

# **New Hampshire Preschool Development Grant B-5 2020 Family Survey**

This survey was created with support from the Preschool Development Grant Birth through Five Initiative (PDG B-5) awarded to the University of New Hampshire, Grant Number 90TP0060, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.

The instrument was developed by the University of New Hampshire and the PDG B-5 Needs Assessment team in collaboration with the National Center for Children in Poverty and other experts in the state of New Hampshire.

Please direct any questions about the survey to the grant's primary investigator, Kimberly Nesbitt, Ph.D.

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The University of New Hampshire is conducting an online survey to hear from New Hampshire families with children under the age of 9. UNH wants to hear about families' needs and the challenges they face in obtaining supportive programs for their young children. This survey is part of New Hampshire's Preschool Development Grant, awarded by the U.S. Administration for Children and Families. Survey findings will help the state understand how to improve services and systems for families with young children.

This survey is being conducted by the UNH Survey Center on behalf of the National Center for Children in Poverty. The survey will take between 10 and 15 minutes to complete.

Participation is completely voluntary and refusal to participate will not affect you in any way. You may refuse to answer any questions or stop at any time. Your answers will be combined with the answers of approximately 1,500 residents across the state and used for research purposes only. Data will be kept in secured files, available only to the researchers. We will make every effort to maintain the confidentiality of the data. Research via the internet presents minimal risk of a breach of confidentiality. You are not anticipated to receive any direct benefits from participating in this research.

By clicking the "Yes, I'd like to participate" button below, you are indicating that you consent to participate in this study. If you prefer not to participate, please simply close this window in your browser.

If you have any questions about the survey, please contact Sean McKinley at the University of New Hampshire Survey Center, [sean.mckinley@unh.edu](mailto:sean.mckinley@unh.edu) or 603-862-2563.

If you have any questions about your rights as a research participant, you may contact Melissa McGee in UNH Research Integrity Services, [melissa.mcgee@unh.edu](mailto:melissa.mcgee@unh.edu) or 603-862-2005 to discuss them.

Thank you for your participation!

End of Block: Consent Block

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## INTRO

Thank you for your interest in completing this survey, sponsored by the University of New Hampshire. This month, UNH is conducting a study of politics and current events.

Before we begin, do you live in New Hampshire all year round?

- Live in NH year round (1)
- Seasonal resident (2)
- Not a NH resident (3)

*Skip To: AGE18 If INTRO = 1*

*Display This Question:*

*If INTRO = 2*

SEAS Are you currently registered to vote in New Hampshire?

- Yes (1)
  - No (2)
  - Don't know/Not sure (3)
- 

*Display This Question:*

*If INTRO = 3 Or SEAS = 2 Or SEAS = 3*

NOTELIG1 Thank you very much for your interest, but we are only surveying New Hampshire residents at this time.

*Skip To: End of Survey If NOTELIG1 Is Displayed*

AGE18 Are you 18 years old or older?

- Yes (1)
  - No (2)
- 

*Display This Question:*

*If AGE18 = 2*

NOTELIG2 Thank you very much for your interest, but we are only surveying adults 18 years old or older at this time.

*Skip To: End of Survey If NOTELIG2 Is Displayed*

**End of Block: Qual Block**

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**Section A: Young children in your family**

A1 Are you a parent or guardian for a child or children younger than age 9?

- Yes (1)
- No (2)

*Skip To: End of Block If A1 = 2*

*Display This Question:*

*If A1 = 1*

A2 Below, please enter the number of children in the following age ranges for whom you are a parent or guardian

- Aged less than 12 months (have not had their first birthday) : \_\_\_\_\_ (1)
- 1 or 2 years old : \_\_\_\_\_ (2)
- 3 or 4 years old : \_\_\_\_\_ (3)
- 5 years old : \_\_\_\_\_ (4)
- 6 to 8 years old : \_\_\_\_\_ (5)
- 9 years old or older : \_\_\_\_\_ (6)
- Total : \_\_\_\_\_

A3 What is your relationship to the child or children under the age of 9 for whom you are a parent or guardian? (Please select all that apply)

- Mother/Stepmother (1)
- Father/Stepfather (2)
- Foster parent/Legal guardian (3)
- Grandparent (4)
- Other relationship, please specify (5)

A4 Including yourself, how many other adults currently live in your household? (Please enter whole numbers only)

**End of Block: Section A: Young children in your family**

**Section B: Your children's special needs**

B1 Do any of your children under the age of 9 have any medical, physical, behavioral, or mental health conditions or development delays?

