
Data Collection Protocol for the Family Assessment Scales (FAS)

Fiscal Year 2011

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CHAPTER 1: INTRODUCTION

BACKGROUND INFORMATION

There are 5 separate Family Assessment Scales Modules:

- 1) The CORE Module (Module A)
- 2) The Prenatal Module (Module B)
- 3) The Post-Natal Parenting Module (Module C)
- 4) The Handling Stress Module (Module D)
- 5) The Parent-Child Interaction Module (Module E)

Only the CORE Module is REQUIRED.

THE CORE MODULE

The CORE module includes the basic demographic questions and questions that apply to both pregnant and post-partum parents. These include questions about past 30 day substance use, family life, the ability to control one's environment, and social support. This module has 42 questions and is 4 pages long. **You are required to use this tool.**

THE PRENATAL MODULE

The Pre-Natal module is optional. This module should only be used if you are working with mothers (or fathers) when the mother is still pregnant. This module asks about prenatal mental, emotional, and physical health and about intentions to smoke and drink after the baby is born. There are 20 items in this module. You may use this tool for evaluation purposes if your respondent is pregnant at pre-test and still pregnant at post-test. Otherwise, it can be used as a screening tool only at pre-test.

Send all pre & post-test data collected with this instrument to PIRE. We will include these data in the year end evaluations.

THE POST-NATAL MODULE

The Post-Natal module is optional. This module assesses the respondent's increase in knowledge of important child development processes and involvement and interaction with the child. There are 26 items in this module. You may use this tool for evaluation purposes if your respondent is post-partum at pre-test, meaning you can give the same tool twice. If your respondent is pregnant at pre-test and post-partum at post-test, you'll only have 1 time point of assessment.

Send all pre & post-test data collected with this instrument to PIRE. We will include these data in the year end evaluations.

THE HANDLING STRESS MODULE

The Handling Stress module is optional. This module assesses the respondent's increase in ability to handle and cope with stress in constructive healthy ways versus unhealthy ways. There are 20 items in this module. You may use this tool for evaluation purposes because it can be administered at pre-test and at post-test for most parents. If your prevention program teaches parents better ways to handle stress, we would recommend you use this module.

Send all pre & post-test data collected with this instrument to PIRE. We will include these data in the year end evaluations.

THE PARENT-CHILD INTERACTION MODULE

This module is optional. It is more appropriate for parents of older children rather than infants. Our recommendations would be to use it only if the child is 2 or older and even then, some questions may not be applicable for children that young. This module assesses positive (healthy) and negative (unhealthy) parent-child interactions. You may use this tool for evaluation purposes if the child is old enough at pre-test for the instrument to be applicable and if the prevention program addresses improving parent-child interactions such as Strengthening Families does.

Send all pre & post-test data collected with this instrument to PIRE. We will include these data in the year end evaluations.

WHEN TO CONDUCT THE PRE-TEST

This is very tricky because each prevention program has unique circumstances. Therefore, we will provide rough guidelines here, while fully expecting that there will be differences by program. The local evaluator, the provider, the program manager, and the state evaluator will want to discuss the best approach.

Depending on how long the prevention program is, there may be ample opportunity to wait to give the pretest until the respondent(s) is/are comfortable with and trusting of the provider. There is some evidence at this point (particularly from the Strengthening Families program) that asking sensitive questions about parenting behavior early on will influence respondents to provide the socially desirable response rather than their actual behavior. Inevitably, this results in the appearance of worse results at the end of the program rather than better, because they appeared to be perfect parents at the beginning. In this case, you may want to consider delaying the pre-test survey, if at all possible, until the respondent is thoroughly involved and engaged in the program and trusting of the staff. Then ask the respondent to answer the questions with respect to where they were at the beginning of the program. This would be a "retrospective" view. Naturally, this is also controversial because one's recollection of where they were could

be distorted and inaccurate as well. You will want to weigh the pros and cons of various strategies in an attempt to get the best data possible.

Once you decide which modules you plan to use, you may want to stagger the administration of the modules or you may want to administer them all the modules at the same time depending on the circumstances of your program. If you administer them all at once, you do not need to use a different face page for each module – print one and attach the remaining modules. You will have available both pdf (not modifiable) and Word documents (modifiable). We recommend printing from the pdf version as to avoid formatting changes that can occur when printing from Word.

You may administer the modules in the order you think will best work for your respondents although we recommend beginning with the CORE module. The local evaluator and the program provider should discuss this and decide ahead of time the best order in which to provide the modules.

