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Evaluation as Interventions: Process Use of Program Recipients

A dissertation submitted in partial satisfaction  
of the requirements for the degree of Doctor of Philosophy  
in Education

By

Alejandra Priede Schubert

2015

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## ABSTRACT OF THE DISSERTATION

Evaluations as Interventions: Process Use of Program Recipients

by

Alejandra Priede Schubert

Doctor of Philosophy in Education

University of California, Los Angeles, 2015

Professor Christina A. Christie, Co-Chair

Professor Marvin C. Alkin, Co-Chair

The use of evaluation findings and process continues to be of central interest to the evaluation field. Understanding the ways in which individuals learn or change their attitudes and behavior due to their involvement in the evaluation of a program has become crucial when identifying the effect that evaluations have on stakeholders, programs, and organizations. Several studies have analyzed the influence that evaluation findings and the evaluation process have on program managers, funders, and program staff, and how this leads to modifications or improvement of programs and organizations.

A stakeholder group that has not been studied is the *program recipients*. Perhaps this is due to program recipients rarely participating in evaluations other than to provide data through filling out surveys or participating in interviews or focus groups. The extent to which program recipients experience *process use* has never been systematically explored.

Through observations, interviews, survey data, and a focus group, this study examines the process use of program recipients who participated in the evaluation of the Welcome Baby program, a program dedicated to supporting pregnant women and mothers of newborns from low-income areas. Specifically, the primary objectives of this current research study were to understand: 1) what program recipients learned from their participation in the evaluation and what changes in their attitude and affect or in their actions and behavior occurred; and, 2) the relationship between different categories of process use.

Findings provide evidence that participating in evaluations affect program recipients. Through such exposure to this kind of experience, program recipients reflected on what is important for them and their families and, in addition, gained knowledge and expertise about evaluations. Moreover, program recipients changed their attitude and behavior, and took actions based on what they learned from the evaluation experience.

Overall, these findings suggest that evaluations are being underused and show that the evaluation of Welcome Baby is itself an intervention that supports the intended program outcomes. In addition to determining if a program is achieving its goals, evaluations can also assist programs in actually achieving them.

Keywords: evaluation, process use, program recipients

The dissertation of Alejandra Priede Schubert is approved.

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2015

## **DEDICATION**

To my mother, Monica; my brother, Guillermo; and, my friends who have become my family.

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## CHAPTER I: Introduction

The study of the consequences of evaluation – or, more specifically, of evaluation use or utilization – represents a significant portion of the body of research on evaluation (Alkin, 2003). There is increasing interest in the notion of *process use*, i.e., in understanding the ways in which individuals learn or change their attitudes and behavior due to their involvement in program evaluation (Preskill, Zuckerman, & Matthews, 2003). As Forss, Rebien, and Carlsson (2002) explain, much that is useful takes place during the evaluation process. Engaging in such a learning process requires collaborative and participatory forms of evaluation; that is, stakeholders might be involved in determining and reviewing the evaluation's purpose, key evaluation questions, data collection, and/or data analysis.

Evaluation use literature has focused on how evaluations affect stakeholders personally, as well as how they affect programs and organizations. For example, Henry and Mark (2003) provide a general framework which organizes the processes and outcomes that may be influenced by evaluations in terms of three levels: *individual*, *interpersonal*, and *collective*. Both individual-level processes and interpersonal processes change one's beliefs or actions, whether because of the exposure to the evaluation or the persuasion/influence of others. A collective process, on the other hand, occurs in an organization; for example, a formal policy change might be a result of evaluation findings.

Although the field of evaluation has increased the understanding of how personal and collective uses of evaluations affect programs and organizations, it has failed to explore the influence evaluations have on stakeholders' personal lives. For example, there is evidence that program staff members acquire new skills through their participation in evaluation (King, 2000).

Specifically, they may learn better communication skills, which can modify their practice but also affect their interactions with other people outside of the work environment, benefiting not only the program or the organization, but also themselves.

The vast majority of empirical studies on process use identify the evaluation use of program managers and program staff (e.g., Henry & Mark, 2003; Preskill, Zuckerman, & Matthews, 2003; Taut, 2007). Other groups of stakeholders, such as program recipients, have received less attention. Traditionally, program recipients have been a silenced stakeholder group: they rarely participate in evaluations other than to provide data through filling out surveys or participating in interviews or focus groups. As a result, the evaluation literature tends to ignore them when discussing process use to the extent that the classification of process use has never been defined for program recipients.

There is an important type of evaluation process use that has been left out of the evaluation use literature: the evaluation as an intentional intervention in support of program outcomes. When an evaluation interview or survey asks program recipients about the objectives of a program, this may have an effect in the level of awareness program recipients have of what the objectives or intended outcomes of the program are (Patton, 1998). Moreover, when program recipients are interviewed or surveyed, they may learn or change their attitudes and behavior due to their participation in the evaluation. In that way, program recipients will experience evaluation process use.

Evaluations are being underused. On one hand they can help us determine if a program is achieving its goals, but they can also help programs reach their goals. This is particularly relevant when programs are serving at-risk populations who may get information or resources from the evaluation that they will not get anywhere else. Intentional process use can impact program

recipients. In order to fully comprehend the impact of evaluations, we need to better understand their use by program recipients.

The main goal of this research study is to contribute to the understanding of process use in general and by program recipients in particular. Because program recipients rarely use the findings of the evaluation, this study focuses on their use of the evaluation process.

Amo and Cousins (2007) presented a categorization of evaluation process use that distinguishes three broad categories: *learning*, *attitude and affect*, and *action and behavior*. The purpose of this study is to use Amo and Cousins's (2007) categorization of process use to better understand how program recipients use evaluations, and to explore the interaction between the three broad categories of process use. Additionally, this study explores the process use that mothers experience regarding themselves and their children or their family, as well as in regard to the evaluation itself. Specifically, this study will focus on the process use experienced by program recipients of Welcome Baby, a program dedicated to supporting pregnant women and mothers of newborns from primarily low-income areas, in order to answer the following questions:

1. *What does evaluation process use look like for program recipients, from the perspective of learning, attitude and affect, and action and behavior?*
  - a. *What, if anything, have recipients of the Welcome Baby program learned about themselves, their children, their families, and evaluations from their involvement in the evaluation process?*
  - b. *What changes in attitude and affect, if any, have recipients of the Welcome Baby program experienced regarding themselves, their children, their families, and evaluations from their involvement in the evaluation process?*

- c. What changes in action and behavior, if any, have recipients of the Welcome Baby program experienced regarding themselves, their children, their families, and evaluations from their involvement in the evaluation process? and,*
- 2. What is the relationship among the three types of process use?*

In conclusion, this study aims to increase the understanding of program recipients' process use in hope that it will allow evaluation theorists and practitioners to expand the notion of evaluation use and promote the use of evaluations to help programs achieve their goals.

## CHAPTER II: Literature Review

Social programs are developed to improve the welfare of individuals, organizations, and society, therefore it is useful to determine how much any social program improves welfare, how it does so, and how it can do so more effectively (Shadish, Cook, & Leviton, 1991, p. 19)

The goal of *program evaluation* is to judge the merit or worth of a program (Alkin, 2011) in order to make decisions about it. Evaluations help investigate if a program is good, if it addresses important social problems, if it can be improved, and/or if the process of evaluating the program is even worth doing so. Evaluations also address differences between programs – which programs work better and for whom.

Evaluators identify various purposes of evaluation. In 1997, Preskill and Caracelli (1997) surveyed American Evaluation Association (AEA) Evaluation Use Topical Interest Group members and found that, according to almost 100% of their sample (n=282), the major purposes of evaluation were to “improve programs” and “provide information for decision-making.” The next most important purposes according to these evaluators were to “facilitate organizational learning” and “investigate the merit or worth of the evaluand.” Comparatively, the participants were less likely to agree that the purpose of evaluation was to “generate new knowledge,” and least likely to agree that it was to “promote social justice.”

For a long time, evaluations focused on guiding the decision-making process, but now the discussions of evaluation use are more focused on learning about their different uses and accomplishing more than “go/no-go decisions” (Russ-Eft, Atwood, & Eggherman, 2002, p. 22). Mostly “the evolution of evaluation use has been marked by an increasing recognition of its multiple attributes” (Kirkhart, 2000, p.1).

## Evaluation Use

In Alkin and Taut's (2003) words, *evaluation use* is "the way in which an evaluation and information from the evaluation impact the program that is being evaluated" (p.1); that is, evaluations have multiple contributions. On the one hand, evaluation findings contribute to the production of evaluation knowledge and might be used to improve the programs being evaluated. On the other hand, the evaluation process itself also generates a new understanding of the program and allows people involved to acquire new skills and insights.

Under Alkin and Taut's definition, evaluation use can be divided into *findings use* and *process use*. The use of evaluation findings refers to the results of the evaluation and the decisions made about changing programs on the basis of the evaluation's final and/or interim reports. It may also mean the findings become part of a knowledge base that influences thinking over time (Preskill & Caracelli, 1997). According to Patton (1997), the three primary uses of findings include: 1) judging the merit or worth (e.g., as a summative evaluation, for accountability or audits, for quality control, for cost-benefit decisions, to decide the future of a program, or for accreditation purposes); 2) improving programs (e.g., as a formative evaluation, to identify strengths and weaknesses, or for continuous improvement); and, 3) generating knowledge (e.g., generalizations about effectiveness, theory building, or policy making).

In contrast to evaluation findings use, *evaluation process use* refers to "the cognitive and behavioral changes resulting from users' engagement in the evaluation process. Process use occurs when those involved in the evaluation learn from the evaluation process itself" (Preskill & Caracelli, 1997, p. 217).

Over the years, evaluators have found more evidence that the learning which occurs from the evaluation process itself may be as important for stakeholders as are the outcomes of the

evaluation. For example, Taut (2007) found that stakeholders involved in the evaluation process gained new knowledge, changed their attitudes toward evaluative thinking, acquired self-evaluation skills, and increased their sense of ownership. Meanwhile, Russ-Eft, Atwood, and Eggherman (2002) identified three ways in which evaluation led to evaluation process use: enhancing shared understandings by supporting and reinforcing the program intervention; increasing engagement, self-determination, and ownership; and, via program and organizational development.

More efforts to understand the different types of evaluation use have led several researchers to distinguish between three categories of use: 1) *instrumental use* in which an action relates directly to a given result (e.g., action, changes in practices, suggestions for improvement, or implementation of new ideas); 2) *conceptual use* in that an evaluation influences a user's thinking about a problem (e.g., learning, understanding, or knowledge acquisition); and, 3) *symbolic use* in which the evaluation is used for personal ends (e.g., gaining political support or justifying a previously-made decision) (King & Pechman, 1984; Knorr, 1977; Leviton & Hughes, 1979; Turnbull 1998; Weiss, 1977).

Alkin and Taut (2003) combined the classifications of evaluation use and explained how the three categories of *instrumental*, *conceptual*, and *symbolic* apply to both *findings use* and *process use*. Then Taut (2007) provided three different categorizations for process use of program staff and program managers. She first referred to *cognitive use*, i.e., the increased relevant knowledge about evaluation and evaluative thinking incorporated into everyday professional practice. Second she introduced the term *affective use* which refers to the positive changes in or stable positive attitudes toward evaluation (e.g., increased ownership regarding evaluation and



increased motivation to engage in evaluation). Lastly, Taut (2007) discusses *behavioral use* which is improved skills to integrate evaluation into everyday work.

In an effort to identify how process use has been operationalized in the literature, Amo and Cousins (2007) looked at 18 different studies that claimed to have studied *process use*. They found three broad types of process use; process use as evidenced by *learning*, by changes in *affect* or *attitudes*, and by changes in *actions* or *behaviors*. A final category Amo and Cousins (2007) define is what they call *other*, established for instances in which the types of evidences did not fit neatly into any of the other categories.

### **Stakeholders**

Stakeholders are all the “individuals with a vested interest in the outcome of the evaluations” (Gold, 1983, p. 64) or “those who in some way have a stake or active interest in the program” (Alkin, 2011, p. 41). This includes, for example, funders, board executives, program managers, staff, program recipients, and community members.

**Stakeholder Involvement in Evaluation.** Stakeholders can be involved in all aspects of the evaluation process: evaluation design, question development, data collection, data analysis, reporting of findings, and use of results for decision-making. There are different reasons for involving stakeholders in evaluation, and the level of stakeholder involvement, as well as the types of stakeholder groups involved, vary from one evaluation approach to another. For example, Jean King (2000) is primarily concerned with program staff’s use of the evaluation process so her approach, called “Interactive Evaluation Practice” (IEP), emphasizes different stakeholder groups’ participation in the evaluation process as a means for increasing the program staff’s use of findings and for building program evaluation and organizational capacity. Eleanor Chelimsky (2013), on

the other hand, is more concerned about accountability and less so about the participation of particular stakeholder groups.

According to Christie (2003), Bradley Cousins's and Michael Patton's "views are quite comparable with respect to extent of stakeholder involvement; both support a breadth and depth of stakeholder involvement with the goal being increased use" (Christie, 2003, p. 19). Particularly, Cousins's Participatory Evaluation (PE) approach proposed involving program staff in order to generate "buy-in" and ownership of the evaluation to increase utilization, wherein trained evaluators work in partnership with stakeholders to produce evaluative knowledge (Cousins & Chouinard, 2013). In PE evaluations, stakeholders participate in all the stages of the evaluation process, including identifying relevant questions, planning the evaluation design, selecting appropriate measures and data collection methods, gathering and analyzing data, and reaching consensus about findings, conclusions, and recommendations (Zukoski & Luluquien, 2002). A similar level of involvement occurs in David Fetterman's Empowerment Evaluation (EE) approach, although the ultimate goal of the EE approach is to promote self-determination of program staff so they can conduct their own evaluations as a means of empowering those related to the evaluation in a political or emancipatory manner (Fetterman, 2013).

Typically, program recipients are engaged in an evaluation by providing feedback through completing surveys or participating in interviews and/or focus groups. Researchers have developed models that describe the cognitive process of answering evaluation questions, which suggests that evaluation interviews are not just a tool for gathering information, but also affect the interviewees (Groves, Fowler, Couper, Lepkowski, Singer, & Tourangeau, 2004). When answering questions, respondents go through four key processes: 1) *comprehension*, i.e., interpreting questions, assigning meaning, and identifying the purpose behind the question; 2)

*retrieval*, i.e., recalling the relevant information needed to answer questions; 3) *judgment*, i.e., combining and summarizing information to accurately provide a response that describes a viewpoint; and, 4) *reporting*, i.e., formulating and properly formatting responses. This progression suggests that, through their participation in the evaluation, program recipients are involved in an active process that may help them reflect and learn about themselves and the program. In this way, when program recipients respond to questions related to the program, they experience process use.

## CHAPTER III: Methods

This study investigated the evaluation process use of program recipients. Specifically, it explored three different types of process use that program recipients experienced: *learning*, *attitude and affect*, and *action and behavior*. Additionally, the study investigated the relationship between process use and program outcomes.

This study focused on the program recipients of the Welcome Baby program, a home-visit program offered to pregnant women and mothers of newborns. The data were collected primarily through observations of the evaluation interviews conducted by the Welcome Baby evaluation team (called “assessment specialists”) and follow-up interviews with the mothers. Data were also collected from a focus group conducted with the assessment specialists. An additional source of data used was the quantitative data collected during the evaluation interview.

### Setting

Data collected for this study was derived from the evaluation of the Welcome Baby program, a home-visit program for pregnant women and mothers of newborns in the LA Metro area. I selected Welcome Baby to address the research questions because of three main characteristics: 1) I have access to detailed information about the program and the evaluation; 2) Welcome Baby serves a diverse and at-risk population (primarily low-income, immigrant, and poorly-educated families), which will help describe a population generally targeted by social programs; and, 3) the evaluation took place long after the implementation of Welcome Baby, which may allow me to distinguish the influence of the evaluation from the influence of the program.

**Welcome Baby Program.** The Welcome Baby program is a free and voluntary program sponsored by First 5 LA and offered to mothers who deliver or plan to deliver their infants at one of 24 participating hospitals throughout Los Angeles County. The program started in 2009 when the California Hospital Medical Center (CHMC), in partnership with Maternal Child Health Access (MCHA), implemented the pilot program in Metro LA (Pico-Union, Koreatown, the Byzantine Latino Quarter, and South LA neighborhoods).

Welcome Baby offers home and hospital visits before and after a child's birth. During visits pregnant women and new mothers are taught strategies for a healthy pregnancy, parent-child breastfeeding bonding, and child development and well-being. Mothers are also given access to support for issues such as maternal depression. In addition, families are assisted in establishing a *medical home* (a patient-centered model of primary care) and in identifying health insurance coverage; they are also referred to needed community resources and activities.

The program includes up to nine contacts or “engagement points” for women who enter prenatally, and up to six contacts for women who enter postpartum. The first prenatal home visit occurs at any point, from entry up to 27 weeks of gestation, followed by a phone call between 20 and 28 weeks gestation, then a second prenatal home visit between 28 and 38 weeks of gestation. Following delivery, there is an in-hospital visit and the first postpartum home visit within 72 hours of discharge. The second postpartum home visit happens at two weeks post-discharge, followed by a phone call between one and two months postpartum. Finally, mothers receive two more home visits: one between three and four months postpartum, and one at nine months postpartum.

The prenatal visits focus on strategies for a healthy pregnancy including prenatal care, nutrition, health education, preparation for childbirth, labor and delivery, and warning signs of pre-term labor. Breastfeeding instruction and support, as well as education about the importance of

mother-infant bonding, begins at the hospital. During the home visit within 72 hours of discharge, mothers are assisted by a nurse who assesses the infant's health and weight and the mother's post-delivery healing. The nurse also provides breastfeeding assistance, discusses family planning strategies, screens for postpartum depression, and confirms that the mother has a source of health care for herself and her baby.

Postpartum visits by Welcome Baby staff continue to provide education, guidance, and support for a broad range of issues such as health and dental care, breastfeeding, parent-child attachment, child health and development, home safety, baby sleeping positions, maternal depression, and referrals to community resources. As part of their program activities, *parent coaches* administer a developmental screener at both the three-to-four month and nine-month visits utilizing the Ages and Stages Questionnaire (ASQ).

**Evaluation of Welcome Baby.** The Urban Institute, in partnership with the University of California-Los Angeles, conducted the three-year-long evaluation of the Welcome Baby program. The purpose of the evaluation was to determine the extent to which the program's desired goals of improving child and family outcomes, expanding the capacity of communities, and developing support systems for families were achieved. The evaluation consisted of a longitudinal household survey for parents that captured the key child and family outcomes likely to be impacted by Welcome Baby. The data collection happened at three time points, when the participating children were 12-, 24-, and 36-months-old.

Mothers who participated in Welcome Baby were selected as the treatment group, and mothers who also lived in Metro LA, but were not offered the program, served as the comparison group. Mothers in the comparison group were recruited either from a list of mothers who gave birth at CHMC just prior to the implementation of Welcome Baby, or from a list of mothers who

did not give birth at CHMC but received Women, Infants, and Children (WIC) services. Families were offered a \$100 gift card as an incentive for participating.

The evaluation of Welcome Baby involved an intensive two-hour, three-part home visit by two trained, bilingual (English-Spanish) assessment specialists. First, mothers were asked to play with their child for about 10 minutes using toys provided by the assessment specialists. Second, mothers were interviewed for approximately 90 minutes about key aspects of parental well-being, the home environment, and children's health and development. Finally, the assessment specialist measured the child(ren)'s height and weight on-site (this could happen during the interview with the mother).

In order to determine the impact and effectiveness of the home-visit strategy, evaluation instruments were developed to take into consideration the program's logic model. The key domains of outcomes covered by the evaluation were: 1) the quality of the home environment; 2) parenting and the parent-child relationship; 3) child development; 4) child nutrition; 5) maternal and child healthcare and coverage; 6) maternal mental health; and, 7) family well-being. The specific data collected for the third-year evaluation (including validated scales) are listed in Table 1 below; the questionnaire used is included in Appendix D.

**Table 1: Data Collected During the Evaluation Home-Visit Interview**

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Assessment of children's height and weight

- Direct assessment using a scale for children
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10-minute semi-structured play observation (filled out by assessment specialists)

- Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) measures affection, responsiveness, encouragement, and teaching.
  - Observational Ratings of Child during Play Interaction (NICHD 3-Bag Task) measures positive and negative mood, activity level, attention, and engagement.
- 

90-minute interview

- Ages and Stages Questionnaire (ASQ-3): five subscales including communication, gross motor, fine motor, problem solving, and personal-social skills.
  - Brief Infant-Toddler Social Emotional Assessment (BITSEA): records children's feelings and behaviors.
  - Maternal education and employment, marital status, and relationship with father.
  - Residential mobility and household structure.
  - Government support (such as CalFresh and CalWorks).
  - Income and material hardship.
  - Child care arrangements.
  - The Home Observation for Measurement of the Environment (HOME): used to score elements of quality that influenced children's experiences in their homes.
  - Home learning activities (in-home and out-of-home).
  - Discipline strategies (spanking and time-outs).
  - Parental Attitudes Toward Childrearing (PACR): measures mothers' beliefs about the use of strict parenting and discipline strategies.
  - Social Support Scale.
  - Confusion, Hubbub, and Order Scale (CHAOS): measures quality of the home environment.
  - Patient Health Questionnaire (PHQ-9): used to identify maternal depressive symptoms.
  - Parenting Stress Index (PSI).
  - Child health (access to services and diagnoses).
  - Mother health (access to services).
  - Sleeping habits.
  - Child nutrition.
  - Food Insecurity Scale.
  - Parental involvement in community.
- 

Home Observation (filled out by assessment specialists)

- Home Observation Checklist: assesses the quality of the internal and external home environment
-



## **Participants**

Study subjects include mothers who participated in the evaluation of the Welcome Baby program, specifically in the third-year (36-month) evaluation interview. The evaluation team was responsible for contacting mothers who met the criteria of the treatment and control groups, and for scheduling appointments to conduct the evaluation. The participants in this study consisted of 22 mothers from the treatment group who were recipients of Welcome Baby and 3 mothers from the control group who were not recipients of the program.

The majority of participating mothers were Hispanic (83.3%) and immigrants (66.7%). More than half (54.2%) had limited English proficiency; 41.7% did not have a high school diploma and 8% were enrolled in school. Their average age was 27 (ranging from ages 18 to 38). In 72% of the homes, the monthly family income was below \$2,000; 64% of the mothers were employed, and 50% of those who were not were looking for a job. Less than half (44%) were married to their child's father, and 20% were not legally married but in a relationship with their child's father. In the 12 months prior to the third-year evaluation, 48% of the mothers had moved at least once.

Although program recipients were the primary focus of this study, I also collected information from the evaluation staff. The four assessment specialists who conducted the evaluation interviews included in this study participated in a focus group. They were all female, fluent in both English and Spanish, and had a background in early childhood education.

## **Data Collection Procedures**

This study involved several data sources including my observations of the interviews performed by the Welcome Baby evaluation team (assessment specialists), a focus group I led with the assessment specialists, follow-up interviews I conducted with the mothers who were observed, and quantitative data collected by the assessment specialists during the evaluation interview.

When this project started, the data collection for the evaluation of Welcome Baby was about to come to an end. The assessment specialists were collecting data for the third-year evaluation and had about 50 more mothers to interview. Although I originally contemplated conducting observations of the evaluation interview of mothers from both the treatment and control groups of the evaluation, unfortunately the control mothers had already been interviewed. The remaining 50 mothers were all from the treatment group.

After the UCLA Institutional Review Board (IRB) granted me permission, I joined the assessment specialists and observed the interviews they conducted with the Welcome Baby mothers. Before the evaluation interviews began, the assessment specialists introduced me to the mothers. I explained to them the purpose and nature of my study and invited them to participate. The 22 mothers I visited accepted and signed a consent form in which they gave me permission to observe the Welcome Baby evaluation interview, and all agreed to participate in a follow-up interview conducted by me at their home (unless they preferred another location). In the consent form, mothers were also asked to indicate whether they would allow me to audio-record the follow-up interview; some agreed and some indicated they were unsure. In either case, I asked them again during the follow-up interview and explained that they had the right to refuse to be audio-recorded.

After I conducted all the observations, I asked the assessment specialists to participate in a focus group in order to better understand their experiences when interviewing these mothers. After I explained the purpose of the study and the focus group, the assessment specialists signed consent forms stating their desire to participate in the study. When the assessment specialists finished the evaluation interview, I asked mothers whether they would like to schedule an appointment for the follow-up interview. In all cases except one, they indicated that they preferred to schedule the appointment at another time (one mother agreed to a follow-up interview immediately after the

evaluation took place). I then asked them to specify their preferred method of contact (email, phone call, etc.) and the best time during the day to contact them to schedule the appointment.

Scheduling appointments with the mothers was challenging. First, it was difficult to contact them: they rarely answered the phone and, even though I left multiple voice and text messages, they did not return my calls; other mothers lost their phone service, so it took longer to contact them once they got their service back. Second, they have very busy and changing schedules. Even when we were able to set a day and time, they would sometimes call to reschedule. Other times they did not show up and I had to contact them again to reschedule. Fortunately, despite these challenges, I was able to conduct follow-up interviews with 14 of the 22 mothers I observed.

This situation interfered with my original plan to interview mothers from one to two weeks after the evaluation interview. As a result, for mothers in the treatment group, the range of time between the evaluation interview and the follow-up interview was from zero days (for the mother who was interviewed the same day) to four months.

Once I finished the 14 follow-up interviews with the treatment group mothers and began the data analysis, I decided that interviewing mothers in the control group, even if I failed to observe their third-year evaluation interview, would add insights to my study. I obtained permission from the IRB to get the contact information of 20 mothers in the control group, selected at random. I contacted them via phone. I obtained verbal consent over the phone first; then, on the day of the follow-up interview, they signed the consent form. I aimed to interview at least 5 of the control mothers, but after three interviews I realized there were no evident systematic differences between the interviews with the treatment and the control mothers and thus decided to end the data collection.

I conducted the follow-up interview in the same language in which the evaluation interview was conducted. Table 2 shows mothers' participation in the Welcome Baby program, the evaluation interviews, the follow-up interviews, and the language in which the evaluation interviews and the follow-up interview were conducted.

**Table 2: Mothers' Information**

Pseudonym	Treatment or Control Group in Evaluation	Evaluation Interviews			Follow-up interview	Language in which all interviews were conducted
		12-mo	24-mo	36-mo		
Laura	Treat	Yes	Yes	Yes	Yes	English*
Rosa	Treat	Yes	Yes	Yes	Yes	Spanish
Maria	Treat	Yes	Yes	Yes	No	English*
Dulce	Treat	Yes	Yes	Yes	No	Spanish*
Nancy	Treat	No	Yes	Yes	No	Spanish
Talia	Treat	Yes	Yes	Yes	No	English*
Stephanie	Treat	Yes	No	Yes	Yes	English
Lindsey	Treat	Yes	Yes	Yes	Yes	Spanish
Olivia	Treat	No	Yes	Yes	Yes	Spanish*
Gabriela	Treat	Yes	Yes	Yes	Yes	Spanish
Iris	Treat	Yes	Yes	Yes	No	Spanish
Valerie	Treat	Yes	Yes	Yes	Yes	English
Rocio	Treat	Yes	Yes	Yes	Yes	Spanish
Elizabeth	Treat	Yes	Yes	Yes	Yes	Spanish
Vanessa	Treat	No	Yes	Yes	Yes	Spanish
Anna	Treat	Yes	Yes	Yes	Yes	Spanish
Catalina	Treat	Yes	Yes	Yes	No	English
Barbara	Treat	Yes	Yes	Yes	Yes	English*
Patricia	Treat	Yes	Yes	Yes	Yes	Spanish
Monica	Treat	No	Yes	Yes	Yes	English
Beatriz	Treat	Yes	Yes	Yes	No	Spanish
Mia	Treat	Yes	Yes	Yes	No	English
Rachel	Ctrl	Yes	Yes	Yes	Yes	Spanish
Caroline	Ctrl	No	Yes	Yes	Yes	Spanish
Sophia	Ctrl	Yes	Yes	Yes	Yes	Spanish

\* Mother is bilingual (English-Spanish), but performed interviews in preferred language.

