

# Brilliant Baby

## STUDY



### Changing Hope to Expectation

The Oakland Promise Brilliant Baby Program and UCSF Benioff Children's Hospital Oakland are excited to offer an opportunity for babies ages 2 to 9 months and their families. Join our research study and learn how to prepare your child for a bright future.

#### PARTICIPATION INVOLVES:

- ▶ Study visits and completing study surveys as part of your child's regular Well-Child care through age 5.
- ▶ Permission to share information on yours and your baby's health with the study team.
- ▶ Clinic Services
- ▶ Brilliant Baby study families will receive one or more of the following resources:
  - College savings accounts
  - Books and toys for children
  - Financial coaching for parents/guardians

You will receive \$25 each time you fill out a study survey.



#### STUDY DETAILS

##### WHERE?

- ▶ Children's Hospital  
Primary Care Clinic  
5220 Claremont Avenue  
Oakland, CA 94618

##### QUESTIONS?

- ▶ Call: (510) 428-3885, ext. 4110
- ▶ Email: [brilliantbaby@oaklandpromise.org](mailto:brilliantbaby@oaklandpromise.org)



IRB#: 2017-076



# Brilliant Baby

**APPROVED**

**DEC 14 2017**

**CHILDREN'S HOSPITAL &  
RESEARCH CENTER OAKLAND IRB**

Start of Block: Inclusion Exclusion

BB1.1 Please enter Medical ID

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BB1.2

Hi, my name is \_\_\_\_\_, and I work at the Family Information and Navigation Desk here at the Claremont Pediatric Clinic. We're offering families with babies between the ages of 2 and 8 months old the chance to be part of an exciting study and set of services to help prepare their children for college success. The services your child receives will depend on which branch of the study you are placed in -- but all children and families will benefit from being part of what is called the Oakland Promise Brilliant Baby Study.

Would you like to know if your family is eligible? If I ask you just a few screening questions we'll quickly find out.

Yes (1)

No (2)

Skip To: End of Survey if MOREINFO = No

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BB1.3 First we need to determine your eligibility to participate in the study. We have just a few questions we need to ask.

Are you this child's parent/legal guardian?

Yes (1)

No (2)

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**BB1.4 Are you at least 14 years of age or older?**

- Yes (1)
  - No (2)
- 

**BB1.5 Was your baby born in the United States?**

- Yes (1)
  - No (2)
- 

**BB1.6 Are you and your baby currently residing in Oakland, California (i.e. in the past three months did you live mostly in Oakland)?**

- Yes (1)
  - No (2)
- 



**BB1.7 How many month's old is your child?**

\_\_\_\_\_

---

**BB1.8 Can you speak English or Spanish fluently?**

- Yes-English (1)
- Yes-Spanish (2)
- Yes-Both (3)
- No (4)

---

**BB1.9 Do you speak either English or Spanish to your child at home?**

Yes (1)

No (2)

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**BB1.10 Was your baby born pre-term (before 37 full weeks of pregnancy)?**

Yes (1)

No (2)

---

**BB1.11 Do you know of any reason that you would not be able to participate fully in this study?**

Yes (1)

No (2)

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**BB1.12 Are any of your children already enrolled in Brilliant Baby?**

Yes (1)

No (2)

End of Block: Inclusion Exclusion

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Start of Block: Eligibility

**BB2.1 You are eligible to participate in the Brilliant Baby Study. The Brilliant Baby program of the Oakland Promise seeks to advance the healthy development of babies by reducing parents stress and increasing their optimism, confidence, and engagement in preparing for their baby's future. Supported by the Oakland Mayor and City Council and the OUSD Board of Education, the Oakland Promise is pursuing the vision that every child will graduate from high school with the expectation, skills and resources to complete college and be successful in the career of their**

choice. The Brilliant Baby program will establish \$500 college savings accounts for low-income and under-resourced families. Parents and guardians will be offered the chance to participate in a Coaching & Savings Program designed to support them as they pursue their hopes and dreams for their family.