WHEN TO CONDUCT THE POST-TEST

Ideally, the post-test data will be collected at, or very near, the end of your program. However, for those programs that last *longer* than the fiscal year we recommend that you post test as close to the end as possible. If your program has a rolling enrollment so that not everyone begins at the same time, test each respondent at 6 months after entry into the program. This means you will not necessarily have matching data for those who start later in the fiscal year. You will want to make sure that when you send in your data files, that you exclude those who will have post-test data in the following fiscal year and include them in the following year's data file. If you wish to do so, you may test again at the end of the program so that you have 3 time points of data to compare.

WHO SHOULD CONDUCT SURVEYS?

The local evaluator and the program providers must decide who is best able to conduct the surveys. If the local evaluator is *not* the person who conducts the data collection, the evaluator is responsible for training the person(s) who conduct the survey. A debriefing should also be conducted by the local evaluator to assess whether there were any problems encountered by the person(s) giving the survey such as questions that were unclear, reading comprehensions issues, classroom disruptions, breeches of confidentiality, etc. These should then be communicated to the state evaluator, particularly if issues suggest that changes to the survey may be required.

DATA ENTRY

Separate templates for each module will be provided on the PIMS site. Data should be entered into the provided data entry templates and submitted to PIRE in a timely manner.

Instructions

1. Variable name convention: Each item in the survey corresponds to a variable name in the data entry file. Each item number is preceded by the letter 'Q' (Question). Therefore, variable name for item number 5 would be 'Q05'. Please note that the variable name is in two-digit number format. All variable names are indicated in bold next to each item.
2. In most instances, the option numbers below each item indicate value for that item, unless otherwise instructed. Therefore, for item #1, if the respondent indicated that he is a male and circled '1', then '1' would be entered into the data file.
3. Other special instructions for the particular item are indicated in italics and bold.
4. For missing data, please leave it blank. Do not enter '0', '99', or any other codes.
5. For the ID #, we have provided 1 space for group ID. You may use this space for two purposes. First, if you are collecting your own comparison data, you may use the group ID to distinguish between target and comparison groups. If you are not collecting your own comparison group data, you may also use the group ID to distinguish between program providers/instructors. This could allow you to determine if different instructors have different outcomes. Used as an educational analysis, a program can see if some instructors need a booster training session on some aspects of the curriculum or examine whether the sex of the instructor differentially influences outcomes, etc. **If you do not have multiple groups or instructors and do not need the group ID, please enter: 0 in the Group ID.**

WHEN AND TO WHOM TO SEND DATA

WHEN: Any existing pre- and/or post-test data should be sent to PIRE by December 15th, 2008. Any remaining pre- and/or post-test data should be sent to PIRE by June 15th, 2009.

WHO: Data should be sent to: Laurie Stockton at: lstockton@pire.org and please cc Martha Waller at: mwaller@pire.org and your program manager.

Once you decide which modules you are administering, please send an email to Laurie Stockton & Martha Waller regarding your selection of modules. Any data that are sent to PIRE at pre-test will be expected at post-test. For example, if you send pre-test data for modules A & C, then please send post-test data for Modules A & C.

CHAPTER 2: DETAILED INSTRUCTIONS FOR ADMINISTERING SURVEYS

SECTIONS OF THE FAMILIES ASSESSMENT SCALES:

- 1) Module A: CORE (REQUIRED)
- 2) Module B: Prenatal (Optional)
- 3) Module C: Post-Natal Parenting (Optional)
- 4) Module D: Handling Stress (Optional)
- 5) Module E: Parent/Child Interaction (Optional)

SOME BASIC INSTRUCTIONS:

The Program Manager/Provider(s) and the local evaluator should decide together which modules are appropriate to administer at pre-test and post-test based on the goals and objectives of the prevention program. Once you have selected the modules you wish to administer, determine if you will administer them all at the same time or not. If not, how, when, & in what order will you give the surveys? As in prior iterations of the FAS, the intent is to have matched pairs of pre- and post-test data.

SCRIPT FOR THE CORE MODULE:

Note to survey administrators: feel free to place the script below in your own words. It consists of the primary points for informed consent so it is important to address each one.