As Table 3 shows, of the 25 mothers in my sample, 22 participated in Welcome Baby and 3 were in the evaluation control group. All 25 mothers participated in the third-year evaluation, but I only directly observed 22 (i.e., those in the treatment group). Also, only 17 mothers participated in the follow-up interview (14 from the treatment group and 3 from the control group).

**Table 3: Data Collected During the Evaluation Home-Visit Interview**

Number of mothers	Participated in <i>Welcome Baby</i>	Participated in the 3rd year evaluation	Observed by me in the 3rd year evaluation	Participated in the follow-up interview
14	Yes	Yes	Yes	Yes
8	Yes	Yes	Yes	No
3	No	Yes	No	Yes
Total: 25	22	25	22	17

All the follow-up interviews were audio-recorded and all the mothers who participated in the follow-up interviews were compensated with a \$20 gift card. The focus group was audio-recorded as well. The mothers and the assessment specialists could choose whether to participate in this study, and could withdraw their consent and discontinue participation at any time with no penalty or loss of benefits to which they were otherwise entitled. They could also refuse to answer any questions they did not wish to answer and still remain in the study. I only used personal information to contact participants and changed their names for the analysis and the reporting of findings.

This study relied on four different sources of information: 1) 22 observations conducted by me during the evaluation interviews; 2) a focus group conducted by me with the assessment specialists; 3) 17 semi-structured follow-up interviews conducted by me after the evaluation

interviews; and, 4) the quantitative data collected by assessments specialists during the evaluation as described in Table 4. A description of each source follows.

**Table 4: Description of Data Sources**

<b>Data source</b>	<b>Collected by</b>	<b>Time collected</b>
<b>Observations of evaluation interviews</b>	Me	During the evaluation
<b>Focus group</b>	Me	After the evaluation
<b>Follow-up interview</b>	Me	After the evaluation
<b>Data collected for evaluation</b>	Assessment Specialists	During the evaluation

**Observations of Evaluation Interviews for Welcome Baby.** The first data source for this study consisted of the observations of the evaluation interviews (Appendix A) conducted by the assessment specialists for the third-year evaluation of Welcome Baby at the mothers’ home. As previously explained, the evaluation consisted of a two-hour, three-part home visit: 1) a 10-minute observational assessment of a semi-structured parent-child play session; 2) a 90-minute parent interview that drew on several validated scales designed to measure key aspects of parental well-being, the home environment and the child’s health and development; and, 3) a measurement of the child’s height and weight on-site (which occurred at any time during the interview).

Two assessment specialists conducted each evaluation interview, each with a specific role: the *interviewer*, who focused on conducting the 90-minute interview, and the *observer*, who documented the play session between the mothers and their children, measured the children’s height and weight, and filled out the Home Observation Checklist. Toward the end of the third-year evaluation, only four assessment specialists were part of the evaluation team. Different pairs of assessments specialists worked together each day, and they switched roles if they had more than

one interview on the same day. During the evaluation interviews, I took a peripheral membership role (Adler & Adler, 1998): I observed and interacted closely enough with the mothers and assessment specialists to establish an insider's identity, but I did not participate in the activities related to the evaluation.

One of the purposes of the observations was to better understand the context in which the evaluation interview occurred; for example, the physical environment of the home and the neighborhood, the characteristics of the space in which the evaluation took place, who else was present while the evaluation took place, and whether this person's presence was disruptive. Additionally, the observations helped me understand the interaction between the assessment specialists and the mothers, from the moment mothers welcomed the assessment specialists into their homes to the moment the assessment specialists left. Most importantly, the observations helped me identify mothers' reactions to the evaluation interview.

While the evaluation was taking place, I paid special attention to the rhythm and flow of the conversation: How did mothers respond to each question? Did they respond directly by providing one of the options stated in the answer card (for example: Yes=1, No=2, Not Yet=3), or did they elaborate their response (explain their answer, use examples to illustrate their answer, etc.)? I also documented non-verbal behavior such as when the mothers paused or laughed.

### **Vanessa**

The day I met Vanessa, an early-thirties, short and thin Mexican lady, mother of three, I got to the neighborhood 20 minutes before the scheduled meeting. It was hard to find parking because her home was located on a busy street, but I eventually found a space. The neighborhood had a mix of big houses and two-floor apartment buildings. It was clean and it had some trees and palms. Most of the houses were painted in a beige color. Vanessa's building was very modest and

well maintained. All the houses in the block had the same type of fence of metal bars painted reddish brown.

It was a Saturday morning. The neighborhood was very quiet; even the dogs were calm under the shaded areas inside their homes' porches. I waited for the assessment specialists in a shaded area. Ten minutes before each observation of the evaluation interviews, the two assessment specialists and I met outside the mothers' homes. When both of the assessment specialists were there, we started looking for the apartment. On our way several dogs started barking. One of the assessment specialists said she was terrified by dogs but thanks to this job she was finally feeling more comfortable around them. The apartment was not easy to find. We went around the building twice until one of the assessment specialists decided to call Vanessa. She gave us directions to get to her door. The apartment was located in the second floor all the way in the back. The hallway to access it was actually somewhat dark.

Vanessa's 10-year-old daughter opened the door and then Vanessa came to welcome us. Surprisingly, the apartment received a good amount of sunlight. The two rooms I was able to see – the living room and the kitchen – had big windows. First, the assessment specialists introduced themselves and then they introduced me as a student of the University of California, Los Angeles, conducting a study separate from the evaluation of Welcome Baby. We did not go into Vanessa's home until she invited us in. The assessment specialists always asked the mothers where they preferred the interview to be conducted – in most cases the mothers invite our Welcome Baby group to their living room, but others prefer the dining room or bedroom. Wherever we end up, the assessment specialist conducting the interview always sits next to the mother and I sit across from them so as to see their interaction and the mother's facial expressions. Vanessa seemed very



calm when she first interacted with me and the assessment specialists. Her daughter and her three-year old boy sat by her side.

The evaluation interview took place in the living room where there were two big brown sofas, a computer, and a TV which, unlike other homes I visited, was not on. The house was very clean and organized. There were family pictures in the living room and children's toys arranged orderly in one corner – big construction trucks and an air dolphin to use in a pool particularly caught my attention. There was a small altar with a picture of Jesus Christ with several ornaments and decorations around it. During the evaluation interview, Vanessa shared that she prays every day as an active member of a local church which she and her children attend one or two times a week.

The evaluation interview started with the play session. One of the assessment specialists asked Vanessa if she could place the toys on the floor and she did. The three-year-old child seemed to know all the colors and numbers in English, but Vanessa would only speak to him in Spanish. Once the play session was over, the interview began. Vanessa took the interview very seriously. Starting from question one, she took her time to think about the answers. She paused, reflected, and provided a detailed response.

In my observation notes for visits such as Vanessa's, I record the mothers' responses, but also detail conversations they have with the assessment specialists, their children, or other people around. For example, when Vanessa was asked if her child could make three- or four-word sentences, she provided a long response, making it clear that he could have had some speaking problem. "He can, but he doesn't pronounce [the words] correctly" – Vanessa said, and she continued explaining, "Look, I go to church and pray. He prays with me. It's hard to understand him, but he does it." Vanessa did not provide a straight answer, so the assessment specialist had to

ask her to focus on the response cards in order to give the best response. In addition to noting Vanessa's final response to the question, I also noted the tone of it as well as the interaction between her and the assessment specialist. Vanessa seemed timid when sharing that she goes to church, she lowered the tone of her voice and this was surprising given that there were visible icons devoted to Jesus.

Vanessa was also thoughtful when responding questions about her, and had no reservations when sharing personal information with the assessment specialists. When she was asked about the use of TV in the household, she explained that her habits have changed in the last couple of years. "I am by myself now. My husband passed when my youngest son was 3 months old. Back then I was dedicating most of my time to work and watching TV. I've been to a lot of therapy and now I don't watch TV as much. I now spend more time with my kids," she expressed.

The assessment specialists left the toys in the room while the interview was taking place. Some children would keep playing with them, and this helped the mothers focus on the questions. Vanessa's three-year-old kept playing with the toys for a long time until he wanted to go to the restroom. Vanessa called her 10-year-old daughter and asked her to take him. She explained that he still needs someone to help him, and that even at school (preschool) someone goes with him. Interruptions like this one were common during our visits. Mothers frequently stopped to take their children to the bathroom, or feed them, or help them play with the toys. In some occasions interruptions were due to phone calls or visitors arriving during the interview.

As the two-hour interview approached the end, some mothers would be impatient or disengaged, but Vanessa remained interested and excited in every question. At the end of the interviews, the assessment specialists give mothers their gift card for participating and provide them with additional information about the Welcome Baby study, as well as new studies in which

they could potentially participate. After the assessment specialists were done explaining these things to Vanessa, I asked her if she would like to set a date and time to meet to do the follow-up interview. After two hours of interviewing, mothers feel exhausted and, like Vanessa, ask me to contact them again to set the appointment.

When we were saying goodbye, Vanessa went into the kitchen and brought us three bottles of cold water for the road. She thanked us for the visit and said to me “see you soon,” with a big smile. Outside of the building, when the assessment specialists and I were going back to our cars, one of them turned to me and said, “You know? I am always touched by the stories of these women. They go through a lot.” Through these interviews, the assessment specialists got to understand a lot about these mothers’ lives, beyond the information they collected for the evaluation. They got to learn about mothers’ life styles, the struggles they go through, and even the way they interact with their children. This is the kind of information I collected in the focus group with the assessment specialists.

**Focus Group.** I conducted the focus group (Appendix B) in a private room with the four assessment specialists who interviewed the mothers in my sample. Their supervisor, who had also interviewed mothers in the past, participated as well.

The purpose of the focus group was to learn more about the assessment specialists’ background, and to understand their experiences while conducting the evaluation interviews and observations at the mothers’ homes. In addition, the focus group helped me better understand the context in which the evaluation interviews took place.

**Follow-up Interviews.** The follow-up interviews (Appendix C) with the mothers were in-depth, semi-structured interviews of approximately 60 minutes in length, but not more than 90 minutes. I conducted the interviews in English or Spanish, depending on the mother’s preference,

and audio-recorded them with the mother's consent. Mothers had the right to review the recordings and determine whether they should be edited or erased in whole or in part. They could also decline to answer any question and interrupt the interview at any time.

I conducted most of the follow-up interviews after the data collection phase of the Welcome Baby evaluation had ended for two main reasons: 1) to avoid scheduling conflicts between the follow-up interviews and the evaluation interviews, and 2) to develop the interview protocol. The follow-up interviews included general, as well as personalized, questions. The *general questions* were based on the observations of the evaluation interviews and the focus group with the assessment specialists. These questions were intended to capture what mothers had learned, their changes in attitudes and affect, and their changes in actions and behaviors as a result of their participation in the evaluation interview. The general questions also aimed to document mothers' experiences with the Welcome Baby program and its evaluation.

The *personalized questions* emerged from my observation notes taken during the evaluation interviews. For example, if a mother had asked a clarifying question during the evaluation interview, I would mention this during the follow-up interview and ask the mother to provide an explanation of her thought process and what prompted her question. Or, if during the evaluation interview I observed that a mother was taking extra time to reflect on a question, during the follow-up interview I would ask her to elaborate on her thought process.

**Data from the Evaluation of Welcome Baby.** For the purposes of this study, I obtained de-identified quantitative data for the full sample of the evaluation of Welcome Baby and from the three years of the evaluation (when the infants were 12-, 24-, and 36-months-old, respectively), namely, information collected during the 90-minute parent interview, the 10-minute parent-child play session, the home observation checklist, and the measurement of children's height and weight

(Appendix D). This information was collected by assessment specialists during the evaluation interviews.

I used several validated scales in the 90-minute evaluation interview. These included the *Ages and Stages Questionnaire (ASQ)*, a developmental screening that helps identify a delay or disability in children, and the *Brief Infant Toddler Social Emotional assessment (BITSEA)*, a brief comprehensive screening to evaluate social and emotional behavior. I also collected information related to the mother's education and employment status, residential mobility and household structure, income sources and material hardship, child care arrangements, quality of the home environment, family engagement in activities with the child, discipline strategies, quality of parenting, social and family support, household chaos, maternal mental health, child and mother health, child(ren)'s sleeping habits and nutrition, and parental involvement in the community.

Based on the observations of the parent-child play sessions, one of the assessment specialists would complete the *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)* instrument which measures the mother's affection toward, responsiveness to, encouragement of, and teaching of the child. The assessment specialist also filled out the *Observational Ratings of Child During Play Interaction (NICHD 3-Bag Task)*, which measures the child's positive and negative moods, activity level, attention, and engagement. Finally, the assessment specialists would fill out the *Home Observation Checklist* which assesses the quality of the home environment and the neighborhood. Even though I obtained de-identified data for the entire sample of the evaluation of Welcome Baby, the evaluation team was able to provide me with matched information for the 25 mothers in my sample.

## Analysis

This study aimed to improve our understanding of program recipients' evaluation process use, to examine the relationships between the three different types of process use – *learning, attitude and affect*, and *action and behavior* – and to investigate the relationship between process use and program outcomes. The analysis of data consisted of a set of interpretative and systematic strategies to answer the research questions formulated in this study. As Bogdan and Biklen (1992) explain, data analysis involves “working with data, organizing them into manageable units, synthesizing them, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others” (p. 153).

I analyzed the data using the constant comparative method which requires determining similarities and differences in the data so that they can be grouped together in similar dimensions. Once the dimensions are categorized, patterns in the data can be identified and relationships between the patterns can be determined in order to construct an overall theory (Merriam, 2009, p. 30-31).

To address my first research question – *What does evaluation process use look like for program recipients, from the perspective of learning, attitude and affect, and action and behavior?* – I organized the data into manageable units in order to identify regularities that would lead to the generation of categories, themes, and patterns. Though my observation notes offered a rich description of the context in which the evaluation interviews took place, as well as of the mothers involved and their thought processes, I focused on the 17 follow-up interviews for the codification and categorization of data, i.e., on the interviews conducted with mothers who participated in the Welcome Baby evaluation. All the follow-up interviews were transcribed. When the interviews

were performed in Spanish, I analyzed the original Spanish versions in order to remain more faithful to the meanings.

For the first round of coding I performed, I utilized the qualitative analysis software Dedoose. Using Alkin and Taut's (2003) classification of process use, I identified two broad categories that fit their classification – *conceptual use* and *instrumental use*; but more than 50% percent of the codes did not fit that either classification. After the first round of coding was complete, I realized that the data fit Amo and Cousins's (2007) framework better, as the data presented a variety of types of evidence which illustrated the benefits of participating in the evaluation process; this evidence was categorized into four broad types of process use: *learning*, *attitude and affect*, *action and behavior*, and *other* (i.e., kinds of evidence that did not fit neatly into any of the first three categories). Although Amo and Cousins (2007) primarily focused on the benefits for a program, as well as program staff and managers, it turned out that these broad categories are also applicable to program recipients. As Amo and Cousins (2007) noted, “this grouping is preliminary and reflects a certain amount of overlap across categories,” which makes the classification of process use quite challenging. Table 5 lists kinds of evidence for each type of process use in their framework.

**Table 5: Amo & Cousins's (2007) Process Use Categorization**

Type of Process Use	Kind of Evidence
Learning	<ul style="list-style-type: none"> <li>• Enlightenment</li> <li>• Concept development</li> <li>• Confirming prior impressions</li> <li>• Awareness of key issues</li> <li>• Knowledge development (about evaluation in general, evaluative inquiry, benefits of evaluation)</li> <li>• Expertise development</li> <li>• Research skills, ability to implement elements of evaluation inquiry</li> <li>• Cognitive changes</li> <li>• Greater shared understanding</li> <li>• Ability to train others</li> <li>• Learning to learn, ability to recognize other learning opportunities</li> <li>• Learning about program, intervention, organization</li> </ul>
Attitude and Affect	<ul style="list-style-type: none"> <li>• Improved morale</li> <li>• Personal growth</li> <li>• Professional growth</li> <li>• Self-examination</li> <li>• Empowerment, belief in ability to influence change</li> <li>• Self-determination</li> <li>• Better understanding, respect of others</li> <li>• Appreciation of evaluation</li> <li>• Sense of ownership</li> <li>• Fostered independence</li> <li>• Role reconceptualization</li> <li>• Enhanced political self-esteem&lt;self-esteem?&gt;</li> <li>• Increased engagement</li> <li>• Desire to keep using skills</li> </ul>
Action and Behavior	<ul style="list-style-type: none"> <li>• Not repeating previous action</li> <li>• Deciding to act on feedback from evaluator, on basis of participation in process</li> <li>• Requesting assistance from evaluator</li> <li>• Modifying practice, integrating evaluative thinking in work practices</li> <li>• Using evaluation data, results, findings</li> <li>• Using evaluation skills</li> <li>• Changing behavior</li> <li>• Developing a plan</li> <li>• Developing indicators, recommendations</li> <li>• Transferring decision-making power</li> <li>• Acting on other opportunities for learning</li> </ul>
Other	<ul style="list-style-type: none"> <li>• Shared experience</li> <li>• Organized reflection</li> <li>• Social justice</li> <li>• Program and project changes, strengthening of service</li> <li>• Organizational improvement, development</li> <li>• Creation of relationships, developing professional networks</li> <li>• Opportunity (to test out partnerships)</li> <li>• Public declaration of commitment (by being part of evaluation group)</li> <li>• Overall evaluation experience</li> </ul>

Source: Amo & Cousins (2007, p. 22)



I conducted the second round of coding manually using an Excel file exported from Dedoose. This time I used Amo and Cousins's (2007) categorization of process use and adapted it to encompass the different types of evidence of process use observed for program recipients.

As part of the sense-making process, I revised the original classification system of process use developed by Amo and Cousins (2007) and adapted it to the present data. Table 6 shows this revised classification of evaluation process use with the kinds of evidence organized by process use category. The revised classification distinguishes between the process use of program recipients with respect to themselves, their children, and their families (referred to as *personal*), and their process use with respect to the *evaluation*.

These subcategories – marked with an asterisk – were taken from Amo and Cousins's (2007) classification, while the ones without an asterisk emerged from the data and did not fit any of the kinds of evidence listed by Amo and Cousins (2007). Because the authors did not provide a definition or even a brief explanation of each kind of evidence, I may not be accurately describing the differences between Amo and Cousins's (2007) framework and that I developed for this study.

**Table 6: Adapted Process Use Categorization for Program Recipients**

Category	Classification	Subcategory	Definition
Learning	Personal	* Enlightenment	Gaining a new general understanding of issues one had never explicitly considered. Also changing one's prior belief or understanding.
		Self-reflection	Studying one's own behavior or motivations.
		* Confirming prior impressions	Confirming prior impressions program recipients had before the evaluation
	Evaluation	Awareness of access to services	Realizing mothers can receive more services.
		* Knowledge development	Learning about evaluation in general, the purposes of evaluations, or evaluation design.
		* Increased Socialization to Evaluation	About the evaluation. Learn how to answer evaluative questions (the types of questions and types of answers). Adjust expectations about the evaluation.
Attitude and Affect	Personal	Learning transferable evaluation skills	Learn evaluative skills to use them in their own work.
		Increased confidence	Self-confidence/ enthusiasm Sense that program recipients are doing things right.
	Evaluations in general	Critical reflection	Sense that they are doing things wrong. Feeling judged.
		Increased trust in evaluations	After participating in this evaluation they feel less threatened about evaluations.
	Evaluation of Welcome Baby	* Strengthened belief in ability to influence change	Ability to influence change in the program, help the program improve, or help their community.
		Identified strengths	Positive feelings towards the evaluation. Benefits/advantages of participating in the evaluation identified by program recipients
Action and Behavior	Personal	Identified weaknesses	Negative feelings towards the evaluation. Mothers identify disadvantages of participating.
		* Requesting information or assistance	Asking for clarification of questions, asking about potential services they can receive.
		* Changing behavior	Change in the manner in which program recipients behave.
	Evaluation	* Resultant action	Direct action that results from being in the evaluation.
		Sharing information	Sharing information learned from the evaluation with others.
		Recommending Program and Evaluation	Recommending the program and evaluation to family members, friends or colleagues.

Note: Asterisks show evidence suggested by Amo & Cousins (2007)

Additionally, to understand the extent to which mothers who participated in the evaluation of the Welcome Baby program used the evaluation, I identified the number of codes in the three different categories that corresponded to each mother. In addition, for the purpose of understanding the basic demographic characteristics of these mothers, I classified each of the 17 mothers into either a *high-process use* or *low-process use* group. To make the groups as similar in size as possible, the first 9 mothers were assigned to the high-process use group and the last 8 mothers to the low-process use group. Finally, with the data collected by the assessment specialists for the evaluation, I identified the differences between high-process use and low-process use mothers in some of their Welcome Baby outcomes.

In order to address the second research question of this study – *What is the relationship between the three different types of process use?* – I identified patterns and linkages across the data as a strategy for creating a coherent explanation of the events studied (Erickson, 1986). I analyzed which categories and subcategories interacted with each other and found the co-occurrence of codes. First, I identified how many codes for each data excerpt corresponded to each process use category, distinguishing between *personal* and *evaluation*. Second, I analyzed the interactions between the *personal* categories and the *evaluation* categories individually. Finally, I reported the frequency of excerpts that co-occurred and the excerpts that only belonged to one broad category of process use. This procedure helped me learn more about the relationship between different types of evaluation process use for program recipients.

When coding, large excerpts were used in order to capture the co-occurrence of codes. Take, for example, the following excerpt taken from Monica’s follow-up interview:

When they came and she was two, I think she was definitely doing more things than a two-year-old would do, so I was like “Ok, that’s really good; at first I thought you were really behind, and now I feel like you are really ahead.”

In this instance, Monica realized during the interview that her daughter was not developmentally behind, as she had thought, and therefore this excerpt was coded as *enlightenment*; however, it also showed how Monica felt proud that her daughter was actually ahead, so the excerpt was also coded as *increased confidence*.

## CHAPTER IV: Results

*Process use* refers to “individual changes in the thinking and behavior, and program or organizational changes in procedures and culture, that occur among those involved in the evaluation as a result of the learning that occurs during the evaluation process” (Patton, 1997, p. 90). This chapter presents the findings of program recipients’ evaluation use when they participated in the evaluation of the Welcome Baby program, a program dedicated to supporting pregnant women and mothers of newborns from primarily low-income areas. Specifically, the findings in this chapter address the following research questions:

1. *What does evaluation process use look like for program recipients, from the perspective of learning, attitude and affect, and action and behavior?*
  - a) *What, if anything, have recipients of the Welcome Baby program learned about themselves, their children, their families, and evaluations from their involvement in the evaluation process?*
  - b) *What changes in attitude and affect, if any, have recipients of the Welcome Baby program experienced regarding themselves, their children, their families, and evaluations from their involvement in the evaluation process?*
  - c) *What changes in action and behavior, if any, have recipients of the Welcome Baby program experienced regarding themselves, their children, their families, and evaluations from their involvement in the evaluation process?*
2. *What is the relationship among the three types of process use?*

To answer these study questions, I drew upon data primarily from the 17 semi-structured follow-up interviews I conducted and, to a lesser extent, from the notes I made while observing the evaluation interviews performed by the assessment specialists and from the quantitative data collected for the evaluation.

Next, I applied Amo and Cousins' (2007) classification of process use – which recognizes *learning, attitude and affect*, and *action and behavior* – to these transcribed interviews in order to categorize the different ways in which the process of participating in the evaluation impacted the recipients of the Welcome Baby program, i.e., the mothers who participated in the program and its evaluation, and the mothers in the control group of the evaluation.

Table 6 shows the categorization of codes. The three main categories of process use – *learning, attitude and affect*, and *action and behavior* – are divided into two sections: process use regarding mothers, their children, and their families (*personal*), and process use regarding evaluations (*evaluation*). The frequency of codes by process use category and subcategories (e.g. *enlightenment, self-reflection*, etc.), and the number of mothers who experienced each category section is also presented.

**Table 7: Frequency of Codes by Process Use Category and Subcategory**

Category/ Subcategory	No. of mothers N=17	No. of codes n (%)
<b>Learning</b>		<b>192 (42.7)</b>
<i>Personal</i>	<b>17</b>	<b>137 (30.5)</b>
Enlightenment		72
Self-reflection		38
Confirming prior impressions		19
Awareness of services available		8
<i>Evaluation</i>	<b>16</b>	<b>55 (12.2)</b>
Evaluation knowledge awareness		20
Increased socialization to evaluation		27
Learning transferable evaluation skills		8
<b>Attitude and Affect</b>		<b>167 (37.2)</b>
<i>Personal</i>	<b>10</b>	<b>27 6.0</b>
Increased confidence		21
Critical reflection		6
<i>Evaluation</i>	<b>17</b>	<b>140 (31.2)</b>
About evaluations in general		
Increased trust in evaluation		33
Strengthened belief in ability to influence change		10
About the Welcome Baby evaluation		
Identified strengths		47
Identified weaknesses		50
<b>Action and Behavior</b>		<b>90 (20.0)</b>
<i>Personal</i>	<b>12</b>	<b>54 (12.0)</b>
Requesting information or assistance		12
Changing behavior		16
Resultant action		26
<i>Evaluation</i>	<b>17</b>	<b>36 (8.0)</b>
Sharing information about the evaluation		25
Recommending Welcome Baby and its evaluation		11
Total	17	449 (100.0)

*Learning* was the subcategory with the largest number of codes (192), accounting for 42.7%, while *Action and Behavior* had the smallest number (90), accounting for 20.0%.

In the following discussion of process use I address the question of what evaluation process use looks like for program recipients, then I analyze the relationship among the three types, and finally, I compare Welcome Baby outcomes between *high-process use* mothers and *low-process use* mothers.

### **Learning**

According to the 17 mothers interviewed, they enjoyed participating in the evaluation because they learned new information about child development, parenting, and family dynamics. For example, Rocio explained, “Questions they asked about the activities that we do with [my son] were very interesting. They got me thinking.” Though purposeful and explicit transfer of information by the assessment specialists to the participating mothers was not an intentional component of the evaluation, by virtue of participating in the evaluation interview and answering specific questions about their children and families, mothers learned and reflected on what was important for them to know about their children. In addition, through such exposure to this kind of experience, they gained knowledge and expertise about evaluations.

**Program Participants’ Learning (Personal).** Mothers who participated in the evaluation of Welcome Baby were asked several questions during the interview process that examined the health, development, and well-being of their children, themselves, and their families. When reflecting on the evaluation interview, the majority of mothers claimed to have gained information from the experience. Table 7 further refines and illustrates the kind of learning these participants experienced. The 17 mothers who participated in the follow-up interviews experienced at least one type of learning (i.e., *personal*) process use.



**Table 8: Frequency of Occurrence for Codes Relating to Mothers' Learning (Personal)**

Subcategory	Number of codes n (%)	Number of mothers n (%)
Enlightenment	72 (52.6)	15 (88.2)
Self-reflection	38 (27.7)	16 (94.1)
Confirming prior impressions	19 (13.9)	11 (64.7)
Awareness of services available	8 (5.8)	6 (35.3)
Total	137 (100.0)	17 (100.0)

*Enlightenment* was by far the most frequent learning code and kind of learning experienced by the most women (15 of 17). Though only 8% of learning codes (8 of 137) were related to participants' claiming new awareness of available services, these 8 statements were made by over a third of the women interviewed (6 of 17, or 35.3%).

**Enlightenment.** Amo and Cousins (2007) used the term *enlightenment* to describe one type of evidence of learning. While they did not provide a specific definition for the term, I have observed three scenarios in my data: 1) mothers became aware of issues relating to their child's health and development; 2) they learned or understood a piece of information they did not know before; and, 3) they changed a prior belief or altered their understanding of an issue. It should be noted that this enlightenment occurred even though it was not a specific aim of the evaluation itself.

The assessment specialists' line of questioning indirectly alerted mothers to alternative ways of thinking. A majority of mothers in the sample mentioned that most of the questions in the evaluation concerned topics they had never thought about until they were asked. For example, Lindsey said she had never paid attention to the way her child held a pencil since it did not matter to her as long as her child could draw; after the evaluation, however, she stated that she believed

her child should learn how to hold a pencil as an adult does. At no time during the evaluation did the assessment specialists lecture mothers on the importance of holding a pencil correctly, but for Lindsey, the simple fact that questions about this topic were asked in the evaluation interview was tantamount to stating that her child should hold a pencil as an adult does, regardless of whether that intention was implied. Lindsey aligned her thinking with what she perceived was “right” based on the evaluation interview questions.