**The Brilliant Baby Study will follow children and families throughout their childhood and into young adulthood.** You are being asked to make a long-term commitment to participate in this study. This is an important study that will have a big impact on how the City of Oakland supports the children in our community for years to come.

BB2.2 While participating in the Brilliant Baby Study does not guarantee that your family will be selected to receive either the savings account or coaching, you do have a 66% chance of receiving either the savings account or the savings account and coaching.

BB2.3 If you'd like to participate in the study, the next step is to complete a consent form and questionnaire that will take approximately X minutes. Can we go ahead and start that process now?

- Yes (1)
- No-No time/will come back later (2)
- No-Not interested (3)

Skip To: BB2.4 If TAKECONSENT = No-No time/will come back later  
Skip To: End of Survey If TAKECONSENT = No-Not interested  
Skip To: BB2.5 If TAKECONSENT = Yes

BB2.4 Is it okay for us to invite you to join the study again at your next well-baby visit?

- Yes (1)
- No (2)

Skip To: End of Survey If NXTWLLBBVST = Yes  
Skip To: End of Survey If NXTWLLBBVST = No

**BB2.5 READ HARDCOPY CONSENT FORM AND OBTAIN SIGNATURE ON FORM**

**CLICK WHEN CONSENT FORM HAS BEEN SIGNED (1)**

End of Block: Eligibility

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Start of Block: Contact Information

**BB3.1 The first set of questions will ask for general information about you, your child and your family.**

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**BB3.2 What is your baby's name?**

**First (1)** \_\_\_\_\_

**Last (2)** \_\_\_\_\_

-----

**BB3.3 What is \${BB3.2/ChoiceTextEntryValue/1}'s gender?**

**Male (1)**

**Female (2)**

**Other (please specify) (3)** \_\_\_\_\_

**Declined to State (4)**

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BB3.4 What is \${BB3.2/ChoiceTextEntryValue/1}'s race/ethnicity? Please select all that apply.

African American (1)

Asian (2)

Latino (3)

Native American (4)

Pacific Islander (5)

White (6)

Filipino (7)

Other (please specify) (8) \_\_\_\_\_

-----

BB3.5 What is \${BB3.2/ChoiceTextEntryValue/1}'s primary address?

Address (1) \_\_\_\_\_

City (2) \_\_\_\_\_

State (3) \_\_\_\_\_

Zip code (4) \_\_\_\_\_

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BB3.6 What is your name?

First (1) \_\_\_\_\_

Last (2) \_\_\_\_\_

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**BB3.7 What is your gender?**

- Male (1)
  - Female (2)
  - Other (please specify) (3) \_\_\_\_\_
  - Declined to State (4)
- 



**BB3.8 What is your birth month and year?**

**Please enter as numbers: MM/YYYY**

- Month (1) \_\_\_\_\_
  - Year (2) \_\_\_\_\_
-

**BB3.9 What is your race/ethnicity?**

Please select all that apply.

- African American (1)
- Asian (2)
- Latino (3)
- Native American (4)
- Pacific Islander (5)
- White (6)
- Filipino (7)
- Other (Please Specify) (8) \_\_\_\_\_

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**BB3.10 Is your address the same as \${BB3.2/ChoiceTextEntryValue/1}'s?**

- Yes (1)
- No (2)
- Don't Know (3)
- Refused (4)

SKIP TO BB3.12 IF ADDRSSAME = Yes

**BB3.11 What is your primary address?**

- Address (1) \_\_\_\_\_
  - City (2) \_\_\_\_\_
  - State (3) \_\_\_\_\_
  - Zip Code (4) \_\_\_\_\_
- 



**BB3.12 What is your primary phone number?**

**PLEASE ENTER WITHOUT DASHES**

\_\_\_\_\_

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**BB3.13 What is your primary email address?**

\_\_\_\_\_

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**BB3.14 What is the name of one close family friend or relative who can help us locate you for future study surveys if you move and we lose touch with you?**

- First (1) \_\_\_\_\_
  - Last (2) \_\_\_\_\_
- 



**BB3.15 What is the phone number for that person?**

**PLEASE ENTER WITHOUT DASHES**

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**BB3.16 What is the email address for that person?**