- Yes (1)
  - No (0)
  - Prefer not to say (99)
- 

*Display This Question:*

*If B1 = 1 And If A2 [ 1 ] > 0 Or A2 [ 2 ] > 0*

B2 Has your child or children aged 2 or younger been diagnosed with any of the following?  
(Please select all that apply)

- Serious medical/health condition (1)
  - Physical disability (2)
  - Behavior or mental health issues (3)
  - Intellectual disability, such as Down Syndrome (4)
  - Autism Spectrum Disorder (5)
  - Other development delays (such as speech, language, or motor delays), or learning difficulties (6)
  - Other condition (Please specify) (97)
- 
- No conditions for any children aged 2 or younger (96)
-

Display This Question:  
If B1 = 1 And If A2 [ 3 ] > 0

B3 Has your child or children aged 3 or 4 years old been diagnosed with any of the following?  
(Please select all that apply)

- Serious medical/health condition (1)
  - Physical disability (2)
  - Behavior or mental health issues (3)
  - Intellectual disability, such as Down Syndrome (4)
  - Autism Spectrum Disorder (5)
  - Other development delays (such as speech, language, or motor delays), or learning difficulties (6)
  - Other condition (Please specify) (97)
- 
- No conditions for any children aged 3 or 4 (96)
-

Display This Question:

If B1 = 1 And If A2 [ 4 ] > 0 Or A2 [ 5 ] > 0

B4 Has your child or children aged 5 to 8 years old been diagnosed with any of the following?  
(Please select all that apply)

- Serious medical/health condition (1)
  - Physical disability (2)
  - Behavior or mental health issues (3)
  - Intellectual disability, such as Down Syndrome (4)
  - Autism Spectrum Disorder (5)
  - Other development delays (such as speech, language, or motor delays), or learning difficulties (6)
  - Other condition (Please specify) (97)
- 
- No conditions for any children aged 5 to 8 (96)

End of Block: Section B: Your children's special needs

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**Section C: School and COVID**

C1 Please answer the following questions for your youngest child aged 5 to 8 years old.  
Which of the following comes closest to your child's current school participation?

- My child attends school from home through remote learning due to COVID-19 (1)
  - I home-school my child (2)
  - My child attends school in-person some days and attends from home other days (hybrid model) due to COVID-19 (3)
  - My child attends school in-person every day (4)
  - My child has not started school yet (5)
  - Other (Please specify) (6) \_\_\_\_\_
- 

C2 How well is your child learning now compared to before COVID-19?

- Much better than before COVID-19 (5)
  - Somewhat better than before COVID-19 (4)
  - About as well as before COVID-19 (3)
  - Somewhat worse than before COVID-19 (2)
  - Much worse than before COVID-19 (1)
  - Don't know/Not sure (98)
-



Display This Question:

If C2 = 2 Or C2 = 1

C3 Which of the following would you say is making it more difficult for your child to learn either remotely or in-person? (Please select all that apply)

- The technology in our household (i.e. internet connection, computer, etc.) is not adequate for my child's learning needs (1)
  - I don't have time to help or monitor my child's learning (2)
  - I can't get enough information about my child's education in my first language (3)
  - My child is not getting enough help to learn in their first language or to understand English (4)
  - My child is overwhelmed with stress due to COVID-19 (5)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these (96)
-

C4 Below, please indicate whether you agree or disagree with the following statements about your child's education.

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Don't know/ Not applicable (98)
My child's teacher provides me with clear information (C4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's school administrators provide me with clear information (C4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's teacher gives them enough time to complete their work (C4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's teacher provides constructive feedback to me about my child's progress (C4d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's teacher provides my child with the individual attention they need (C4e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C1 = 1 Or C1 = 3</b> My child has trouble paying attention or understanding lessons during remote learning (C4f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Section C: School and COVID

**Section D: Child Care, preschool, Head Start**

D1 What type of childcare or preschool does your youngest child currently attend on a regular basis? (Please select all that apply)

- Head Start (1)
  - Early Head Start (2)
  - Childcare at a center (not Head Start) (3)
  - Childcare provided in a childcare provider's home (4)
  - Friend, neighbor, or relative childcare (5)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of the above (96)
- 

D2 How long does it typically take to get to your family's primary early care and education provider (includes childcare, Head Start, and preschool) from your home? (If your family uses more than one child care provider, please enter the provider who is farthest away)

\_\_\_\_\_ Hours (12)  
\_\_\_\_\_ Minutes (13)

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D3 Have you had any problems finding childcare, preschool, or Head Start for your child or children in the past year?

