

INTERVIEWER OBSERVATIONS
MTO Interim Impacts Evaluation
Parts I and II
(Household Observations)

Part I: Household Respondent (HHR) Interaction with Sampled Child

<OBSSC> IF THERE IS NO SAMPLED CHILD FOR THIS VISIT, CHECK BOX 2 AND SKIP TO PART II.

| | YES | NO | NOT OBSERVED | DON'T REMEMBER |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. <OBS1> HHR's voice conveyed positive feeling when speaking of or to target child. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. <OBS2> HHR answered target child's questions or requests verbally. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. <OBS3> HHR spontaneously praised target child's behavior or qualities twice during visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. <OBS4> HHR caressed, kissed, or cuddled target child once during visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5. <OBS5> HHR helped target child to demonstrate some achievement during visit or mentioned a particular skill, strength, or achievement. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6. <OBS6> HHR encouraged target child to contribute to the conversation during the visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. <OBS7> HHR showed positive emotional responses to praise of target child by visitor. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 8. <OBS8> HHR talked twice to target child during visit (beyond correction and introduction). | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 9. <OBS9> HHR used some term of endearment or some diminutive for target child's name when talking about him/her at least twice during visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 10. <OBS10> HHR scolded or criticized target child once during visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 11. <OBS11> HHR scolded or criticized target child more than once during visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 12. <OBS12> HHR shouted at target child during visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

- | | YES | NO | NOT
OBSERVED | DON'T
REMEMBER |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 13. <OBS13> HHR expressed overt annoyance with or hostility toward target child—complained, described him/her as “bad,” said he/she won’t mind, etc. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 14. <OBS14> HHR slapped or spanked target child during visit. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 15. <OBS15> What was the total number of minutes available for observing the parent or primary caregiver interacting with the target child? | | | | |
| LESS THAN 5 MINUTES | | | | <input type="checkbox"/> 1 |
| AT LEAST 5 MINUTES BUT LESS THAN 10 MINUTES | | | | <input type="checkbox"/> 2 |
| AT LEAST 10 MINUTES BUT LESS THAN 20 MINUTES | | | | <input type="checkbox"/> 3 |
| 20 MINUTES OR MORE | | | | <input type="checkbox"/> 4 |
| DON'T KNOW | | | | <input type="checkbox"/> 8 |

Part II. Observation of adult respondent (HHR or other adult respondent)

- | | YES | NO | DON'T KNOW |
|---|----------------------------|----------------------------|----------------------------|
| 16. <OBS16> Respondent’s speech was distinct, clear, and audible to interviewer. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |
| 17. <OBS17> Respondent appeared to readily understand the interviewer’s questions. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |
| 18. <OBS18> Respondent expressed ideas freely and easily, and used statements of appropriate length. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |
| 19. <OBS19> Respondent initiated verbal interchange with visitor, asked questions, made spontaneous comments. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 8 |

INTERVIEWER OBSERVATIONS
MTO Interim Impacts Evaluation
Parts III and IV
(Neighborhood Observations)

Part III: Interior of Home

Physical Condition

| | YES | NO | NOT OBSERVED |
|--|----------------------------|----------------------------|----------------------------|
| 20. <OBS20> Did you observe any open cracks or holes in walls or ceiling, not little hairline cracks or nail holes but OPEN cracks or holes wider than the edge of a dime? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| 21. <OBS21> Did you observe any areas of broken plaster or peeling paint bigger than the size of a standard business letter (8.5 x 11")? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |

Environmental Conditions

| | | | |
|---|----------------------------|----------------------------|----------------------------|
| 22. <OBS22> Does the house or apartment have wall-to-wall carpet? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| 23. <OBS23> Does the house or apartment have obvious dampness or mold on the walls? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| 24. <OBS24> Does the house or apartment have evidence of cigarette smoking? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| 25. <OBS25> Does the house or apartment have a dog, cat, or other pet with fur? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |

ON A SCALE OF 1 TO 5, WHERE 1 IS VERY AND 5 IS NOT AT ALL, RATE THESE ITEMS:

| | VERY | | SOMEWHAT | | NOT AT ALL | NOT OBSERVED |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 26. <OBS26> Was the house or apartment noisy from noise <i>in the house</i> , so that it was difficult or distracting to hear and be heard (TV, radio, shouts of children)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 27. <OBS27> Was the house or apartment noisy from noise <i>outside the house</i> , so that it was difficult or distracting to hear and be heard (trains, cars, people, music)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 28. <OBS28> Were all the visible rooms in the apartment/ house cluttered? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

Part IV: Exterior of Home

29. <OBS29> Which category best describes the building in which the respondent's unit is located?