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*End of Block: Contact Information*

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*Start of Block: Demographics*

**BB4.1 The next questions are about you, your child, your family and the other people who live in your household. These could be siblings, grandparents, relatives, or anyone YOU consider to live in your household.**

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**BB4.2 What is \${BB3.2/ChoiceTextEntryValue/1}'s relationship to you?**

- Son or daughter (biological or adopted) (1)
- Step-son or Step-daughter (2)
- Brother or Sister (3)
- Grandchild (4)
- Foster child (5)
- Other relative (e.g. niece or cousin) (6)
- Other non-relative (7)
- Don't Know (8)
- Decline to answer (9)



**BB4.3 Excluding  $\{BB3.2/ChoiceTextEntryValue/1\}$ , how many children 17 and under live in the household at least six months out of the year?**

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**BB4.4 Excluding you (if you live in the household), how many adults 18 and over live in the household at least six months out of the year?**

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**BB4.5 What is the highest grade or level of schooling that you have ever completed?**

- 8th grade or less (1)
  - 9th-12th grade no diploma (2)
  - High School graduate or GED completed (3)
  - Some college credit but no degree (4)
  - Associate degree (AA, AS) (5)
  - Bachelor's degree (BA, BS, AB) (6)
  - Graduate or professional degree (7)
  - Don't Know (8)
-

**BB4.6 What is your native language?**

- English (1)
- Spanish (2)
- Cantonese (3)
- Mandarin (4)
- Vietnamese (5)
- Arabic (6)
- Burmese (7)
- French (8)
- Khmer (9)
- Korean (10)
- Mam (11)
- Mien (12)
- Tagalog (13)
- Tigrinya (14)
- Tongan (15)
- Other (please specify) (16) \_\_\_\_\_

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BB4.7 What languages do you speak most often with \${BB3.2/ChoiceTextEntryValue/1}?  
Please check all that apply.

- English (1)
- Spanish (2)
- Cantonese (3)
- Arabic (4)
- Burmese (5)
- French (6)
- Khmer (7)
- Korean (8)
- Mam (9)
- Mandarin (10)
- Mien (11)
- Tagalog (12)
- Tigrinya (13)
- Tongan (14)
- Vietnamese (15)
- Other (please specify) (16) \_\_\_\_\_

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**BB4.8** What was  $\{BB3.2/ChoiceTextEntryValue/1\}$ 's birthweight? Please choose a category below.

- Extremely low birth weight, less than 2 pounds 3 ounces (1)
  - Very low birth weight, less than 3 pounds 5 ounces (2)
  - Low birth weight, between 3 pounds 6 ounces and 5 pounds 7 ounces (3)
  - Normal weight at term delivery, between 5 pounds 8 ounces and 9 pounds 4 ounces (4)
  - Large birth weight, greater than 9 pounds 5 ounces (5)
- 

**BB4.9** During your pregnancy, how many alcoholic drinks did you have in an average week?

- 14 drinks or more a week (1)
  - 7 to 13 drinks a week (2)
  - 4 to 6 drinks a week (3)
  - 1 to 3 drinks a week (4)
  - Less than 1 drink a week (5)
  - None (6)
  - I did not give birth to this child (7)
-



**BB4.10 During your pregnancy, how many cigarettes did you smoke on an average day? (A pack has 20 cigarettes.)**

- 41 cigarettes or more (1)**
- 21 to 40 cigarettes (2)**
- 11 to 20 cigarettes (3)**
- 6 to 10 cigarettes (4)**
- 1 to 5 cigarettes (5)**
- None (0 cigarettes) (6)**
- I did not give birth to this child (7)**

**End of Block: Demographics**

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**Start of Block: Services**

BB5.1 Next I would like to ask you about services that you, or you and your child, may have used in the past three months or may currently be using. Please select all services that apply. Check YES if you have used or are using a service and NO if you have not.