1. First I want to explain why we are taking these surveys.
 - There are other parents in New Mexico participating in prevention programs like this one. Because of the requirements for funding to this program, we must ask that everyone take a survey when beginning the program and then again at the end of the program.
 - You may take a subset of the survey at the beginning that you do not take at the end. That's okay. Not everyone will take the same set of surveys, however, everyone will take what we refer to as the CORE survey.
2. This is **NOT** a test. There are no right or wrong answers and we want you to try to answer all the questions. The best approach is to go with your initial instinct and not to "over think" your responses.
3. We need you to be **honest** in your answers about your own experiences, thoughts and feelings when answering these questions, otherwise, collecting this information is pointless. You will be asked questions about yourself and those close to you, but *your individual answers are kept private and are strictly confidential.*

4. You may feel some questions do not apply to you. If you come across questions that do not apply to your situation, just respond Not Applicable, because it is not applicable to you or your child's situation.
5. Sometimes you may be asked what seems like the same thing more than once. But we still need you to answer every question by selecting the best answer of those provided. There are often subtle differences in these questions. We hope that you can be patient and understand that those who pay for this program need us to ask you these questions in all these ways.
6. You'll notice on the front page of the questionnaire that we assign you a number so nobody knows who you are. This is very important for you to understand. ***No staff person in the program will ever know what you say on this survey.*** All anyone who may look at the surveys will ever see is a number and not a name that goes with the responses. This way we can guarantee you that your answers will remain confidential.
7. Because we need to match your responses from the beginning of the program with those at the end of the program, we keep one document that has your name and your ID number on it, which is the front page. Please tear off the cover sheet that has your name and ID number on it now and hand it in to the person giving the survey. We will keep these separate from your survey so your answers remain confidential.
8. Some questions may seem like they are assuming that you are already using drugs, smoking or drinking. If you have never used any of these things, just answer "0" or "never" in the space provided.
9. Some questions may seem to assume that something is wrong with your ability to parent. That is definitely not the intention of the questions. These questions are meant to help your program staff understand your needs better. We all know that no one is ever the perfect parent and it's okay to acknowledge that sometimes you may do things you'd rather you didn't.
10. (*If pre-test survey*): Try to answer the questions according to how *you* feel right now or what you are currently experiencing and not based on what you think others may want you to answer. Because the survey is used to help us evaluate the program, the accuracy of your answers is very important. With your accurate answers, we can better serve you and future families that participate in the program.
11. (*If post-test survey*): Try to answer the questions according to how *you* feel right now or what you are currently experiencing and not based on what you think others may want you to answer. It's okay if your answers are not the same as they were in the first survey you took. The accuracy of your answers is very important. With your accurate answers, we can better serve you and future families that participate in the program.

12. Do not write your name anywhere on the survey booklet. Erase your name on the booklet if it is written there already. Mark your answers clearly on the sheet. If you change your mind about an answer, erase your first answer completely.
13. Please respond to the questions quietly and privately. Respect your neighbor and do not share or talk with them while you are doing this short survey.
14. If you have a question, feel free to raise your hand so I can respond to your questions individually.

POINTS FOR SURVEY ADMINISTRATORS:

1. *Please make sure the testing place is quiet and conducive to taking the survey. Make sure respondents feel they can take the survey without others seeing their responses.*
2. *Feel free to explain or clarify for respondents without giving out too many hints for them to respond in the way that you would wish them to respond. At the end of this document, there is a list of suggested ways to answer survey taker questions. These FAQs should help you guide respondents so that the spirit of the survey can be maintained.*
3. ***This survey is new, so please make note of all the items that you get questions about, and what the question was. This will help us improve our questions for next time. Take one of the surveys and mark each item that you receive questions about and provide as much detail as possible.***
4. *Be very careful to sound non-judgmental. We wish for respondents to answer honestly about their behavior and they may not be honest if they think that someone is telling them what the “correct” way of responding is.*
5. *You may want to offer participants who complete the survey an incentive, like a healthy treat at the end of the survey.*
6. *If a respondent returns an incomplete survey to you, ask them if they can fill in the remaining answers. However, some respondents may feel uncomfortable doing so. Please let them leave questions blank if they appear very confused or uncomfortable. Remember that they have the right to refuse to take the survey.*
7. *If there are respondents who cannot read well or are having a hard time understanding the questions, you may want to read the questions to them one at a time and they will complete the questionnaire by marking their response. You may want to provide a tape recording or burned CD of an adult reading the survey out loud and play it for all the respondents. (Quality will be important on the recording.) If you do not have access to a recording and know that your survey respondents will include those with limited reading skills, be prepared to simply read the questions and indicate the responses.*