- Yes (1)
  - No, I have not had any problems (2)
  - I have not needed childcare, preschool, or Head Start for my child(ren) in the past year (3)
-

*Display This Question:*

*If D3 = 1*

D4 What type of problems have you had? (Please select all that apply)

- Could not find a place with an opening (1)
  - Could not find a place that covered my work hours (2)
  - Cannot afford childcare (3)
  - Do not have transportation (4)
  - Have not found a program that I think is high quality (5)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these (96)
- 

*Display This Question:*

*If D3 = 1*

D5 Were you eventually able to secure childcare, preschool, or Head Start for your child?

- Yes (1)
  - No (2)
-

*Display This Question:*

*If D3 = 1 Or D3 = 2 And If D5 != 2*

D6 Have any of the following happened since the COVID-19 pandemic began? (Please select all that apply)

- The childcare, preschool, or Head Start program closed (1)
  - The program has smaller classes or fewer children (3)
  - My child attends for fewer days or fewer hours (7)
  - The program provides more information about how to help my child learn at home (4)
  - I do not get to talk to the teacher or childcare provider as much about how my child is doing (5)
  - The cost of care has increased (6)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of the above (96)
- 

*Display This Question:*

*If D3 = 1 Or D3 = 2 And If D5 != 2*

D7 Has your child been asked to leave their childcare, preschool, or Head Start program in the past year due to problems with your child's behavior?

- Yes (1)
  - No (0)
  - Prefer not to say (99)
-

*Display This Question:*

*If D7 = 1*

D8 What do you think the childcare or Head Start center should have done instead of asking your child to leave? (Please select all that apply)

- Provided your child with a different caregiver (1)
  - Helped your child improve their behavior (2)
  - Provided more supports to you and your child (3)
  - Given your child more time to change their behavior (4)
  - Been more patient with your child (5)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these things (96)
- 

*Display This Question:*

*If D7 = 1*

D9 What happened when your child was asked to leave?

- I found another program or home-based childcare (1)
  - I decided to keep my child at home (2)
  - A friend, neighbor, or relative took care of my child (3)
  - Other (Please specify) (97) \_\_\_\_\_
-

*Display This Question:*  
*If D1 = 1 Or D1 = 3 Or D1 = 4*

D10 Below, please indicate whether you agree or disagree with each statement about the childcare, home-based care, preschool, or Head Start program your youngest child currently attends.

	Agree Strongly (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Don't need/ Not applicable (98)
The program or provider gives me ideas about how I can help my child learn (D10a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program or provider gives me information about ways to find help for families with important needs, such as getting enough food or living with a health or mental health condition (D10b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program or provider gives me useful information about adult education or job training services (D10c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program or provider helps my child get ready to succeed in school (D10d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program helps me find services for my child's development, behavior, or health needs (D10e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Section D: Child Care, preschool, Head Start

**Section E: Programs and services your family may receive**

E1 Next, please indicate which comes closest to your past experience with each of the following services or programs

	Currently use (1)	Have used in the past (2)	Never used but heard of it (3)	Never heard of it (4)	Don't know/ Prefer not to say (98)
Family home visiting (e.g. Home Visiting New Hampshire or Healthy Families America) (E1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early intervention for children with development delays or disabilities (E1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare Scholarship Fund to help pay for childcare (E1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WIC (Nutrition program for pregnant women, infants, and children) (E1d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT (E1e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SSI (Supplemental Security Income, also called disability payment) (E1f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance) (E1g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing (E1h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid to help pay for my doctor visits and other health care (E1i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid or CHIP to help pay for my child's health care (E1j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
English language services (E1k)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



*Display This Question:*

*If E1 [ 1 ] (Count) > 0*

E2 And would you encourage others who are in need to use these services or programs?

	Definitely (4)	Probably (3)	Probably not (2)	Definitely Not (1)	Don't know/ Prefer not to say (98)
<b>E1 = 1 [ 1 ] Or E1 = 1 [ 2 ]</b> Family home visiting (e.g. Home Visiting New Hampshire or Healthy Families America) (E2a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 2 [ 1 ] Or E1 = 2 [ 2 ]</b> Family-Centered Early Supports and Services (early intervention) for children with development delays or disabilities (E2b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 3 [ 1 ] Or E1 = 3 [ 2 ]</b> Childcare Scholarship Fund to help pay for childcare (E2c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 4 [ 1 ] Or E1 = 4 [ 2 ]</b> WIC (Nutrition program for pregnant women, infants, and children) (E2d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 5 [ 1 ] Or E1 = 5 [ 2 ]</b> SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT (E2e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 11 [ 1 ] Or E1 = 11 [ 2 ]</b> SSI (Supplemental Security Income, also called disability payment) (E2f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 6 [ 1 ] Or E1 = 6 [ 2 ]</b> Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance) (E2g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 7 [ 1 ] Or E1 = 7 [ 2 ]</b> Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing (E2h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>E1 = 8 [ 1 ] And E1 = 8 [ 2 ]</b> Medicaid to help pay for my doctor visits and other health care (E2i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**E1 = 9 [ 1 ] Or E1 = 9 [ 2 ]**