	Yes (1)	No (2)
<b>Child Care</b> (e.g., day care center, friend-family-neighbor/informal care) (1)	<input type="radio"/>	<input type="radio"/>
<b>Early childhood education programs</b> (e.g., Head Start, OUSD pre-K, private pre-k [YMCA]) (2)	<input type="radio"/>	<input type="radio"/>
<b>Community-based enrichment programs</b> (e.g. library programs, story-time, Toddler Class, bilingual programs) (3)	<input type="radio"/>	<input type="radio"/>
<b>Organized play groups</b> (e.g., Pre-K Play, Sandboxes to Empowerment Playgroups, Room To Bloom Playgroup) (4)	<input type="radio"/>	<input type="radio"/>
<b>Mental health services for yourself</b> (e.g., Counseling and Outreach Services, psychotherapy) (5)	<input type="radio"/>	<input type="radio"/>
<b>Mental health services for your child</b> (e.g., Kidango: Child and Family Support Program, psychotherapy, Specialty Mental Health, Brighter Beginnings: Early Childhood Mental Health) (6)	<input type="radio"/>	<input type="radio"/>
<b>Sports &amp; recreation programs for yourself</b> (e.g., Oakland Parks and Recreation, Piedmont Recreation) (7)	<input type="radio"/>	<input type="radio"/>
<b>Sports &amp; recreation for you and your child</b> (e.g., Yoga for Families, Moving Parents and Children Together (MPACT), Swim and Gym Inclusion Program) (8)	<input type="radio"/>	<input type="radio"/>

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BB5.2 Here are a few more services that you, or you and your child, may have used in the past three months or may currently be using. Please select all services that apply. Check YES if you have used or are using a service and NO if you have not.

	Yes (1)	No (2)
<b>Food assistance</b> (e.g., WIC, food stamps, SNAP, Alameda County Social Services Agency, Alameda County Community Food Bank) (1)	<input type="radio"/>	<input type="radio"/>
<b>Family violence and crisis programs</b> (e.g., SAVE's Individual Counseling Program, Bay Area Women Against Rape, Child Abuse Hotline, Circle of Care Grief and Illness Support Services) (2)	<input type="radio"/>	<input type="radio"/>
<b>Parenting education programs</b> (e.g., pregnancy and childbirth support, positive parenting classes, Booties Camp, Fussy Baby Program) (3)	<input type="radio"/>	<input type="radio"/>
<b>Home visiting</b> (e.g., Early Head Start, MIECHV, Nurse-Family Partnership) (4)	<input type="radio"/>	<input type="radio"/>
<b>Parent support groups</b> (e.g., Parent Café, new moms support group, Fatherhood Circle) (5)	<input type="radio"/>	<input type="radio"/>
<b>Financial support services</b> (e.g., Sparkpoint, EBCLC Public Benefits Self-Help Clinic) (6)	<input type="radio"/>	<input type="radio"/>
<b>Housing and shelter support programs</b> (e.g., Oakland Housing Authority, Shelter Services and Community Outreach, Building Futures with Women and Children, Salvation Army Shelter) (7)	<input type="radio"/>	<input type="radio"/>
<b>Legal support services</b> (e.g., Alameda County Bar Association Volunteer Legal	<input type="radio"/>	<input type="radio"/>

Services, Alameda County  
Department of Child Support  
Services) (8)

**Adult education, job  
training/assistance** (e.g.,  
Sparkpoint, Alameda County  
Social Services Agency,  
California Employment  
Development Department,  
East Bay Works) (9)

End of Block: Services

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Start of Block: Financial Well-being

**BB6.1** The next few questions are about household finances. Your answers are completely confidential. Please answer them the best that you can.

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**BB6.2** For a **typical month** during the past 12 months, how much money from all sources did your family have to live on?