8. *Have surveys available in Spanish for respondents who may be more comfortable responding in their native language. Ask respondents if anyone feels more comfortable taking the survey in Spanish (be careful, they also have to be able to read Spanish!) If you know that you will have monolingual Spanish speakers taking the survey, arrange for a bilingual survey administrator to be present so that questions can be answered.*
9. *Unfortunately, there are no surveys available in other languages. However, we do not expect to encounter any significant number of non-English speakers (or other languages) in this setting who do not also read English or understand English. However, if this is the case, be prepared to provide someone who can interpret and alert your evaluator so she can be prepared for this need in the future. If this is an issue, please contact your state evaluation team.*
10. *Have respondents turn in the questionnaire when they are done. Thank them and make sure they have responded to all the questions (ask them, but don't peek into their survey given that we have already said that their responses are confidential).*

FREQUENTLY ASKED QUESTIONS FOR SURVEY TAKERS AND SURVEY ADMINISTRATORS:

Q- How do I answer the question about race or ethnicity?

A- Try *NOT* to tell the survey taker what their race or ethnicity is. Tell them: “How have you heard your family talk about itself? Have you heard any of these words below? You can check more than one answer if you have different kinds of people in your family.”

Q- What does “other Latino” mean?

A- Other Latino can be Cuban, South American, Caribbean, or Guatemalan for example. The first list of kinds of Hispanic or Latino are ways that people typically refer to themselves here in New Mexico (Hispano, Mexican, etc.)

Q – Why do these questions assume we all smoke, drink or use drugs?

A- Unfortunately, the questions aren't perfect. They are meant to ask many people from different places the same thing, so sometimes they have to ask questions in that way. Not everyone smokes or drinks. If you don't smoke or drink or use drugs, just answer the question in the negative. In other words, just answer that you haven't done something.

POSSIBLE QUESTIONS ABOUT THE DRUG USE QUESTIONS:

NOTE: We had to use these questions as they match with federal standards. Do the best you can to describe what different drugs are, using local terminology you may know. Here are some examples below.

Q- Does drinking mean taking wine at mass or at church? Does smoking include ceremonial tobacco?

A – No, drinking wine or smoking tobacco as part of a religious ceremony is not what these questions are asking for. Do not include those in your answers. The questions are trying to

understand if you are using alcohol, tobacco, or drugs in ways that are potentially harmful to you.

Q- What does Marijuana mean? (you may have to read this word to them as it does not look like what it sounds like)

A – Other names for marijuana are weed, pot, bud, mota, hierba (pronounced yair-bah). *Do not say “dope” as that nowadays often refers to methamphetamine or heroin, not marijuana.*

Q- I don’t understand this question about medicines. I use medicines.

A – Only answer yes if you use those medicines in a way that your doctor did not tell you to. Like if a friend or family member gave them to you, when they were meant for that person. Or maybe you took them without them knowing. If you don’t know what those medicines are, just answer “no”.

Q – Does Advil count?

A- Non-prescriptions drugs generally don’t count unless you are taking them when you don’t need them for illness.

Q- What about things like eye drops or creams that were prescribed for someone else, but I used them? Would this count?

A –Yes.

Q- What are these medications? I’ve never heard of them. (you may have to read these words to them)

A- If you’ve never heard of them, that’s okay. If you don’t know what those medicines are, just answer “no”.

POSSIBLE QUESTIONS ABOUT PARENTING:

Q- (A12) What is a family activity? My family regularly attends community ceremonial events together. Does that count?

A- (A12) Yes! Family activities can mean any kind of activity in which you participate with other family members, and can include recreational activities, trips or outings, meals, games, and ceremonial or religious activities.

Q- I am no longer with the biological parent of my child. How do I answer the questions about the parent or my partner?

A- The biological parent may be the same as your partner. Pay attention to the way the question is asked. Some ask about the biological parent – that means the person with whom you conceived your child. Others ask about your actual partner – that is your current spouse, boyfriend or girlfriend – and this person may or may not be the biological parent of your child.

Q- I am a father, and some of these questions seem to only apply to mothers. What do I do?

A- Men these days take many different roles in parenting. If you feel that a question does not apply to you because you are a father, then respond with “NA”.

Q- Some of these questions seem to assume that I should have easy access to things that cost money, or assume that I should have family members who are involved with my care, but I don't have those resources.

A- These questions are meant to help your program staff understand your needs better. You may not have access to some things that other people do, so it's important that you respond honestly about what resources you have so that your program can help you be the best parent you can.

Q- Module E: I parent with my spouse or my other family members, and delegate different kinds of disciplining to different family members. How do I respond to these questions?

A- Think about "I" as "we" in this circumstance. What are the kinds of disciplinary actions that you do, as well as may delegate to others that care for your child?