Medicaid or CHIP to help pay for my child's health care (E2j)

**E1 = 10 [ 1 ] And E1 = 10 [ 2 ]**

English language services (E2k)

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Display This Question:

If E1 [ 2 ] (Count) > 0 Or E1 [ 3 ] (Count) > 0

E3 And which of these services or programs do you believe would be helpful for your family?  
(Please select all that apply)

E1 = 1 [ 2 ] Or E1 = 1 [ 3 ]

Family home visiting (e.g. Home Visiting New Hampshire or Healthy Families America) (1)

E1 = 2 [ 2 ] Or E1 = 2 [ 3 ]

Family-Centered Early Supports and Services (early intervention) for children with development delays or disabilities (2)

E1 = 3 [ 2 ] Or E1 = 3 [ 3 ]

Childcare Scholarship Fund to help pay for childcare (3)

E1 = 4 [ 2 ] Or E1 = 4 [ 3 ]

WIC (Nutrition program for pregnant women, infants, and children) (4)

E1 = 5 [ 2 ] Or E1 = 5 [ 3 ]

SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT (5)

E1 = 11 [ 2 ] Or E1 = 11 [ 3 ]

SSI (Supplemental Security Income, also called disability payment) (6)

E1 = 6 [ 2 ] Or E1 = 6 [ 3 ]

Other income assistance (includes FANF, TANF, welfare or cash aid, or unemployment insurance) (7)

E1 = 7 [ 2 ] Or E1 = 7 [ 3 ]

Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing (8)

E1 = 8 [ 2 ] And E1 = 8 [ 3 ]

Medicaid to help pay for my doctor visits and other health care (9)

E1 = 9 [ 2 ] Or E1 = 9 [ 3 ]

Medicaid or CHIP to help pay for my child's health care (10)

E1 = 10 [ 2 ] And E1 = 10 [ 3 ]

English language services (11)

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*Display This Question:*

*If E1 = 1 [ 1 ]*

E4 Did you receive home visiting services before the COVID-19 pandemic began in March 2020?

- Yes (1)
  - No (0)
  - Don't know/Prefer not to say (98)
- 

*Display This Question:*

*If E4 = 1*

E5 How, if at all, have your home visiting services changed since the COVID-19 pandemic began? (Please select all that apply)

- We now receive services by phone, video, FaceTime, or some other way not in person (1)
  - Our sessions with a home visitor have become less frequent (2)
  - Our sessions with a home visitor have become more frequent (3)
  - We now have a different home visitor (4)
  - Other (Please specify) (97) \_\_\_\_\_
  - Services have not changed (96)
-

*Display This Question:*  
*If E4 = 1*

E6 Below, please indicate whether you agree or disagree with the following statement about your home visiting program

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Haven't needed this/ Don't know (98)
This home visiting program gives parents useful ideas about how to help their child learn and develop skills (E6a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The home visiting program helps parents get services or benefits related to family needs, such as getting enough food or finding care for a parent with a health or mental condition (E6b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The home visiting program helps parents get services or benefits related to family needs, such as getting enough food or finding care for a parent with a health or mental health condition (E6c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The home visiting program helps parents get adult education or job training services (E6d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The home visiting program helps parents find helpful services for their child's needs related to the child's development, behavior, or health (E6e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If E1 = 1 [ 1 ]

E7 Did you receive Early Intervention before the COVID-19 pandemic began in March 2020?

- Yes (1)
  - No (0)
  - Don't know/Prefer not to say (98)
- 

Display This Question:

If E7 = 1

E8 How, if at all, have Early Intervention services changed since the COVID-19 pandemic began? (Please select all that apply)

- We now receive services by phone, video, FaceTime, or some other way not in person (1)
  - Our sessions with a therapist or family coordinator have become less frequent (2)
  - Our sessions with a therapist or family coordinator have become more frequent (3)
  - We now have a different therapist or family coordinator (4)
  - Other (Please specify) (97) \_\_\_\_\_
  - Services have not changed (96)
-

Display This Question:  
If E4 = 1

E9 Below, please indicate whether you agree or disagree with the following statement about your Early Intervention services

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat Disagree (2)	Disagree Strongly (1)	I have not needed this (98)
The program gives me useful ideas about how to help my child learn and develop skills (E9a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program helps me find additional services for my child's needs related to my child's development, behavior, or health (E9b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The program helps me find services or benefits related to family needs, such as getting enough food or finding help for dealing with a health or mental health concern (E9c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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E10 Have you participated in any services or programs offered by a community family resource center such as parenting classes, job training, family counseling, or other resources for families?