In fact, many mothers identified developmental milestones, some of which were new to them, and thoughtfully compared their children to these milestones, considering how their children performed basic activities. Some of the questions mothers remembered the most were those about child development and behavior as included on the ASQ and the BITSEA questionnaires (Appendix D); for example:

*Does your child jump with both feet leaving the floor at the same time?*

*Does your child stand on one foot for about one second without holding on to anything?*

*When drawing, does your child hold a pencil, crayon, or pen between his/her fingers and thumb like an adult does?*

*Does your child put on a coat, jacket or shirt by himself?*

*Does your child take turns by waiting while another child or adult takes a turn?*

*Does your child follow rules?*

*Does your child cry or have a tantrum until he/she is exhausted?*

Most mothers inferred that these questions corresponded to the developmental milestones of a three-year-old and showed interest in learning more about their children’s capabilities, adhering to the standard set by the assessment specialists' lines of questioning. In some instances, mothers discovered what their children could do, while in other cases they learned how their

children did it. For example, Monica was unsure if her daughter could perform some of the actions listed on the ASQ and BITSEA questionnaires, so she asked her daughter to try them in the presence of the assessment specialists. At that point she saw that her daughter could indeed kick a ball without holding onto anything for support, as well as repeat numbers in order. When Gabriela was asked if her son could hold a pencil in an adult way, she also started to consider whether he wrote with his right or left hand. For these mothers, the evaluation not only alerted them to developmental milestones, but also allowed them to hold their children up to a standard, identify what their children were capable of, and consider how they performed such activities. Teaching these mothers the developmental milestones of a three-year-old was not an express purpose of the evaluation, but occurred nonetheless.

Some mothers considered the evaluation an opportunity to learn better parenting practices. Laura was asked if she thought there were any advantages to participating in the evaluation. She responded:

Well yeah, because they ask you questions about things that you generally don't do. For example, some people will not have puzzles for their kids or some other things [and they] may think it's not helpful but it will be helpful. So in the little questions: "Do you take him to the park?" "Do you take him to events?" "Does he see other babies?" "Does he have puzzles?" "Does he have books?" "How many books?" You know questions like that make you realize, "Oh maybe he should have this or maybe I should teach him this" and see what results I will get.

This example demonstrates that Laura used the questions themselves, which indicate behaviors and activities that interest the assessment specialists, to deduce that there are practices which could be valuable to her child's development of which she and other mothers are not aware. Interestingly,

she is not claiming that people cannot, for example, provide puzzles for their children due to lack of resources; rather, she is making the point that people do not provide these activities prior to the evaluation because they do not know they are helpful to their child's development. At the same time she acknowledged learning during the evaluation, she implied that there was room for change on her part, i.e., getting her child what he needs or teaching him what he cannot do. In a way, according to Laura, mothers come from a place of no knowledge and the evaluation enlightens them.

Questions from the evaluation also helped mothers consider their children's health needs. When the assessment specialist asked Rocio about services her child has access to, such as speech and language therapy, physical therapy, hearing services, and psychological services, Rocio's facial expression changed, revealing her surprise. She asked, "Three-year-olds receive psychological services? What types of things happen to them?" Once Rocio knew that children her son's age could receive therapeutic services, she could consider and address her son's needs differently.

**Self-Reflection.** In this study, *self-reflection* refers to mothers' reflecting on their personal issues, their behavior, or their motivations while asked questions during the evaluation. The questions asked during the evaluation interview sometimes prompted mothers to analyze their behavior and judge whether their actions were beneficial for themselves or their children. For example, Monica was frustrated that the assessment specialists asked about her child's eating habits' "in general" instead of "at home," explaining that:

My mom likes Diet Coke. [My daughter] likes Diet Coke, but she can't come here and find Diet Coke, ever. I don't ever purchase soda ever. But at my mom's house, she has tons of soda. [...] We don't eat fast food often, I think last night was the one I had fast food. We

don't eat fast food. At my mom's house is Grandma's house and they have soda, they have candy, and sometimes she takes [my daughter and my little brother] out to McDonald's. [...] So, otherwise, I would have given a definitive "no," but I thought, "Hmmm at my mom's house, she does."

Perhaps Monica's frustration comes from realizing that, despite her efforts to provide for her daughter with good nutrition "at home," when she considered the significant amount of time her daughter spent at her mother's house, her child's nutrition was worse "in general." Thanks to the way questions were asked, Monica realized that her daughter's nutrition was not as good as she had thought.

Some of the evaluation questions triggered an emotional response from some mothers by bringing them to reflect on difficult situations they had experienced. For example, Valerie had a difficult and unstable life since childhood. She had an opportunity to change that when she was offered a basketball scholarship to Los Angeles Southwest College in 12<sup>th</sup> grade; but, six months before graduation, she became pregnant and could not continue her dream of going to college because the scholarship was the only way she could afford school. Since then, her life became even more complicated. She moved seven times in the one year alone, mostly because she used temporary housing or did not have an appropriate living situation for her child. Consequently, her son did not live with her. With a personal history such as this, it is clear why she expressed extreme sadness and worry when asked about her income, whether her phone services had ever been disconnected, and whether she had ever been unable to pay the rent. As she explained during the follow-up interview:

When [they asked me about] if I couldn't pay things that I needed to pay, it brought like an emotional standstill, [...] because I've been stuck in situations where I had no food in my

refrigerator. I always made sure my son ate, but I would go like days without eating. [...] When [the assessment specialist] asked that question it was more emotional because I didn't know if it was going to happen again.

Valerie also avoided eye contact when asked questions about her employment situation and schooling, as well as about her relationship with her son's father. These questions might seem an ordinary part of the evaluation of a program, which aims at collecting information about the poverty level of the population it serves, but for someone with Valerie's background, the questions can trigger strong emotions – in Valerie's case, pain. When I asked her about this in the follow-up interview, she explained that the evaluation made her discuss topics she did not want to think about. For example, regarding her relationship with her son's father, she said:

Me and [my son's] dad don't have a bad relationship, but he is incarcerated. He has been incarcerated since my son was 8 months old. [...] The reason he is in jail right now is because he was trying to provide for us. [...] While he has been incarcerated, he has gotten his GED and his welding certificate, so he is making progress, I can give him that. But as far as me and him getting back together in a house as a home, I am not too sure about that.

While the assessment specialists gained valuable information about Valerie as a program participant, in reflecting on her home environment and the one she created (or was unable to create) for her son, Valerie unleashed some strong emotions.

The evaluation also made mothers wonder whether their lives could be different. Questions about volunteering in groups in the community (e.g., a neighborhood council, a school group, a religious group, a support group, or a political advocacy group) prompted Laura to remember when she lived in a supportive environment as a child, in a community where neighbors knew and “were

there for” each other – characteristics she says her current neighborhood, where she is now building a family, does not possess:

It’s hard in these types of communities, because there’s a lot of buildings and a lot of stuff going on. You see? It’s not like most communities where it is mostly houses and parks. Here there are a lot of buildings that are so big and people are just going back and forth. They really don’t care what is going on around them. They really don’t care at all. It’s not like a community and stuff.

Yet it seemed Laura might have still hoped to raise her family in a place similar to her first home:

I know there are some other areas different from where we live. Especially communities where there are a lot of houses and parks. [A place] where there are more people going around asking questions [and showing] support, like in the place where I grew up. I am glad to know that there are places like that around here.

These mothers reflected on their own lives because of the questions asked during the evaluation interview. In doing so, these mothers were confronted with their reality, which might have planted a seed of desire to change and might have even brought about change in these women’s lives.

**Confirming Prior Impressions.** In some instances, mothers made it clear they knew certain things about their children’s development, eating/sleeping habits, and behavior, and the questions asked during the evaluation of Welcome Baby helped them confirm those beliefs. For example, Sophia thought her child’s hearing problems were affecting aspects of her development, a belief confirmed by the evaluation. The questions about communication ability also helped Sophia develop a better idea of her daughter’s progress in certain areas.

In addition, mothers confirmed previous perceptions about themselves. Valerie knew she was depressed and recognized that the questions on the PHQ-9 questionnaire were related to determining the presence of depression. Moreover, she acknowledged that her depression was affecting her daily life. It is important to note that the questions themselves sparked this process of reflection in Valerie, as the evaluator was merely attempting to measure or quantify her mental health status and was unaware of her symptoms at the time.

**Awareness of Services Available.** Some mothers did not know that certain services were available to them, but the evaluation brought this to their attention. Many mothers were curious to know more about the long list of social services available, though only a few believed it appropriate to ask about them.

The assessment specialists consistently asked questions about income and public assistance during the three evaluation home visits, yet most mothers appeared to be intrigued and some were even confused when asked whether they were receiving them. The assessment specialists provided a list of public assistance programs that included the following: CalFresh (also called SNAP or food stamps), Cal-Works or GAIN, General Relief (GR), and Cash Assistance Program for Immigrants (CAPI). Many women revealed in the follow-up interview that they wanted to know more about these programs, but only a few actually asked the assessment specialist about them.

Several women did not ask for more information despite revealing later in the follow-up interview that they would have liked to know more. In particular, Laura did not seem to know the purpose of the services, most of which she had never received, and was surprised when she heard the assessment specialists' list. When I asked her about her reaction in the follow-up interview, she explained, "Some of them I hadn't even heard of, but [when I heard the list] I thought: Oh, there is so much help out here [in the United States]." Lindsey knew of CalFresh and WIC and



wanted to know more about the services the assessment specialists listed, but she did not ask for details because she thought the purpose of the evaluation was only for her to provide information. It is also possible that Lindsey did not investigate more on her own because she did not want to disclose her immigration status: some mothers are undocumented and therefore hesitant to approach social services agencies.

Conversely, other mothers were more inquisitive, asking the assessment specialists about the purpose of the services. Stephanie, for example, asked the assessment specialist to provide more information on CAPI since she thought her husband could be eligible. Valerie was already receiving General Relief but she wanted to know if she or her sister-in-law – who was taking care of her child at the time – could apply for other services to help alleviate their financial struggles. At the end of the evaluation interview, the assessment specialists provided her with information to find out more about social services eligibility requirements.

As part of the evaluation, assessment specialists inadvertently brought attention to other services, such as insurance coverage, through their line of questioning. During the evaluation, mothers were asked whether they and their children had access to health insurance and, if so, whether it covered dental care. Barbara responded that she did have health insurance but did not know whether it included dental coverage. In the follow-up interview, Barbara revealed that she had been unaware that some health insurance plans could cover dental services and was surprised when the assessment specialists asked whether her plan had such coverage.

**Learning about Evaluations.** Not only is it clear that mothers learned about themselves, their children, and their families through the evaluation, but there is also evidence that participants acquired general knowledge about evaluations, gained expertise as they participated in more evaluations, and learned evaluation skills transferable to their work, as demonstrated in Table 9.

**Table 9: Frequency of Occurrence for Codes Related to Mothers' Learning about Evaluations**

Subcategory	Number of codes n (%)	Number of mothers n (%)
Evaluation knowledge awareness	20 (37.7)	12 (70.6)
Increased socialization to evaluation	27 (49.1)	13 (76.5)
Learning transferable evaluation skills	8 (13.2)	3 (17.6)
Total	55 (100.0)	16 (94.1)

The most frequently-occurring code was the for *evaluation expertise*, encompassing almost 50% (27 of 55) related to the learning about evaluation. It is important to note that three mothers experienced *learning transferable evaluation skills*, accounting for 13.2% of the codes (8 of 55).

**Evaluation Knowledge Awareness.** Even though this was the first time these mothers had participated in the evaluation of a social program, some of them demonstrated an awareness of the goals of the evaluation of Welcome Baby in particular and even of programs in general. During the follow-up interviews mothers shared their general understanding of the purpose of the home visit (the evaluation), sometimes spontaneously and other times in response to my direct questions. Most of the mothers agreed that the assessment specialists were trying to see the range of children and parents who participated in Welcome Baby, especially in terms of their development. Three (3) mothers thought the assessment specialists wanted them to reflect, while 1 mother felt the assessment specialists were asking her questions to determine whether she paid attention to her child's capabilities. One (1) other woman believed the assessment specialists were trying to identify people with problems in order for the program to provide more assistance to those people.

Monica seemed to have some previous knowledge about program evaluation in general, stating that”

The interviews would give [the evaluators] more insight to see how children of Welcome Baby parents are continuously developing, in terms of the goals of the program [...] and also helps to understand that sometimes families don't have all the possible means [they need]. [...] [They would also] help give parents insights, so they are not in any gray areas and their child is not on the bad side developmentally. [Additionally, the interviews] help decide if they keep the program, if they have to fine-tune it and improve it.

Furthermore, Monica acknowledged that programs were revised and improved; she saw the evaluation as an asset that would help improve Welcome Baby and help the families that participate in the interview by providing them with better services. These beliefs might have stemmed from her work at a preschool where she may have been exposed to different programs and their evaluations.

Valerie discussed the evaluation design, perhaps unwittingly. Even though she was unaware of the existence of a control group and of the purpose of the evaluation (i.e., to assess the benefits of the program for participating mothers and their children), she understood that the scheduling of the evaluations would allow evaluators to assess change. As she explained:

To me the first evaluation was more like just do the questions. Then the second evaluation was like [looking at] the difference between the first evaluation and [the second]. Like has he learned more, has he grown more, has his attention span expanded. Basically, [questions] about [my child's] growth and if he is where he is supposed to be, for his age.

For Valerie the purpose of the evaluation was to study the developmental growth of the children in the program. In fact, many mothers emphasized the evaluation's role, not in determining program function, but in assessing their child's development.

In addition to having some general understanding of the purpose of the evaluation, mothers also had a good understanding of why they were asked certain questions. For example, Laura explained, "When they ask you if you didn't have money to eat and those questions... I think they were just trying to see what people are like low-income." Even though the evaluators did not ask for that information directly, Laura recognized that they were trying to capture financial struggles. In another example, Sophia did not identify personally with the questions on the PHQ-9 (Appendix D), but she figured out that she was being asked whether she was depressed because she knew people with the symptoms mentioned and had been told they were depressed. By participating in the evaluation, these women began to piece together the actual purpose of the evaluation, relying on questions asked as well as their own personal experience. They astutely understood the relationship between the evaluation and the overall program, but also their individual role and the role of their child's development in determining the success of the program.

**Increased Socialization to Evaluation.** As mothers participated in more evaluations, they became more socialized to the practice of evaluation. Over the course of the evaluation periods, they became more proficient at determining what information was required of them and why, and how the information is handled for analysis in evaluations such as that for Welcome Baby (i.e., to obtain general conclusions rather than analyze each mother/child individually). In short, they became better at participating in evaluations.

Some mothers were nervous for the first evaluation home visit because they felt they did not know anything, including how to behave or what to say; however, after the first evaluation,

mothers expected the next home visits to have the same format and to contain the same – or at least similar – questions. As Laura put it, “By the third interview, I felt like an expert.” This gradual improvement was also evident in the mothers’ comfort level: 3 mothers remembered feeling awkward during the play session because strangers were observing them, but by the third evaluation they felt completely relaxed.

Thanks to both Welcome Baby and its evaluation home visits, mothers learned how to pay more attention to their child’s capabilities. For example, Lindsey believed that participating in the evaluation “trained” her to be ready to answer the questions asked. As she put it:

After the first interview, you get a sense of what to look for in your child, so when they ask you questions again you are already prepared. For example, if they ask you can your daughter jump, can she write, or things like that, that’s when you can say, “Oh yeah, she is learning” or “Yes, my daughter can do that.”

Lindsey mentioned that she was also better prepared to respond to questions posed by her children’s doctors and, in general, to have a conversation about her children with other professionals.

**Learning Transferable Evaluation Skills.** Mothers learned abilities during the evaluation which they would then apply to their work. Three (3) mothers cared for or observed children as part of their job. For example, Olivia is a nanny with 17 years of experience who is confident in her knowledge of children’s developmental milestones despite the fact that she has never received formal instruction in them; she even considers herself a “leader” because other nannies sought her advice on the children they watch. Due to her close relationship with the six-year-old girl and eight-year-old boy she takes care of, Olivia also thought of them while answering questions during the evaluation interview. Specifically, when she was asked questions related to the amount of time

children spend with their parents and how many activities they perform together, Olivia wondered how the two children she takes care of might be affected by the fact that they spend more time with her than with their parents. Thus, it is possible that Olivia's process use will also benefit the family that employs her, in addition to her fellow nannies, with whom she can share the knowledge she acquired during the evaluation.

Some mothers developed new abilities while participating in the evaluation that directly translated into their own work outside of it. Monica, a preschool teacher, uses the ASQ series of questionnaires to assess the development of her students, aged 18- to 60-months. When filling out the forms, she consulted with parents to get a better picture of their child's progress. In her experience, "for some parents it feels like you are scrutinizing their children." However, because Monica became an interviewee, she understood how the ASQ questions affect parents and can be more sensitive to their reactions, as well as more helpful when addressing their concerns. In her own words, "When you are the one whose child is getting the ASQ it's different. It helps [you] understand, as a parent. It really helps to soften and be able to understand and emphasize where [parents] may feel upset or concerned." Because of her participation in the evaluation, Monica broadened her perspective on evaluation and learned how to ask questions empathetically, a skill that can enrich her work as an evaluator.

### **Attitude and Affect**

The *attitude and affect process use* type is composed of six subcategories. In the *personal* category, *increased confidence* and *critical reflection* are related to mothers' changes in attitude and affect regarding themselves, their children, and their families. The remaining subcategories – *identified strengths*, *identified weaknesses*, *increased trust in evaluation*, and *belief in ability to*

*influence change* – are all related to mothers’ change in attitude and affect within the *evaluation* category.

**Participants’ Change in Attitude and Affect (Personal).** As Table 10 shows, only 10 of the 17 mothers I interviewed after the evaluation were found to have experienced increased confidence and critical reflection (7 and 3 mothers, respectively). The number of codes for *increased confidence* represents 77.8% of the codes in this section, while the number for *critical reflection* represents 22.2%.

**Table 10: Frequency of Occurrence for Codes Related to Mothers Changes in Attitude and Affect (Personal)**

Subcategory	Number of codes n (%)	Number of mothers n (%)
Increased Confidence	21 (77.8)	7 (41.2)
Critical Reflection	6 (22.2)	3 (17.6)
Total	27 (100.0)	10 (58.8)

**Increased Confidence.** After participating in the evaluation, mothers increased their confidence in their parenting abilities and started to believe their children were thriving. Mothers showed enthusiasm when they realized their children were able to do the developmental activities covered in the questionnaire and even exceed their expectations, feeling “like a proud mama” (to use Monica’s words). Monica realized during the interview that her child was not developmentally behind, as she had thought:

When they came and she was two, I think she was definitively doing more things than a two-year-old would do, so I was like “Ok, that’s really good, at first I thought you were really behind, and now I feel like you are really ahead.”

In addition, the evaluation gave mothers the opportunity to express pride in their children's qualities or good behavior. According to the assessment specialists' records, 16 out of the 25 mothers in my sample (64%) spontaneously praised their children's qualities and behavior at least twice during the third-year interview. On some occasions, mothers would respond to questions by making a positive statement about their children. For example, when Caroline was asked if her child could follow the rules, she responded, "My son is a very good boy," and when Lindsey was asked if she could understand everything her daughter says, she replied, "My daughter speaks very well."

Furthermore, some mothers claimed that their children behaved better during the evaluation than in other environments. Valerie said that her favorite part of the evaluation was seeing the assessment specialist and me play with her son while she was responding to the questions. "I was able to figure out more about how he adapts to other people when mommy is busy, [...] and for a three year-old he did pretty good," she said. The evaluation gave Valerie the opportunity to learn how comfortable her son can feel in the presence of strangers and how he interacts when she is talking to other people, but it also helped her realize that her son can behave better than she thought he could.

The questionnaire affected the way mothers felt regarding the extent to which they meet their child's material needs. During the follow-up interview, 5 mothers mentioned that they remembered the questions about their child's toys primarily because their children have several (and a wide variety of) toys. Olivia specifically said she felt proud for providing her daughter with goods she did not have access to when she herself was a child.

Another effect the interview had was to change mothers' perspective on aspects of their family – for example, their family's finances. Some mothers believed their financial situation was



precarious, but they altered their beliefs after they were asked about their income, their ability to pay for services such as gas, electricity or the telephone, or the money they could spend on food. Though Sophia comes from a humble family, she has never had problems paying rent, and she and her husband have always been able to pay for the services they require. The evaluation questions made Sophia realize this, increasing her confidence in her ability to meet her family's needs.

**Critical Reflection.** Just as evaluation questions led some mothers to realize they or their children were doing better than expected, these questions led other mothers to realize they were actually doing worse, according to their perception of what is socially expected or desired. To half of the ASQ questions, Barbara responded, “No,” “I haven’t seen it,” or “I haven’t tried it with him.” The more questions the assessment specialists asked, the more frustrated Barbara became. She rolled her eyes after each of these responses until she shouted, “You are asking me about all the things I haven’t tried.” When I asked her about this reaction in the follow-up interview, she told me, “Well, they were asking me all these questions and I kept saying ‘I haven’t tried, I haven’t tried.’ It was like if I don’t know what [my son] can do.” It is possible that Barbara’s frustration came from the fact that she felt that she did know what her son could do and there were things she had tried with him, but the assessment specialists did not ask her about these activities. She also most likely felt the assessment specialists were getting the wrong impression of her, or that she was not meeting what was expected of her, perhaps thinking that the questions were an assessment of her parenting.

Barbara was not the only mother who felt as if she was not meeting social expectations of her parenting. Stephanie, for example, seemed embarrassed that she had not taken her son to the doctor for his third-year check up. She explained to the assessment specialists that she does not like to visit doctors and avoids them if she can. However, in the follow-up interview she admitted

that her son “[was] a little behind with his medical dues,” and even though he was a healthy child, she still felt “like a bad mom” for not taking him to the doctor. When Stephanie was asked, “Did your child have his/her three-year well-child doctor visit yet, or is it scheduled?” she likely perceived what the desirable response should have been and probably felt pressure from the assessment specialists to comply, even if that was not the assessment specialists’ purpose.

The nature of some questions contributed significantly to mothers’ critical reflections about their parenting. For example, questions related to discipline strategies or eating habits made most mothers feel uncomfortable, perhaps because mothers are often criticized or judged regarding these topics. In my observation of the evaluation, I noticed that some mothers giggled or even flushed, indicating their discomfort. But when I asked them about their reactions in the follow-up interview, only 3 admitted to having felt that way; the rest assured me they felt just as they had for the other questions. It is possible then, in terms of these questions, some mothers responded according to what is socially desirable during both the evaluation and the follow-up interviews.

In other instances, the evaluation forced mothers to confront their own behaviors and hold them up to what they perceived to be socially-desirable behaviors. For example, though mothers tended to answer that they used TV judiciously, on many occasions the TV was on during the entire interview session. Toward the end of the evaluation interview, when mothers were asked, “Do you usually leave the TV on for most of the day, or do you only turn it on to watch certain programs,” most of them answered that they only used TV judiciously. Although the evaluation involved only a handful of observations, and therefore may not have been indicative of these mothers’ daily lives, it is plausible that a desire to appear competent before the assessment specialists led these mothers to respond according to their assumptions about socially-desirable behaviors, even when their statements were easily contradicted by observing their surroundings.

**Participants’ Change in Attitude and Affect (Evaluation).** Two of the four *evaluation* subcategories (*identified strengths* and *identified weaknesses*) correspond to mothers’ attitudes and affect regarding the evaluation of the Welcome Baby program. The other two (*increased trust in evaluation* and *belief in ability to influence change*) refer to mothers’ perceptions of evaluations in general.

**Table 11: Frequency of Occurrence for Codes Related to Mothers’ Change in Attitude and Affect (Evaluation)**

Subcategory	Number of codes n (%)	Number of mothers n (%)
About evaluations in general		
Increased trust in evaluation	33 (23.6)	15 (88.2)
Strengthened belief in ability to influence change	10 (7.1)	5 (29.4)
About the <i>Welcome Baby</i> evaluation		
Identified strengths	47 (33.6)	16 (94.1)
Identified weaknesses	50 (35.7)	14 (82.4)
Total	140 (100.0)	17 (100.0)

As Table 11 shows, most mothers contributed to three of the four subcategories. Codes for *identified strengths and weaknesses* were the most numerous, with 47 (33.6%) and 50 (35.7% percent) respectively.

**Increased Trust in Evaluation.** Thanks to their participation in the evaluation of *Welcome Baby*, mothers increased their overall trust in evaluations. For example, Valerie overcame her concerns about the use of information collected from the PHQ-9 (Appendix D). At first, Valerie said,

I answered *yes* to all those questions. I still feel like that sometimes. I still have a hard time sleeping, and I over-sleep. I have really poor appetite. [...] When I answered them, I was more like you are going to find out that I am depressed. I hope this doesn't come back to bite me. [...] [I wondered], can this be used against me?

When I asked her why she shared the information despite her concerns, Valerie responded:

Some people can hurt your situation knowing that information, and some people can help you knowing that information. [...] The first time that I did it, I was like, "You want to know a lot." It was more like, "What is this for? Can I get in trouble for some of my answers, is this going to be used against me in the future," but [the assessment specialist] explained more. She explained what it was for and it kind of calmed me down. The second time they came, I kind of mellowed down.

Even though some mothers felt uncomfortable sharing information with the assessment specialists during the first-year evaluation, by the third year they responded comfortably, even when some of the questions were very personal. Fifteen mothers affirmed that they trusted the assessment specialists or the evaluation.

**Strengthened Belief in Ability to Influence Change.** Some mothers chose to participate in the evaluation because of potential benefits that went beyond themselves or their families, such as "giving back" to Welcome Baby and, in doing so, providing the program with information that would allow decision-makers to make changes, if needed. For example, Laura explained that, "the information they are collecting for the study will give them the opportunity to understand what is going on with kids. Because it is hard to understand kids, so [with my participation] I was helping them understand that." Here, Laura views the evaluation interview not as an evaluation of her

parenting and her child's developmental level *per se*, but as an opportunity for the assessment specialists to gather information on childhood behaviors, with her child just one among many. Laura believed that that information could help the program understand children better and perhaps in turn provide better services.

In addition, mothers said their participation in the evaluation was important because it would help decision-makers better understand communities in need. Sophia, for example, said,

I believe that by participating in these interviews other people will learn more about the Hispanic population. If they don't know what's happening [with us] and how we live, how are they going to help us? [...] Whoever receives the [evaluation] materials will learn more about the problems the Latino community faces, and will be better prepared to help us.

For these mothers, participation in the evaluation extended beyond identifying the developmental milestones of their children to understanding children in general. These women also felt the observation allowed them to represent their community before people in positions of power who have the ability to implement change.

**Identified Strengths of the Welcome Baby Evaluation.** As might be expected, mothers listed the \$100 gift card as one of the advantages of participating in the Welcome Baby evaluation; however, only 10 of the 17 mothers I talked to in the follow-up interview mentioned it explicitly. In fact, some mothers even forgot I had offered to give them another gift card for the follow-up interview. All the mothers except for 2 (discussed in the next section) believed there were other benefits to participating in the evaluation, mainly learning about their children; some also thought the evaluation provided them with a checklist of things to look for in their children and in themselves.

Mothers who mentioned the \$100 gift card said they used the money for their children, e.g., for food, toys, clothes, etc. Valerie explained that:

They give you a \$100 gift card every time they see you. [My son] needs things and there is only a certain amount of money that I get, so when they came that day, I was like, “Oh I can go get his toiletries.” [...] Free money actually comes in handy for things that you need to do for them. [...] Their research is actually helping me not only with the \$100 gift card but with knowledge of my own kid. To me it’s more like you pay attention to the things that they can do after the evaluation.

Valerie, like many other mothers, recognized that the evaluation was a positive experience for her, due only in part to the monetary incentives. Though not a main objective of the evaluation, the interview itself provided these mothers with a checklist of things to look for in their children and in themselves.