\_\_\_\_\_

-----

**BB6.3 What is your annual household income?**

- Less than \$15,000 (1)
  - \$15,000 - \$19,999 (2)
  - \$20,000 - \$24,999 (3)
  - \$25,000 - \$29,999 (4)
  - \$30,000 - \$49,999 (5)
  - \$50,000 - \$74,999 (6)
  - \$75,000 - \$94,999 (7)
  - \$95,000 - \$114,999 (8)
  - \$115,000 or more (9)
  - Don't Know (10)
- 

**BB6.4 Your net worth is what you would have in cash if you sold every significant possession you have and paid off all of your debts. How much do you estimate your net worth to be?**

- Negative (less than \$0) (1)
  - \$0 (2)
  - \$1-\$4,999 (3)
  - \$5,000-9,999 (4)
  - \$10,000 - \$50,000 (5)
  - More than 50,000 (6)
-

BB6.5 In the past 12 months, did you or anyone in your household receive any of the following?  
(Please check all that apply)

- Salaries, wages, freelance pay or tips (1)
- Payments from a pension plan (2)
- Withdrawal from a retirement account, Social security or disability benefits (3)
- Other benefits [unemployment, SSI, SNAP, TANF, WIC, MediCal] (4)
- Income from a business (5)
- Money from family members who do not live with you (6)

Display This Question  
IF FN SUPPL INCOME = Other benefits [unemployment, SSI, SNAP, TANF, WIC, MediCal]

BB6.6 Which of the following benefits do you or your children receive? Check all that apply

- Unemployment (1)
- SSI (2)
- SNAP (3)
- TANF (4)
- WIC (5)
- MediCal (6)

**BB6.7 What is your current employment or work status?**

- Self-employed (own your own business or freelance) (1)
  - Work full-time for an employer (2)
  - Work part-time for an employer (3)
  - Homemaker (4)
  - Permanently sick, disabled, or otherwise unable to work (5)
  - Unemployed or temporarily laid-off (6)
  - Retired (7)
- 

**BB6.8 Are you a part-time or full-time student taking courses for credit?**

- Yes (1)
  - No (2)
- 

**BB6.9 Last month, about how much money were you able to save or invest?**

\_\_\_\_\_

---

**BB6.10 Is your family currently saving for \${BB3.2/ChoiceTextEntryValue/1}'s future education, like college? By "your family" I mean you, your spouse or partner, or extended family like grandparent/guardians, godparent/guardians, or aunts and uncles.**

- Yes (1)
- No (2)
- Don't Know (3)



**BB6.11** This is a list of types of ways people save for future education, please tell me if your family is using any of these to save for  $\{BB3.2/ChoiceTextEntryValue/1\}$ 's education. Check all that apply.

- A 529 college savings plan (1)
  - Coverdell Education Savings Account (ESA) (2)
  - Checking account at a bank or credit union (3)
  - Savings account at a bank or credit union (4)
  - Mutual fund (5)
  - US Savings bonds (6)
  - Stocks or bonds (7)
  - Certificates of Deposit (CDs) (8)
  - Other (9)
  - Don't Know (10)
- 

**BB6.12** In total, about how much money has your family set aside for  $\{BB3.2/ChoiceTextEntryValue/1\}$ 's future education? Give your best estimate.

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**BB6.13 Do you or your spouse/partner currently own or rent your home?**

- Own home (1)
- Rent my home (2)
- Neither of these (3)

**End of Block: Financial Well-being**

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**Start of Block: Financial Security**

**BB7.1 The next section asks about your feelings of financial well-being and security so we can see how they change over time. Your responses will not affect your participation in the study or which group you will be randomly assigned to.**

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**BB7.2 How well do the following statements describe you or your situation?**

**Because of my money situation, I feel like I will never have the things I want in life.**

- Completely (1)
  - Very Well (2)
  - Somewhat (3)
  - Very little (4)
  - Not at all (5)
  - Don't Know (6)
-

**BB7.3 I am just getting by financially.**

- Completely (1)
  - Very Well (2)
  - Somewhat (3)
  - Very little (4)
  - Not at all (5)
  - Don't Know (6)
- 

**BB7.4 I am concerned that the money I have or will save won't last.**

- Completely (1)
  - Very Well (2)
  - Somewhat (3)
  - Very little (4)
  - Not at all (5)
  - Don't Know (6)
-

**BB7.5 How often do the following statements apply to you?**

**I have money left over at the end of the month.**

- Always (1)
  - Often (2)
  - Sometimes (3)
  - Rarely (4)
  - Never (5)
  - Don't Know (6)
- 

**BB7.6 My finances control my life.**

- Always (1)
  - Often (2)
  - Sometimes (3)
  - Rarely (4)
  - Never (5)
  - Don't Know (6)
- 

**BB7.7 Do you **currently** have a personal budget, spending plan, or financial plan?**

- Yes (1)
  - No (2)
-

BB7.8 How **confident** are you in your ability to achieve a financial goal you set for yourself today?