- Yes (1)
  - No, I do not know about this type of center (2)
  - No, but I am familiar with this type of center (3)
-



Display This Question:

If E10 = 1

E11 Which of the following family resource centers have you ever visited? (Please select all that apply)

- Family Connections Center, Berlin (1)
  - Family Resources Center, Gorham (2)
  - Children Unlimited, Inc, Conway (3)
  - Whole Village Family Resource Center; Plymouth (4)
  - Lakes Region Community Services, Laconia (5)
  - Greater Tilton Area Family Resource Center, Tilton (6)
  - Family Connections Center, Concord (7)
  - The Children's Place and Parent Education Center, Concord (8)
  - Easter Seals Child Development and FRC, Manchester (9)
  - Waypoint, Manchester (10)
  - The Upper Room, Derry (11)
  - Salem Family Resources - Success by Six, Salem (12)
  - Waypoint, Nashua (13)
  - CAP of Strafford County, Dover (14)
  - Families First, Portsmouth (15)
  - TLC Family Resource Center, Claremont (16)
  - HCS Services, Keene (17)
  - Grapevine Family and Community Resource Center, Antrim (18)
  - The River Center, Peterborough (19)
-

E12 What types of programs or services, if any, would you be interested in participating in at a family resource center? (Please select all that apply)

- Play groups for children (1)
  - Parent support groups (2)
  - Family counseling (3)
  - Support to address mental health or substance abuse issues (4)
  - Supports to achieve improved physical health (e.g. stopping smoking, healthy eating, etc.) (5)
  - Job training (6)
  - Financial resources or assistance (7)
  - Other (Please describe) (97)
- 
- None of these (96)

*Display This Question:*

*If E1 = 11 [ 1 ]*

E13 Which of the following comes closest to how you feel about the SSI (Supplemental Security Income, also called disability payment) assistance you receive?

- It provides my family with enough support to meet our needs (1)
- It provides my family with some support, but not enough (2)

*Display This Question:*

*If E1 = 11 [ 2 ] Or E1 = 11 [ 3 ] Or E1 = 11 [ 4 ]*

E14 Why do you not receive SSI (Supplemental Security Income, also called disability payment) assistance? (Please select all that apply)

- I don't need this type of assistance (1)
  - I applied but did not qualify (2)
  - I don't know how to get this type of assistance (3)
  - I don't want this type of assistance (4)
  - I don't think I qualify for this type of assistance (5)
  - I had a bad experience receiving or trying to get this type of assistance (6)
  - I was not aware of this type of assistance (7)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these (96)
- 

*Display This Question:*

*If E1 = 6 [ 1 ]*

E15 Which of the following comes closest to how you feel about the income assistance such as FANF, TANF, welfare or cash aid, or unemployment insurance you receive?

- It provides my family with enough support to meet our needs (1)
  - It provides my family with some support, but not enough (2)
-

*Display This Question:*

*If E1 = 6 [ 2 ] Or E1 = 6 [ 3 ] Or E1 = 6 [ 4 ]*

E16 Why do you not receive assistance income assistance such as FANF, TANF, welfare or cash aid, or unemployment insurance? (Please select all that apply)

- I don't need this type of assistance (1)
  - I applied but did not qualify (2)
  - I don't know how to get this type of assistance (3)
  - I don't want this type of assistance (4)
  - I don't think I qualify for this type of assistance (5)
  - I had a bad experience receiving or trying to get this type of assistance (6)
  - I was not aware of this type of assistance (7)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these (96)
- 

*Display This Question:*

*If E1 = 7 [ 1 ]*

E17 Which of the following comes closest to how you feel about the total housing support (Subsidized housing, such as Section 8 vouchers or Permanent Supportive Housing) you receive?