Mothers also mentioned during the follow-up interview that they appreciated certain aspects of the evaluation design. They agreed it was advantageous to conduct the interview at home since their children felt more comfortable there, they could avoid commuting or paying for parking, the assessment specialists could get a better sense of how they live, and having more privacy. They also appreciated the flexibility in scheduling (and re-scheduling) appointments, particularly in the case of working mothers who were especially grateful for the chance to have the interviews on Saturdays.

Another strength of the evaluation mothers identified was that the evaluation asked them about themselves and their family as a whole. Anna took this as a message that mothers, and not just their children, are important.

**Identified Weaknesses of the Welcome Baby Evaluation.** Most criticisms about the evaluation came from Barbara and Gabriela who thought the \$100 gift card was the only benefit to their participation in the evaluation. In fact, they were upset with most of the questions, believing some to be either absurd or completely unrelated to their children (e.g., those related to their own health or their living situation). Gabriela did not even understand the purpose of the evaluation as she did not see the connection between the questions and the program. This could have been due to that she only received two of nine visits from Welcome Baby, making her the only mother in my sample to receive the program at such a low dosage.

All but 4 of the mothers thought the evaluation was too long and that some of the questions were slightly repetitive; nonetheless, they said they would participate again.<sup>1</sup> Some mothers were concerned with how the information was going to be used. For example, when Stephanie was asked if her son “is restless and can’t sit still,” she seemed uncomfortable; while she understood that the evaluative process of Welcome Baby can be used to diagnose conditions and not simply to gather information, she also expressed misgivings about the validity and consequences of those diagnoses, explaining that:

Yeah, sometimes he can be like that. A little bit, but I am not concerned. [...] My little brother was diagnosed with ADD back in the eighties, and that’s creepy you know? He was a little boy. They just are a little more energetic and stuff. I know my son and I know there is nothing wrong with him, but I understand why they ask those questions, because it can be a behavioral problem and that may be other children’s situation.

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<sup>1</sup> On the other hand, Valerie saw the evaluation’s length as an advantage as it allowed for more topics to be covered and for parents to learn more. In her words, “It’s long, but that is not even a disadvantage. Like I said it gives you knowledge of your child. I wouldn’t even recommend for them to cut the time short because you never know – there might be a parent who doesn’t know too much about their child. And these questions can actually pinpoint things [he/she] may not be able to do.”

It is possible that Stephanie was concerned that, based on the information collected, her son would also be so labeled.

Valerie also mentioned that she was nervous about giving assessment specialists personal information. Out of all the mothers I observed, Valerie was the only one who refused to answer a question: “What is your income?” In the follow-up interview she explained that at one time she had been denied services because of her income and did not feel comfortable sharing such information during the evaluation because she did not know what it would be used for.

Perhaps because they had very positive feelings about the Welcome Baby program, mothers hoped the evaluation would be similar to it. For example, Vanessa seemed disappointed that, during the evaluation, she did not receive the kinds of services she had enjoyed during the visits of the Welcome Baby program. The nurses and parent coaches would help her measure her son, whose weight was a concern for her, and they would give her advice on next steps to improve her child’s health and nutrition. The nurses and parent coaches also provided valuable emotional support after she lost her husband when her child was only three-months-old. The evaluation, however, did not provide these services.

Mothers expressed a desire for more freedom to ask about services their children needed. For example, Valerie wished that, when the assessment specialists had asked her whether her son was receiving specific types of therapy, she had been allowed to explain that she believed her son needed to change therapeutic modalities:

Every time I pick him up or drop him off at his auntie’s house he goes completely crazy. He doesn’t really need psychological therapy. They only watch him play. What he needs is something like anger management for kids. I wish they had anger management for kids.



Barbara also wished the evaluation could have provided her with information about how to discipline her child. According to her, since she was a new parent, she did not have the experience to know what disciplinary measures are appropriate.

### **Action and Behavior**

**Participants' Change in Action and Behavior (Personal).** This section first covers the instances in which mothers requested information or assistance from the assessment specialists during the evaluation; second, it speaks to the occasions when mothers or their children changed their behavior during or after the evaluation; and, third, is discusses instances in which mothers took direct action after the evaluation. It is important to mention that, in this section, all the subcategories are related to what mothers learned and reflected on due to their participation in the evaluation.

**Table 12: Frequency of Occurrence for Codes Related to Mothers' Change in Action and Behavior (Personal)**

Subcategory	Number of codes n (%)	Number of mothers n (%)
Requesting information or assistance	12 (22.2)	6 (35.3)
Changing behavior	16 (29.6)	7 (41.2)
Resultant action	26 (48.2)	11 (64.7)
Total	54 (100.0)	12 (70.6)

As Table 12 shows, 12 mothers experienced a change in action or behavior regarding themselves, their children, or their families. *Resultant action* was the most frequent code subcategory, with almost half the codes and 11 out of 12 mothers experiencing it. Codes for

*requesting information or assistance from the assessment specialists and change in behavior* accounted for 22.2% (6 mothers) and 29.6% (7 mothers), respectively.

**Requesting Information or Assistance.** During several aspects of the evaluation (the play session, the measurement of the child's weight and height, and the questionnaire), mothers thought about their concerns with respect to their child's health, development, or behavior, and asked the assessment specialists for information or assistance.

Mothers shared their worries about their children with the assessment specialists. For example, 9 of the 22 mothers I observed during the evaluation asked the assessment specialist for their child's measurements; some even had a brief conversation with the assessment specialists about this and challenged what other family members or even doctors thought of their child's height and weight. Vanessa said, "Do you think I should put [my son] on a special diet? His doctor thinks I should," while Lindsey asked, "[my daughter's] father thinks she is too thin and I need to feed her more; do you think he's right?" Even though the assessment specialists made it clear they were not doctors or certified nurses, mothers probably wanted to know their opinions because they assumed the assessment specialists were familiar with the typical measurements for a three-year-old, and thus trusted their intuition. The evaluation may have placed the assessment specialists in a position of authority, whether deserved or not, leading the women to seek the assessment specialists' opinion about their child's development and growth.

Mothers valued assessment specialists' educated opinions. For example, Monica, who participated in the first year evaluation, remembered that she was asked if her daughter could walk. "All the questions about 'Can she walk' I responded 'no, no, and no,'" Monica explained, "and that's how I realized 'Oh my God, my baby can't walk.'" Fortunately, she asked the assessment specialists whether she should be concerned and they explained to her that "some kids walk right

after their first birthday, and it's not a concern unless you note a natural physical limitation, like the legs look strange, or the muscle tone is weak, or they don't crawl." This example illustrates the importance of giving mothers an opportunity and a space to have a conversation with the assessment specialists. If Monica had not felt comfortable sharing her concerns with them, she would have worried for no reason; as it turned out, the assessment specialists helped Monica realize that there was nothing wrong with her child.

Based on the mothers' responses, the assessment specialists could tell when the mothers were experiencing difficult circumstances and, at times, offered mothers extra help. Eight (8) out of the 25 mothers (30%) in my sample said they often worried whether their food would run out before they could buy more, and 2 of them stated that they or some other adult had to reduce portion sizes or skip meals entirely because they did not have enough money to buy food. Caroline was one of these respondents and she remembered asking the assessment specialist for information regarding where she could find free or inexpensive food. The assessment specialist gave her both the information she had requested and her personal contact information. "She told me to contact her if I ever ran out of food again so she could suggest where to go," Caroline said. Whether the assessment specialists realized it or not, they stood in a position of authority. These mothers looked to them for advice, for confirmation of beliefs, for knowledge, and even for assistance during particularly difficult times. Based on the assessment specialists' advice and recommendations, these mothers could take action. Recognizing this power is one crucial element of understanding process use by program participants.

**Changing Behavior.** This subcategory represents direct instrumental use at the individual level – in this case, as a result of participation in the evaluation of Welcome Baby.

During the evaluation, mothers were asked several questions regarding their children and themselves. As shown in the *learning* section, some of the questions covered topics they had never thought about before the evaluation. This led them, and in some cases their children, to change their behavior. As Lindsey said:

Thanks to the evaluation, I learned what things I have to teach them at different stages. Now that she's older, I can talk to her and tell her when things are good or bad, and I can also pay more attention to her actions, because sometimes you don't know and you don't pay attention. For example, some kids have autism, and some families think that's normal; but when you pay attention, you may be on time to detect something like that.

Lindsey learned several things during the evaluation with respect to her daughter's development and realized she needed to pay more attention in order to identify what her daughter might be struggling with. She tied this new, more careful observation of her daughter to a larger goal, involving identifying mental health disorders such as autism. This change in behavior might have had longer-term effects on her and her family.

The main change in behavior mothers reported was their increased ability to pay careful attention to their child's capabilities. Vanessa in particular said that, through being guided by Welcome Baby and the evaluation, she had learned how to pay attention to what her son did and how her three children interacted. When mothers pay more attention to their children, their parenting improves as it allows them to identify their child's difficulties and provide support.

For Lindsey, a question about nutrition was especially illuminating. After she was asked, "When your child eats at home, does he/she usually eat with the rest of the family, or do you feed him/her separately," Lindsey started to notice that her daughter ate well when she ate with the

whole family but less so when she ate by herself. This newfound awareness might have allowed Lindsey to consider engaging her daughter in more meals with the rest of the family.

During the play session, mothers also had the opportunity to learn and, based on that learning, change their behavior. For example, Elizabeth admitted that in the past she did not pay much attention to how she played with her daughter, but then began to pay more attention: “It’s different when we play by ourselves than when someone is observing us. When [the assessment specialists] were observing us, I remembered that I have to be more patient with [my daughter].” The evaluation helped Elizabeth reassess how she was treating her daughter when they played together, and it helped her change her behavior to “help her learn more,” as she put it. Though the assessment specialist’s presence may have altered Elizabeth’s parenting during the observation, it also seems to have made a lasting (and positive) impression on her parenting style.

Thanks to the evaluation, mothers also changed some of their habits. Laura already knew her son was behind with his speaking, but when the assessment specialist asked her if other people could understand what he said, she realized he was more behind than she had thought. She started paying more attention to her son’s ability to communicate and began to change her habit of “solving the problem for him.” Subsequently, if her child asked for something (such as a banana) and only pointed to it, Laura would not give it to him until he said the words clearly. Laura said his speech had improved compared to when the last evaluation was conducted, three months prior.

In general, the evaluation reminded mothers of the importance of reading for their child’s development; in fact, 3 mothers stated explicitly that, due to the evaluation, they started reading to their children more. Valerie admitted that she did not read to her child, then acknowledged, “Oh God, that sounds bad, I should start reading more to him.” After that, however:

I actually started reading more often to him. Well, I tried to. But the majority of the time he just wants to take the book away from me and look at the pictures, but I try now. I think that it is something that I need to work on more.

The evaluation also helped mothers recall important aspects of a healthy lifestyle. I interviewed Anna soon after the evaluation, but even though only a short time had passed, it was clear to her that the evaluation had helped her recall important activities that she and her children should do, such as exercise, and it had helped motivate her to exercise more.

Children were also affected by their interactions with the assessment specialists. Monica's daughter, in particular, would typically not let anyone take her measurements – even her pediatrician has to sit her on the scale for babies; however, to Monica's surprise, during the third-year evaluation she allowed the assessment specialists to take her height and weight. Monica believes this change in behavior was due in part to her daughter being at home where she felt safe, and also because she trusted the assessment specialists.

**Resultant Action.** This subcategory involves the direct actions that resulted from participation in the evaluation. For example, after mothers identified the developmental activities listed in the ASQ and BITSEA questionnaires that their children could not do, they started teaching them how to perform these activities.

Mothers followed up their learnings from the evaluation by investigating topics covered during the interview, sometimes by searching the Internet and other times by asking their pediatricians. For example, between the second and third year evaluations, Lindsey had to take her six-year-old son to the emergency room because he had fallen and cut his forehead. Since the whole family was already at the hospital, Lindsey thought it would be worthwhile to have someone check a bump her three-year-old daughter had, which turned out to be a lymphatic malformation.

That same day Lindsey's daughter had to go through surgery. From this experience, Lindsey learned how important it was to be well-informed and to keep track of her children's health. This behavior was strengthened by the third year evaluation. When the assessment specialist asked her whether she had any concerns about her child's health or development, Lindsey asked about the type of problem, to which the assessment specialist responded, "It could be something related to her speech or hearing, also an autistic behavior." Lindsey stated that her child did not have any of those problems, but after the evaluation she decided to learn more about autism, investigating the symptoms on the Internet and watching a documentary about the condition.

Mothers also sought out doctors' opinions regarding their concerns. During the evaluation, though Monica appeared doubtful when she answered the question "Does your child use a spoon to feed herself with little spilling," she responded affirmatively. In the follow-up interview, she stated that her daughter was able to feed herself but would ask Monica to feed her anyway. "I was worried she was not an encouraged eater," she said. She mentioned this to her pediatrician, who replied that it was fine as long as her daughter tried to feed herself. This is just one of several occasions when Monica used learnings from the evaluation to inform her conversations with her doctor.

Mothers voiced their concerns with their child's teachers as well. In response to the question "Can your child string items such as beads, macaroni, or pasta 'wagon wheels' onto a string or shoelace," Stephanie said that she had not played with macaroni with her son but that it was very likely he was taught how to put them through a string at school. Stephanie went to her son's teacher and discussed the matter with her and found out that her son was working well with macaroni.

The influence that participating in the evaluation had on mothers extended beyond motivating them to seek out information; they acquired abilities as observers and evaluators of their own children, skills that they applied to their child's health and well-being. Interestingly, even though Monica had conducted over 200 ASQ assessments as a preschool teacher, she had never used the ASQ questionnaires on her own daughter because "as a parent you either think your children are fine or you don't think they are. I see her and I know she's fine, so I think she does everything a three-year-old should be doing." However, when Monica was interviewed for the evaluation, she was surprised to realize there were actions from the ASQ questionnaire that her child could not do: "When I see the ASQ and break it down, I am like, 'She is doing this, but she is not doing that.'" During her daughter's annual medical exam, Monica asked her doctor about the activities her child was unable to do and sought answers about how to correct the situation. By participating in the evaluation, Monica and the other mothers gained awareness of developmental milestones, which – coupled with their newfound skills in observation – prepared them to engage their doctors to improve their child's care.

What mothers learned during the evaluation prompted them to acquire goods for their children that they had not considered important, such as books or toys. Elizabeth remembers clearly that she was asked how many books her child had. According to her, this question took her by surprise because, even though she acknowledged the importance of reading and considered going to the library a priceless learning activity, she did not think it necessary to get her child any books since she could not yet read. Though Elizabeth and her family enjoyed going to the library every weekend, traditionally Elizabeth's older children would bring books home and read to their three-year-old sibling. However, during the evaluation, Elizabeth realized not only that there were children's books for different ages (with "only figures or textures," as she put it), but also that her



younger child could still learn from books and be interested in them even if her reading ability was limited. As Elizabeth explained, thanks to the evaluation she realized her daughter should have her own – i.e., appropriate for her age – books. As a result, whenever Elizabeth took her children to the library, everyone – including her three-year-old – got books to take home.

The play session provided Caroline with an opportunity to discover new learning tools. She especially remembered the blocks and the puzzle which she described as “a toy that looked like a little table that had animals, and my daughter had to put the animals in the place they corresponded.” This was the first time Caroline had seen such a toy and, since her daughter enjoyed playing with the blocks and the puzzle, she bought her similar toys which her child did not have before.

Mothers also learned about services they might be eligible for, asked assessment specialists for guidance on how to obtain them, and tried to obtain them. For instance, during the evaluation, mothers were asked whether they and their children had access to health insurance and, if so, whether it covered dental care. Barbara responded that she did have health insurance but did not know whether it covered dental services. In the follow-up interview, Barbara revealed that she had been unaware that some health insurance plans could cover dental services and, as a result, had not been to the dentist in a long time; after the interview, she investigated the matter further. Though she discovered her health insurance did not cover dental, she realized that some insurance plans cover more services, a lesson that might influence her choice of health insurance and similar services, such as car insurance, in the future.

Caroline received information from the assessment specialists about services and was able to receive those services. The assessment specialists provided her with information about where to find less expensive food. By following their suggestions, she began to pay only \$20 dollars for a cartful of food, thus improving her ability to feed her family.

In some cases, learning from the evaluation led to both a change in behavior and in resultant action. Monica knew her daughter had a fear of birds (“[My child] was afraid of birds very bad”) but, before the evaluation, it never occurred to her that it would be worth discovering why:

When [the assessment specialists] brought up the question “Does she have any strange fears?”... And for me I don’t think birds are a strange fear, just because birds are all around and I can see other children that are also scared of them. So it made me think, “What is she really scared of?”

After the evaluation, Monica started paying more attention and discovered that her daughter was not only afraid of birds but of things that fly in general. She specifically asked her daughter why, to which she responded, “Because they get too close to me.” Monica continued to talk her daughter about this with encouraging results that demonstrated how Monica’s resultant action affected her daughter:

As of now, she is not so afraid of them as she was recently. She used to run [away] from them or hold my hand really tight and freeze if there were a lot of birds around her, but now she is just like “Mommy hold me” around the birds.

Sometimes, it was not until mothers verbalized something – even if they were just answering simple questions – that they realized it is important. When Olivia was asked the same question as Monica – “Is your child afraid of certain places, animals, or things? What is he or she afraid of?” – she replied, “[my daughter] is afraid of her uncle, my brother.” She said it naturally, but shortly after she looked uncomfortable, she then added, “... of people she doesn’t know.” When, in the follow-up interview I asked her for her thoughts on that question, she explained that as she was responding, she realized her statement could be misinterpreted (e.g., her brother was harming her daughter). However, Olivia took this as an opportunity to change her behavior: “Since

the visit, I have been paying more attention to how [my daughter] interacts with other people and I realized she's less afraid now." The evaluation alerted this mother to her daughter's fears, allowing her to better appreciate and understand her daughter's behaviors. It also forced her to be more observant of the interactions her daughter had with others, potentially protecting her from harm in the future.

**Participants' Change in Action and Behavior (Evaluation).** This section deals with two subcategories: the first refers to the information about the evaluation that mothers shared with their family and friends; the second corresponds to mothers recommending the Welcome Baby program, as well as its evaluation, to others.

**Table 13: Frequency of Occurrence for Codes Related to Mothers' Change in Action and Behavior (Evaluation)**

Subcategory	Number of codes n (%)	Number of mothers n (%)
Shared information about the evaluation	25 (69.4)	17 (100.0)
Shared information	19 (52.8)	11 (64.7)
Did not share information	6 (16.6)	6 (35.3)
Recommend <i>Welcome Baby</i> and its evaluation	11 (30.6)	7 (41.2)
Total	36 (100.0)	17 (100.0)

During the follow-up interview, mothers were asked if they shared information from the evaluation with other people. As Table 13 shows, of the 17 mothers who participated in the follow-up interview, 6 said they did not share what they had learned during the evaluation with other people. None (0) of these 6 mothers recommended Welcome Baby or its evaluation. The rest of

the mothers (11) shared information about the evaluation with friends and family, and 7 of them recommended to other mothers participation in Welcome Baby and its evaluation.

**Shared Information about the Evaluation.** Mothers shared general information about the evaluation, as well as some specific questions, with relatives, friends, and other mothers. Most mothers shared information primarily with their child's father; furthermore, according to the mothers, 9 of the 17 fathers were interested in learning about the evaluation. They knew when the home visits were scheduled and they were aware of the kind of information the mothers were asked.

Only 3 out of the 17 fathers were home during the evaluation interview. Occasionally they would enter the room where the interview was being conducted and listen, and in some cases they answered questions. After the assessment specialists left, parents talked about what they learned and what they found interesting. According to the mothers, the fathers who were present had a good impression of the assessment specialists and found the questions interesting. However, even fathers who were not present talked about the interviews with the mothers. For example, Caroline remembers sharing information with her husband the same day of the evaluation, once he got home from work.

Barbara's and Patricia's mothers were present for the entire evaluation interview. Patricia and her mother talked about the evaluation extensively after the evaluation interview; Patricia's mother even told Patricia that she did well answering questions but suggested different or more detailed responses to some of them. Barbara did not discuss anything with her mother afterwards, mainly because Barbara did not want to, preferring to "keep things to herself." Perhaps she felt that the answers she gave showed poor parenting skills, a feeling she expressed during the follow-up interview. The fact that Barbara's mother did not speak English may have prevented her from becoming more involved in the evaluation, which was conducted in English; however, she

nonetheless showed genuine interest in the evaluation – she listened closely to all the questions, even requesting her grandson’s measurements from the assessment specialist.

Because some mothers asked family or friends whether they could use their homes for the interviews, mothers explained to them the purpose of the evaluation and the benefits they were receiving for their participation. The interview with Valerie was conducted at her boyfriend’s mother’s house. His mother and siblings were present at the time, and asked Valerie why she was being interviewed about her child. She did not share too many details with them, but did explain that she was participating in a study with UCLA, that it was a rewarding experience because she was learning about her child, and also that she received a \$100 gift card.

Similarly, Gabriela asked a close friend, who has young children but did not participate in the program, to let the interview take place at her apartment. Gabriela invited her friend to stay during the interview, giving her a chance to listen to all the questions as well. When I conducted the follow-up interview, Gabriela and I met at her friend’s apartment again, and the friend was present. Though Gabriela said during the interview that they did not talk about the evaluation after the assessment specialists left, it was clear that this was not the case because her friend would remind Gabriela of some of the answers she gave during the interview.

Mothers listed a variety of reasons for not sharing with others their experience of participating in the evaluation, the main reason being that they preferred to keep things to themselves. Two (2) of the mothers said they did not have time to interact with other people. Rocio added that she did not share information with her husband because he was rarely at home due to his job and she did not like to talk to him about their children’s education because, according to her, she alone was responsible for this task.

**Recommending Welcome Baby and its Evaluation.** Mothers also shared information with other pregnant women, to whom they recommended the Welcome Baby program and its evaluation, and with other mothers, some of them also participants of Welcome Baby and the evaluation. Seven (7) mothers explicitly said that they recommended the Welcome Baby program and its evaluation to pregnant women and mothers of newborns. Valerie, for example, recommended Welcome Baby to all her friends and her cousin, who delivered at the California Hospital. For Valerie, as for many mothers her age and under her circumstances, Welcome Baby was her only chance to receive important information on caring for a newborn.

I recommend Welcome Baby because when my son was born they showed me how to properly breastfeed; they gave me books and other resources. They showed me places to go in case I needed extra things; they showed me how to swaddle my baby properly; [...] I didn't have support around when I had my son and I was a first-time mother. They taught me a lot that I wouldn't have [learned] from anywhere else.

Valerie clearly recognized the main purpose of the Welcome Baby program, and wanted her loved ones to have access to the kinds of services she received.

In fact, Welcome Baby was an invaluable resource for many mothers which is why they recommended it. Monica, for example, told all her pregnant friends to join Welcome Baby because it would benefit them, especially as first-time mothers. She explained that the program would send a nurse to visit them at home to whom they could ask anything they wanted without feeling embarrassed, just as when they visited the doctor. After spreading the word widely, Monica convinced her sister to enroll.

Likewise, Laura shared information about the program with her sister, her mother, and some co-workers. She told them about the home visits she received in which a nurse evaluated her

son, took his height and weight, and even checked if he had hepatitis. Laura said she hoped more people could have access to the services provided by the Welcome Baby program, and for this reason she was not shy in sharing her experience, whether with pregnant women or women with no children.

Mothers were great advocates of the Welcome Baby program. Anna recommended the program to her sister-in-law (who enrolled) and her aunts (who were unable to enroll). Anna and I realized during the follow-up interview that Welcome Baby might not have been available at the hospitals where her aunts delivered their babies. Anna joked, “I told them to have their babies at the California Hospital,” implying that mothers should consider the availability of the program when deciding where to deliver.

Mothers were also great advocates of Welcome Baby’s evaluation. As mentioned before, Anna convinced her sister-in-law, and Monica convinced her sister to enroll in Welcome Baby and its evaluation. In addition, Caroline, who did not receive Welcome Baby but was enrolled in the WIC program, recommended that her sister-in-law participate in the interviews so she could receive the \$100 gift card and learn about her son’s developmental progress.

### **Overall Process Use of Welcome Baby Mothers**

The number of codes used for this study varied from mother to mother. Some mothers shared more information about how they experienced process use than did others. Table 14 shows how many codes were taken from each mother’s follow-up interview for each of the three categories of process use. As can be seen, of the total number of codes, Monica had the maximum number (53), while Rachel had the minimum (9). After identifying the total number of codes by mother, the first 9 mothers were assigned to the *high-process use* group and the last 8 mothers to the *low-process use* group.

**Table 14: Frequency of Codes for Each Mother, by Type of Process Use**

Mother	Learning		Attitude and Affect		Action and Behavior		Total
	Personal	Evaluation	Personal	Evaluation	Personal	Evaluation	
<i>High process use</i>							
Monica	13	6	8	17	6	3	53
Lindsey	15	5	0	6	13	4	43
Valerie	12	3	1	15	3	3	37
Elizabeth	13	5	0	11	5	2	36
Laura	12	1	1	6	6	2	28
Gabriela	5	3	0	18	0	2	28
Barbara	5	4	4	12	2	1	28
Olivia	8	3	4	8	1	3	27
Sophia	7	3	4	10	0	2	26
<i>Low process use</i>							
Stephanie	7	3	1	7	3	1	22
Patricia	8	5	0	5	3	1	22
Rosa	9	6	0	5	0	1	21
Anna	5	3	0	3	5	4	20
Caroline	6	0	1	4	4	4	19
Rocio	6	2	1	6	0	1	16
Vanessa	5	1	0	4	3	1	14
Rachel	1	2	2	3	0	1	9
Total	137	55	27	140	54	36	449

The demographic characteristics of the high-process use and low-process use mothers are summarized in Table 15. Of the 3 mothers in the control group of the evaluation, 1 belonged to the high-process use group and 2 to the low-process use group. In terms of their personal characteristics, mothers in the high-process use group were 24.9 years old on average, 7 (77.8%) of them having Latino or Hispanic heritage and half (55.6%) speaking Spanish as their primary language. Mothers in the low-process use group were 27.6 years old on average, 7 (87.5%) of them having Latino or Hispanic heritage and most (87.5%) speaking Spanish as their primary language. Four (4) (44.4%) of the mothers in the high-process use and 5 (62.5%) in the low-process



use did not have a high school diploma. Most mothers (75.0%) in the low-process use group and about half (55.6%) of the mothers in the high-process use group were employed. In both groups the monthly family income varied within the group, but it varied more for the low-process use group.

**Table 15: Demographic Information of High-Process Use and Low-Process Use Mothers**

Variable	High-process use	Low-process use
	(n = 9)	(n = 8)
	Mean (SD)/ n (%)	Mean (SD)/ n (%)
Evaluation treatment or control groups		
Treatment	8 (88.9)	6 (75.0)
Control	1 (9.1)	2 (25.0)
Mother's age	24.9 (3.9)	27.6 (4.9)
Latino/Hispanic heritage		
Yes	7 (77.8)	7 (87.5)
No	2 (22.2)	1 (12.5)
Mother's primary language		
English	4 (44.4)	1 (12.5)
Spanish	5 (55.6)	7 (87.5)
Mother has at least high school diploma		
Yes	5 (55.6)	3 (37.5)
No	4 (44.4)	5 (62.5)
Employment		
Mother is employed	5 (55.6)	6 (75.0)
Mother is not employed	4 (44.4)	2 (25.0)
Monthly family income		
Less than \$500	-	1 (12.5)
\$500 – \$999	2 (22.2)	-
\$1,000 – \$1,499	1 (11.1)	1 (12.5)
\$1,500 – \$1,999	2 (22.2)	3 (37.5)
\$2,000 – \$2,499	2 (22.2)	1 (12.5)
\$2,500 – \$2,999	-	-
\$3,000 – \$3,499	-	-
\$3,500 – \$3,999	2 (22.2)	1 (12.5)
\$4,000 or more	-	1 (12.5)

The mean values for some Welcome Baby outcomes are presented for high-process use mothers and low-process use mothers. For the semi-structured parent-child play session, the assessment specialists used the *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes* (PICCOLO) instrument which has 29 items divided into four subscales measuring *affection*, *responsiveness*, *encouragement*, and *teaching*. Each item is assigned a score of 0 (behavior not observed), 1 (behavior sometimes observed), or 2 (behavior observed often/most of the time). The first three subscales have a possible range of 0 to 14 and the fourth subscale (teaching) has a possible range of 0 to 16. As can be seen in Table 16, the mean scores for mothers with high process use were on average greater than those for mothers with low process use in all the subscales of PICCOLO, except for the affection subscale.