SINGLE-FAMILY DETACHED HOUSE 1

SINGLE-FAMILY ATTACHED HOUSE (ROW HOUSE, TOWNHOUSE) 2

1 TO 3-STORY MULTI-FAMILY BUILDING 3

4 TO 6-STORY MULTI-FAMILY BUILDING 4

7 OR MORE STORY MULTI-FAMILY BUILDING 5

MOBILE HOME 6

OTHER (SPECIFY): _____ 95

DON'T KNOW 98

POST-CODES:

OTHER: MIXED COMMERCIAL-RESIDENTIAL DWELLING 7

OTHER: INTERVIEW NOT CONDUCTED AT RESPONDENT'S RESIDENCE 8

OTHER: PUBLIC HOUSING 9

OTHER: TELEPHONE INTERVIEW 10

OTHER: SINGLE-FAMILY DETACHED HOUSE 61

OTHER: SINGLE-FAMILY ATTACHED HOUSE (ROW HOUSE, 62

TOWNHOUSE)

OTHER: 1 TO 3 STORY MULTI-FAMILY BUILDING 63

OTHER: 4 TO 6 STORY MULTI-FAMILY BUILDING 64

OTHER: 7 OR MORE STORY MULTI-FAMILY BUILDING 65

OTHER: MOBILE HOME 66

30. <OBS30> How would you rate the general condition of this housing unit or building?

WELL-KEPT, GOOD REPAIR 1

FAIR CONDITION 2

POOR CONDITION (PEELING PAINT, BROKEN WINDOWS) 3

BADLY DETERIORATED 4

DON'T KNOW 8

31. <OBS31> How would you rate the general condition of most of the housing units or other buildings on this block?

WELL-KEPT, GOOD REPAIR 1

FAIR CONDITION 2

POOR CONDITION (PEELING PAINT, BROKEN WINDOWS) 3

BADLY DETERIORATED 4

NO OTHER STRUCTURES 5

DON'T KNOW 8

32. <OBS32> Does this building have any broken windows?

YES 1

NO 2

DON'T KNOW 8

33. <OBS33> Does this building have metal bars on any of its windows above the basement level?

YES 1

NO 2

DON'T KNOW 8

34. <OBS34> Are there metal bars on the windows above the basement level of any other buildings on either side of the street, within half a block in either direction of the unit?
- YES, ON ONE BUILDING 1
- YES, ON MORE THAN ONE BUILDING 2
- NO BARS OR WINDOWS 3
- DON'T KNOW 8
35. <OBS35> How would you rate the condition of the street in this block?
- VERY GOOD (RECENT RESURFACING, SMOOTH) 1
- MODERATE (EVIDENCE OF KEEPING IN GOOD REPAIR) 2
- FAIR (MINOR REPAIRS NEEDED BUT NOT ROUGH SURFACE) 3
- POOR (POTHoles AND OTHER EVIDENCE OF NEGLIGENCE) 4
- DON'T KNOW 8
36. <OBS36> Is there trash, litter or junk within a half a block in either direction of the unit?
- MAJOR ACCUMULATION 1
- MINOR ACCUMULATION 2
- NONE 3
- DON'T KNOW 8

37. <OBS37> How would you characterize the land use on this **block face**, based on street-level frontage?
- PRIMARILY RESIDENTIAL 1
 - PRIMARILY COMMERCIAL 2
 - MIXED RESIDENTIAL AND COMMERCIAL 3
 - PRIMARILY INDUSTRIAL 4
 - PRIMARILY VACANT HOUSES 5
 - PRIMARILY VACANT LOTS AND OPEN SPACE 6
 - PRIMARILY SERVICES OR INSTITUTIONS 7
 - PRIMARILY PARKS OR PLAYGROUNDS 8
 - OTHER (SPECIFY): _____ 95
 - DON'T KNOW 98
 - POST-CODES:**
 - OTHER: PUBLIC HOUSING 9
 - OTHER: TELEPHONE INTERVIEW 10
 - OTHER: PRIMARILY RESIDENTIAL 61
 - OTHER: PRIMARILY COMMERCIAL 62
 - OTHER: MIXED RESIDENTIAL AND COMMERCIAL 63
 - OTHER: PRIMARILY INDUSTRIAL 64
 - OTHER: PRIMARILY VACANT HOUSES 65
 - OTHER: PRIMARILY VACANT LOTS AND OPEN SPACE 66
 - OTHER: PRIMARILY SERVICES OR INSTITUTIONS 67
 - OTHER: PRIMARILY PARKS OR PLAYGROUNDS 68