

MIHP Outcomes Survey

What is the name of the MIHP agency that conducted your home visit(s)? *(Ask your Home Visitor if unsure)*

Background

What do you identify as your race / ethnic background? *(Check all that apply)*

- Asian
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White / Caucasian
- Arab / Chaldean
- Hispanic / Latino
- Other (please specify)

- I prefer not to answer

To the best of your knowledge, what is or will be the infant's race / ethnic background? *(Check all that apply)*

- Asian
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White / Caucasian
- Arab / Chaldean
- Hispanic / Latino
- Don't know
- Other (please specify)

- I prefer not to answer

Is this the final visit for... *(Ask your Home Visitor if unsure)*

- You?
- Your infant?

Is this your first pregnancy?

- Yes
- No

If this isn't your first pregnancy, how many children have you given birth to?

Employment

Do you work outside the home (including telework or remote work)?

- Yes, employed full-time
- Yes, employed part-time
- I am on leave or vacation
- I am temporarily laid off
- I am not employed but looking for work
- I am not employed and not looking for work
- I am retired
- I am disabled and unable to work
- Other (please specify)

If not employed and looking for work, please check all that apply. In the past 30 days, have you...

- Looked at job postings?
- Contacted someone about a job (an employment agency, employer, friend)?
- Applied to a job posting?
- Had a job interview?
- Posted a resume online or posted / updated information on a career networking website?
- Other (please specify)

- None of the above

Finances

In the past 30 days, have you gone without... (Check all that apply)

- Water?
- Gas, oil, or electricity?
- Phone or internet?
- None of the above

Food

In the past 30 days, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes
- No

Transportation

Do you have access to reliable transportation?

- Yes
- No

 What, if any, concerns do you have about your access to transportation? *(Check all that apply)*

- Potential unavailability
- Unreliable
- Not affordable
- None of the above

Education

How many grades of school have you completed?

- Less than 8th grade
- Junior high / Middle school
- High school diploma/GED
- Associate's degree
- Bachelor's degree
- Graduate degree
- Trade school

Are you currently enrolled in school?

- Yes
- No

If you are currently enrolled, what best describes the nature of your enrollment?

- High school or GED program
- Associate's degree program
- Bachelor's degree program
- Graduate degree program
- Work or professional training program
- Taking classes, unrelated to degree / work / profession
- Not currently enrolled

Depression/Anxiety

In the past 2 weeks, how often have you been bothered by the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Parenting

In the past 30 days, how often would you have agreed with the following statements?

	Rarely or never	A little of the time	Some of the time	Good part of the time	Always or most of the time
I am proud of myself as a parent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have set goals about how I want to raise my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I learn new parenting skills and use them with my child.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relationships

Are you in a relationship right now?

- Yes
 No

In the past 30 days, has your partner or someone else in your life... *(Check all that apply)*

- Called you names, humiliated you, or made you feel that you don't count?
 Kept you from seeing or talking to your family, friends, or other people?
 Forced you to have sexual activities?
 Hit, kicked, slapped or otherwise physically hurt you?
 None of the above

Housing

Are you homeless?

- Yes
 No

In the past 30 days, have you lived... *(Check all that apply)*

- In a home that you / your family rents (apartment, house, trailer, etc.)?
 In a home that you / your family owns?
 At someone else's home?
 At a hotel / motel?
 At a shelter?
 In a car, van, or other vehicle?
 Outside (for example, in a tent)?
 Where I live changes frequently
 Other (please specify)

Do you currently have any concerns or worries about your housing situation?

- Yes
 No

What, if any, concerns or worries do you currently have about your housing situation? *(Check all that apply)*

- No place to live, no regular nighttime residence
- Affordability of current house or apartment
- Strained relations with other(s) in household
- House or apartment is too crowded
- Eviction or being forced to move out
- Safety of house / apartment
- Sanitation / waste removal
- Pest control
- None of the above

Referrals

Did your Home Visitor(s) make referrals or connect you with resources for any of the following? *(Check all that apply)*

- Food
- Housing
- Finding a job
- Furthering my education
- Transportation
- Mental health
- Substance misuse and/or smoking cessation
- Domestic abuse
- None of the above

Relationship with Home Visitor(s)

How would you rate your relationship with your Home Visitor(s)?

- Excellent
- Very good
- Good
- Okay
- Poor

If you would like to provide more detail on your relationship with your Home Visitor(s), please do so in the following field.

Did the home visiting program meet your needs?

- Fully met my needs
- Somewhat met my needs
- Did not meet my needs

What, if any, needs were not met by the program?

Thank you for participating in the MIHP Outcomes Survey!

Please place your completed survey into the pre-paid, pre-addressed envelope that your Home Visitor will provide to you. Seal the envelope and sign across the seal to help ensure your answers stay private. Depending on your preference, either you or your Home Visitor can put the envelope in the mail to send to the Youth Policy Lab at University of Michigan at the end of your visit.