**Table 16: PICCOLO Scores by Process Use Group**

Welcome Baby outcome	Process use group		Min	Max
	Low Mean (SD)	High Mean (SD)		
PICCOLO total affection score	13.6 (1.1)	13.5 (0.8)	11	14
PICCOLO total encouragement score	13.3 (1.0)	13.8 (0.7)	12	14
PICCOLO total responsiveness score	13.9 (0.4)	14.0 (0.0)	13	14
PICCOLO total teaching score	13.0 (2.0)	14.3 (1.2)	10	16

Children were also screened using the *Ages & Stages Questionnaires, Third Edition* (ASQ-3). These developmental screeners assess whether children are on track developmentally. The ASQ-3 has five subscales: *communication*, *gross motor*, *fine motor*, *problem solving*, and *personal-social* skills. Higher scores indicate greater skill attainment and less risk of developmental delay. To calculate the score for each subscale, each item is assigned a value of 0 (not yet), 5 (sometimes), or 10 (yes). Each subscale has six items so each subscale has a possible

range of 0 to 60. Table 16 shows that, in all the ASQ subscales, mothers with high process use performed better on average than mothers with low process use.

**Table 17: ASQ-3 scores, by Process Use Group**

Welcome Baby outcome	Process use group		Min	Max
	Low Mean (SD)	High Mean (SD)		
ASQ-3 Communication Subscale	44.4 (7.8)	49.6 (6.4)	35	60
ASQ-3 Gross Motor Subscale	55.0 (6.0)	58.1 (3.7)	45	60
ASQ-3 Fine Motor Subscale	40.6 (16.4)	42.3 (13.0)	10	60
ASQ-3 Problem Solving Subscale	52.3 (7.2)	56.9 (4.6)	40	60
ASQ-3 Personal-Social Subscale	53.1 (5.9)	55.0 (4.6)	45	60

The evaluation team used an abbreviated version of the *Parental Attitudes Toward Childrearing* (PACR)-Strictness Subscale which measures mothers' beliefs about the use of strict parenting and disciplinary strategies. Seven items were rated on a 6-point agreement scale, and item scores were summed. Total scores have a possible range of 7 to 42. Table 18 shows that, on average, mothers with high process use have a greater score on the PARC than mothers with low-process use.

**Table 18: PARC Score by Process Use Group**

Welcome Baby outcome	Process use group		Min	Max
	Low Mean (SD)	High Mean (SD)		
Parental Attitudes Toward Childrearing	34.8 (3.2)	38.8 (4.8)	28	45

The *Patient Health Questionnaire* (PHQ-9) was used as a screening tool to identify depressive symptoms. Items reflecting behaviors or emotions associated with depression were rated on a 4-point frequency scale ranging from 0 (not at all) to 3 (nearly every day) for the previous

two weeks. Item scores in the PHQ-9 were summed to create a total severity score with a possible range of 0 to 24, with higher scores reflecting a greater level of depression. Table 18 shows that, on average, mothers in the high process use group had a greater score on the PHQ-9 than the mothers in the low process use group.

**Table 19: PHQ-9 Scores by Process Use Group**

Welcome Baby outcome	Process use group		Min	Max
	Low Mean (SD)	High Mean (SD)		
Patient Health Questionnaire	2.9 (4.5)	3.4 (3.7)	0	14

The *Home Observation for Measurement of the Environment* (HOME) instrument was used to score elements of quality that influenced children’s experiences in their homes. Nine items assessed the frequency of parental engagement in home learning activities with their children. Response categories ranged from 1 (not at all) to 6 (every day). The item scores were summed, ranging from 9 to 54 points. Table 20 shows that, on average, mothers in the high process use group had greater overall and subscale scores on HOME than mothers in the low process use group.

**Table 20: HOME Score by Process Use Group**

Welcome Baby outcome	Process use group		Min	Max
	Low Mean (SD)	High Mean (SD)		
Home Learning Activities Scale	41.0 (7.3)	50.2 (2.9)	35	57
Home Learning Activities Subscale: In-Home Activities	18.8 (5.2)	26.6 (2.1)	12	29
Home Learning Activities Subscale: Out-of-Home Activities	22.3 (3.9)	23.7 (2.5)	16	29

Mothers were asked to select the statement that best described their perception of their parenting. The options were: “I feel that I am not very good at being a parent,” “A person who has some trouble being a parent,” “An average parent,” “A better than average parent,” and “A very good parent.” As Table 20 shows, 100% of mothers in the high process use group and only 62.5% of mothers in the low process use group believed they were at least a better-than-average parent.

**Table 21: Mothers’ Perception of Their Parenting, by Process Use Group**

Mothers’ perception of their parenting	Mothers’ process use group		Total n (%)
	Low process use n (%)	High process use n (%)	
I am a person who has some trouble being a parent	1 (12.5)	-	1 (5.9)
I am an average parent	2 (25.0)	-	2 (11.8)
I am a better-than-average parent	3 (37.5)	5 (55.6)	8 (47.1)
I am a very good parent	2 (25.0)	4 (44.4)	6 (35.3)
Total	8 (100.0)	9 (100.0)	17 (100.0)

### Interaction Among the Three Types of Process Use

If we want to better understand the ways in which program recipients use evaluations, we need to understand not only how they learn during the evaluation, but also how they transform that learning into attitude and affect, and/or action and behavior.

The previous section addressed what process use looks like for the program recipients of the Welcome Baby program. This section explores the second research question, that is, it investigates the relationships that exist among the three types of process use: *learning*, *attitude and affect*, and *action and behavior*.

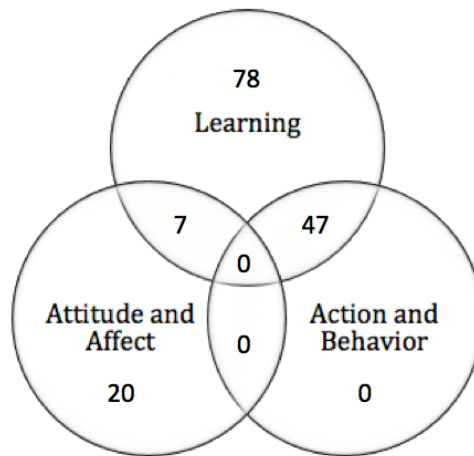
Based on the 17 follow-up interviews with mothers who participated in the evaluation of Welcome Baby, I created 349 data excerpts related to learning, attitude and affect, and action and behavior. Each excerpt corresponded to one or more subcategories. Of the 349 excerpts, 152 corresponded to process use regarding mothers, their children, and their families (*personal*) and 197 to *evaluation*.

To prepare the data for analysis, I first identified how many codes for each data excerpt corresponded to each type of process use, distinguishing between Personal and Evaluation. Second, I analyzed the interactions between the personal subcategories and the evaluation subcategories individually. Finally, I reported the frequency of excerpts that co-occurred and the excerpts that only belonged to one broad category of process use. This helped me learn more about the relationships among different types of evaluation process use for program recipients. For example, as long as an excerpt was part of one of the learning (personal) categories, it was classified as learning (personal). Specifically, an excerpt was flagged as being in learning (personal) if it was part of the *enlightenment*, *self-reflection*, *awareness of services*, and/or *confirming prior impressions* subcategories.

Interactions within the personal category of process use are presented first, followed by those within the evaluation category.

**Interaction Among Types Of Process Use (Personal).** As Figure 1 shows, of the 152 excerpts in the personal category, 7 demonstrated an interaction between learning and attitude and affect, while 47 showed an interaction between learning and action and behavior, representing the total number of excerpts for the latter type. There was no interaction between the attitude and affect and action and behavior types of process use within the personal category.

**Figure 1: Frequency of Code Co-Occurrence for Different Types of Process Use (Personal)**



Note that, as described in the action and behavior (Personal) section, the mothers' changes with respect to action and behavior (personal) depended on their learning (personal) while participating in the evaluation. Table 22 summarizes the interaction between the different types of learning (personal) and action and behavior (personal). Most interactions (37) are between enlightenment and the different types of action and behavior (personal).

**Table 22: Number of Excerpts for Interactions between Learning (Personal) and Action and Behavior (Personal)**

Learning	Action and Behavior	Number of excerpts
Enlightenment	Resultant Action	16
	Resultant Action and Changing Behavior	6
	Requesting Assistance	6
	Changing Behavior	9
	Sub-total	37
Self-reflection	Requesting Assistance	1
	Sub-total	1
Awareness of services	Resultant Action	2
	Requesting Assistance	2
	Sub-total	4
Confirming prior impressions	Resultant Action	1
	Resultant Action and Changing Behavior	1
	Requesting Assistance	3
	Sub-total	5
Total		47

Table 23 shows that the seven co-occurrences of learning (personal) and attitude and affect (personal) involve enlightenment and either increased confidence or critical reflection. Based on what they learned during the evaluation, mothers increased their confidence in their parental abilities (6 of the co-occurrences), or, to a lesser extent, critically reflected on their parental abilities (1 of the co-occurrences).

**Table 23: Number of excerpts for interactions between Learning (Personal) and Attitude and Affect (Personal)**

Learning	Attitude and Affect	Number of excerpts
Enlightenment	Increased confidence	6
	Critical reflection	1
Total		7



**Interaction Among Types of Process Use (Evaluation).** There were fewer instances in which codes co-occurred in the evaluation category. As Figure 2 shows, of the 197 excerpts in that category, 6 demonstrated an interaction between learning and attitude and affect, while 8 showed an interaction between attitude and affect and action and behavior. There was no interaction between learning and action and behavior in the evaluation category.

**Figure 2: Frequency of Code Co-Occurrence for Different Types of Process Use (Evaluation)**

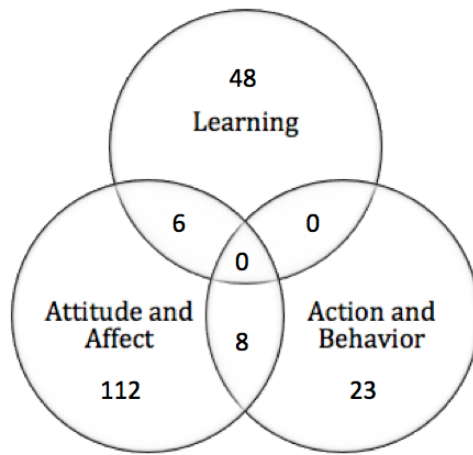


Table 24 shows that, in the evaluation category, of the 8 co-occurrences between attitude and affect and action and behavior, 7 demonstrate that when mothers *identified strengths* of the evaluation, it motivated them to *share information* from the evaluation and *recommend the program and the evaluation* to others. One (1) co-occurrence shows that when mothers *identified weaknesses* of the evaluation, they preferred not to share information with others.

**Table 24: Number of Excerpts for Interactions between Attitude and Affect (Evaluation) and Action and Behavior (Evaluation)**

Attitude and Affect	Action and Behavior	Number of excerpts
Identified strengths	Recommend program	3
	Recommend program and Share information	1
	Share information	3
	Sub-total	7
Identified weaknesses	Not share information	1
	Sub-total	1
Total		8

Table 25 shows how the interactions between learning and attitude and affect demonstrate a relationship between the *increased socialization to evaluation* mothers developed due to their participation in the evaluation and their *increased trust in evaluations*.

**Table 25: Number of Excerpts for Interactions between Learning (Evaluation) and Attitude and Affect (Evaluation)**

Learning	Attitude and Affect	Number of excerpts
Increased socialization to evaluation	Increased trust in evaluations	6
Total		6

## CHAPTER V: Discussion

The purpose of this study is to improve our understanding of program recipients' evaluation process use, to examine the relationships among the three types of process use (i.e. Learning, Attitude and Affect, and Action and Behavior), and to investigate the relationship between process use and program outcomes.

This chapter offers a discussion of the findings from the current study. The summary of findings is presented first, followed by the discussion of their implications. Then the limitations of this study are addressed and directions for future research offered.

### Summary of Findings

The analysis of the 17 follow-up interviews with mothers who participated in the evaluation of the Welcome Baby program provided evidence for the three types of process use presented in Amo and Cousins's (2007) classification system of process use. Mothers who participated in the evaluation of the Welcome Baby program learned things not only about themselves, their children, and their family, but also about the evaluation in general. In addition, it was found that the evaluation process could affect the attitudes and affect these mothers have regarding themselves, the evaluation of Welcome Baby, and evaluations in general. Furthermore, these mothers changed their behavior or actions based on their participation in the evaluation. The following sections expand on these findings, illustrating exactly what process use looks like for mothers in the Welcome Baby evaluation.

**Learning.** Though purposeful and explicit transfer of information by the assessment specialists to the participating mothers was not an intentional component of the evaluation, by virtue of participating in the evaluation interview and answering specific questions about their

children and families, mothers learned and reflected on what was important for them to know about their children. In addition, through such exposure to this kind of experience, they gained knowledge and expertise about evaluations.

When mothers realized their children could not perform an activity, they saw room for improving their parenting practices. They believed that discovering their child's capabilities allowed them to keep better track of their child's developmental stage and determine what they need to teach their children to help them develop. In effect, by watching someone else assess their child's progress, these mothers could now perform similar assessments in their own homes.

The evaluation also led mothers to reflect on their lives, an action that could lead to positive change. Even though the intention of the assessment specialists was to collect data for the evaluation of Welcome Baby, simply being asked the evaluation questions gave mothers pause to think about their own lives which prompted them to analyze their behaviors and judge whether their actions benefited themselves and/or their children. Monica, for example, believed she was doing a great job as a parent and made an effort to provide her daughter with proper nutrition. But, when asked about what her daughter ate in general, Monica was confronted with the truth: considering the amount of time her daughter spent at her mother's house and the poor nutrition she received there, her daughter did not eat as well as Monica had thought. Given the extent to which Monica cared about her child's nutrition, it was highly likely that this realization would lead her to act in a way that ensures her daughter receive better quality food (e.g., she might have talked to her mother about the issue). During the evaluation interview, Laura reflected on the neighborhood where she grew up, comparing it favorably to the one where she was now building a family; in fact, she hoped her children could live in a place similar to her first home. With this newfound

clarity, it was possible that Laura would try to find a community with those characteristics if she moved to another neighborhood.

The evaluation made mothers aware of programs and services for which they might have been eligible, such as CalFresh and CalWorks – programs to which Welcome Baby helps connect mothers. It is important to mention, however, that while many mothers were curious about these programs, only those who actually asked about them received more information. Despite assessment specialists' willingness to discuss these programs, mothers who did not ask about them assumed, due to the nature of the evaluation interview, that it was not appropriate to ask; consequently, they did not receive any information about these financial assistance programs other than the fact that they existed.

Even though mothers had no previous experience with evaluations, they developed a better understanding of them. Intuitively, they knew the purpose of the evaluation of Welcome Baby was to assess the development of the parents and children who participated in the program so it could better serve the population it attends.

As mothers participated in more evaluations, they became more socialized to the practice of evaluation. In general, they increased their expertise regarding evaluations and became better at participating in evaluations. For example, they became more proficient at determining what information was required of them and why. Some mothers increased their understanding of how the information gained from the evaluation would be analyzed (i.e., to obtain conclusions about a population in general, as opposed to specific mother/child relationships). However, in some cases mothers had a false impression of the program evaluation, believing they were being evaluated personally: since they are the program, if they fail, the program fails.

The evaluation also helped mothers learn skills that could be transferable to their jobs, as topics covered during the evaluation were not only relevant to the program recipients, but also to the program recipients' line of work – for example, one mother was a nanny and another was a preschool teacher. Even though there is as yet no evidence that they transferred skills learned during the evaluation to their work, it is not difficult to imagine how (or how easily) they might have done so.

**Attitude and Affect.** The evaluation modified mothers' perceptions about their parenting. After participating in the evaluation, mothers increased their confidence in their parenting abilities and started to believe their children were thriving. However, mothers had the opposite reaction when they realized their children were not able to perform some of the developmental activities listed on the questionnaire. Some questions, such as those related to discipline strategies and eating habits, made mothers feel more uncomfortable than others since they believed the assessment specialists were expecting a “right” answer; in these cases, mothers generally felt the need to justify their responses if they differed from the perceived “right” answer – for example, if they did spank their children.

It is important to note the trust placed in the evaluation and the assessment specialists by the participating mothers. Even when mothers had negative experiences with providing personal or sensitive information to others, they trusted the assessment specialists with this kind of information, due in part to the effort the assessment specialists put into explaining how the data they collected would be used. Furthermore, even though mothers sometimes showed concern over being personally assessed by the evaluation, they believed that other communities and individuals would benefit from the evaluation.

Mothers identified several strengths of the evaluation of Welcome Baby, expressing approval of the gift card, the opportunity to have the interviews take place at home, and the flexibility they were given in scheduling appointments. They also acknowledged another benefit: learning a significant amount about their children and themselves. On the other hand, mothers said they were unable to have a conversation with the assessment specialists about some of their concerns, and at times gave information to the evaluation team but did not receive any in return.

Two (2) mothers in particular shared their discontent with the evaluation (Gabriela and Barbara); in both cases I wonder whether they felt judged. For example, Barbara was unable to answer the questions that began her interview, which seemed to upset her; she spent the rest of the interview watching TV and asking the assessment specialists to repeat questions – a clear indicator that she was not paying attention. She probably lost interest in the evaluation due to the disparity between her expectations and the reality of her “performance” during the interview.

**Action and Behavior.** During a few parts of the evaluation (the play session, the measurement of the child’s weight and height, and the questionnaire), mothers thought about their concerns with respect to their child’s health, development, or behavior, and asked the assessment specialists for information or assistance. Assessment specialists helped mothers by providing them with extra information that would assist them in finding goods or services.

The main change in behavior mothers reported was that they paid more careful attention to their child’s capabilities which extended to their child’s eating habits and their own manner of playing with their children. When mothers were unaware of whether their child could perform a developmental activity, they asked the child to demonstrate the activity, either during or after the evaluation; if the child could not demonstrate it, the mothers taught them how. If mothers had additional concerns about their child’s health or development, they consulted their doctors and

their child's teacher(s). Mothers also started treating their children differently by encouraging them to make an effort to speak well or by reading more to them, for example. Of course, the children themselves were affected by the evaluation home visits. For instance, one child let the assessment specialists take her measurements without a problem for the first time.

Because mothers believed the evaluation questions covered important topics, they investigated these topics after the interview, sometimes by searching the Internet and other times by asking their pediatrician. In addition, what mothers learned during the evaluation prompted them to acquire goods for their children that they had not considered important, such as books or toys. Mothers who learned about services for which they might be eligible took action and tried to be granted access to them. Some mothers succeeded in these attempts.

Moreover, mothers shared general information about the evaluation as well as some specific questions with relatives, friends, and other mothers. A primary factor that influenced the amount of information about the evaluation mothers shared was their personality and cultural background: some mothers preferred to keep things to themselves while others preferred to share everything with their family members, friends, and acquaintances. The main criterion that determined with whom mothers shared information was that person's interest in their child's education and development (typically, their child's father and their own mothers). Furthermore, mothers were more likely to share information with those who were present during the interview.

Perhaps the best way of determining whether a program is valuable to its recipients is to ask them whether they would recommend the program, and – even better – whether they would participate in it again. Mothers highly valued both the Welcome Baby program and its evaluation, demonstrated by the fact that they shared information with other pregnant mothers and mothers of



newborns, and recommended Welcome Baby and the evaluation to these mothers. Three (3) recipients even said they would try to enroll again with their new babies.

**Overall Process Use of Welcome Baby Mothers.** Based on the summary of the demographic information for mothers with *high-process use* and *low-process use*, it can be seen that mothers in each group are similar in terms of demographic characteristics. Although the sample size is too small to capture statistically-significant differences in means between the high-process use and the low-process use mothers, my results show that, on average, mothers in the high process use group had higher scores on most validated scales and their subscales than did mothers in the low-process use group. Overall, high-process use mothers performed better than low-process use mothers when playing with their children during the play session (measured by PICCOLO), when disciplining their children (measured by PACR), and when providing their children with in-home and out-of-home learning activities (measured by HOME). Additionally, children of the high-process use mothers performed better than children of the low-process use mothers on all the ASQ subscales: *communication*, *gross motor*, *fine motor*, and *problem-solving*.

Interestingly, mothers in the high process use group seem to be more depressed than their peers in the low process use group; however, mothers in the high process use group were more likely than their low-process use peers to believe themselves to be “better-than-average” or “very good” parents.

**Interaction Among the Three Types of Process Use.** In Chapter 4 we learned that codes systematically co-occurred in certain situations. In particular, I found that all of mothers’ changes with respect to *action and behavior (personal)* depended on their *learning* while participating in the evaluation, while the interaction between *learning (personal)* and *attitude and affect (personal)*

corresponded to the interaction between *enlightenment* and either *increased confidence* or *critical reflection*.

Furthermore, I discovered that, when mothers *identified strengths* of the evaluation, this motivated them to *share information* from the evaluation and *recommend the program and the evaluation* to others, while *increased socialization to evaluation* led to *increased trust in evaluations*.

### **Implications**

When I began this project, I was unsure whether I would find evidence of process use by program recipients or what it would look like if I did. What struck me the most when interviewing these mothers was how much they remembered about the evaluation interviews and the positive feelings they had regarding both the program and the evaluation.

Evaluators are accustomed to interviewing program recipients and then, once they have their data, forgetting about the effect such an interview might have on the respondents. However, for program recipients, especially those with the characteristics of Welcome Baby's recipients, an interview is a very unusual event and could have important consequences in terms of their learning, change in attitude and affect, and change in actions and behavior.

My findings show that interviews do indeed affect people. The evaluation of Welcome Baby was an instructive experience for participants, perhaps because the questions asked were relevant to them, their children, and their families; more importantly, however, mothers changed their attitude and behavior, and took actions based on what they learned from the evaluation experience. These findings have important implications for social sciences researchers in general and for the evaluation field in particular. I will discuss the general implications first, followed by the particular.

**General Implications.** This research study offers a detailed description of different types of process use (Learning, Attitude and Affect, and Action and Behavior) both related to individuals and evaluation. In addition, it provides an analysis and the interactions between the different types of process use, something that has not been well covered in the evaluation use literature. More importantly, this study focuses on the process use of program recipients and demonstrates the power of evaluation; that is, the extent to which evaluations go beyond the program and affect program recipients, showing that, in some cases, evaluations can serve as interventions.

The lack of literature on evaluation process use by program recipients may suggest that program recipients who participate in evaluations, particularly by providing data, are not influenced by the evaluation. However, my findings provide evidence that program recipients are active users of evaluations, though not in the customary sense of the word. Intentional process use can have implications in terms of increasing the use by program recipients. Thus, through this work I hope to begin a discussion about the importance of including program recipients in the evaluation use literature.

Evaluation helps us answer two important questions: *Are social programs making a difference?* and *Are we good stewards of the resources we use to develop social programs?* As such, evaluations can inform social programs about the population they serve and help them better understand their population's needs. At the same time, my findings suggest that the evaluation itself can also make a difference by promoting change for disadvantaged populations, the primary recipients of programs that seek social justice. Conducting evaluations is worth it because they have a payoff.

We have been undervaluing evaluation process use for program recipients. As stated in its logic model (Benatar, et al., 2013, p.8), through home visits the Welcome Baby program aims to

increase families' health insurance enrollment and their use of preventive care and community resources and benefits, as well as support mothers' breastfeeding initiation, duration, and exclusivity. Welcome Baby also seeks to improve social support, the quality of the home environment, family functioning, maternal and child health, parenting, and the parent-child relationship. My findings show that the evaluation of Welcome Baby is itself an intervention that supports these outcomes. In order to fully understand evaluation use, we need to better understand in what ways evaluations can help attain program goals.

Preskill and Caracelli's (1997) survey of 275 evaluators revealed that evaluators' most important strategies for facilitating *use* are: planning for use at the beginning of an evaluation, identifying and prioritizing the intended users of the evaluation, designing the evaluation within resource limitations, involving stakeholders in the evaluation process, communicating findings to stakeholders as the evaluation progresses, and developing a communication and reporting plan. Few of these strategies are commonly understood to involve the participation of program recipients. Yet, if evaluations were planned as interventions (when possible and appropriate), then evaluations – as well as the programs they assess – would generate social change. Program recipients would be identified as intended users more often and their involvement in the evaluation would be more than just data sources. If evaluation findings were shared with program recipients, we would see that recipients experience not only evaluation process use, but evaluation findings use as well. Indeed, what better way to make a program successful than to use all the resources employed for it to accomplish its outcomes?

## **Particular Implications**

*Research and Evaluations that Use Interviews as a Method of Data Collection.* Given that my work suggests that interviewees learn from evaluations, we cannot ignore the impact evaluations can have on evaluation findings. For example, evaluators can obtain better-quality data from recipients who have re-enrolled in a program: they are more familiar with the way questions are asked and how to respond to them, and they better understand both the concept of a question with multiple options and the concept of identifying beliefs and perceptions on a scale. While it might seem as if this situation would pose a threat to validity – is a program’s effectiveness due to the program or to the evaluation? – evaluators and researchers can avoid this issue if they consider recipients’ evaluation process use from the beginning.

*Mothers Attained Knowledge (Though Sometimes Incomplete or Incorrect Knowledge).* My findings show that mothers developed inferences based on the assessment specialists’ questions. In some cases, this dynamic could be harmful. For example, when mothers asked the assessment specialists whether they should be concerned about their child’s inability to perform an activity, assessment specialists assured the mothers that every child is different, and suggested that if they had any concerns they should talk to their primary care doctor. Mothers who did not ask such questions, however, did not receive this important piece of advice and continued believing they were right to be worried. To prevent similar situations from occurring, it is necessary to include a space in the evaluation for program recipients to talk about their concerns, especially if those concerns are related to the program’s intended outcomes.

**Importance of Culturally-Sensitive Evaluations.** The assessment specialists created an environment that allowed mothers to feel comfortable enough to ask questions. They addressed mothers with a soft voice and in a friendly manner. Whenever the mothers needed to take a break

or take care of their child's needs, the assessment specialists waited patiently for them to finish. When assessment specialists responded to the mothers' questions, they clarified that they were not doctors or certified nurses, but nevertheless shared their knowledge based on their expertise and personal experience, which comforted the mothers. This was particularly important when mothers believed there was something wrong with their child and decided to ask the assessment specialists about it. In some instances, mothers thought that if an assessment specialist asked about an activity, that meant their child should already be doing that activity, leading them to feel alarmed when their child was not.

However, though the assessment specialists consistently treated mothers amiably and respectfully, they sometimes experienced situations they had not been trained to deal with; for example, some mothers revealed sensitive information such as financial problems, deep depression, or immigration status. It is important that data collectors, such as the assessment specialists, receive special training for situations such as these so they can maintain the rapport they have worked to develop with program recipients.

### **Limitations**

One possible limitation of this study is the difficulty mothers may have experienced in trying to distinguish between what they had learned from the program and what they learned from the evaluation, given that the program and its evaluation are intertwined. For example, they received home visits for both the program and the evaluation, but nurses and parent coaches conducted the program's visits, while assessment specialists conducted the evaluation visits.

To set the stage for the follow-up interview – and to help mothers distinguish between the evaluation and the program – at the beginning of the follow-up interview I asked questions about their participation in the program and their participation in the evaluation. Then I specified that I

wanted them to talk about the last visit they received, and asked them to tell me what specifically they remembered from that visit so I would know whether they were referring to the evaluation or the program.

Another concern might be time: one might think that, as time passed, the mothers would be less likely to recall aspects of the evaluation. However, I did not find this to be the case; in fact, a mother whom I interviewed two years after the evaluation still recalled very specific aspects of the evaluation, including certain questions.