- Not at all confident (1)
  - Somewhat confident (2)
  - Very confident (3)
- 

BB7.9 If you had an unexpected expense or someone in your family lost a job, got sick, or had another emergency, how **confident** are you that your family could come up with money to make ends meet within a month?

- Not at all confident (1)
  - Somewhat confident (2)
  - Very confident (3)
- 

BB7.10 Do you **currently** have an automatic deposit or electronic transfer set up to put money away for a future use (such as savings)?

- Yes (1)
  - No (2)
- 

BB7.11 Over the **past month**, would you say your family's spending on living expenses was **less than** its total income?

- Yes (1)
  - No (2)
-

**BB7.12 In the last 2 months, have you been charged a late fee on a loan or bill?**

- Yes (1)
  - No (2)
- 

**BB7.13 How confident are you that you could come up with \$400 if an unexpected need arose within the next month? (car repair, medical bill). Please use the scale below, where 1 indicates that you are certain you could not come up with \$400 and 5 indicates that you definitely could.**

Scale 1-5, 1=Certain could not come up with \$400, 5=Could definitely come up with \$400  
(1)



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End of Block: Financial Security

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Start of Block: Child Health

**BB8.1 The next few questions are about your health, and  $\{BB3.2/ChoiceTextEntryValue/1\}$ 's health.**

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**BB8.2 Would you say your own health, in general, is excellent, good, fair, or poor?**

- Excellent (1)
  - Good (2)
  - Fair (3)
  - Poor (4)
  - Don't Know (5)
-

BB8.3 Would you say the health of your child, in general, is excellent, good, fair, or poor?

- Excellent (1)
- Good (2)
- Fair (3)
- Poor (4)
- Don't Know (5)

BB8.4 Were you concerned that your child might have had any of the following in the past  $\{BB1.7/ChoiceTextEntryValue\}$  months? Please select yes or no after each.

	Yes (1)	No (2)
Weight or eating problems (e.g. underweight, overweight, obese, eating disorders) (1)	<input type="radio"/>	<input type="radio"/>
Chronic illnesses (e.g. Asthma, Allergies, Diabetes) (2)	<input type="radio"/>	<input type="radio"/>
Frequent Infections (e.g. Ear infections, colds, or other infections) (3)	<input type="radio"/>	<input type="radio"/>
Problems falling or staying asleep (4)	<input type="radio"/>	<input type="radio"/>
Stomach aches (5)	<input type="radio"/>	<input type="radio"/>
Behavioral challenges (e.g. tantrums, difficult soothing, not sitting still, aggressive) (6)	<input type="radio"/>	<input type="radio"/>

End of Block: Child Health

Start of Block: Stress

BB9.1 The questions in this scale ask you about your feelings and thoughts during the past month. In each case, you will be asked to indicate how often you felt or thought in a certain

way. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the answer that seems like a reasonable estimate.

CLICK NEXT

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BB9.2 In the last month, how often have you been upset because of something that happened unexpectedly?

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
-



**BB9.3 In the last month, how often have you felt that you were unable to control the important things in your life?**

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
- 

**BB9.4 In the last month, how often have you felt stressed?**

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
-

**BB9.5** In the last month, how often have you felt confident in your ability to handle your personal problems?

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
- 

**BB9.6** In the last month, how often have you felt that things were going your way?

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
-

**BB9.7** In the last month, how often have you found that you could not cope with all the things that you had to do?

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
- 

**BB9.8** In the last month, how often have you been able to control irritations in your life?

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
-

**BB9.9** In the last month, how often have you felt that you were on top of things?

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
- 

**BB9.10** In the last month, how often have you been angered because of things that happened that were outside of your control?

