Do you feel that your home visitor listens to you?	
Yes	
Some of the time	
No	
125 Has your home visitor offered to help you find other services that you may need?	
Yes	
Not at all	
Not needed but did not get the information	
126 How do you and your home visitor adjust about setting goals and the steps to achieving them?	
Yes and I have accomplished some goals since enrolling in the program	
Yes and I am working toward some goals	
No I've been in the program under 2 months	
No We haven't discussed any goals	
127 Overall I would rate the support and services from my Home Visitor as...	
Excellent	
Good	
Okay	
Poor	
128 How often does your home visitor visit you and your family?	
Twice a month	
Once a month	
129 How long do the home visits usually last?	
1 1/2 hours, 2 hours	
1 1/2 hours	
1 hour	
Less than 1 hour	
130 How often does your Home Visitor talk with you about your baby/child's development?	
Every Visit	
Most visits	
seldom during visits	
Almost never	
131 About oral health and dental care for myself?	
Yes	
No	
132 About nutrition for myself and my unborn child?	
Yes	
No	
133 And exercise and ways to take care of myself?	
Yes	
No	
134 I receive flyers and information about my local city and county events?	
Yes	
No	
135 I was offered transportation to attend DHS events and medical/dentist appointments?	
Yes	
No	
136 I know more about fetal development?	
Yes	
No	
137 I know more about risks during pregnancy?	
Yes	
No	
138 I know more about the benefits of breastfeeding?	
Yes	
No	
139 I know more about prenatal care?	
Yes	
No	
140 I know more about labor and delivery?	
Yes	
No	
141 I know more about postpartum recovery, including maternal depression?	
Yes	
No	
142 I feel more knowledgeable and prepared for motherhood?	
Yes	
No	
Mark N/A if you were not introduced to these strategies.	
143 I used Concrete Discipline activities such as Baby Doll Circle Time and Love Rhythms to promote children's mental health helpful to my child.	
Yes	
No	
N/A	
144 I implemented the Concrete Discipline activities that I was taught and felt they made a difference in my child's well being.	
Yes	
No	
N/A	
145 I implemented other strategies, such as infant massage, that promote children's mental health and found them helpful.	
Yes	
No	
N/A	
146 The Mental Health Consultant provided helpful information.	
Yes	
No	
N/A	
147 The Mental Health Consultant taught me how to handle stress.	
Yes	
No	
N/A	
148 The Mental Health Consultant responded to my request for services in a timely manner.	
Yes	
No	
N/A	
149 Did your appointment with the Mental Health Consultant was very productive.	
Yes	
No	
N/A	
150 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	
No	
N/A	
Mental Health LD	
Do you receive services from the Early Head Start Mental Health Consultant?	
Yes	
No	
N/A	
151 I received an infant massage during my pregnancy or after delivery as a concrete discipline strategy.	
Yes	
No	
N/A	
152 I implemented infant massage and found it helpful.	
Yes	
No	
N/A	
153 The Mental Health Consultant provided helpful information.	
Yes	
No	
N/A	
154 The Mental Health Consultant taught me how to handle stress.	
Yes	
No	
N/A	
155 The Mental Health Consultant responded to my request in a timely manner.	
Yes	
No	
N/A	
156 Did your appointment with the Mental Health Consultant was very productive.	
Yes	
No	
N/A	
157 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	
No	
N/A	
What else would you like us to know?	

