

24-MONTH RESIDENT FATHER QUESTIONNAIRE

An important part of this study is to learn more about the types of things fathers and others do with their young children and how they feel about their children.

Q1. Are you the child's ...

Mark (X) one response

- Birth father,
 - Adoptive father,
 - Stepfather,
 - Foster father or male guardian, or
 - Do you have some other relationship to child? *Please specify* ↷
-

Q2. In a typical week, how often do you do the following things with your child? Would you say not at all, once or twice, 3 to 6 times, or every day:

For each item, mark (X) one response

	<u>Not at all</u>	<u>Once or twice</u>	<u>3 to 6 times</u>	<u>Every day</u>
a. Read books to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tell stories to your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sing songs with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take your child along while doing errands like going to the post office, the bank, or the store?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. In a typical week, how often do you or another family member watch TV together with your child? Would you say...

Mark (X) one

- Often,
- Sometimes,
- Hardly ever, or
- Never? → Skip to Q6

Q4. Is this time primarily spent watching mostly adult shows or mostly children's shows?

Mark (X) one

- Mostly adult shows
- Mostly children's shows

Q5. In a typical week, when your family watches TV together, how often do you or another family member do the following things with your child? Would you say often, sometimes, hardly ever, or never?

For each item, mark (X) one response

	<u>Often</u>	<u>Sometimes</u>	<u>Hardly ever</u>	<u>Never</u>
a. Play along with him or her during the TV program, for example sing, dance, talk back to the TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk with him or her about the TV programs (either during the show or after)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Play games or do activities (like arts and crafts) with him or her after a show is done based on what you watched together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6. In the past month, how often did you do the following things with your child? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all?

For each item, mark (X) one response

Rarely would be once a month.

	<u>More than once a day</u>	<u>About once a day</u>	<u>A few times a week</u>	<u>A few times a month</u>	<u>Rarely</u>	<u>Not at all</u>
a. Play chasing games with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prepare meals for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Change your child's diapers or help your child use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take your child for a ride on your shoulders or back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Play with games or toys indoors with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help your child to bed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Give your child a bath?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Take your child outside for a walk or to play in the yard, a park, or a playground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help your child get dressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Go to a restaurant or out to eat with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Assist your child with eating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Help your child brush his or her teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Take him or her with you to a religious service or religious event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. When the following things happen or need to be done, how often are you the one who does them? Do you always, often, sometimes, rarely, or never do them?

For each item, mark (X) one response

	<u>Always</u>	<u>Often</u>	<u>Some-times</u>	<u>Rarely</u>	<u>Never</u>	<u>Not Applicable</u>
a. Soothe your child when he/she is upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Stay home to care for your child when he/she is ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Take your child to or from the sitter or day care center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8. Here are some statements that parents of young children say about themselves. For each statement, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you.

For each item, mark (X) one response

	<u>Exactly like me</u>	<u>Very much like me</u>	<u>Some- what like me</u>	<u>Not much like me</u>	<u>Not at all like me</u>
a. I teach my children that misbehavior will be punished one way or another.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I do not allow my children to get angry with me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I express my affection by hugging, kissing, and holding my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am easygoing and relaxed with my children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There are times I just don't have the energy to make my children behave as they should.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have little or no difficulty sticking with my rules for my children even when close relatives, including grandparents, are there..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Being a father can sometimes be stressful. The next question is about how stressful being a father has been for you and the ways in which you have had to adjust your life.

Q9. For each of the following statements, please indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.

For each item, mark (X) one response

	<u>Strongly agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly disagree</u>
a. You find yourself giving up more of your life to meet your child's needs than you ever expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Since your child was born, you have been unable to do new and different things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You expected to have closer and warmer feelings for your child than you do and this bothers you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child is able to do less than you expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You feel trapped by your responsibilities as a father ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The next two questions are **ONLY** for the child's father (i.e. biological, step, adoptive, or foster).

If you are **NOT** the child's father, please check here and  Skip to statement before Q12.

Q10. Fathers do many things for their children. Of the list of things below, which 3 do you think are most important for you, as a father, to do?

Please rank them by entering 1 (*most important*), 2 (*second most important*), and 3 (*third most important*) next to the 3 things you think are the most important for you to do. Select only three.