### **Directions for Future Research**

One area for future research that stems from this study are the factors (human, evaluation, and contextual) that affect the process use of program recipients, and how these factors affect each type of process use, as well as the relationship among the three types. Another important issue to investigate is the degree to which increased participation in evaluations (“evaluation dosage”) affects process use.

Furthermore, our understanding of evaluation process use could be enhanced through more theoretical investigations. My findings from this study suggest that the field might benefit from better understanding the process use of program recipients and other groups of stakeholders, taking into account the variability among them in terms of role, access to power, relationship to the program, professional background, and so forth. More work needs to be done to understand the specific types of process use of different groups of stakeholders and the different evaluation activities that produce such process use.

## APPENDICES

### **Appendix A: Observation Protocol for the Interviews Conducted by the Welcome Baby Program's Evaluation Team**

The observation of the evaluation team's interviews will attempt to capture what mothers learned during the interview, their changes in affect or attitudes, and changes in actions or behaviors in relation to the interview, as well as how the contextual factors in which the interview takes place support or inhibit these changes. Notes will be taken about general topics and about specific questions asked during the interview.

#### Context in which the interview takes place

- At what time of day does the interview take place? On a weekday or on the weekend?
- What is the general condition of housing units or other buildings on the block?
- Does it seem to be a safe neighborhood (e.g., metal security blinds, gates, or iron bars or grills on residential or commercial units)?
- Does the parent remember the assessment specialist from previous evaluations?
- Is the parent welcoming?
- In what area of the house does the interview take place?
- Is anyone else in the room/house during the interview?
- Are there any distractions inside the home (e.g., TV, radio, etc.)?
- Are there any distractions outside the home (e.g., music, traffic, construction, etc.)?
- Is the parent performing other activities during the interview or is s/he completely focused on the evaluation?
- Is there a need to partially interrupt the interview (e.g., the parent received a phone call)?
- Is there a need to totally interrupt the interview (e.g., the parent felt uncomfortable with the interview)?

#### Identifying learning and understanding

- How at ease do the parents appear? Do they seem to feel comfortable sharing their beliefs, or do they prefer to answer “not sure” or even refuse to answer?
- Do parents answer questions simply and directly (e.g., yes/no/refuse to answer), or do they explain situations to the assessment specialist (e.g., provide background information regarding relationships)?
- Do parents ask follow-up questions? What kinds of follow-up questions do they ask? Do they ask clarification questions? Are they interested in knowing more about why they have been asked certain questions?



## Appendix B: Focus Group with Assessment Specialists

### Introduction

- Thank them for their participation and introduce myself
- Go over the consent form
  - Explain the purpose of the study and the focus group interview
  - Let them know there are no right/wrong answers. Their answers will only be used to help improve the understanding of how the interviews for the evaluation of *Welcome Baby* are conducted
  - Explain that the interview will be audio recorded, but their comments will be reported anonymously
- Ask if they have any questions
- Ask them to sign the consent form

### Assessment specialists' background

- Educational background
- Previous work experience
  - Interviewing people
  - Collecting data
  - Familiarity with this population (low-income, at-risk families)
- Has working on this project been similar to or different from the work you have done before? In what ways?
- What was the most challenging aspect of this job?
  - Contacting mothers
  - Scheduling interviews
  - Having more than one interview a day
  - Traveling/commuting

### Training

- What kind of training did you receive?
- What is your perspective on your personal development as an assessment specialist? Do you see any differences from year one to year three regarding how you conduct the interviews?

### Home/neighborhood environment

- Did you ever feel unsafe or in danger? Why? Did that affect/alter/change the way you conducted the interview?
- Were there any instances in which you had to stop the interview and leave the mother's home? Why?

### Home observation tool

- How well do you think the home observation tool helped you provide an overall picture of the home environment?

## Interview Process

- What were the main challenges you encountered during data collection?
  - Other people present were disruptive
  - The internet connection was spotty
  - Some interviews took longer than others
  - Mothers' understanding of questions
  - TV on during interview
- Were you comfortable conducting the interview at the mother's home?
- Were there any differences between the interviews conducted during the weekdays and the ones on the weekend?
  - Did you notice any difference in the mothers' responses?
  - Were there any systematic differences among mothers?
- Were there any differences between the interviews conducted during the morning and the ones in the afternoon?
  - Did you notice any difference in the mothers' responses?
  - Were there any systematic differences between mothers?
- Were there any differences between the interviews conducted in Spanish and the ones in English?
  - Did you notice any difference in the mothers' responses?
  - Were there any systematic differences among mothers?
  - What about when mothers were bilingual?
  - Did you ever feel that an interview should have been conducted in one language instead of the other? Why?
- Were there non-verbal cues that mothers exhibited that led you to believe that they understood a question? Can you provide an example?
- Were there non-verbal cues that mothers exhibited that led you to believe that they did not understand a question? Can you provide an example?
  - How did you deal with any misunderstanding of questions?
- When you asked mothers about sensitive information (e.g., depression inventory, spanking, pregnancy, marital status) did you feel that they responded truthfully?
  - If not, what made you think that? (e.g., lack of eye contact, fidgeting, looking away)
- Did mothers ask you for referrals?
  - What kind of referrals?
  - Did they ask for help or any kind of information you were not able to provide? If so, why were you not able to provide this help/information?

## Information about the questionnaire

- What were the questions that mothers had the easiest time answering? Why?
- What were the questions that mothers had the hardest time answering? Why?
- Are there any questions you felt uncomfortable asking?
  - Were there any specific questions mothers refused to answer?
  - Were there any specific questions mothers were not sure how to answer?

- Based on your experience, do you feel that there was something left out of the questionnaire that should have been asked/measured/assessed?

#### Final questions

- In your opinion, do you think the mothers learned/gained anything from participating in the evaluation aside from the gift card?
- How often did mothers refer to aspects of *Welcome Baby*? For example, mentioning what they learned during the evaluation interview.
- Is there a particular mother you remember? Why?
- Do you remember/ did you notice any differences between the mothers in the control group and the treatment group? What kind of differences? >not sure what this refers to.>The way they understood the questions? Did they feel more comfortable answering the questions?

## Appendix C: Follow-up Interview Protocol for Mothers

### General questions about the interview conducted by the evaluation team

- How do you feel about participating in the evaluation of *Welcome Baby*?
- What do you remember from last week's interview?
- What were your expectations about the interview? Was it conducted according to your expectations?
- What was your favorite part of the interview?
- During the interview, did you remember components of the *Welcome Baby* program you had forgotten? For example, something you learned during your participation in the program or something that the evaluation interview reminded you of. Can you provide some examples?
- Can you identify any benefits from participating in the interview? Any disadvantages?

### Shared information or knowledge acquired during the interview

- Have you talked to anyone about the interview? What kind of information did you talk about? With whom?

### Information about the questionnaire

- Do you think the interview was a good opportunity for you to give feedback about the *Welcome Baby* program?
- Are there any questions you remember from the interview? Why do you remember them? Do you remember the answers you provided?
  - Were there any specific questions you did not feel comfortable answering?
  - Were there any specific questions you were not sure how to answer?

### Home environment

- Were you comfortable doing the interview at home? If not, where would you have liked to be interviewed? Why?
- Did you feel comfortable sharing your information with the evaluation team? Can you explain why or why not?

### Other programs and evaluations

- Have you ever participated in other programs like *Welcome Baby*? There is no need to specify which. Were you included in the evaluation? What do you remember about the evaluation? Was it a positive experience? Why or why not?
- Are there benefits to participating in evaluations? If so, what are they?
- Are there disadvantages to participating in evaluations? If so, what are they?

### Personalized questions

- Adapted for each mother, based on the observation of the evaluation interview

## Appendix D: Survey Used by Assessment Specialists During the Evaluation Interview

### 36-Month Child and Family Survey Best Start Los Angeles

#### SECTION 1

##### Direct Assessment of Child Height and Weight

As part of our study, we're interested in seeing how children grow over time. We'd like to measure (CHILD'S) height and weight with your permission. We brought a measuring tape and a scale. We may ask your help to hold (CHILD) so we can accurately measure (HIM/HER).

**CHILD HEIGHT:** \_\_\_\_\_ INCHES

**CHILD WEIGHT:** \_\_\_\_\_ LBS.

#### SECTION 2

##### Semi-structured play observation (10 minutes) using the *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)*

Roggman, L. A., Cook, G. A., Innocenti, M. S., Jump Norman, V. K., & Christiansen, K. (2009). *PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes)*. Logan: Utah State University.

**INSTRUCTIONS:** Look closely to see behaviors in a quiet parent! Frequency is more important than complexity, but complexity often includes several examples.

**SCORING:**

- 0 – “Absent” - no behavior observed
- 1 – “Barely” - brief, minor, or emerging behavior
- 2 – “Clearly” - definite, strong, or frequent behavior

**PICCOLO**

#	Parent . . .	Observation Guidelines	Absent	Barely	Clearly
<b>Affection:</b> Warmth, physical closeness, and positive expressions toward child			<b>Total</b>		
1	speaks in a warm tone of voice	Parent's voice is positive in tone, and may show enthusiasm or tenderness. A parent who speaks little but warmly should be coded highly.	0	1	2
2	smiles at child	Parent directs smiles toward child, but they do not need to be looking at each other when smile occurs. Includes small smiles.	0	1	2
3	praises child	Parent says something positive about child or about what child is doing. A "thank you" can be coded as praise.	0	1	2
4	is physically close to child	Parent is within arm's reach of child. Consider context: expect more closeness for book reading than for playing house.	0	1	2
5	uses positive expressions with child	Parent laughs, smiles, says positive things, praises, or uses words like "honey," "sweetie," or an affectionate nickname.	0	1	2
6	is engaged in interacting with child	Parent is actively involved together with child, not just with activities or with another adult.	0	1	2
7	shows emotional support	Parent expresses enthusiasm, interest, sympathy, enjoyment, or other positive emotion directed to child.	0	1	2
<b>Responsiveness:</b> Responding to child's cues, emotions, words, interests, and behaviors			<b>Total</b>		
1	pays attention to what child is doing	Parent looks at and reacts to what child is doing by making comments, showing interest, helping, or otherwise attending to child's actions.	0	1	2
2	changes pace or activity to meet child's interests or needs	Parent tries a new activity or speeds up or slows down an activity in response to where child looks, what child reaches for, what child says, or emotions child shows.	0	1	2
3	is flexible about child's change of activities or interests	Parent accepts a child's choice of a new activity or toy, shows enthusiasm about child's choices, or allows child to play in unusual ways with or without toys.	0	1	2
4	follows what child is trying to do	Parent both responds to and gets involved with child's activities.	0	1	2
5	responds to child's emotions	Parent reacts to child's positive or negative feelings by showing understanding or acceptance, suggesting a solution, re-engaging the child, labeling or describing the feeling, showing a similar feeling, or providing sympathy for negative feelings.	0	1	2
6	looks at child when child talks or makes sounds	When child makes sounds, parent's eyes focus on child's face or (if eyes or child's face are not visible) parent's position and head movement face toward child.	0	1	2
7	replies to child's words or sounds	Parent repeats what child says or sounds child makes, talks about what child says or could be saying, or answers child's questions.	0	1	2

**PICCOLO (cont.)**

#	Parent . . .	Observation Guidelines	Absent	Barely	Clearly
			0	1	2
<b>Encouragement:</b> Active support of exploration, effort, skills, initiative, curiosity, creativity, and play			<b>Total</b>		
1	waits for child's response after making a suggestion	Parent pauses after saying something the child could do and waits for child to answer or do something, whether child actually responds or not.	0	1	2
2	Encourages child to handle toys	Parent offers toys or says positive things when child shows obvious interest in toys. (Does not include preventing children from mouthing toys.)	0	1	2
3	supports child's choices or activity changes	Parent offers choices, helps, agrees, or gets involved with activity or toys child chooses at the time.	0	1	2
4	supports child in doing things on his/her own	Parent shows enthusiasm for things child tries to do without help, lets child choose how things are done, and lets child try to do things before offering help or suggestions. Parent can be engaged in activities child does "on his/her own".	0	1	2
5	Verbally encourages child's efforts	Parent shows verbal enthusiasm, offers positive comments, or makes suggestions about child's activity.	0	1	2
6	Offers suggestions to help child	Parent makes comments to make things easier for child or to add to child's play activities without interfering with child's play.	0	1	2
7	Shows enthusiasm about what child is doing	Parent makes positive statements, claps hands, or shows other clear positive response to what child is doing, including quiet enthusiasm such as patting child, nodding, smiling, or asking child questions about activities.	0	1	2
<b>Teaching:</b> Shared conversation and play, cognitive stimulation, explanations, and questions			<b>Total</b>		
1	explains reasons for something to child	Parent says something that could answer a "why" question, whether child asks a question or not.	0	1	2
2	Suggests activities to extend what child is doing	Parent says something child could do to add to what child is already doing, but does not interrupt child's interests, actions, or play.	0	1	2
3	repeats or expands child's words or sounds	Parent says the same words or makes the same sounds the child makes <b>or</b> repeats what child says while adding something that adds to the idea.	0	1	2
4	labels objects or actions for child	Parent names what child is doing, playing with, or looking at.	0	1	2
5	engages in pretend play with child	Parent plays make believe in any way – for example, by "eating" pretend food.	0	1	2
6	does activities in a sequence of steps	Parent describes the order of steps or does an activity in a way that definite steps can be seen even if parent does not say exactly what the steps are. Book reading counts only if parent makes the steps explicit.	0	1	2
7	talks to child about characteristics of objects	Parent uses words or phrases that describe features such as color, shape, texture, movement, function, or other characteristics.	0	1	2
8	asks child for information	Parent asks any kind of question or says, "tell me," "show me," or other command that may require a yes/no response, short answer, or longer answer—whether or not child replies.	0	1	2

**SECTION 3****Observational Ratings of Child during Play Interaction**

	<b>Not at all characteristic</b>	<b>Minimally characteristic</b>	<b>Moderately characteristic</b>	<b>Highly characteristic</b>
<b>Positive Mood</b>	1	2	3	4
<b>Negative Mood</b>	1	2	3	4
<b>Activity Level</b>	1	2	3	4
<b>Sustained Attention with Objects and Activities</b>	1	2	3	4
<b>Positive Engagement with Mother</b>	1	2	3	4

Note: From the NICHD Study of Early Child Care Three-Bag Task.



**SECTION 4**

**Ages & Stages Questionnaire (ASQ-3)**

Squires, Jane, Elizabeth Twombly, Diane Bricker, and LaWanda Potter. Ages & Stages Questionnaires®, Third Edition (ASQ-3). Squires & Bricker ©2009 Paul H. Brookes Publishing Co. All rights reserved. Used with permission.

<i>Communication</i>				
#	Question	Yes	Some- times	Not Yet
1	When you ask your child to point to her nose, eyes, hair, feet, ears, and so forth, does she correctly point to at least seven body parts? (She can point to parts of herself, you, or a doll. Mark “sometimes” if she correctly points to at least three different body parts.)			
2	Does your child make sentences that are three or four words long? Please give an example:			
3	Without giving your child help by pointing or using gestures, ask him to “put the book on the table” and “put the shoe under the chair.” Does your child carry out both of these directions correctly?			
4	When looking at a picture book, does your child tell you what is happening or what action is taking place in the picture (for example, “barking,” “running,” “eating,” or “crying”)? You may ask, “What is the dog (or boy) doing?”			
5	Show your child how a zipper on a coat moves up and down, and say, “See, this goes up and down.” Put the zipper to the middle and ask your child to move the zipper down. Return the zipper to the middle and ask your child to move the zipper up. Do this several times, placing the zipper in the middle before asking your child to move it up or down. Does your child consistently move the zipper up when you say “up” and down when you say “down”?			
6	When you ask, “What is your name?” does your child say both her first and last names?			
		<b>Communication Total</b>		

***Gross Motor***

#	Question	Yes	Some-times	Not Yet
1	Without holding onto anything for support, does your child kick a ball by swinging his leg forward?			
2	Does your child jump with both feet leaving the floor at the same time?			
3	Does your child walk up stairs, using only one foot on each stair? (The left foot is on one step, and the right foot is on the next.) She may hold onto the railing or wall. (You can look for this at a store, on a playground, or at home.)			
4	Does your child stand on one foot for about 1 second without holding onto anything?			
5	While standing, does your child throw a ball overhand by raising his arm to shoulder height and throwing the ball forward? (Dropping the ball or throwing the ball underhand should be scored as “not yet.”)			
6	Does your child jump forward at least 6 inches with both feet leaving the ground at the same time?			
		<b>Gross Motor Total</b>		

***Fine Motor***

#	Question	Yes	Some-times	Not Yet
1	After your child watches you draw a line from the top of the paper to the bottom with a pencil, crayon, or pen, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a vertical direction?			
2	Can your child string small items such as beads, macaroni, or pasta “wagon wheels” onto a string or shoelace?			
3	After your child watches you draw a single circle, ask him to make a circle like yours. Do not let him trace your circle. Does your child copy you by drawing a circle?			
4	After your child watches you draw a line from one side of the paper to the other side, ask her to make a line like yours. Do not let your child trace your line. Does your child copy you by drawing a single line in a horizontal direction?			
5	Does your child try to cut paper with child-safe scissors? He does not need to cut the paper but must get the blades to open and close while holding the paper with the other hand. (You may show your child how to use scissors. Carefully watch your child’s use of scissors for safety reasons.)			
6	When drawing, does your child hold a pencil, crayon, or pen between her fingers and thumb like an adult does?			
		<b>Fine Motor Total</b>		

***Problem Solving***

#	Question	Yes	Some- times	Not Yet
1	While your child watches, line up four objects like blocks or cars in a row. Does your child copy or imitate you and line up four objects in a row? (You can also use spools of thread, small boxes, or other toys.)			
2	If your child wants something he cannot reach, does he find a chair or box to stand on to reach it (for example, to get a toy on a counter or to “help” you in the kitchen)?			
3	When you point to the figure and ask your child, “What is this?” does your child say a word that means a person or something similar? (Mark “yes” for responses like “snowman,” “boy,” “man,” “girl,” “Daddy,” “spaceman,” and “monkey.”) Please write your child’s response here:			
4	When you say, “Say ‘seven three,’” does your child repeat just the two numbers in the same order? Do not repeat the numbers. If necessary, try another pair of numbers and say, “Say ‘eight two.’” (Your child must repeat just one series of two numbers for you to answer “yes” to this question.)			
5	Show your child how to make a bridge with blocks, boxes, or cans, like the example. Does your child copy you by making one like it?			
6	When you say, “Say ‘five eight three,’” does your child repeat just the three numbers in the same order? Do not repeat the numbers. If necessary, try another series of numbers and say, “Say ‘six nine two.’” (Your child must repeat just one series of three numbers for you to answer “yes” to this question.)			
		<b>Problem Solving Total</b>		

***Personal-Social***

#	Question	Yes	Some-times	Not Yet
1	Does your child use a spoon to feed herself with little spilling?			
2	Does your child push a little wagon, stroller, or toy on wheels, steering it around objects and backing out of corners if he cannot turn?			
3	When your child is looking in a mirror and you ask, "Who is in the mirror?" does she say either "me" or her own name?			
4	Does your child put on a coat, jacket, or shirt by himself?			
5	Using these exact words, ask your child, "Are you a girl or a boy?" Does your child answer correctly?			
6	Does your child take turns by waiting while another child or adult takes a turn?			
		<b>Personal-Social Total</b>		

***OVERALL***

*Parents and providers may use the space below for additional comments.*

#	Question	Yes	No
1	Do you think your child hears well? If no, explain:		
2	Do you think your child talks like other children her age? If no, explain:		
3	Can you understand most of what your child says? If no, explain:		
4	Can other people understand most of what your child says? If no, explain:		
5	Do you think your child walks, runs, and climbs like other children his age? If no, explain:		
6	Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain:		
7	Do you have any concerns about your child's vision? If yes, explain:		
8	Has your child had any medical problems in the last several months? If yes, explain:		
9	Do you have any concerns about your child's behavior? If yes, explain:		
10	Does anything about your child worry you? If yes, explain:		

**SECTION 5**

***Brief Infant-Toddler Social and Emotional Assessment (BITSEA)***

*Brief Infant-Toddler Social and Emotional Assessment (BITSEA)*. © 2002 Yale University and University of Massachusetts. Reproduced with permission of the publisher NCS Pearson, Inc. All rights reserved. Used with permission.

Please circle the ONE response that best describes your child’s behavior in the LAST MONTH:

		<b>Not true/ rarely</b>	<b>Somewhat true/ sometimes</b>	<b>Very true/ often</b>
1	Shows pleasure when he or she succeeds (for example, claps for self).	0	1	2
2	Gets hurt so often that you can’t take your eyes off him or her.	0	1	2
3	Seems nervous, tense, or fearful.	0	1	2
4	Is restless and can't sit still.	0	1	2
5	Follows rules.	0	1	2
6	Wakes up at night and needs help to fall asleep again.	0	1	2
7	Cries or has a tantrum until he or she is exhausted.	0	1	2
8	Is afraid of certain places, animals, or things. <i>What is he or she afraid of?</i>	0	1	2
9	Has less fun than other children.	0	1	2
10	Looks for you (or other parent) when upset.	0	1	2
11	Cries or hangs onto you when you try to leave.	0	1	2
12	Worries a lot or is very serious.	0	1	2
13	Looks right at you when you say his or her name.	0	1	2
14	Does not react when hurt.	0	1	2
15	Is affectionate with loved ones.	0	1	2
16	Won’t touch some objects because of how they feel.	0	1	2
17	Has trouble falling asleep or staying asleep.	0	1	2
18	Runs away in public places.	0	1	2
19	Plays well with other children (not including brother/sister).	0	1	2
20	Can pay attention for a long time (not including TV).	0	1	2
21	Has trouble adjusting to changes.	0	1	2
22	Tries to help when someone is hurt (for example, gives a toy).	0	1	2
23	Often gets very upset.	0	1	2
24	Gags or chokes on food.	0	1	2
25	Imitates playful sounds when you ask him or her to.	0	1	2
26	Refuses to eat.	0	1	2
27	Hits, shoves, kicks, or bites children (not including brother/sister).	0	1	2
28	Is destructive. Breaks or ruins things on purpose.	0	1	2
29	Points to show you something far away.	0	1	2
30	Hits, bites, or kicks you (or other parent).	0	1	2
31	Hugs or feeds dolls or stuffed animals.	0	1	2
32	Seems very unhappy, sad, depressed, or withdrawn.	0	1	2
33	Purposely tries to hurt you (or other parent).	0	1	2
34	When upset, gets very still, freezes, or doesn't move.	0	1	2

**The following questions are about feelings and behaviors that can be problems for young children. Some of the questions may be a bit hard to understand especially if you have not seen the behavior in a child. Please do your best to answer them anyway.**

35	Puts things in a special order over and over.	0	1	2
36	Repeats the same action or phrase over and over. <i>Please give an example below.</i>	0	1	2
37	Repeats a particular movement over and over (like rocking, spinning). Please give an example below.	0	1	2
39	Does not make eye contact.	0	1	2
40	Avoids physical contact.	0	1	2
41	Eats or drinks things that are not edible (like paper or paint). Please describe below.	0	1	2
42	Hurts himself or herself on purpose (for example, bangs his or her head). <i>Please describe below.</i>	0	1	2

<b>A</b>	How worried are you about your child's behavior, emotions, or relationships?	1= Not at all worried 2= A little worried 3= Worried 4= Very worried
<b>B</b>	How worried are you about your child's language development?	1= Not at all worried 2= A little worried 3= Worried 4= Very worried

**SECTION 6**  
**Parent Interview**

**Maternal Education and Employment**

Question or Item	Response
Are you currently enrolled in school or taking any classes?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>What type of school or program?</p> <p><b>SELECT ALL THAT APPLY</b></p>	<input type="checkbox"/> <sub>1</sub> High school <input type="checkbox"/> <sub>2</sub> GED certification program <input type="checkbox"/> <sub>3</sub> Vocational program/career training program <input type="checkbox"/> <sub>4</sub> 2-year college <input type="checkbox"/> <sub>5</sub> 4-year college or university <input type="checkbox"/> <sub>6</sub> Graduate degree <input type="checkbox"/> <sub>7</sub> English as a Second Language classes <input type="checkbox"/> <sub>8</sub> Other (Please specify _____) <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Are you currently employed?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Are you currently looking for a job?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
For how many months have you been looking for a job?	<input type="checkbox"/> <input type="checkbox"/> MONTHS <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Are you self-employed or do you work for someone else?	<input type="checkbox"/> <sub>1</sub> Self-employed <input type="checkbox"/> <sub>2</sub> Works for someone else <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many hours per week do you usually work?	<input type="checkbox"/> <input type="checkbox"/> HOURS/WEEK <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Do you usually work in the...</p> <p><b>(MARK ALL THAT APPLY)</b></p>	<input type="checkbox"/> <sub>1</sub> daytime <input type="checkbox"/> <sub>2</sub> evening <input type="checkbox"/> <sub>3</sub> overnight <input type="checkbox"/> <sub>4</sub> weekends
Do you receive any paid time off for sick days or vacation?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Are you currently married?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Are you married to (CHILD'S) father?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
What is your relationship status?	<input type="checkbox"/> <sub>1</sub> Separated <input type="checkbox"/> <sub>2</sub> Divorced <input type="checkbox"/> <sub>3</sub> Widowed <input type="checkbox"/> <sub>4</sub> Single <input type="checkbox"/> <sub>5</sub> Legally single but in a relationship <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

Are you in a relationship with (CHILD'S) father?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
--	--

**Residential Mobility and Household Structure**

Have you moved within the last 12 months (since the last time we met with you)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many times have you moved within the last 12 months?	<input type="checkbox"/> number of times moved <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
What is the <u>main</u> reason for your (last) move?	<input type="checkbox"/> <sub>1</sub> Because of a change in your family situation (e.g., a change in your relationship with a spouse/partner) <input type="checkbox"/> <sub>2</sub> To be closer to your family or friends <input type="checkbox"/> <sub>3</sub> For a reason related to your work (like getting a new job, losing your previous job, or wanting an easier commute) <input type="checkbox"/> <sub>4</sub> For a reason related to your health, or the health of someone in your household <input type="checkbox"/> <sub>5</sub> To find cheaper housing/rent <input type="checkbox"/> <sub>6</sub> To get a bigger house or apartment <input type="checkbox"/> <sub>7</sub> Because the house or apartment was demolished or sold <input type="checkbox"/> <sub>8</sub> Because the owner was or you were foreclosed upon <input type="checkbox"/> <sub>9</sub> Because your landlord evicted you <input type="checkbox"/> <sub>10</sub> Because you lost rental assistance or your landlord would not renew your lease <input type="checkbox"/> <sub>11</sub> To find a safer neighborhood/less crime, drugs or gangs <input type="checkbox"/> <sub>12</sub> To get better schools for your children <input type="checkbox"/> <sub>13</sub> Other reason? SPECIFY: _____ <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How would you describe your <u>current</u> housing compared to your <u>last</u> ? Would you say your current housing is...	<input type="checkbox"/> <sub>1</sub> Much better <input type="checkbox"/> <sub>2</sub> A little better <input type="checkbox"/> <sub>3</sub> About the same <input type="checkbox"/> <sub>4</sub> A little worse <input type="checkbox"/> <sub>5</sub> Much worse <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
(FOR MOVERS) How many separate rooms are in this house, apartment, or mobile home?	<input type="checkbox"/> <input type="checkbox"/> Number of rooms <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Is this [house/ apartment] currently owned or being bought by you?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Is this [house/ apartment] owned or being bought by someone else who lives here?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Are you currently paying rent to live here?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Including you and (CHILD), how many people are living or staying at this address?	<input type="checkbox"/> <input type="checkbox"/> people living in residence <input type="checkbox"/> <sub>66</sub> <i>Refused</i>



**Residential Mobility and Household Structure (cont.)**

How many people living here are adults at least 18 years old?	<input type="checkbox"/> <input type="checkbox"/> adults living in residence <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many people living here are children under 18 years old?	<input type="checkbox"/> <input type="checkbox"/> children living in residence <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many of these children are yours?	<input type="checkbox"/> number of resident children of participant <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many children, if any, do you have who do <u>not</u> live with you?	<input type="checkbox"/> number of nonresident children of participant <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Are you currently pregnant?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many weeks pregnant are you?	<input type="checkbox"/> <input type="checkbox"/> weeks <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many living babies have you given birth to since (CHILD) was born?	<input type="checkbox"/> <input type="checkbox"/> children <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Since having (CHILD) how many times have you been pregnant? (Include current pregnancy, if pregnant)	<input type="checkbox"/> <input type="checkbox"/> times pregnant after target CHILD (include if pregnant currently) <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How old is he or she now? [IF MULTIPLE] How old are they now?	<input type="checkbox"/> <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> months <input type="checkbox"/> <input type="checkbox"/> months

## Supports

Next, I'd like to know about your sources of income and the different types of public assistance you may be receiving. Please tell me if you receive any of the following sources of income or assistance.