Q#	Question	Answers
1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H14	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H15	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H16	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H17	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H18	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Cottage DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
C7	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
C9	About nutrition for myself and my family.	Yes No No Change Somewhat
C10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	Multiple activities to do with my child Yes No No Change Somewhat
C21	Multiple activities to do with my child.	Yes No No Change Somewhat
C22	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C23	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C24	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C25	New ways to increase my child's language.	Yes No No Change Somewhat
C26	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C27	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C28	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change
C15	How convenient is the childcare location?	Somewhat Yes No No Change
C16	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change
C17	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change
C18	My home visitor explained the child care options clearly.	Somewhat Yes No No Change
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	Multiple activities to do with my child Yes No No Change Somewhat
C21	Multiple activities to do with my child.	Yes No No Change Somewhat
C22	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C23	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C24	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C25	New ways to increase my child's language.	Yes No No Change Somewhat
C26	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C27	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C28	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect; does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Q#	Question	Answers
1	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 2-3 years 3+ years
2	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
3	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No
4	Do you feel that your home visitor listens to you?	Yes Some of the time No
5	Has your home visitor offered to help you find other services that you may need?	Yes No-I haven't needed any help They asked but did not get the information
6	Have you and your home visitor talked about setting goals and the steps to achieve them?	Yes and I have accomplished some goals since enrolling in the program Yes and I am working toward some goals No I've been in the program under 2 months No We haven't discussed any goals
7	Overall I would rate the support and services from my Home Visitor as...	Excellent Good Okay Poor
H01	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
H02	I am more responsive to my child's needs.	Yes No No Change Somewhat
H03	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
H04	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
H05	How to provide for my child's health and safety.	Yes No No Change Somewhat
H06	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
H07	About oral health and dental care for myself and my child.	Yes No No Change Somewhat
H08	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
H09	About nutrition for myself and my family.	Yes No No Change Somewhat
H10	And encouraged me to take care of myself.	Yes No No Change Somewhat
H11	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
H12	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H13	I was offered transportation to attend medical/dentist appointments.	Yes No No Change Somewhat
H14	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
H15	How often does your Home Visitor talk with you about your baby/child's development and learning?	Every visit Most visits Seldom during visits Almost never
H16	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
H17	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
H18	I was offered transportation to attend DHS events.	Yes No No Change Somewhat
H19	Do you think the information your home visitor brings you is helpful?	Yes No No Change Somewhat
C1	My child attends childcare at:	Heritage Youth Development Center Lumpkin Park Learning Junction Mildred Phillips Daycare Caffery DHS Classroom Nashua DHS Classroom Anderson DHS Classroom
C2	The attachment relationship between me and my child has improved.	Yes No No Change Somewhat
C3	I am more responsive to my child's needs.	Yes No No Change Somewhat
C4	I know more about child development and what is age appropriate.	Yes No No Change Somewhat
C5	I have made progress to my education, literacy, employment, and/or personal goals.	Yes No No Change Somewhat
C6	How to provide for my child's health and safety.	Yes No No Change Somewhat
C7	To use the family activity plan to help my child learn new things.	Yes No No Change Somewhat
C8	About the importance of keeping my child up to date on well child care and immunizations.	Yes No No Change Somewhat
C9	About nutrition for myself and my family.	Yes No No Change Somewhat
C10	I receive flyers and information about my local city and county events.	Yes No No Change Somewhat
C11	I was offered transportation to attend DHS events and medical/dentist appointments.	Yes No No Change Somewhat
C12	How often does your home visitor visit you and your family?	Twice a month Once a month Less than 1 hour More than 1 hour
C13	How long do the home visits usually last?	1-1/2 hours, 2 hours 1-1/2 hours 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Yes No No Change Somewhat
C15	How convenient is the childcare location?	Yes No No Change Somewhat
C16	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C17	I'm satisfied with information shared between the childcare provider and me.	Yes No No Change Somewhat
C18	My home visitor explained the child care options clearly.	Yes No No Change Somewhat
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	My Home Visitor has taught me: Helpful activities to do with my child
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

C2	How often does your home visitor visit you and your family?	Twice a month Once a month 1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C10	How long do the home visits usually last?	1-1/2 hours 1-1/2 hour 1 hour Less than 1 hour
C14	How satisfied are you with the childcare placement of your child?	Somewhat Yes No No Change
C15	How convenient is the childcare location?	Somewhat Yes No No Change
C16	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change
C17	I'm satisfied with information shared between the childcare provider and me.	Somewhat Yes No No Change
C18	My home visitor explained the child care options clearly.	Somewhat Yes No No Change
C19	How often does your Home Visitor/Family Advocate talk with you about your child's learning and his/her development?	Every visit Most visits Seldom during visits Almost never
C20	My Home Visitor has taught me:	My Home Visitor has taught me: Helpful activities to do with my child
C21	To recognize and respond to my child's needs.	Yes No No Change Somewhat
C22	To take a better understanding of how my child is growing and developing.	Yes No No Change Somewhat
C23	To sing, read, and recite nursery rhymes with my child.	Yes No No Change Somewhat
C24	New ways to increase my child's language.	Yes No No Change Somewhat
C25	How to encourage my child with talking and understanding.	Yes No No Change Somewhat
C26	I am encouraged to attend social playgroups and parent meeting events.	Yes No No Change Somewhat
C27	I receive invitations/flyers about social events and/or Parent meetings.	Yes No No Change Somewhat
L01	How long have you been in our Early Head Start Program?	Under 6 months 6-12 months 1-2 years 3+ years
L02	Are the home visits scheduled at a time convenient for your family?	Always Almost Always Sometimes No
L03	Do you feel that you are treated with respect, does your home visitor understand and respect your culture?	All the time Most of the time Some of the time No