Rank

Showing my child love and affection

Taking time to play with my child

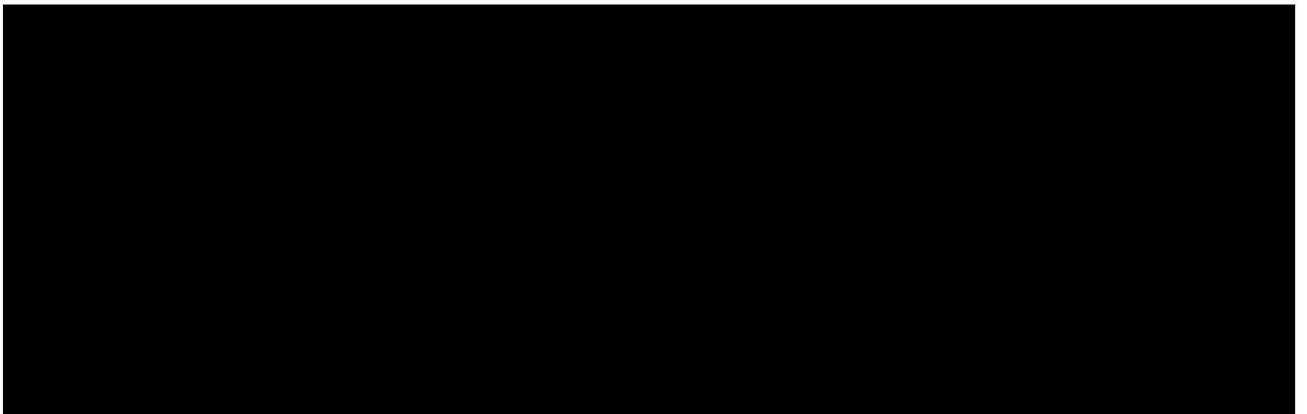
Taking care of my child financially

Giving my child moral and ethical guidance

Making sure my child is safe and protected

Teaching my child and encouraging his or her curiosity

Q11.



Now we have some questions about the care you provide for your child.

Q12. In the past month, how often have you looked after your child while your spouse/partner did other things? Was it ...


Mark (X) one

Every day or almost every day,

A few times a week,

A few times a month,

Once or twice, or

Never?  Skip to statement before Q14

NA (DO NOT USUALLY TAKE CARE OF CHILD)  Skip to statement before Q14

Q13. About how many hours each week do you usually care for your child while your spouse/partner is not home?

|_|_| NUMBER OF HOURS

We want to learn more about how parents with young children make important decisions in their children’s lives.

Q14. How much influence do you feel that you have in making major decisions about discipline, nutrition, health care, and child care? Would you say no influence, some influence, or a great deal of influence?

For each item, mark (X) one response

	<u>No influence</u>	<u>Some influence</u>	<u>A Great deal of influence</u>
a. Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are also interested in learning about how much support in being a father / father-figure you get from others.

Q15. In general, would you say that each of these people are very supportive of your being a father, are somewhat supportive, are neither supportive nor unsupportive, or are unsupportive?

For each item, mark (X) one response

	<u>Very supportive</u>	<u>Somewhat supportive</u>	<u>Neither supportive nor unsupportive</u>	<u>Unsupportive</u>
a. Your spouse/partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your in-laws/partner’s family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your spouse or partner’s friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your adult relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we have some questions about how you discipline your child.

Q16. Most children get angry at their parents from time to time. If your child got so angry that he/she hit you, yelled at you, or threw a temper tantrum, what would you do? Would you...

For each item, mark (X) one response

	<u>Yes</u>	<u>No</u>
a. Spank him/her?	<input type="checkbox"/>	<input type="checkbox"/>
b. Have him/her take a time out?	<input type="checkbox"/>	<input type="checkbox"/>
c. Hit him/her back?	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to him/her about what he/she did wrong?	<input type="checkbox"/>	<input type="checkbox"/>
e. Ignore it?	<input type="checkbox"/>	<input type="checkbox"/>
f. Make him/her do some work around the house?	<input type="checkbox"/>	<input type="checkbox"/>
g. Make fun of him/her?	<input type="checkbox"/>	<input type="checkbox"/>
h. Make him/her apologize?	<input type="checkbox"/>	<input type="checkbox"/>
i. Take away a privilege?	<input type="checkbox"/>	<input type="checkbox"/>
j. Give a warning?	<input type="checkbox"/>	<input type="checkbox"/>
k. Yell at or threaten him/her?	<input type="checkbox"/>	<input type="checkbox"/>

Q17. Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you spanked your child in the past week for not minding?

I NUMBER OF TIMES NA (I DO NOT SPANK)

Q18. About how many times, if any, have you used time out or sent your child to his/her room in the past week for not minding?