Question or Item
Do you currently receive CalFresh? [If NO] Did you receive CalFresh at any time during the last 12 months?
Do you currently receive Cal-Works or GAIN? [If NO] Did you receive Cal-Works or GAIN at any time during the last 12 months?
Do you currently receive General Relief or GROW? [If NO] Did you receive General Relief or GROW at any time during the last 12 months?
Do you currently receive CAPI? [If NO] Did you receive CAPI at any time during the last 12 months?
Do you currently receive LIHEAP? [If NO] Did you receive LIHEAP at any time during the last 12 months?
Do you currently receive Supplemental Security Income? [If NO] Did you receive Supplemental Security Income at any time during the last 12 months?
Do you currently receive unemployment insurance? [If NO] Did you receive unemployment insurance at any time during the last 12 months?
Do you currently receive housing assistance?[If NO] Did you receive housing assistance at any time during the last 12 months?
Do you currently receive child support payments [from (CHILD)'s father]? [If NO] Did you receive child support payments at any time during the last 12 months?
Do you currently receive WIC? [If NO] Did you receive WIC at any time during the last 12 months?
Response option:
<input type="checkbox"/> <sub>1</sub> Yes, currently <input type="checkbox"/> <sub>2</sub> Yes, in past 12 months but not currently <input type="checkbox"/> <sub>3</sub> No, not currently or in past 12 months <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

### Income and Material Hardship

<p>Which of the following categories best describes your total MONTHLY FAMILY INCOME from all sources before taxes? Would you say...</p>	<input type="checkbox"/> <sub>1</sub> Less than \$500 <input type="checkbox"/> <sub>2</sub> Between \$500 and \$999 <input type="checkbox"/> <sub>3</sub> Between \$1,000 and \$1,499 <input type="checkbox"/> <sub>4</sub> Between \$1,500 and \$1,999 <input type="checkbox"/> <sub>5</sub> Between \$2,000 and \$2,499 <input type="checkbox"/> <sub>6</sub> Between \$2,500 and \$2,999 <input type="checkbox"/> <sub>7</sub> Between \$3,000 and \$3,499 <input type="checkbox"/> <sub>8</sub> Between \$3,500 and \$3,999 <input type="checkbox"/> <sub>9</sub> \$4,000 or more <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>How many people in your family, including you and (CHILD), is this money spent on or used to support?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>You could not pay the full amount of the rent or mortgage that you were supposed to pay.</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>You were evicted from your home or apartment.</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>You could not pay the full amount of the gas or electricity bills.</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>You had service turned off by the gas or electric company.</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>You had service disconnected by the telephone company because payments were not made.</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

### Child Care Arrangements

Question or Item	Response
Does anyone else take care of (CHILD) for at least 10 hours per week? This could be a day care center, preschool, Head Start program, or a relative or neighbor who regularly provides care.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Not counting yourself and (CHILD)'s father, how many different child care arrangements or caregivers are you currently using for (CHILD)? Please count each arrangement or caregiver separately. Count only those that you use at least 10 hours per week.	<input type="checkbox"/> <input type="checkbox"/> number of arrangements/caregivers <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Who cares for (CHILD) (for <u>the most</u> hours per week)?	<input type="checkbox"/> <sub>1</sub> Child's grandparent or great-grandparent <input type="checkbox"/> <sub>2</sub> Another relative of the child <input type="checkbox"/> <sub>3</sub> Friend, neighbor, or babysitter who is not related to the child <input type="checkbox"/> <sub>4</sub> Registered family child care provider <input type="checkbox"/> <sub>5</sub> A Head Start or Early Head Start or California State preschool program <input type="checkbox"/> <sub>6</sub> A child care center, day care center, nursery school, other preschool <input type="checkbox"/> <sub>7</sub> Other <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many hours per week, on average, does (CCPR1) care for (CHILD)?	<input type="checkbox"/> <input type="checkbox"/> hours
Who cares for (CHILD) for <u>the second most</u> hours per week?	<input type="checkbox"/> <sub>1</sub> Child's grandparent or great-grandparent <input type="checkbox"/> <sub>2</sub> Another relative of the child <input type="checkbox"/> <sub>3</sub> Friend, neighbor, or babysitter who is not related to the child <input type="checkbox"/> <sub>4</sub> Registered family child care provider <input type="checkbox"/> <sub>5</sub> A Head Start or Early Head Start or California State preschool program <input type="checkbox"/> <sub>6</sub> A child care center, day care center, nursery school, other preschool <input type="checkbox"/> <sub>7</sub> Other <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many hours per week, on average, does (CCPR2) care for (CHILD)?	<input type="checkbox"/> <input type="checkbox"/> hours

### Child Care Arrangements (cont.)

<p>Some parents use a child care program that is free to families and paid for by the government. Other parents receive some financial assistance to help pay for child care but may still pay some of the costs. Do you receive any assistance from the State to pay for child care?</p>	<p><input type="checkbox"/><sub>1</sub> Yes  <input type="checkbox"/><sub>2</sub> No  <input type="checkbox"/><sub>77</sub> <i>Don't know</i>  <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>Does (CHILD) receive free meals at child care?</p>	<p><input type="checkbox"/><sub>1</sub> Yes <input type="checkbox"/><sub>2</sub> No <input type="checkbox"/><sub>77</sub> <i>Don't know</i>  <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>Over the past year, did (CHILD) receive any other type of regular care (<i>other than the child care arrangements you have already told me about</i>)?</p>	<p><input type="checkbox"/><sub>1</sub> Yes <input type="checkbox"/><sub>2</sub> No  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>Over the past year, which other child care arrangements did (CHILD) have?</p>	<p><input type="checkbox"/><sub>1</sub> Child's grandparent or great-grandparent  <input type="checkbox"/><sub>2</sub> Another relative of the child  <input type="checkbox"/><sub>3</sub> Friend, neighbor, or babysitter who is not related to the child  <input type="checkbox"/><sub>4</sub> Registered family child care provider  <input type="checkbox"/><sub>5</sub> A Head Start or Early Head Start or California State preschool program  <input type="checkbox"/><sub>6</sub> A child care center, day care center, nursery school, other preschool  <input type="checkbox"/><sub>7</sub> Other  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>

### The Home Observation for Measurement of the Environment (HOME)

Next, I'd like to talk about the kinds of toys and play materials (CHILD) has and the activities you do together.

Question or Item	Response
Do you have any <u>children's books</u> in the home that (HE/SHE) can look at or read? <b>WAIT FOR RESPONSE</b>	<input type="checkbox"/> <sub>1</sub> None ( <i>or doesn't know and not observed</i> ) <input type="checkbox"/> <sub>2</sub> 1 to 9 children's books <input type="checkbox"/> <sub>3</sub> 10 or more
How often do you read or look at books with (CHILD)?	<input type="checkbox"/> <sub>1</sub> More than once a day <input type="checkbox"/> <sub>2</sub> About once a day <input type="checkbox"/> <sub>3</sub> A few times a week <input type="checkbox"/> <sub>4</sub> About once a week <input type="checkbox"/> <sub>5</sub> A few times in past month <input type="checkbox"/> <sub>6</sub> Once in past month <input type="checkbox"/> <sub>7</sub> Not within past month
How often do other adults or children in your family read or look at books with (CHILD)?	<input type="checkbox"/> <sub>1</sub> More than once a day <input type="checkbox"/> <sub>2</sub> About once a day <input type="checkbox"/> <sub>3</sub> A few times a week <input type="checkbox"/> <sub>4</sub> About once a week <input type="checkbox"/> <sub>5</sub> A few times in past month <input type="checkbox"/> <sub>6</sub> Once in past month <input type="checkbox"/> <sub>7</sub> Not within past month
Have you tried to teach (CHILD) to read any words yet?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Does (CHILD) have any toys, games or books that teach <u>colors, sizes, and shapes</u> ? [IF YES] Can you describe them to me?	<input type="checkbox"/> <sub>1</sub> Yes, at least two items. <input type="checkbox"/> <sub>2</sub> None, or fewer than two
Have you tried to teach (CHILD) any shapes yet?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Have you tried to teach (CHILD) any colors yet?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does (CHILD) have any <u>puzzles</u> that (HE/SHE) can do by (HIMSELF/HERSELF) or with some help? [IF YES] How many?	<input type="checkbox"/> <sub>1</sub> Yes, at least three <input type="checkbox"/> <sub>2</sub> None, or fewer than three

**The Home Observation for Measurement of the Environment (cont.)**

Do you have a CD player or electronic device like an iPod or computer that (CHILD) can use to play music?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does (CHILD) have any <u>art materials</u> to make or draw things, like crayons, markers, finger paints, or playdough? What kinds of things?	<input type="checkbox"/> <sub>1</sub> Yes, at least two materials <input type="checkbox"/> <sub>2</sub> None, or fewer than two materials
Does (CHILD) have any toys, games or materials that require fine motor skills or hand movements, like coloring books and crayons, scissors and paper, Lego blocks, beads and string, paint by number sets, or dolls with clothes that can be put on and off? What kinds of things?	<input type="checkbox"/> <sub>1</sub> Yes, at least two materials <input type="checkbox"/> <sub>2</sub> None, or fewer than two materials
Does (CHILD) have any toys, games or books that teach <u>numbers</u> ? [IF YES] How many?	<input type="checkbox"/> <sub>1</sub> Yes, at least two. <input type="checkbox"/> <sub>2</sub> None, or fewer than two
Have you tried to teach (CHILD) any numbers yet, such as counting to 10, writing numbers, or counting the number of objects?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does (CHILD) have any toys, games or books that teach about <u>animals</u> , such as animal names and sounds?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does (CHILD) have any toys, games or books that teach <u>letters or the alphabet</u> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does (CHILD) have any toys, games or books that teach words like <u>up/down, over/under, big/little, in/out</u> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does (CHILD) have any real or toy <u>instruments</u> that (HE/SHE) can make music with?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does (CHILD) have any toys, games, books, CDs, or other materials that teach songs or nursery rhymes?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
I know how busy you must be. Children this age can be pretty active. Do you (or your husband/partner) ever find time to read yourself?	<input type="checkbox"/> <sub>1</sub> Yes (if anyone is reading) <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
Does your family regularly buy magazines or have a subscription to a magazine?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )
How many books would you say you and other adults in the home have? Where do you keep your books?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No ( <i>or doesn't know and not observed</i> )

### Home Learning Activities

[Point to card] On a range of 1 to 6, was it (1) not at all within the past month, (2) about once in the past month, (3) a few times in the past month, (4) about once a week, (5) a few times a week, or (6) everyday. Estimate if you're not exactly sure of how many times. In the past month, how often did you or someone in your family...

	Not within past month	Once in past month	A few times in past month	About once a week	A few times a week	Everyday	Refused
Play with games or toys with (HIM or HER)?	1	2	3	4	5	6	<b>66</b>
Sing children's songs with (HIM or HER) like "Old McDonald Had a Farm"?	1	2	3	4	5	6	<b>66</b>
Dance with (HIM or HER)?	1	2	3	4	5	6	<b>66</b>
Tell (HIM or HER) stories that you create?	1	2	3	4	5	6	<b>66</b>
Draw, color, or work on arts and crafts with (HIM or HER)?	1	2	3	4	5	6	<b>66</b>
Take (CHILD) to a park or a playground?	1	2	3	4	5	6	<b>66</b>
Have relatives visit you or take (HIM or HER) with you to visit relatives?	1	2	3	4	5	6	<b>66</b>
Take (HIM or HER) grocery shopping with you?	1	2	3	4	5	6	<b>66</b>
Take (HIM or HER) with you while doing errands like going to the post office or the bank?	1	2	3	4	5	6	<b>66</b>
Play an outdoor game, sport, or exercise together with (HIM or HER)?	1	2	3	4	5	6	<b>66</b>
Thinking about the past month, how often did <u>you</u> exercise or engage in a physical sport or activity? You can include time spent engaging in exercise <u>with</u> (CHILD), such as going for a walk in the park, or exercise that you did <u>without</u> (CHILD) such as running, biking, dancing, aerobics, or sports?	1	2	3	4	5	6	<b>66</b>
We're done using this card for now. Next, I'd like you to think for a moment about a typical <b>weekday</b> , like a Monday or Tuesday, <u>in the last month</u> . How much time total would you say (CHILD) spent playing outside on a typical <b>weekday</b> ?	_____ Hours _____ Minutes						
Now, think about a typical day on the <b>weekend</b> , a Saturday or Sunday, <u>in the last month</u> . How much time would you say (CHILD) spent playing outside on a typical day on the <b>weekend</b> ?	_____ Hours _____ Minutes						



### Home Learning Activities (cont.)

Next, I'd like to talk about some of the special activities (CHILD) has done outside the home with you or others in your family.

In the <u>past month</u> , did you or someone in your family take (CHILD) with you to an activity or event in the community, such as a neighborhood festival, an activity at a community center, or other structured activity or event? (You can respond yes or no.)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
In the <u>past month</u> , did you or someone in your family take (CHILD) to a library?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
In the <u>past month</u> , did you or someone in your family take (CHILD) to an athletic or sporting event in which (CHILD) was not a player?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
In the <u>past month</u> , did you or someone in your family take (CHILD) to a church activity or religious services?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Now think about the past year. During the <u>past year</u> , did you or anyone in your family take (CHILD) to any kind of museum or exhibit? It could have been a scientific, historical, art, or cultural museum.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
During the <u>past year</u> , did you or anyone in your family take (CHILD) on any trips more than 50 miles from home?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No

We talked about some of the activities you have done with (CHILD). Does (CHILD) ever go on any other outings with any family members? What kinds of things do they do? About how often does this happen?

Question or Item	Response
<b>LISTEN FOR RESPONSE FIRST. MARK "YES" IF PARENT CONFIRMS THAT</b> <i>child goes on outings with family members <u>at least once every other week.</u></i>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
In a typical week, does (CHILD's) father (or a father figure) spend time with (HIM/HER)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused
How many days a week does (HIS/HER) father or a father figure spend time with (HIM/HER)?	<input type="checkbox"/> days/week <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused
Every household manages differently. In your home, does (CHILD) have certain chores that (HE/SHE) is responsible for doing, such as picking up (HIS/HER) toys or cleaning up after a meal?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Think again for a moment about a typical weekday for your family in the last month. How much time would you say (CHILD) spent watching television, videotapes or DVDs during a typical <b>weekday</b> , in your home or elsewhere?	<input type="checkbox"/> <input type="checkbox"/> hours <input type="checkbox"/> <input type="checkbox"/> minutes of TV/day <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused
Now, think for a moment about a typical day on the weekend, a Saturday or Sunday, in the last month. How much time would you say (CHILD) spent watching television, videos or DVDs during a typical day on the <b>weekend</b> , in your home or elsewhere?	<input type="checkbox"/> <input type="checkbox"/> hours <input type="checkbox"/> <input type="checkbox"/> minutes of TV/day <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused
Do you usually leave the TV on for most of the day, or do you only turn it on to watch certain programs?	<input type="checkbox"/> <sub>1</sub> TV used judiciously <input type="checkbox"/> <sub>2</sub> TV on most of the day <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused
Even though children are pretty active at this age, they sometimes still want to be held. Does (CHILD) ever want you to hold (HIM/HER)? About how long will (HE/SHE) let you hold (HIM/HER)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused

### Discipline Strategies

<p>The mothers I talk to have different opinions about using physical punishment such as spanking a child when he or she misbehaves. Some say it is the best way to discipline and others are opposed to it. How do you feel about this?</p>	<p><input type="checkbox"/><sub>1</sub> Yes <input type="checkbox"/><sub>2</sub> No <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>About how many times <u>in the past week</u> did <u>you</u> [spank/hit/slap] (HIM/HER)?</p>	<p><input type="checkbox"/><input type="checkbox"/> times (just mom) <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>About how many times <u>in the past week</u> did someone else in your family [spank/hit/slap] (HIM/HER)?</p>	<p><input type="checkbox"/><input type="checkbox"/> times in total (anyone else hits) <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>In the past week, have you or someone in your family put (CHILD) in “time out” or sent (CHILD) to (HIS/HER) room for not behaving?</p>	<p><input type="checkbox"/><sub>1</sub> Yes <input type="checkbox"/><sub>2</sub> No <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>About how many times <u>in the past week</u> did <u>you</u> make (HIM/HER) sit in time-out?</p>	<p><input type="checkbox"/><input type="checkbox"/> times (just mom) <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>About how many times <u>in the past week</u> did someone else in your family make (HIM/HER) sit in time-out?</p>	<p><input type="checkbox"/><input type="checkbox"/> times (anyone else) <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>

### Parental Attitudes Toward Childrearing (PACR)

Tell me whether you'd say it's (1) Exactly like me; (2) Very much like me; (3) Somewhat like me; (4) Not much like me, or (5) Not at all like me.

	Exactly like me	Very much like me	Somewhat like me	Not much like me	Not at all like me	Don't know	Refused
I respect my child's opinions and encourage (him/her) to express them.	1	2	3	4	5	<b>77</b>	<b>66</b>
I encourage my child to express anger as well as pleasant feelings.	1	2	3	4	5	<b>77</b>	<b>66</b>
I usually take into account my child's preference in making plans for the family.	1	2	3	4	5	<b>77</b>	<b>66</b>
I let my child make many decisions for (himself/herself).	1	2	3	4	5	<b>77</b>	<b>66</b>
I encourage my child to be curious, to explore, and to question things.	1	2	3	4	5	<b>77</b>	<b>66</b>
I talk to and reason with my child when (he/she) misbehaves.	1	2	3	4	5	<b>77</b>	<b>66</b>
I think one has to let a child take many chances as (he/she) grows up and tries new things.	1	2	3	4	5	<b>77</b>	<b>66</b>
I find it interesting and educational to be with my child.	1	2	3	4	5	<b>77</b>	<b>66</b>
I encourage my child to be independent of me.	1	2	3	4	5	<b>77</b>	<b>66</b>

### Social Support Scale

Is there someone who you can count on to help you with...

	MOST OF THE TIME	SOMETIMES	NOT AT ALL	<i>Don't know</i>	<i>Refused</i>
running errands, like grocery shopping or going to the post office?	1	2	3	<b>77</b>	<b>66</b>
planning and cooking meals?	1	2	3	<b>77</b>	<b>66</b>
cleaning the house?	1	2	3	<b>77</b>	<b>66</b>
handling the bills?	1	2	3	<b>77</b>	<b>66</b>
taking care of the children?	1	2	3	<b>77</b>	<b>66</b>
fixing things around the house?	1	2	3	<b>77</b>	<b>66</b>

Is there someone you can count on to...

	MOST OF THE TIME	SOMETIMES	NOT AT ALL	<i>Don't know</i>	<i>Refused</i>
take care of you when you are sick?	1	2	3	<b>77</b>	<b>66</b>
do you a personal favor, like give you a ride to the store in their car?	1	2	3	<b>77</b>	<b>66</b>
talk to about things that upset you?	1	2	3	<b>77</b>	<b>66</b>
help you in an emergency, for example, if your house flooded and you needed a place to stay?	1	2	3	<b>77</b>	<b>66</b>
have fun with?	1	2	3	<b>77</b>	<b>66</b>
lend you a small amount of money?	1	2	3	<b>77</b>	<b>66</b>
give you parenting information when you need it?	1	2	3	<b>77</b>	<b>66</b>
Give you advice about life in general, such as relationships.	1	2	3	<b>77</b>	<b>66</b>

### Confusion, Hubbub, and Order Scale (CHAOS)

You can respond using this **CARD (#4)** and tell me on a scale of 1 to 4 how true the statement is for your own home. 1 means “*Very much like my own home*”, 2 “*Somewhat like my own home*”, 3 “*A little bit like my own home*”, and 4 “*Not at all like my own home.*”

	Very much like my home	Some-what like my home	A little bit like my home	Not at all like my home	Refused	Don't Know
The children have a regular bedtime routine (for example, same bed time each night, a bath before bed, reading a story, saying prayers...).	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
You can't hear yourself think in our home.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
We are usually able to stay on top of things.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
There is usually a television turned on somewhere in our home.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
We almost always seem to be rushed.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
The atmosphere in our house is calm.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
No matter how hard we try, we always seem to be running late.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
There is very little commotion in our home.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
First thing in the morning, we have a regular routine at home.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>
There is often a fuss going on at our home.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>66</b>	<b>77</b>

### Patient Health Questionnaire (PHQ-9)

These questions are about you and how you've been feeling in the LAST TWO WEEKS. Let me know if you've felt any of the following ways nearly (3) every day in the last two weeks, (2) more than half the days, (1) several days, or (0) not at all in the last two weeks. How often have you felt:

	Not at all	Several Days	More Than Half the Days	Nearly every day	Don't know	Refused
Little interest or pleasure in doing things	0	1	2	3	77	66
Feeling down, depressed, or hopeless	0	1	2	3	77	66
Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3	77	66
Feeling tired or having little energy	0	1	2	3	77	66
Poor appetite or overeating	0	1	2	3	77	66
Feeling bad about yourself – or that you are a failure, or have let yourself or your family down	0	1	2	3	77	66
Trouble concentrating on things such as reading the newspaper or watching television	0	1	2	3	77	66
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you've been moving around a lot more than usual.	0	1	2	3	77	66
How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Would you say: not at all difficult, somewhat difficult, very difficult, or extremely difficult?	0- Not at all difficult 1- Somewhat difficult 2- Very difficult 3- Extremely difficult				77	66

### Parenting Stress Index (PSI)

Next, I am going to read a list of ways that parents sometimes feel. Please tell me how much you agree with the following statements, whether you **strongly agree, agree, disagree, or strongly disagree**. You can use this CARD (#6).

	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
I often have the feeling that I cannot handle things very well.	1	2	3	4	5
I find myself giving up more of my life to meet my children's needs than I ever expected.	1	2	3	4	5
I feel trapped by my responsibilities as a parent.	1	2	3	4	5
Since having this child, I have been unable to do new and different things.	1	2	3	4	5
Since having a child, I feel that I am almost never able to do things that I like to do.	1	2	3	4	5
I am unhappy with the last purchase of clothing I made for myself.	1	2	3	4	5
There are quite a few things that bother me about my life.	1	2	3	4	5
Having a child has caused more problems than I expected in my relationship with my spouse or partner.	1	2	3	4	5
I feel alone and without friends.	1	2	3	4	5
When I go to a party, I usually expect not to enjoy myself.	1	2	3	4	5
I am not as interested in people as I used to be.	1	2	3	4	5
I don't enjoy things as I used to.	1	2	3	4	5
My child rarely does things for me that make me feel good.	1	2	3	4	5
Sometimes I feel that my child does not like me and does not want to be close to me.	1	2	3	4	5
My child smiles at me much less than I expected.	1	2	3	4	5
When I do things for my child, I get the feeling that my efforts are not appreciated very much.	1	2	3	4	5
When playing, my child doesn't often giggle or laugh.	1	2	3	4	5
My child doesn't seem to learn as quickly as most children.	1	2	3	4	5
My child doesn't seem to smile as much as most children.	1	2	3	4	5
My child is not able to do as much as I expected.	1	2	3	4	5
It takes a long time and is very hard for my child to get used to new things.	1	2	3	4	5
I feel that I am: 1. not very good at being a parent 2. a person who has some trouble being a parent 3. an average parent 4. a better than average parent 5. a very good parent	1	2	3	4	5
I expected to have warmer and closer feelings for my child than I do and this bothers me.	1	2	3	4	5
Sometimes my child does things that bother me just to be mean.	1	2	3	4	5

### Child Health

Next, I'm going to ask you some questions about your child's health and development.