Q#	Question	
1	How long have you been in our Early Head Start Program?	
	Under 6 months	2
	6-12 months	1
	1-2 years	1
	2-3 years	
	3+ years	
2	Are the home visits scheduled at a time convenient for your family?	4
	Always	
	Almost Always	
	Sometimes	
	No	
3	Do you feel that you are treated with respect; does your Home Visitor/Family Advocate understand and respect your culture?	4
	All the time	
	Most of the time	
	Some of the time	
	No	
4	Do you feel that your home visitor listens to you?	4
	Yes	
	Some of the time	
	No	
5	Has your home visitor offered to help you find other services that you may need?	4
	Yes	
	No-I haven't needed any help	
	No-I asked but did not get the information	
6	Yes and I have accomplished some goals since enrolling in the program	4
	Yes and I am working toward some goals	
	No-I've been in the program under 2 months	
	No-We haven't discussed any goals	
7	Overall I would rate the support and services from my Home Visitor as...	4
	Excellent	
	Okay	
	Poor	
HV1	The attachment relationship between me and my child has improved	
	Yes	
	No	
	No Change	
	Somewhat	
HV2	I am more responsive to my child's needs.	
	Yes	
	No	
	No Change	
	Somewhat	
HV3	I know more about child development and what is age appropriate	
	Yes	
	No	
	No Change	
	Somewhat	
HV 4	I have made progress to my education, literacy, employment, and/or personal goals	
	Yes	
	No	
	No Change	
	Somewhat	
HV5	How to provide for my child's health and safety	
	Yes	
	No	
HV6	To use the family activity plan to help my child learn new things	
	Yes	
	No	
HV7	About oral health and dental care for myself and my child	
	Yes	
	No	
HV8	About the importance of keeping my child up to date on well child care and immunizations	
	Yes	
	No	
HV9	About nutrition for myself and my family	
	Yes	
	No	
HV10	And encouraged me to take care of myself	
	Yes	
	No	
HV10	I receive flyers and information about my local city and county events	
	Yes	
	No	
HV11	I was offered transportation to attend EHS events	
	Yes	
	No	
HV12	I was offered transportation to attend medical/dentists appointments	
	Yes	
	No	
HV13	Every Visit	
	Most visits	
	Seldom during visits	
	Almost never	
HV14	I am encouraged to attend social playgroups and parent meeting events	
	Yes	
	No	
HV15	I receive invitations/flyers about social events and/or Parent meetings	
	Yes	
	No	
HV16	I was offered transportation to attend EHS events	
	Yes	
	No	
HV17	Do you think the information your home visitor brings you is helpful?	
	Yes	
	No	
C1	My Child attends childcare at:	
	Heritage Youth Development Center	
	Pumpkin Patch	
	Learning Junction	
	Michelle Phillips Daycare	
	Carriage EHS Classroom	
	Neosho EHS Classroom	
	Anderson EHS Classroom	4
C2	The attachment relationship between me and my child has improved	
	yes	3
	no	
	No Change	1
	Somewhat	
C3	I am more responsive to my child's needs.	
	yes	3
	no	
	No Change	1
	Somewhat	
C4	I know more about child development and what is age appropriate	
	yes	3
	no	
	No Change	1
	Somewhat	
C5	I have made progress to my education, literacy, employment, and/or personal goals	
	yes	3
	no	
	No Change	1
	Somewhat	
C6	How to provide for my child's health and safety	
	yes	4
	no	
C7	To use the family activity plan to help my child learn new things	
	yes	4
	no	
C8	About the importance of keeping my child up to date on well child care and immunizations	
	Yes	4
	No	
C9	About nutrition for myself and my family	
	Yes	4
	No	
C10	I receive flyers and information about my local city and county events	
	Yes	4
	No	
C11	I was offered transportation to attend EHS events and Medical/Dentists Appointment	
	Yes	4

No

C12 How often does your home visitor visit you and your family?
Twice a month
Once a month 4

C13 How long do the home visits usually last?
1 1/2 hours - 2 hours
1 1/2 hours 3
1 hour 1
Less than 1 hour

C15 How satisfied are you with the childcare placement of your child?
Yes 4
No

C16 How convenient is the childcare location?
Yes 4
No

C17 I'm satisfied with information shared between the childcare provider and me
Yes 4
No

C18 My home visitor explained the child care options clearly
Yes 4
No

C19 How often does your Home Visitor/Family Advocate talk with you about your baby/child, parenting and his/her development?
Every Visit 3
Most visits 1
Seldom during visits
Almost never

C20 My Home Visitor Has taught me:
C20 Helpful activities to do with my child
Yes 4
No