I NUMBER OF TIMES NA (I DO NOT USE TIMEOUT/SEND CHILD TO ROOM)

We are also interested in any reading you may do at home.

Q19. About how many books did you read during the past 12 months?

I__I__I NUMBER OF BOOKS

Q20. How often do you read a newspaper? Would it be . . .

Mark (X) one

- Almost every day,
- At least once a week,
- At least once a month, or
- Hardly ever?

The next few questions are about your relationship with your spouse/partner.

Q21. How often do you talk about your child with your spouse/partner? Would you say...

Mark (X) one

- Every day,
- Several times a week,
- About once a week,
- A few times a month,
- Several times a year, or
- Not at all?

Q22. Would you say that your marriage/relationship is...

Mark (X) one

- Very happy,
- Fairly happy, or
- Not too happy?

Q23. About how often do you and your spouse/partner do the following things? Would you say almost every day, once or twice a week, once or twice a month, or less often?

For each item, mark (X) one response

	<u>Almost every day</u>	<u>Once or twice a week</u>	<u>Once or twice a month</u>	<u>Less often</u>
a. Talk to each other about your day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Laugh together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Calmly discuss something?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work together on a project?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Talk about things that interest you both?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q24. Do you and your spouse/partner often, sometimes, hardly ever, or never have arguments about...

For each item, mark (X) one response

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>
a. Chores and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Not showing love and affection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other women or men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. In-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q25. Couples deal with serious disagreements in different ways. When you have a serious disagreement with your spouse/partner, how often do you ...

For each item, mark (X) one response

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>
a. Just keep your opinions to yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss your disagreements calmly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue heatedly or shout at each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. End up hitting or throwing things at each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach a compromise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Criticize each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions are about daily routines that may occur in your family.

Q26. In a typical week, please write in the number of days you and your child eat breakfast together.

I NUMBER OF TIMES

Q27. In a typical week, please write in the number of days you and your child eat the evening meal together.

I NUMBER OF TIMES

Q28. Do you participate in any ongoing community service activity, for example, volunteering at a school, coaching a sports team, or working with a church or neighborhood association?

- Yes
 No

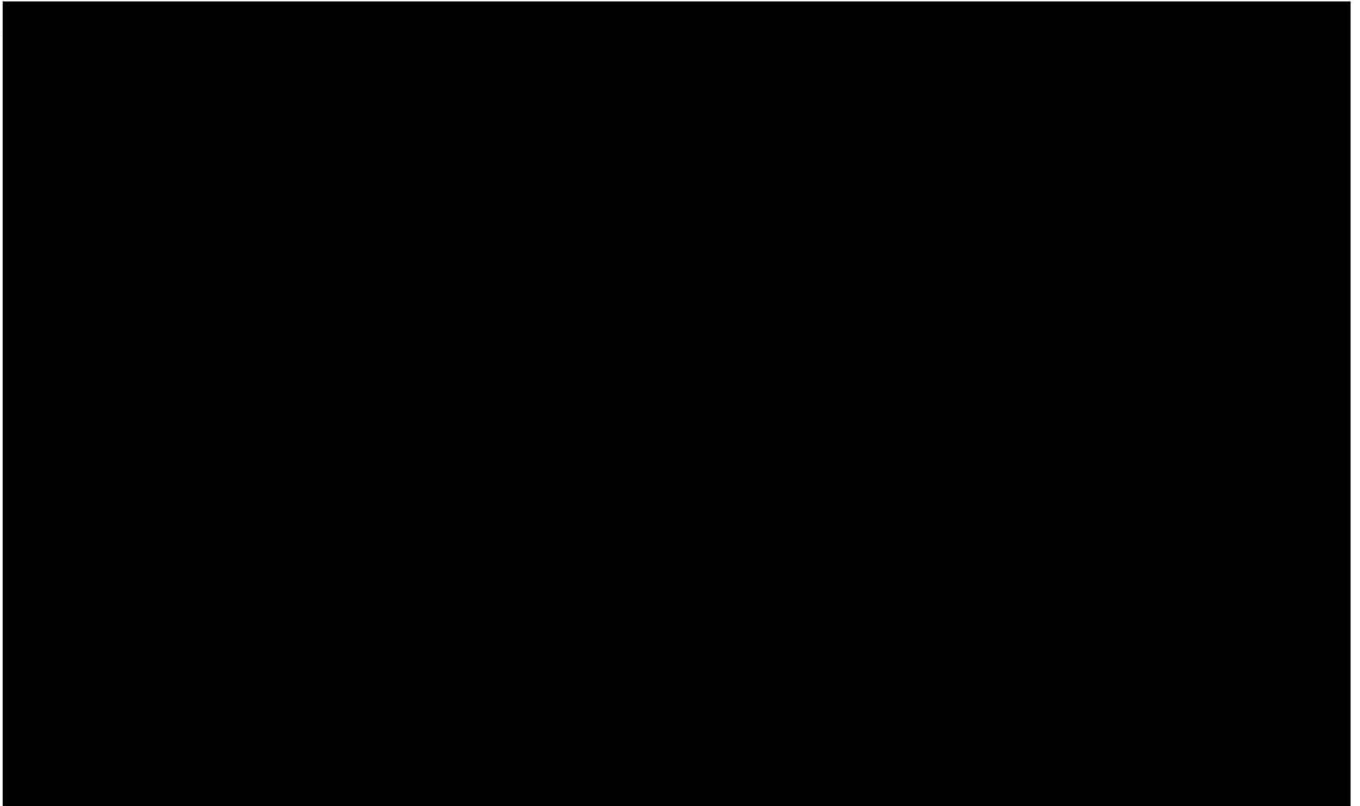
Q29. How often did you attend religious services in the past year? Was it...