- It provides my family with enough support to meet our needs (1)
  - It provides my family with some support, but not enough (2)
-

*Display This Question:*

*If E1 = 7 [ 2 ] Or E1 = 7 [ 3 ] Or E1 = 7 [ 4 ]*

E18 Why do you not receive housing assistance? (Please select all that apply)

- I don't need this type of assistance (1)
  - I applied but did not qualify (2)
  - I don't know how to get this type of assistance (3)
  - I don't want this type of assistance (4)
  - I don't think I qualify for this type of assistance (5)
  - I had a bad experience receiving or trying to get this type of assistance (6)
  - I was not aware of this type of assistance (7)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these (96)
- 

E19 In the past year, have you had to move to a temporary residence (e.g. move in with relatives, a shelter, etc.) because of difficult paying rent or mortgage?

- Yes (1)
  - No (0)
  - Prefer not to say (99)
- 

*Display This Question:*

*If E1 = 4 [ 1 ]*

E20 Which of the following comes closest to how you feel about the total WIC (Nutrition program for pregnant women, infants, and children) benefits you receive?

- It provides my family with enough support to meet our needs (1)
  - It provides my family with some support, but not enough (2)
-

*Display This Question:*

*If E1 = 4 [ 2 ] Or E1 = 4 [ 3 ] Or E1 = 4 [ 4 ]*

E21 Why do you not receive WIC (Nutrition program for pregnant women, infants, and children) benefits? (Please select all that apply)

- I don't need this type of assistance (1)
  - I applied but did not qualify (2)
  - I don't know how to get this type of assistance (3)
  - I don't want this type of assistance (4)
  - I don't think I qualify for this type of assistance (5)
  - I had a bad experience receiving or trying to get this type of assistance (6)
  - I was not aware of this type of assistance (7)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these (96)
- 

*Display This Question:*

*If E1 = 5 [ 1 ]*

E22 Which of the following comes closest to how you feel about the total SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT benefits you receive?

- It provides my family with enough support to meet our needs (1)
  - It provides my family with some support, but not enough (2)
-

*Display This Question:*

*If E1 = 5 [ 2 ] Or E1 = 5 [ 3 ] Or E1 = 5 [ 4 ]*

E23 Why do you not receive SNAP (Supplemental Nutrition Assistance Program), food stamps, or EBT benefits (Please select all that apply)?

- I don't need this type of assistance (1)
  - I applied but did not qualify (2)
  - I don't know how to get this type of assistance (3)
  - I don't want this type of assistance (4)
  - I don't think I qualify for this type of assistance (5)
  - I had a bad experience receiving or trying to get this type of assistance (6)
  - I was not aware of this type of assistance (7)
  - Other (Please specify) (97) \_\_\_\_\_
  - None of these (96)
- 

*Display This Question:*

*If E1 = 3 [ 1 ]*

E24 Which of the following comes closest to how you feel about the total childcare subsidies you receive?

- It provides my family with enough support to meet our needs (1)
  - It provides my family with some support, but not enough (2)
-

Display This Question:

If E1 = 3 [ 2 ] Or E1 = 3 [ 3 ] Or E1 = 3 [ 4 ]

E25 Why do you not receive childcare subsidies? (Please select all that apply)

- I don't need this type of assistance (1)
- I applied but did not qualify (7)
- I don't know how to get this type of assistance (2)
- I don't want this type of assistance (3)
- I don't think I qualify for this type of assistance (4)
- I had a bad experience receiving or trying to get this type of assistance (5)
- I was not aware of this type of assistance (6)
- Other (Please specify) (97) \_\_\_\_\_
- None of these (96)

End of Block: Section E: Programs and services your family may receive

---



**Section F: Family Concerns**

F1 How concerned are you about the following things regarding any of your children under the age of 9?

	Very concerned (4)	Somewhat concerned (3)	Not very concerned (2)	Not at all concerned (1)	Don't know/ Prefer not to say (98)
My child or children frequently misbehaving (trouble following direction, getting along with other children or adults, etc.) (F1a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child or children having trouble learning (F1b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>D1 = 1 Or D1 = 3 Or D1 = 4</b>					
My child or children struggling in their childcare, preschool or Head Start program (F1c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>C1 = 1 Or C1 = 3 Or C1 = 4</b>					
My child or children struggling in school (F1d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>A2 [ 1 ] &gt; 0 Or A2 [ 2 ] &gt; 0</b>					
My baby or toddler not developing as well as I would like (F1e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child having trouble with eating/feeding or sleeping (F1f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify) (F1o)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Display This Question:**  
**If F1 [ 4 ] (Count) >= 1 Or F1 [ 3 ] (Count) >= 1**

F2 Have you looked for programs or other support within your community or at your child's school, child care center, preschool, or Head Start to help with your concerns about your child?