C21 To recognize and respond to my child's needs
Yes 4
No

C22 To have a better understanding of how my child is growing and developing.
Yes 4
No

C23 To sing, read, and recite nursery rhymes with my child.
Yes 4
No

C24 New ways to increase my child's language
yes 4
No

C25 How to encourage my child with talking and understanding
yes 4
no

C126 I am encouraged to attend social playgroups and parent meeting events
yes 4
no

C127 I receive invitations/flyers about social evens and/or Parent meetings
Yes 4
No

LD1 How long have you been in our Early Head Start Program?
Under 6 months
6-12 months
1-2 years
3+ years

LD2 Are the home visits scheduled at a time convenient for your family?
Always
Almost Always
Some of the time
No/Explain

LD3 Do you feel that you are treated with respect; does your home visitor understand and respect your culture?
All the time
Most of the time
Some of the time
No/Explain

LD4 Do you feel that your home visitor listens to you?
Yes
Some of the time
No

LD5 Has your home visitor offered to help you find other services that you may need?
Yes
No-I haven't needed any help
No-I asked but did not get the information

LD6 Have you and your home frsitor talked about setting goals and the steps to achieving them?
Yes and I have accomplished some goals since enrolling in the program
Yes and I am working toward some goals
No-I've been in the program under 2 months
No-We haven't discussed any goals

LD7 Overall I would rate the support and services from my Home Visitor as...
Excellent
Okay
Poor

LD8 How often does your home visitor visit you and your family?
Twice a month
Once a month

LD9 How long do the home visits usually last?
1 1/2 hours - 2 hours
1 1/2 hours
1 hour
Less than 1 hour

LD10 How often does your Home Visitor talk with you about your baby/child's development and parenting?
Every Visit
Most visits
Seldom during visits
Almost never

LD11 About oral health and dental care for myself
Yes
No

LD12 About nutrition for myself and my unborn child
Yes
No

LD13 And exercise and ways to take care of myself
Yes
No

LD14 I receive flyers and information about my local city and county events
Yes
No

LD15 I was offered transportation to attend EHS events and medical/dentist appointments
Yes
No

LD16 I know more about fetal development
Yes
No

LD17 I know more about risks during pregnancy
Yes
No

LD18 I know more about the benefits of breastfeeding
Yes
No

LD19 I know more about prenatal care
Yes
No

LD20 I know more about labor and delivery
Yes
No

LD21 I know more about postpartum recovery, including maternal depression
Yes
No

LD22 I feel more knowledgeable and prepared for motherhood
Yes
No

(Mark N/A if you were not introduced to these strategies.)

MH1 I found Conscious Discipline activities such as Baby Doll Circle Time and Love Rituals that promote children's mental health helpful to my child.
Yes 2
No
N/A

MH2 I implemented the Conclous Discipline activities that I was taught and felt they made a difference in my child's well-being.
Yes 2
No
N/A

MH3 I implemented other strategies, such as infant massage, that promote children's mental health and found them helpful.
Yes 1

No	
N/A	1
MH1 The Mental Health Consultant provided helpful information.	
Yes	1
No	
N/A	1
MH5 The Mental Health Consultant taught me how to handle stress.	
Yes	1
No	
N/A	1
MH6 The Mental Health Consultant responded to my request for services in a timely manner.	
Yes	1
No	
N/A	1
MH7 My time spent with the Mental Health Consultant was very productive.	
Yes	1
No	
N/A	1
MH8 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	1
No	
N/A	1
Mental Health LD	
Did you receive services from the Early Head Start Mental Health Consultant?	
Yes	
No	
N/A	
LD1 I was taught infant massage during my pregnancy or after delivery as a means of bonding.	
Yes	
No	
N/A	
LD2 I implemented infant massage and found it helpful.	
Yes	
No	
N/A	
LD3 The Mental Health Consultant provided helpful information.	
Yes	
No	
N/A	
LD4 The Mental Health Consultant taught me how to handle stress.	
Yes	
No	
N/A	
LD5 The Mental Health Consultant responded to my request in a timely manner.	
Yes	
No	
N/A	
LD6 My time spent with the Mental Health Consultant was very productive.	
Yes	
No	
N/A	
LD 6 Overall, I am satisfied with services provided by the Mental Health Consultant.	
Yes	
No	
N/A	

What else would you like us to know?

Very nice & helpful. Wonderful Head Start Staff.

I feel like my homje visitors go over and beyond many expectations to help my family achieve many goals. I know that when I have any questions I can depend on them. The only complaint I have is getting called repeatedly to pick up my child. I take him to dr and return him to school million times other than that no complaints.