ECLS-B PRESCHOOL NATIONAL STUDY: PARENT INTERVIEW

SECTION IN: INTRODUCTION

IN00IP

IS THIS INTERVIEW BEING CONDUCTED IN-PERSON?

YES.....1
NO.....2

IN000CF

HAS RESPONDENT SIGNED "PARENT CONSENT FOR PARENT AND CHILD'S PARTICIPATION" FORM?

YES.....1
NO.....2 (DO NOT PROCEED WITH PARENT INTERVIEW)

IN000CR

HAS RESPONDENT SIGNED PORTION OF CONSENT FORM RELATING TO THE RECORDING OF THE INTERVIEW?

YES.....1
NO.....2 (DO NOT ENABLE CARI)

IN000LN

INDICATE WHETHER INTERVIEW IS BEING CONDUCTED IN ENGLISH OR SPANISH

ENGLISH 1
SPANISH 2

IN000ST **HELP AVAILABLE**

THIS INTERVIEW IS BEING CONDUCTED IN THE STATE OF (ENTER STATE FROM 24 MONTH).

PRESS ENTER TO ACCEPT STATE BELOW OR ENTER STATE ABBREVIATION.

IN001

DISPLAY INSTRUCTIONS

Display Child's full name from 2-year interview. If child's middle name is 'NMN' then do not display.

YOU HAVE SELECTED CASE {CASEID OF CASE SELECTED} {CHILD'S FULL NAME}.

Is {CHILD'S FULL NAME} living in this household?

YES.....1 (IN007)
NO.....2

IN002PRE

DISPLAY INSTRUCTIONS:

Display Child's full name from 2-year interview. If Child's middle name is 'NMN' then do not display.

TO CONDUCT THE INTERVIEW, {CHILD'S FULL NAME} MUST BE LIVING IN THIS HOUSEHOLD.

IN007

DISPLAY INSTRUCTIONS:

Display the household roster from the 2-year interview.

Display full names and ages of all household members 15 and older as follows: Number, {Full Name},

APPROX {Age} YEARS, {RelationType} where number is the person's position on the display, but not necessarily on the HH Roster.

VERIFY RESPONDENT'S FULL NAME.

ENTER THE NUMBER NEXT TO THE PERSON ON THE HOUSEHOLD ROSTER WHO IS THE CURRENT ROUND RESPONDENT. AGE INFORMATION MAY NOT BE EXACT, AND SHOULD BE USED AS REFERENCE ONLY TO HELP YOU IDENTIFY THE CORRECT RESPONDENT.

IF NAME NOT LISTED, ENTER 0.

IN008BX
IF 18-MONTH FLAG INDICATES TWIN WAS LIVING IN HOUSEHOLD AT TIME OF 18-MONTH INTERVIEW, GO TO IN010. OTHERWISE, GO TO IN015PRE.

IN010

DISPLAY INSTRUCTIONS:

Display Child's and Twin's full names from 2-year interview. If Child's/Twin's middle name is 'NMN' then do not display.

2-YEAR INTERVIEW INDICATES {CHILD'S FULL NAME} HAS A TWIN NAMED {TWIN's FULL NAME}.

Is {TWIN'S FULL NAME} still living in this household?

YES.....1 (IN015PRE)
NO.....2

IN012

DISPLAY INSTRUCTIONS:

Display Child's and Twin's full names from 2-year interview. If Child's/Twin's middle name is 'NMN' then do not display.

2-YEAR INTERVIEW INDICATES {CHILD'S FULL NAME} HAS A TWIN NAMED {TWIN's FULL NAME}.

Where is {TWIN'S FULL NAME} now?

LIVING ELSEWHERE.....1
DECEASED.....2
REFUSED.....RF
DON'T KNOW .....DK

IN015PRE

DISPLAY INSTRUCTIONS:

Display Child's full name from 2-year interview for {CHILD'S FULL NAME}, and if IN010 = 1 display Twin's full name from 2-year interview for {TWIN'S FULL NAME}.