- Yes (1)
- No (0)
- Don't know/Can't remember (98)

Display This Question:

If F2 = 1

F3 Were you able to find the support you needed?

- Yes (1)
- No (0)
- Don't know/Can't remember (98)

F4 Thinking about yourself, would you agree or disagree with the following statements?

	Strongly agree (5)	Somewhat agree (4)	Neutral (3)	Somewhat disagree (2)	Strongly disagree (1)	Don't know/ Prefer not to say (98)
I sometimes have feelings, such as sadness, anger, or worry that bother me (F4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My health or other physical problems sometimes make it hard to do things I want to do (F4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not have enough money to pay for food, rent, phone, clothing, and other things my family needs (F4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is hard to find time to do things with my child or children that we enjoy (F4d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If F4 [ 5 ] (Count) >= 1 Or F4 [ 4 ] (Count) >= 1

F5 Have you looked for programs or other support within your community to help with your concerns?

- Yes (1)
- No (0)
- Don't know/Can't remember (98)

*Display This Question:*

*If F5 = 1*

F6 Were you able to find the support you needed?

- Yes (1)
  - No (0)
  - Don't know/Can't remember (98)
- 

*Display This Question:*

*If A2 [ 1 ] > 0 Or A2 [ 2 ] > 0 Or A2 [ 3 ] > 0 Or A2 [ 4 ] > 0*

F7 Do you use VROOM activities?

- Yes (1)
- No, but I know about VROOM (2)
- No, I have not heard of VROOM (3)

**End of Block: Section F: Family Concerns**

---

**Section G: COVID-19 pandemic and health/stress**

G1 Does your child or children have a health care provider or clinic that you usually go to for well child visits, check-ups, or when your child is sick?

- Yes (1)
  - No, I take my child or children to urgent care or the emergency room (2)
  - No, my child or children does not have access to medical care (3)
  - Other (Please specify) (97) \_\_\_\_\_
- 

G2 During the COVID-19 pandemic, have you been able to get your child or children to pediatric visits as much as you would like?

- Yes (1)
  - No (0)
  - Don't know/Prefer not to say (98)
- 

G3 Thinking about your child or children under the age of 9, would you say their health has gotten better or worse since the start of the COVID-19 pandemic?

- Much better (5)
  - Somewhat better (4)
  - Stayed about the same (3)
  - Somewhat worse (2)
  - Much worse (1)
  - Don't know/Prefer not to say (98)
-

G4 Thinking about your child or children under the age of 9, would you say their behavior has gotten better or worse since the start of the COVID-19 pandemic?

- Much better (5)
  - Somewhat better (4)
  - Stayed about the same (3)
  - Somewhat worse (2)
  - Much worse (1)
  - Don't know/Prefer not to say (98)
- 

G5 Do you have a health care provider or clinic where you usually receive check-ups and care for illnesses?

- Yes (1)
  - No, I use urgent care or the emergency room (2)
  - No, I do not have access to medical care (3)
  - Other (Please specify) (97) \_\_\_\_\_
- 

G6 Compared to before the COVID-19 pandemic, would you say your family's stress has... How, if at all, has the COVID-19 pandemic affected your family's stress level

- Increased significantly (5)
- Increased somewhat (4)
- Stayed about the same (3)
- Decreased somewhat (2)
- Decreased significantly (1)
- Don't know/Prefer not to say (6)

End of Block: Section G: COVID-19 pandemic and health/stress

---

## Section H: Employment of adults in your household

H1 Do you currently have a paid job?

- Yes (1)
- No (0)
- Prefer not to say (99)

Skip To: H6 If H1 = 0  
Skip To: H6 If H1 = 99

Display This Question:  
If H1 = 0

H2 Did you lose your job since March 2020, when the COVID-19 pandemic began?

- Yes (1)
- No (0)
- Prefer not to say (99)

H3 Are you currently employed in more than one paid job?

- Yes (1)
- No (0)
- Prefer not to say (99)

H4 About how many hours per week do you work for pay on average? (Please enter whole numbers only)

---

H5 Which of the following applies to your current employment situation? (Please select all that apply)

- I sometimes or work at night (1)
  - I sometimes or always work on weekends (2)
  - The number of hours I work may be different each week (3)
  - The days of the week I work may be different each week (4)
  - None of the above (96)
- 

*Display This Question:*

*If Including yourself, how many adults currently live in your household?(Please enter whole numbers only)  
Text Response Is Greater Than 0*

H6 Do any other adults in your household currently have a paid job?