Mark (X) one

- Never or almost never,
 Several times a year,
 Several times a month,
 Once a week, or
 Several times a week?

People sometimes feel satisfied about certain things in their life and want to change other things.

Q30.



Now we have some questions about your health and the health of your family.

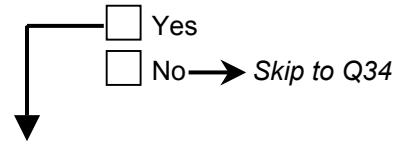
Q31. Would you say your health in general is...

Mark (X) one

- Excellent,
- Very good,
- Good,
- Fair, or
- Poor?

Q32. Do you smoke cigarettes now?

Yes
 No → *Skip to Q34*

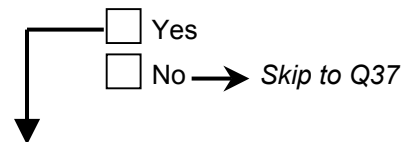


Q33. How many cigarettes or packs of cigarettes do you smoke on an average day now?

|_|_| CIGARETTES PER DAY OR |_|_| NUMBER OF PACKS PER DAY

Q34. Do you currently drink any alcoholic beverages?

Yes
 No → *Skip to Q37*



Q35. How many alcoholic drinks do you have in an average week now?

Mark (X) one

- None
- Less than 1 drink
- 1 to 3 drinks
- 4 to 6 drinks
- 7 to 13 drinks
- 14 to 19 drinks
- 20 or more drinks

Q36. In the last month, how many times did you drink five or more alcoholic drinks at one sitting?

|_|_| TIMES

Q37. Have you or any of your blood relatives ever had

Mark (X) all that apply

If YES, mark (X) for each person

	<u>NO</u>	<u>Self</u>	<u>Mother</u>	<u>Father</u>	<u>Brother</u>	<u>Sister</u>	Other blood relative (e.g. Cousin, Grandparent)
a. an alcohol abuse problem or disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. a drug abuse problem or disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. major depression?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. a serious mental illness such as schizophrenia, a paranoid disorder, bipolar disorder, or manic episodes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. asthma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. a learning disability?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. allergies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: The next few questions are **only** for fathers who are **new** to the study.

If you filled out a father questionnaire when your child was about 9 months old, please **check here** and **→** Skip to the tracing information sheet on page 20.

We would like to ask a few more questions about your background.

Q40. What is your birth date?

|_|_| MONTH |_|_| DAY |_|_|_|_| YEAR

Q41. In what country were you born?

Mark (X) one

- United States (50 states or DC)
- U.S. territories: Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, Mariana Islands, or Solomon Islands
- Some other country *Please specify* ↻

} → Skip to statement before Q43

Q42. Are you a citizen of the United States?

- Yes
- No

We also want to know what you think about being a father.

Q43. Here are some statements that men have made about their role as fathers. For each of the following statements, please indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.