If child's (or twin's) middle name is 'NMN' then do not display.

If there is a twin in the household (IN010 =1), display "I will first ask questions about…" and "{and{TWIN}}".

If preschool respondent is the same as the 2-year respondent (FLAGS.SAMERESP =1), then display

"Some of the questions are the same as…" and "the information about you and about {CHILD}…" and "I also have a few questions about the other…".

Else if the preschool respondent is not the same as the 2-year respondent (FLAGS.SAMERESP=2), then display "some information about {CHILD}…" and "I also have a few questions about you and the other…" and "IF RESPONDENT HAS NOT SIGNED…".

"During this interview, I will be asking questions about {CHILD'S FULL NAME}'s {and {TWIN'S FULL NAME}'s} more recent experiences and about you and your household. {I will first ask questions about {CHILD} and your family life. Then I will ask questions specifically about {TWIN}. After that, I will ask more questions about you and your household.} {Some of the questions are the same as in the last interview, and there are some new questions, too}. Before we begin, I need to verify {the information about you and about {CHILD}{and {TWIN}}} that we collected during the last interview/some information about {you and about} {CHILD} {and {TWIN}}. I also have a few questions about {the/you and the} other people living here."

IN017BX

IF FLAGS.SAMERESP =1 (YES, SAME RESPONDENT) OR (FLAGS.SAMERESP = NO (NOT SAME RESPONDENT) AND IN007 ^=0 (NEW RESPONDENT WAS IN THE HOUSEHOLD AT 2-YEARS)) AND CURRENT 2-YEAR RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (2-YEAR IN035 = 5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (2-YEAR IN035 = 6), OTHER NON-RELATIVE (2-YEAR IN035 = 13), CHILD'S STEPMOTHER (2-YEAR IN040 = 3), FOSTER MOTHER OR FEMALE GUARDIAN (2-YEAR IN040 = 4), STEPFATHER (2-YEAR IN045 = 3), OR FOSTER FATHER OR MALE GUARDIAN (2-YEAR IN045 = 4) THEN GO TO IN019. ELSE, GO TO IN022BX.

IN019

DISPLAY INSTRUCTIONS:

If at 2-years current respondent was GIRLFRIEND OR PARTNER OF CHILD'S

PARENT/GUARDIAN (2-year IN035 = 5), or BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (2-year IN035 = 6) display "the {girlfriend/boyfriend} or partner of {CHILD}'s {and {TWIN}}'s parent or guardian".

Else if at 2-years current respondent was CHILD's OTHER NON-RELATIVE (2-year IN035 = 13) then display {2-year IN035}.

Else if 2-year respondent was CHILD's STEPMOTHER (2-year IN040 = 3) or FOSTER MOTHER OR FEMALE GUARDIAN (2-year IN040 = 4) then display {2-year IN040}.

Else if 2-year respondent was CHILD's STEPFATHER (2-year IN045 = 3) or FOSTER FATHER OR MALE GUARDIAN (2-year IN045 = 4) then display {2-year IN045}.

Sometimes relationships change. I have recorded that you are {CHILD}'s {and {TWIN}}'s {2-year IN035/IN040/IN045}. Is this still correct?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW .....DK

IN022BX

IF FLAGS.SAMERESP=1 (SAME RESPONDENT AS AT 9-MONTHS), IN019 = NO, GO TO IN035.

ELSE IF FLAGS.SAMERESP = 1 (SAME RESPONDENT AS AT 9 MONTH) AND (IN019 = EMPTY (NOT ASKED) OR IN019 = YES), GO TO IN062BX.

ELSE IF FLAGS.SAMERESP=2 (NEW RESPONDENT) AND IN007 = 0 (RESPONDENT NOT ON LIST), GO TO IN025.

ELSE IF FLAGS.SAMERESP=2 (NEW RESPONDENT) AND IN007 ^= 0 (RESPONDENT ON LIST), GO TO IN031.

IN025

May I have your full name, please?