- Yes, and the other adult(s) helps support my child(ren)'s financial needs (1)
  - Yes, but the other adult(s) do not help support my child(ren)'s financial needs (2)
  - No, no other adult in my household has a job (3)
- 

*Display This Question:*

*If H6 = 2*

H7 Does the other adult have two or more paid jobs? If more than one adult works and supports your children's financial needs, please think of the adult who works the most.

- Yes (1)
  - No (0)
  - Don't know/Prefer not to say (98)
- 

*Display This Question:*

*If H6 = 1 Or H6 = 2*

H8 About how many hours per week does this other adult work for pay on average? (Please enter whole numbers only)

---

End of Block: Section H: Employment of adults in your household

---

### Section I: Demographics

I1 Before we finish, we would like to get some information on your background. Which of the following best describes your gender?

- Woman (1)
  - Man (2)
  - Transgender (3)
  - Gender Non-conforming/other (4)
  - Prefer not to say (5)
- 

I2 Which of the following ethnic or racial groups do you identify with? (Please select all that apply)

- Native American, Inuit, or Aleut (1)
  - Asian American/Pacific Islander (2)
  - African American/Black/Caribbean American (3)
  - Caucasian/White (4)
  - Latino/Hispanic (5)
  - Other - Specify (97) \_\_\_\_\_
  - Prefer not to say (99)
- 

I3 Are you currently married, widowed, divorced, separated, or have you never been married?

- Married (1)
  - Widowed (2)
  - Divorced (3)
  - Separated (4)
  - Never married (5)
  - Living together (6)
-



I4 What is the highest grade in school or level of education that you've completed and got credit for?

- Eighth grade or less (1)
  - Some high school (2)
  - High school graduate (includes G.E.D.) (3)
  - Technical school (4)
  - Some college (5)
  - College graduate (6)
  - Postgraduate work (7)
  - Don't know/Not sure (98)
- 

I5 How much **total** income did you and your family receive in 2019, not just from wages or salaries but from **all** sources, that is, before taxes and other deductions were made?

- Less than \$15,000 (Less than \$1,250 per month) (1)
  - \$15,000-\$29,999 (\$1,250-\$2,499 per month) (2)
  - \$30,000-\$44,999 (\$2,500-\$3,749 per month) (3)
  - \$45,000-\$59,999 (\$3,750-\$4,999 per month) (4)
  - \$60,000-\$74,999 (\$5,000-\$6,249 per month) (5)
  - \$75,000-\$99,999 (\$6,250-\$8,333 per month) (6)
  - \$100,000-\$149,999 (\$8,334-\$12,499 per month) (7)
  - \$150,000-\$199,999 (\$12,500-\$16,666 per month) (8)
  - \$200,000 and over (\$16,667 and over per month) (9)
  - Don't know/Not sure (98)
- 

I6 What is your current age? (Please enter a number only)

---

I7 In which town do you live?

▼ Acworth (1) ... Other (997)

---

*Display This Question:*  
*If I7 = 997*

I8 You indicated an "other" town above. Which town is that?

---

---

I9 Were you born in the United States or in another country?

- The United States (1)
- Another country (2)
- Prefer not to say (99)

---

*Display This Question:*  
*If I3 = 1 Or I3 = 6*

I10 And was your spouse or significant other born in the United States or in another country?

- The United States (1)
- Another country (2)
- Prefer not to say (99)

---

I11 What is your first language? (Please select one response)

- English (1)
  - Spanish (2)
  - Arabic (3)
  - Nepali (4)
  - Swahili (5)
  - Kir (6)
  - Other (Please specify) (97) \_\_\_\_\_
  - Prefer not to say (99)
-

I12 What language(s) does your child/children under age 9 speak at home with your or other adults? (Please select all that apply)

- English (1)
  - Spanish (2)
  - Arabic (3)
  - Nepali (4)
  - Swahili (5)
  - Kir (6)
  - Other (Please specify) (97) \_\_\_\_\_
  - Prefer not to say (99)
-

I13 Where did you hear about this survey? (Please select all that apply)

- Boys and Girls Clubs (1)
- Childcare provider (2)
- Head Start center (3)
- Community Action Program (4)
- Community Health Center (5)
- Diaper Pantry (6)
- Family Centered Early Supports and Services (7)
- Food pantry/Soup Kitchen (8)
- Family Resource Center (9)
- Home Visiting Program (10)
- Homeless Shelter (11)
- Pediatrician (12)
- Resettlement agency (13)
- School District (14)
- WIC (15)
- Other (Please specify) (16) \_\_\_\_\_

End of Block: Section I: Demographics

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