For each item, mark (X) one response

	<u>Strongly agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly disagree</u>
a. It is essential for the child's well being that fathers spend time playing with their children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is difficult for men to express affectionate feelings toward babies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A father should be as heavily involved as the mother in the care of the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The way a father treats his baby has long-term effects on the child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The activities a father does with his children don't matter. What matters more is whether he provides for them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. One of the most important things a father can do for his children is to give their mother encouragement and emotional support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. All things considered, fatherhood is a highly rewarding experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we have a few questions about any marriages or children you have had.

Q44. How many times, if ever, have you been married?

|__|__| NUMBER OF TIMES MARRIED (including current marriage)

Q45. Altogether, how many biological or natural children do you have?


Please include the subject child – that is the child selected for this survey.

|__|__| NUMBER OF CHILDREN

Q46. How old were you when your first child was born?

|__|__| AGE WHEN FIRST CHILD WAS BORN

Q47. Do you have any biological or natural children who live outside your household?

- Yes
 No → *Skip to Q50*
- 

Q48. How many of your biological or natural children live outside of your household?


|_|_| NUMBER OF CHILDREN LIVING OUTSIDE YOUR HOUSEHOLD

Q49. Do you pay child support for any of these children?

- Yes
 No

Q50. Did any of the people you lived with during your school years—about age 5 to age 16—ever receive Aid to Families with Dependent Children (AFDC) or welfare?

Mark (X) one

- Yes
 No
 Don't know } → *Skip to Q52*
- 


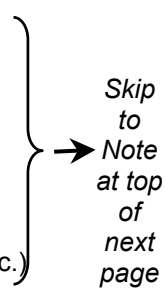
Q51. Between the ages of 5 and 16, was welfare assistance received during all, most, half, or just some of those years?

Mark (X) one

- All
 Most
 Half
 Some
 Don't know

Q52. What is the highest grade or year of school that you have completed?

Mark (X) one

- No schooling completed
 - Nursery school to 4th grade
 - 5th grade or 6th grade
 - 7th grade or 8th grade
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade, **NO DIPLOMA**
 - HIGH SCHOOL GRADUATE** - high school DIPLOMA or the equivalent (*for example: GED*)
 - Voc/tech program after high school, but no voc/tech diploma
 - Voc/tech diploma after high school
 - Some college, but no degree
 - Associate's degree
 - Bachelor's degree
 - Graduate or professional school, but no degree
 - Master's degree (MA, MS)
 - Doctorate degree (Ph.D., Ed.D.)
 - Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)
- 
- 

Q53. Do you have a high school diploma or its equivalent, such as a GED?

- Yes
- No

NOTE: The next few questions are **ONLY** for the child's biological father.

If you are NOT the child's biological father, please check here and **→ Skip to Tracing on page 20.**

The next few questions are about before your child was born and the birth of your child. We would like to learn more about how fathers feel and the things they do during their spouse/partner's pregnancy and at childbirth.

Q54. At the time your spouse/partner became pregnant with the child, did you want her to have a(nother) baby at some time?

Mark (X) one

- Yes
 No **→ Skip to Q56**

Q55. Did she become pregnant sooner than you wanted, later than you wanted, or at about the right time?

Mark (X) one

- Sooner
 Later
 At about the right time

Q56. When did you first hold your child?

Mark (X) one

- Within an hour after delivery
 The day of birth, but more than an hour after delivery
 1 day after birth
 2-3 days after birth
 4-7 days after birth
 8-14 days after birth
 15 or more days after birth

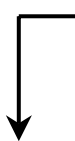
 Couldn't hold child because child was in the neonatal intensive care unit (NICU)

Tracing Information

Thank you for taking the time to complete this questionnaire. We may want to interview you again when your child is older. Just to make sure we can reach you in the future, we'd like to ask a few questions about how to find you.

Is there a relative or friend, who does not live in this household, who will always know how to get in touch with you?

YES
 NO



What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

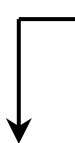
CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (|_|_|_|_|) |_|_|_|_|-|_|_|_|_|_|

Relationship to you: _____

Aside from the person named above, is there another relative or friend, who does not live in this household, who will always know how to get in touch with you?

YES
 NO



What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (|_|_|_|_|) |_|_|_|_|-|_|_|_|_|_|

Relationship to you: _____

Your comments will be appreciated, either here or in a separate envelope.



Thank you again for taking the time to complete this questionnaire.

Please return your completed questionnaire in the enclosed envelope to:

**National Center for Education Statistics
C/O Westat – Study 7020.40 (ECLS-B)
G9, Room 250F
9274 Gaither Road
Gaithersburg, MD 20877-1420**