- Never (1)
  - Almost never (2)
  - Sometimes (3)
  - Fairly often (4)
  - Very often (5)
  - Don't Know (6)
  - Decline to answer (7)
-

**BB9.11** In the last month, how often have you felt difficulties piling up so high that you could not overcome them?

- Never (1)
- Almost never (2)
- Sometimes (3)
- Fairly often (4)
- Very often (5)
- Don't Know (6)
- Decline to answer (7)

End of Block: Stress

---

Start of Block: College Going Expectations

**BB10.1** The next set of questions asks about your child's future schooling.

---

**BB10.2** In the best of all worlds, how much schooling would you like  $\{BB3.2/ChoiceTextEntryValue/1\}$  to complete?

- Some High School (1)
- High School Diploma/GED (2)
- Some college (3)
- Two-Year Degree (4)
- Bachelor's Degree (5)
- Some graduate school (6)
- Graduate degree (7)

-----

**BB10.3** Sometimes children do not get as much education as we would like. How much schooling do you expect that  $\{BB3.2/ChoiceTextEntryValue/1\}$  will really complete?

- Some High School (1)
- High School Diploma/GED (2)
- Some college (3)
- Two-Year Degree (4)
- Bachelor's Degree (5)
- Some graduate school (6)
- Graduate degree (7)

End of Block: College Going Expectations

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Start of Block: Hope & Optimism

**BB11.1** The following questions are about how you feel about your life and future.

-----

**BB11.2** To what extent do you agree or disagree with the following statement? I'm always optimistic about my future.

- Strongly disagree (1)
  - Disagree (2)
  - Neutral (3)
  - Agree (4)
  - Strongly agree (5)
  - Don't Know (6)
-

**BB11.3** For the next three questions, please select the response that best describes how you think about yourself right now. Please focus on yourself and what is going on in your life at this moment.

---

**BB11.4**

If I should find myself in a jam, I could think of many ways to get out of it.

- Definitely false (1)
  - Mostly false (2)
  - Somewhat false (3)
  - Slightly false (4)
  - Slightly true (5)
  - Somewhat true (6)
  - Mostly true (7)
  - Definitely true (8)
  - Don't know (9)
-

**BB11.5 Right now, I see myself as being pretty successful.**

- Definitely false (1)
  - Mostly false (2)
  - Somewhat false (3)
  - Slightly false (4)
  - Slightly true (5)
  - Somewhat true (6)
  - Mostly true (7)
  - Definitely true (8)
  - Don't know (9)
- 

**BB11.6 I can think of many ways to reach my current goals.**

- Definitely false (1)
- Mostly false (2)
- Somewhat false (3)
- Slightly false (4)
- Slightly true (5)
- Somewhat true (6)
- Mostly true (7)
- Definitely true (8)
- Don't know (9)



**BB12.1** In this section, we are going to ask what you think about how young children learn.

We will ask about learning at different ages.

Think about **infants** (age 0-6 months), **babies** (age 6-12 months), **toddlers** (age 1-3 years), **preschoolers** (age 3-5 years), and **Kindergarteners** (age 5-6 years).

-----

**BB12.2** When do you think a child is ready to be exposed to **words**?

- As an infant 0 to 6 months (1)
  - As a baby 6 to 12 months (2)
  - As a toddler 1 to 3 years (3)
  - In preschool 3 to 5 years (4)
  - In Kindergarten 5 to 6 years (5)
  - In elementary school 6 years and up (6)
- 

**BB12.3** Think about **infants** (age 0-6 months), **babies** (age 6-12 months), **toddlers** (age 1-3 years), **preschoolers** (age 3-5 years), and **Kindergarteners** (age 5-6 years).

How true or not true is each statement?