Question or Item	Response
Does (CHILD) have (HIS/HER) own toothbrush?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
How many times a day does (CHILD) brush (HIS/HER) teeth?	<input type="checkbox"/> <sub>1</sub> Less than once a day <input type="checkbox"/> <sub>2</sub> Once a day <input type="checkbox"/> <sub>3</sub> Twice a day <input type="checkbox"/> <sub>4</sub> Three or more times a day
Do you currently have any of the following health insurance plans for (CHILD)?	
Restricted Medi-Cal (for emergency care only)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Full-scope Medi-Cal (for complete medical services)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Healthy Families	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Healthy Kids	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Private health insurance	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Some other health insurance?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
In the last 12 months, was there ever a time when (HE/SHE) did not have ANY health insurance?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
About how long [was (CHILD)/ has (CHILD) been] without health insurance in the <u>last 12 months</u> ? You can tell me in days, weeks, or months.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <sub>1</sub> Days <input type="checkbox"/> <sub>2</sub> Weeks <input type="checkbox"/> <sub>3</sub> Months <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Is (CHILD) covered by any type of insurance that pays for part of or all (HIS/HER) dental care?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Has (CHILD) visited the dentist for an oral exam and cleaning within the past 12 months?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
What is the main reason why (CHILD) hasn't visited the dentist for a cleaning in the past year?	<input type="checkbox"/> <sub>1</sub> (CHILD) is still too young to need to see dentist <input type="checkbox"/> <sub>2</sub> (CHILD) rarely or never has problem with teeth <input type="checkbox"/> <sub>3</sub> Does not know where to go for care <input type="checkbox"/> <sub>4</sub> Has not had time



Question or Item	Response
	<input type="checkbox"/> <sub>5</sub> The office hours are not convenient <input type="checkbox"/> <sub>6</sub> Could not get an appointment <input type="checkbox"/> <sub>7</sub> Costs are too high/not covered by insurance <input type="checkbox"/> <sub>8</sub> Cannot find a dentist who accepted insurance plan <input type="checkbox"/> <sub>9</sub> Recently changed insurance <input type="checkbox"/> <sub>10</sub> Cannot find a dentist where language is spoken <input type="checkbox"/> <sub>11</sub> Does not have transportation <input type="checkbox"/> <sub>12</sub> Family's dental office closed or moved <input type="checkbox"/> <sub>13</sub> Family recently moved and needs a new dentist <input type="checkbox"/> <sub>14</sub> Something else <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Did (CHILD) have (HIS/HER) 3-year well-child doctor visit yet, or is it scheduled?	<input type="checkbox"/> <sub>1</sub> Yes, had it already or it's scheduled <input type="checkbox"/> <sub>2</sub> No, didn't have and not yet scheduled <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
What is [CHILD]'s immunization status? Would you say . . .	<input type="checkbox"/> <sub>1</sub> Completely up to date on immunizations <input type="checkbox"/> <sub>2</sub> Mostly up to date (has received the majority of required shots) <input type="checkbox"/> <sub>3</sub> Somewhat up-to-date (has received less than half the required shots) <input type="checkbox"/> <sub>4</sub> Has never received any immunizations <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
In the last 12 months, was (CHILD) ever brought to the hospital emergency room?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many times did (CHILD) go to the emergency room in the last 12 months due to an accident or injury?	<input type="checkbox"/> <input type="checkbox"/> times
How many times did (CHILD) go to the emergency room in the last 12 months due to an illness?	<input type="checkbox"/> <input type="checkbox"/> times
Do you have a particular place that (CHILD) usually goes to if (HE or SHE) is sick or you need advice about (HIS or HER) health, such as a doctor's office, health clinic, or hospital?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

Question or Item	Response
<p>What is the main reason (CHILD) does not have a usual place of health care?</p>	<p> <input type="checkbox"/><sub>1</sub> Child seldom or never gets sick  <input type="checkbox"/><sub>2</sub> Recently moved to the area  <input type="checkbox"/><sub>3</sub> Don't know where to go for care  <input type="checkbox"/><sub>4</sub> Place closed or moved  <input type="checkbox"/><sub>5</sub> Can't find a provider or place where my language is spoken  <input type="checkbox"/><sub>6</sub> Likes to go to different places for health care  <input type="checkbox"/><sub>7</sub> Office hours are inconvenient  <input type="checkbox"/><sub>8</sub> No way to get there (transportation problems)  <input type="checkbox"/><sub>9</sub> Cannot find a doctor who accepted insurance plan  <input type="checkbox"/><sub>10</sub> Have not been able to find a place I like  <input type="checkbox"/><sub>11</sub> Cost too high/ no insurance  <input type="checkbox"/><sub>12</sub> Just changed insurance, place used to go to not in plan  <input type="checkbox"/><sub>13</sub> Haven't had time to find a doctor  <input type="checkbox"/><sub>14</sub> Other  <input type="checkbox"/><sub>77</sub> <i>Don't know</i>   <input type="checkbox"/><sub>66</sub> <i>Refused</i> </p>
<p>What type of place does (CHILD) go to most often?</p>	<p> <input type="checkbox"/><sub>1</sub> Private doctor's office  <input type="checkbox"/><sub>2</sub> Walk-in clinic or health center  <input type="checkbox"/><sub>3</sub> Hospital emergency room  <input type="checkbox"/><sub>4</sub> Some other type of place  <input type="checkbox"/><sub>77</sub> <i>Don't know</i>   <input type="checkbox"/><sub>66</sub> <i>Refused</i> </p>
<p>Considering the location, hours, and typical wait times, how convenient is (CHILD)'s [doctor's office/usual place for medical care]? Would you say...</p>	<p> <input type="checkbox"/><sub>1</sub> Very convenient  <input type="checkbox"/><sub>2</sub> Somewhat convenient  <input type="checkbox"/><sub>3</sub> Not really convenient  <input type="checkbox"/><sub>4</sub> Not at all convenient  <input type="checkbox"/><sub>77</sub> <i>Don't know</i>   <input type="checkbox"/><sub>66</sub> <i>Refused</i> </p>
<p>Do you have one or more persons you think of as (CHILD)'s personal doctor or nurse? A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.</p>	<p> <input type="checkbox"/><sub>1</sub> Yes, one person  <input type="checkbox"/><sub>2</sub> Yes, more than one person  <input type="checkbox"/><sub>3</sub> No  <input type="checkbox"/><sub>77</sub> <i>Don't know</i>   <input type="checkbox"/><sub>66</sub> <i>Refused</i> </p>
<p>In the last 12 months, was there ever a time when (CHILD) needed to go to the doctor but didn't go?</p>	<p> <input type="checkbox"/><sub>1</sub> Yes   <input type="checkbox"/><sub>2</sub> No   <input type="checkbox"/><sub>77</sub> <i>Don't know</i>   <input type="checkbox"/><sub>66</sub> <i>Refused</i> </p>

<p>What were the reasons (CHILD) didn't go to the doctor?</p> <p><b>DO NOT READ LIST. CODE <u>ALL</u> THAT APPLY.</b></p>	<input type="checkbox"/> <sub>1</sub> Costs were too high <input type="checkbox"/> <sub>2</sub> Couldn't get through on the phone <input type="checkbox"/> <sub>3</sub> Couldn't get an appointment <input type="checkbox"/> <sub>4</sub> Had to wait too long to see doctor <input type="checkbox"/> <sub>5</sub> Couldn't go when doctor was open <input type="checkbox"/> <sub>6</sub> Didn't have transportation <input type="checkbox"/> <sub>7</sub> Didn't know where to go; didn't have a doctor <input type="checkbox"/> <sub>8</sub> Other: Specify: _____ <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Has a doctor or other health care professional ever said that (CHILD) has asthma?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Does (CHILD) take medication prescribed by a doctor for (HIS/HER) asthma?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Does (CHILD) currently need or use medicine prescribed by a doctor other than vitamins?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Within the last 12 months, have you had any concerns about (CHILD)'s health or development?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Within the last 12 months, did you ever talk to a doctor or health professional about any concerns you might have had about (CHILD's) health or development?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Within the past 12 months, has a doctor or other professional suggested you keep an eye on (CHILD) to determine if (HE/SHE) might have a developmental delay or special need, or if (CHILD) might grow out of some problem (other than for the conditions you've already told me about)?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>What was he or she concerned about?</p> <p><b>CHECK ALL THAT APPLY.</b></p>	<input type="checkbox"/> <sub>1</sub> Speech or language <input type="checkbox"/> <sub>2</sub> Hearing <input type="checkbox"/> <sub>3</sub> Vision <input type="checkbox"/> <sub>4</sub> Motor or physical use of arms and legs <input type="checkbox"/> <sub>5</sub> Social, behavioral or emotional <input type="checkbox"/> <sub>6</sub> Cognitive delay <input type="checkbox"/> <sub>7</sub> Autistic behavior <input type="checkbox"/> <sub>8</sub> Other condition <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Within the past 12 months, did a doctor or other professional ever recommend that you have (CHILD) evaluated for a possible developmental delay or special need (other than for the conditions you've already told me about)?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

<p>What type of special need or delay?</p> <p><b>CHECK ALL THAT APPLY.</b></p>	<input type="checkbox"/> <sub>1</sub> Speech or language <input type="checkbox"/> <sub>2</sub> Hearing <input type="checkbox"/> <sub>3</sub> Vision <input type="checkbox"/> <sub>4</sub> Motor or physical use of arms and legs <input type="checkbox"/> <sub>5</sub> Social, behavioral or emotional <input type="checkbox"/> <sub>6</sub> Cognitive delay <input type="checkbox"/> <sub>7</sub> Autistic behavior <input type="checkbox"/> <sub>8</sub> Other condition, <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Has a doctor or other professional ever confirmed that (CHILD) has a developmental delay or special need, such as a problem with (HIS/HER) speech, hearing, or vision, or (HIS/HER) behavior or cognitive development?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>What type of special need or delay?</p> <p><b>CHECK ALL THAT APPLY.</b></p>	<input type="checkbox"/> <sub>1</sub> Speech or language <input type="checkbox"/> <sub>2</sub> Hearing <input type="checkbox"/> <sub>3</sub> Vision <input type="checkbox"/> <sub>4</sub> Motor or physical use of arms and legs <input type="checkbox"/> <sub>5</sub> Social, behavioral or emotional <input type="checkbox"/> <sub>6</sub> Cognitive delay <input type="checkbox"/> <sub>7</sub> Autistic behavior <input type="checkbox"/> <sub>8</sub> Other condition, <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>I'm going to read a list of services that (CHILD) may have received from a doctor or professional. For each service, please tell me if (CHILD) is currently receiving this service, or has received this service in the past 12 months since we last met.</p>	
<p>Speech or language therapy</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Occupational therapy</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Physical therapy</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Vision services (e.g., glasses or vision correction)</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Hearing services</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>Psychological services</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

### Mother Health

Next, I'd like to ask a few questions about your health.

Do you smoke any tobacco products like cigarettes or cigars?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How many people living in your home, IF ANY, currently smoke?	<input type="checkbox"/> <input type="checkbox"/> smokers <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

Do you currently have any of the following health insurance plans for yourself?

Restricted Medi-Cal (for emergency and pregnancy related care only)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Full-scope Medi-Cal (for complete medical services)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Private health insurance	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
Some other health insurance?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
In the last 12 months, was there ever a time when YOU were not covered by any health insurance (for yourself)?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
About how long (were you/have you been) without health insurance in the last 12 months? You can tell me in days, weeks, or months.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <sub>1</sub> Days <input type="checkbox"/> <sub>2</sub> Weeks <input type="checkbox"/> <sub>3</sub> Months <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Are you covered by any type of insurance that pays for part or all of <u>your</u> dental care?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Have you visited the dentist for an oral exam and cleaning <u>in the past year</u> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
<p>What is the main reason why you haven't visited the dentist for a cleaning in the past year?</p> <p><b>(LISTEN TO RESPONSE AND CODE.)</b></p>	<input type="checkbox"/> <sub>1</sub> Rarely or never has problem with teeth <input type="checkbox"/> <sub>2</sub> Does not know where to go for care <input type="checkbox"/> <sub>3</sub> Has not had time <input type="checkbox"/> <sub>4</sub> The office hours are not convenient <input type="checkbox"/> <sub>5</sub> Could not get an appointment <input type="checkbox"/> <sub>6</sub> Costs are too high/not covered by insurance <input type="checkbox"/> <sub>7</sub> Cannot find a dentist who accepted insurance plan <input type="checkbox"/> <sub>8</sub> Recently changed insurance <input type="checkbox"/> <sub>9</sub> Cannot find a dentist where language is spoken <input type="checkbox"/> <sub>10</sub> Does not have transportation <input type="checkbox"/> <sub>11</sub> Family's dental office closed or moved <input type="checkbox"/> <sub>12</sub> Family recently moved and needs a new dentist

	<input type="checkbox"/> <sub>13</sub> Something else <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused
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**Mother Health (cont.)**

<p>Do you have a particular place that you usually go to if you are sick or need a medical exam, such as a doctor's office or health clinic? Sometimes people refer to this as your "primary care physician".</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> Refused
<p>What is the main reason you do not have a usual place of health care?</p>	<input type="checkbox"/> <sub>1</sub> Seldom or never get sick <input type="checkbox"/> <sub>2</sub> Recently moved to the area <input type="checkbox"/> <sub>3</sub> Don't know where to go for care <input type="checkbox"/> <sub>4</sub> Place closed or moved <input type="checkbox"/> <sub>5</sub> Can't find a provider or place where my language is spoken <input type="checkbox"/> <sub>6</sub> Likes to go to different places for health care <input type="checkbox"/> <sub>7</sub> Office hours are inconvenient <input type="checkbox"/> <sub>8</sub> No way to get there (transportation problems) <input type="checkbox"/> <sub>9</sub> Cannot find a doctor who accepted insurance plan <input type="checkbox"/> <sub>10</sub> Have not been able to find a place I like <input type="checkbox"/> <sub>11</sub> Cost too high/ not covered by insurance <input type="checkbox"/> <sub>12</sub> Just changed insurance, place used to go to not in plan <input type="checkbox"/> <sub>13</sub> Haven't had time to find a doctor <input type="checkbox"/> <sub>14</sub> Other <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused
<p>What type of place do you go to most often?</p>	<input type="checkbox"/> <sub>1</sub> Private doctor's office <input type="checkbox"/> <sub>2</sub> Walk-in clinic or health center <input type="checkbox"/> <sub>3</sub> Hospital emergency room <input type="checkbox"/> <sub>4</sub> Some other type of place <input type="checkbox"/> <sub>77</sub> Don't know <input type="checkbox"/> <sub>66</sub> Refused

### Child Sleeping Habits

<p>Does (CHILD) have a regular bedtime? We are interested in what time (HE/SHE) goes to bed, not what time (HE/SHE) actually falls asleep.</p>	<p><input type="checkbox"/><sub>1</sub> Yes <input type="checkbox"/><sub>2</sub> No usual time</p> <p><input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>What time does (CHILD) usually go to bed? [PROBE: 'On average?']</p>	<p> __ __ : __ __  <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p><input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>What time does (CHILD) usually wake up in the morning? [PROBE: 'On average?']</p>	<p> __ __ : __ __  <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.</p> <p><input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>Where does (CHILD) usually sleep at night?</p>	<p><input type="checkbox"/><sub>1</sub> In a crib</p> <p><input type="checkbox"/><sub>2</sub> In a playpen or portable crib</p> <p><input type="checkbox"/><sub>3</sub> In bed alone</p> <p><input type="checkbox"/><sub>4</sub> In bed with another child</p> <p><input type="checkbox"/><sub>5</sub> In a bed with parent or other adult</p> <p><input type="checkbox"/><sub>6</sub> In a bed with parent <u>and</u> other children</p> <p><input type="checkbox"/><sub>7</sub> Other</p> <p><input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>For how long does (CHILD) usually nap during a typical day?</p>	<p><input type="checkbox"/> HOURS <input type="checkbox"/><input type="checkbox"/> MINUTES</p> <p><input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>

### Child Nutrition

Question or Item	Response
On a typical day, does (CHILD) eat breakfast?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
When (CHILD) eats at home, does (HE or SHE) usually eat with the rest of the family, or do you feed (HIM or HER) separately?	<input type="checkbox"/> <sub>1</sub> Yes, eat together one meal per day <input type="checkbox"/> <sub>2</sub> No, eat separately <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
In a typical week, please tell me the <u>number of days</u> at least some of the family eats dinner together.	<input type="checkbox"/> Days <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
On a typical day, how many snacks does (CHILD) eat?	<input type="checkbox"/> snacks <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How often does (CHILD) watch TV when (HE/SHE) is eating meals? Would you say...	<input type="checkbox"/> <sub>1</sub> Never or very rarely <input type="checkbox"/> <sub>2</sub> A few times a week <input type="checkbox"/> <sub>3</sub> About one meal a day <input type="checkbox"/> <sub>4</sub> Almost every meal <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>



**Child Nutrition (cont.)**

Now I'd like to know about the kinds of food (CHILD) eats. Think about all the meals and snacks (CHILD) ate or drank during the past 7 days, from the time (he/she) got up until (he/she) went to bed. Be sure to include food (CHILD) ate at home and in other places that you know of like child care, restaurants, and friends' houses.

<p>During the <u>past 7 days</u>, how many times did (CHILD) drink <b>milk</b>? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>What kind of milk did (CHILD) usually drink during the past 7 days?</p>	<p><input type="checkbox"/><sub>1</sub> Whole milk (red top)  <input type="checkbox"/><sub>2</sub> Reduced fat or 2% milk (blue top)  <input type="checkbox"/><sub>3</sub> Low fat or 1% milk (purple top)  <input type="checkbox"/><sub>4</sub> Skim, nonfat, or fat-free milk (light blue top)  <input type="checkbox"/><sub>5</sub> Soy, rice, almond, or goat's milk  <input type="checkbox"/><sub>6</sub> Lactose free milk (Lactaid)  <input type="checkbox"/><sub>7</sub> Some other kind of milk (specify: _____ )  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did (CHILD) drink <b>fruit drinks</b> that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Capri Sun, Twister, Minute Maid, lemonade, or iced tea)? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did (CHILD) drink <b>100% fruit juice</b>, like apple juice or grape juice? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>

**Child Nutrition (cont.)**

<p>During the past 7 days, how many times did (CHILD) drink <b>soda or soft drinks</b> (for example, Coke, Pepsi, or Mountain Dew)? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did (CHILD) eat a meal or snack from a <b>fast food restaurant</b> such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, El Pollo Loco and so on? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did (CHILD) eat potato chips, corn chips such as Fritos or Doritos, Cheetos, Takis, pretzels, popcorn, crackers or other <b>salty snack foods</b>? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did (CHILD) eat <b>dairy products</b> other than milk, such as yogurt or cheese? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>88</sub> N/A, Child lactose intolerant <input type="checkbox"/><sub>77</sub> <i>Don't know</i>  <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>

**Child Nutrition (cont.)**

<p>During the past 7 days, how many times did (CHILD) eat <b>fruit</b> like bananas, peaches, or apples? Please count fresh, canned or frozen fruit. Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did (CHILD) eat <b>vegetables</b> other than potatoes, such as carrots, broccoli, or green beans? Please count fresh, frozen, or canned vegetables served raw or cooked. Was it</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did (CHILD) eat <b>candy or other sweets</b>, such as cookies, cake, brownies, ice cream, fruit snacks or Fruit Roll-Ups? Was it...</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>
<p>During the past 7 days, how many times did [CHILD] <b>fish or lean meat</b>, such as ground beef, chicken, or pork?</p>	<p><input type="checkbox"/><sub>1</sub> Three or more times a day  <input type="checkbox"/><sub>2</sub> Once or twice a day  <input type="checkbox"/><sub>3</sub> Almost every day (4-6 times) during the past 7 days  <input type="checkbox"/><sub>4</sub> 1 to 3 times during the past 7 days  <input type="checkbox"/><sub>5</sub> None during the past 7 days  <input type="checkbox"/><sub>77</sub> <i>Don't know</i> <input type="checkbox"/><sub>66</sub> <i>Refused</i></p>

### Food Insecurity Scale

Next, I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

The first statement is: "We worried whether our food would run out before we got money to buy more."	<input type="checkbox"/> <sub>1</sub> Often <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
"The food that we bought just didn't last and we didn't have money to get more."	<input type="checkbox"/> <sub>1</sub> Often <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
"We couldn't afford to eat balanced meals."	<input type="checkbox"/> <sub>1</sub> Often <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food? You may "yes" or "no."	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How often did this happen—ALMOST EVERY MONTH, SOME MONTHS BUT NOT EVERY MONTH, or in ONLY 1 OR 2 MONTHS?	<input type="checkbox"/> <sub>1</sub> Almost every month <input type="checkbox"/> <sub>2</sub> Some months but not every month <input type="checkbox"/> <sub>3</sub> Only 1 or 2 months <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
In the last 12 months, were you ever hungry, but didn't eat, because there wasn't enough money for food?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
In the last 12 months, did you lose weight because there wasn't enough money for food?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
In the last 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
How often did this happen—ALMOST EVERY MONTH, SOME MONTHS BUT NOT EVERY MONTH, or in ONLY 1 OR 2 MONTHS?	<input type="checkbox"/> <sub>1</sub> Almost every month <input type="checkbox"/> <sub>2</sub> Some months but not every month <input type="checkbox"/> <sub>3</sub> Only 1 or 2 months <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

### Parent Involvement in Community

Question or Item	Response
During the <u>past 12 months</u> , have you volunteered or helped out with activities in your neighborhood? Please include any volunteer activities in local schools, churches, or other places in your community.	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Where did you volunteer?  CHECK <u>ALL</u> THAT APPLY.	<input type="checkbox"/> <sub>1</sub> School, child care, Head Start <input type="checkbox"/> <sub>2</sub> Church or religious center <input type="checkbox"/> <sub>3</sub> Community center or non-profit organization in community <input type="checkbox"/> <sub>4</sub> Other <input type="checkbox"/> <sub>77</sub> <i>Don't know</i> <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

In the past 12 months, have you served as a member of the following . . .

a community group, such as a neighborhood council, tenant association, or neighborhood watch?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
a school group, such as a parent-teacher association, school council, or parent advisory board?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
a religious group, for example, a church, synagogue, mosque, prayer group, or bible study group?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
a support group that provides counseling to help members of the community?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
a political advocacy group?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Do you belong to other groups?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>
Have you ever been asked to join as a member of any community group (like the ones I mentioned) but didn't join?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>66</sub> <i>Refused</i>

**SECTION 7**  
**Home Observation Tool**

**TO BE COMPLETED BY THE ASSESSMENT SPECIALIST FOLLOWING EACH SITE VISIT.**  
**NOTE: “CHILD” REFERS TO THE TARGET CHILD (NOT OLDER SIBLINGS).**

Question or Item	Response
During the entire visit, how at ease did the parent appear?	<input type="checkbox"/> <sub>1</sub> Very uncomfortable <input type="checkbox"/> <sub>2</sub> Slightly ill at ease <input type="checkbox"/> <sub>3</sub> Moderately comfortable <input type="checkbox"/> <sub>4</sub> Completely comfortable and at ease
During the entire visit, how disruptive do you think your presence was?	<input type="checkbox"/> <sub>1</sub> Not at all disruptive <input type="checkbox"/> <sub>2</sub> Minimally disruptive <input type="checkbox"/> <sub>3</sub> Moderately disruptive <input type="checkbox"/> <sub>4</sub> Highly disruptive
During the entire visit, how much did the target child try to interact with you?	<input type="checkbox"/> <sub>1</sub> Didn't notice you at all <input type="checkbox"/> <sub>2</sub> A few glances or smiles only <input type="checkbox"/> <sub>3</sub> Quite numerous glances <input type="checkbox"/> <sub>4</sub> Smiles, vocalizations <input type="checkbox"/> <sub>5</sub> Prolonged watching and numerous attempts to interact <input type="checkbox"/> <sub>6</sub> Child asleep
Where was the child during the interview?	<input type="checkbox"/> <sub>1</sub> In the room with the mother during most of the interview <input type="checkbox"/> <sub>2</sub> In the room with the mother about half of the time and another room the other half <input type="checkbox"/> <sub>3</sub> In another room most of the time <input type="checkbox"/> <sub>4</sub> Outside of the home
In what part of the home did the interview take place?	<input type="checkbox"/> <sub>1</sub> Living room <input type="checkbox"/> <sub>2</sub> Dining room <input type="checkbox"/> <sub>3</sub> Kitchen <input type="checkbox"/> <sub>4</sub> Bedroom <input type="checkbox"/> <sub>5</sub> Other room <input type="checkbox"/> <sub>6</sub> Studio
Were other adults <b>visibly</b> present in the home during any part of the visit?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
How disruptive was the presence of other adults to the completion of the visit?	<input type="checkbox"/> <sub>1</sub> Not at all disruptive <input type="checkbox"/> <sub>2</sub> Minimally disruptive <input type="checkbox"/> <sub>3</sub> Moderately disruptive <input type="checkbox"/> <sub>4</sub> Highly disruptive
Were additional children <b>visibly</b> present in the home during any part of the visit?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No
How disruptive was the presence of additional children to the completion of the visit?	<input type="checkbox"/> <sub>1</sub> Not at all disruptive <input type="checkbox"/> <sub>2</sub> Minimally disruptive <input type="checkbox"/> <sub>3</sub> Moderately disruptive <input type="checkbox"/> <sub>4</sub> Highly disruptive

## Internal Home Environment (HOME-Early Childhood Inventory Observational Items)

**Response options: Yes/No/Cannot assess**

Question or Item
Parent talks with child twice during visit beyond introduction and correction.
Parent usually answers child's questions or requests verbally.
Parent usually responds verbally to child's speech.
Parent spontaneously praises child's qualities or behavior at least twice during the visit.
Parent caresses, kisses, hugs, or cuddles child at least once during the visit.
Parent mentions a particular skill, strength, or accomplishment of child during interview OR sets up the situation that allows the child to show off during visit.
Parent encourages the child to talk and takes time to listen.
When speaking of or to child, parent's voice conveys positive feelings toward child.
Parent's uses correct grammar and pronunciation.
Parent uses complex sentence structure and vocabulary.
Parent does not scold, yell, or criticize child during visit.
Parent does not physically restrain child during visit.
Parent neither slaps nor spans child during visit.
Building appears safe and free from hazards.
Outside play environment appears safe.
The interior of the house or apartment is not dark or perceptually monotonous.
Neighborhood is aesthetically pleasing.
Home has sufficient living space per person (approximately 100 square feet/person).
In terms of available floor space, the rooms are not overcrowded with furniture.
All visible rooms of the home are reasonably clean and minimally cluttered.
Child's art work is displayed in some visible places in home.

## Additional Internal Home Environment Items

**Response options: Yes/No/Cannot assess**

Question or Item
House or apartment has at least two pictures or other types of art work on the walls.
House or apartment is not overly noisy from noise inside the house (television, shouts of children, radio).
House or apartment is not overly noisy from noise outside the house (train, cars, people, music).
There are no obvious signs of recent alcohol or non-prescription drug consumption in the home drug paraphernalia, beer cans, liquor bottles).
There are no signs of smoking inside the home (smell of smoke, ashtrays, cigarette butts).

### External Home Environment

Question or Item	Response
How would you characterize the land use on this block?	<input type="checkbox"/> <sub>1</sub> Primarily residential <input type="checkbox"/> <sub>2</sub> Primarily commercial <input type="checkbox"/> <sub>3</sub> Mixed residential and commercial <input type="checkbox"/> <sub>4</sub> Primarily industrial <input type="checkbox"/> <sub>5</sub> Primarily vacant houses <input type="checkbox"/> <sub>6</sub> Primarily vacant lots and open spaces <input type="checkbox"/> <sub>7</sub> Primarily services or institutions <input type="checkbox"/> <sub>8</sub> Primarily park, playground <input type="checkbox"/> <sub>9</sub> Other <span style="float: right;"><input type="checkbox"/><sub>10</sub> Cannot assess</span>
How would you rate the general condition of housing units or other buildings on the block?	<input type="checkbox"/> <sub>1</sub> Well kept, good repair <input type="checkbox"/> <sub>2</sub> Fair condition <span style="float: right;"><input type="checkbox"/><sub>3</sub> Poor condition</span> <input type="checkbox"/> <sub>4</sub> Badly deteriorated <span style="float: right;"><input type="checkbox"/><sub>5</sub> Cannot assess</span>
Do any of the fronts of residential or commercial units have metal security blinds, gates, or iron bars or grills?	<input type="checkbox"/> <sub>1</sub> None <input type="checkbox"/> <sub>2</sub> Some <span style="float: right;"><input type="checkbox"/><sub>3</sub> At least half</span> <input type="checkbox"/> <sub>4</sub> Most <span style="float: right;"><input type="checkbox"/><sub>5</sub> Cannot assess</span>
How would you rate the volume of traffic in front of the home?	<input type="checkbox"/> <sub>1</sub> No traffic permitted <input type="checkbox"/> <sub>2</sub> Light <input type="checkbox"/> <sub>3</sub> Moderate <input type="checkbox"/> <sub>4</sub> Heavy <input type="checkbox"/> <sub>5</sub> Very heavy <input type="checkbox"/> <sub>6</sub> Cannot assess
How would you rate the condition of the street in the face block?	<input type="checkbox"/> <sub>1</sub> Very good – recent resurfacing, smooth <input type="checkbox"/> <sub>2</sub> Moderate – evidence kept in good repair <input type="checkbox"/> <sub>3</sub> Fair – minor repairs needed, but not rough on the surface <input type="checkbox"/> <sub>4</sub> Poor – potholes and other evidence of neglect <input type="checkbox"/> <sub>5</sub> Cannot assess



**External Home Environment (cont.)**

<p>Is there: garbage, litter, broken glass (except beer/liquor bottles) in the street or on the sidewalk?</p>	<p><input type="checkbox"/><sub>1</sub> None, or almost none      <input type="checkbox"/><sub>2</sub> Yes, but not a lot  <input type="checkbox"/><sub>3</sub> Yes, quite a bit                      <input type="checkbox"/><sub>4</sub> Yes, just about everywhere  <input type="checkbox"/><sub>5</sub> Cannot assess</p>
<p>Are there: drug-related paraphernalia, condoms, beer or liquor containers or packaging, cigarette butts or discarded cigarette packages – on the street or on the sidewalk?</p>	<p><input type="checkbox"/><sub>1</sub> None, or almost none  <input type="checkbox"/><sub>2</sub> Yes, but not a lot  <input type="checkbox"/><sub>3</sub> Yes, quite a bit  <input type="checkbox"/><sub>4</sub> Yes, just about everywhere  <input type="checkbox"/><sub>5</sub> Cannot assess</p>
<p>Are there children playing on the sidewalks or in the street of the block?</p>	<p><input type="checkbox"/><sub>1</sub> No children visible, or all in yards  <input type="checkbox"/><sub>2</sub> Yes, one or two children  <input type="checkbox"/><sub>3</sub> Yes, three or more children  <input type="checkbox"/><sub>4</sub> Cannot assess</p>
<p>Are there any adults or teenagers in the street or on the sidewalk arguing, fighting, drinking, or behaving in any kind of hostile or threatening way?</p>	<p><input type="checkbox"/><sub>1</sub> No persons observed in the street or sidewalk  <input type="checkbox"/><sub>2</sub> None observed behaving in a hostile way  <input type="checkbox"/><sub>3</sub> Yes, one or two behaving in a hostile manner  <input type="checkbox"/><sub>4</sub> Yes, three or more behaving in a hostile manner  <input type="checkbox"/><sub>5</sub> Cannot assess</p>
<p>How would you rate the level of threats to children’s safety in the neighborhood (as observed when you approached or left the home)?</p>	<p><input type="checkbox"/><sub>1</sub> No apparent threats: a very safe and friendly neighborhood for children  <input type="checkbox"/><sub>2</sub> Possible threats but generally a safe and friendly neighborhood for children  <input type="checkbox"/><sub>3</sub> Some threats: not a safe and friendly neighborhood for children  <input type="checkbox"/><sub>4</sub> Many threats: definitely not a safe and friendly neighborhood for children  <input type="checkbox"/><sub>5</sub> Cannot assess</p>

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