-----

**BB12.4 Letting infants 'cry it out' helps them become more independent.**

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
- 

**BB12.5 How smart a baby will become depends mostly on genetics.**

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
- 

**BB12.6 Infants who get a lot of attention from their parents will grow up to be needy and dependent.**

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
-

**BB12.7 Toddlers can learn more from watching educational TV than they can from being read to by their parents.**

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
- 

**BB12.8 It's a bad sign when toddlers start to mix up the different languages they are learning.**

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
- 

**BB12.9 Letting a toddler move around while listening to a story teaches the toddler bad listening skills.**

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
-

**BB12.10** When toddlers learn multiple languages at home, it will slow down their learning in all other subjects at school.

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
- 

**BB12.11** Leaving the TV on in the background is a great way to give 0 to 2 year olds extra chances to learn words.

- Definitely True (1)
  - Probably True (2)
  - Probably Not True (3)
  - Definitely Not True (4)
- 

**BB12.12** The best place for young children to begin learning things like math and reading is at school from their teachers.

- Definitely True (1)
- Probably True (2)
- Probably Not True (3)
- Definitely Not True (4)

End of Block: Understanding Child Development

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Start of Block: Parenting Behaviors

**BB13.1** These next questions are about activities you might do with your child. Most parents would like to have more time to do things with their children, but life can often be busy and it can be hard to make time. We want to learn about how much time you honestly spend doing the activity in each question. Please think about week days and weekend days during the week.

---

**BB13.2** How often do you talk with your child? By talking, we mean face to face interactions where you use language with your child. Do not include reading or singing. Include all times of the day or night, such as before bedtime.

Times per weekday (Monday-Friday) (1)

---

Times per weekend day (Saturday-Sunday) (2)

---

Never/Less than one day per week (3)

Don't Know (4)

---

**BB13.3** How often do you read to your child? Include looking at picture books and talking about what is in the pictures. Please think about week days and weekend days during the week. Include all times of the day or night, such as before bedtime.

Times per weekday (Monday-Friday) (1)

---

Times per weekend day (Saturday-Sunday) (2)

---

Never/Less than one day per week (3)

Don't Know (4)

---

**BB13.4** About how many children's books does  $\{BB3.2/ChoiceTextEntryValue/1\}$  have?

- None (1)
  - 1 to 2 (2)
  - 3 to 9 (3)
  - 10 or more (4)
- 

**BB13.5** How often do you sing songs to or with your child? Please think about week days and weekend days during the week. Include singing during the child's bath time, when changing diapers, in the car, at bedtime and any other times.

- Times per weekday (Monday-Friday) (1)  
\_\_\_\_\_
  - Times per weekend day (Saturday-Sunday) (2)  
\_\_\_\_\_
  - Never/Less than one day per week (3)
  - Don't Know (4)
- 

**BB13.6** The next question is about time spent on electronic devices during a typical day in your household. Please think about all the days of the week.

---

**BB13.7** On a typical day when you are at home, about how much time does your child actively view something on a screen, such as television, videos, movies, or video games. Include time spent on a computer or hand held device.

- All of the Time (1)
- Most of the Time (2)
- Some of the Time (3)
- A little of the time (4)
- None of the time (5)
- Don't know/not sure (6)

End of Block: Parenting Behaviors

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Start of Block: Exit Question

**BB14.1** Thank you for filling out the survey! When you hit the next button you will be randomly assigned into one of three groups: 1) Holistic Medical Care, which means you will receive support through the FIND Desk and a gift of books and toys for your child; 2) College Savings Account, which means your child will be enrolled to receive a \$500 college savings account from the Brilliant Baby program; 3) College Savings Account plus financial coaching, which means your child will receive a \$500 college savings account and you will have the opportunity to receive financial coaching from the Brilliant Baby program. Once you are assigned to a group, please show the coordinator your screen so s/he can follow up with next steps.

End of Block: Exit Question

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Start of Block: Randomization

**BB15.1** Your assignment: Holistic Medical Care

PIN: \${m://ExternalDataReference}

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**BB15.2 Your assignment: College Savings Account**

**PIN: \${m://ExternalDataReference}**

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**BB15.3 Your assignment: College Savings Account+Coaching (TBA)**

**PIN: \${m://ExternalDataReference}**

**End of Block: Randomization**

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