ENTER RESPONDENT'S FIRST NAME.

VERIFY SPELLING.

IN026

[May I have your full name, please?]

ENTER RESPONDENT'S MIDDLE NAME.

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER "NMN".

IN027

[May I have your full name, please?]

ENTER RESPONDENT'S LAST NAME

VERIFY SPELLING.

IN031

What is your birth date?

Answer must be in the range from 1 up to 12.

|__|__|
ENTER MONTH OF BIRTH.

REFUSED.....RF
DON'T KNOW .....DK

IN032

DISPLAY INSTRUCTIONS:

Display number entered at IN031 at top of screen.

[What is your birth date?]

Answer must be in the range from 1 up to 31.

|__|__|
ENTER DAY OF BIRTH.

REFUSED.....RF
DON'T KNOW .....DK

IN033

DISPLAY INSTRUCTIONS:

Display numbers entered at IN031 and IN032 at top of screen.

[What is your birth date?]

Answer must be in the range from 1901 up to 1990.

|__|__|__|__|
ENTER FOUR DIGIT YEAR OF BIRTH.

REFUSED.....RF
DON'T KNOW .....DK

IN033ABX

IF ANY PART OF THE DATE OF BIRTH IS MISSING, THEN GO TO IN033B.

ELSE, GO TO IN033BX.

IN033b

How old are you?

Answer must be in the range from 14 up to 100.

|__|__|__|
ENTER AGE

REFUSED.....RF
DON'T KNOW .....DK

IN033BX

IF IN007 = 0 (NEW RESPONDENT DID NOT LIVE IN THE HOUSEHOLD AT 2-YEARS) THEN GO TO IN034.

ELSE IF IN007 ^= 0 (RESPONDENT LIVED IN THE HOUSEHOLD AT 2-YEARS) AND THE RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (2-YEAR IN035 = 5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (2-YEAR IN035 = 6), OTHER NON-RELATIVE (2-YEAR IN035 = 13), CHILD'S STEPMOTHER (2-YEAR IN040 = 3), FOSTER MOTHER OR FEMALE GUARDIAN (2-YEAR IN040 = 4), STEPFATHER (2-YEAR IN045 = 3), OR FOSTER FATHER OR MALE GUARDIAN (2-YEAR IN045 = 4) AND IN019 =NO (THE RELATIONSHIP IS NOT THE SAME AS AT 2-YEARS) THEN GO TO IN035.

ELSE IF IN007 ^= 0 (RESPONDENT LIVED IN THE HOUSEHOLD AT 2-YEARS) THEN GO TO IN062BX.

IN034

CODE IF OBVIOUS. OTHERWISE, ASK: Are you male or female?

ENTER GENDER OF RESPONDENT.

MALE 1
FEMALE 2
REFUSED.....RF
DON'T KNOW .....DK

IN035 **HELP AVAILABLE**

What is your relationship to {CHILD} {and {TWIN}}?

MOTHER/FEMALE GUARDIAN 1 (IN040)
FATHER/MALE GUARDIAN 2 (IN045)
SISTER 3 (IN050)
BROTHER.....4 (IN055)
GIRLFRIEND OR PARTNER OF CHILD'S
PARENT/GUARDIAN 5 (IN062BX)
BOYFRIEND OR PARTNER OF CHILD'S
PARENT/GUARDIAN 6 (IN062BX)
GRANDMOTHER 7 (IN062BX)
GRANDFATHER.....8 (IN062BX)
AUNT 9 (IN062BX)
UNCLE 10 (IN062BX)
COUSIN.....11 (IN062BX)
OTHER RELATIVE.....11 (IN062BX)
OTHER NON-RELATIVE.....12 (IN060)
REFUSED.....RF
DON'T KNOW .....DK

IN040 **HELP AVAILABLE**

Are you {CHILD}'s {and {TWIN}}'s...

Birth mother, ...1 (IN062BX)
Adoptive mother, ...2 (IN062BX)
Stepmother, or.....3 (IN062BX)
Foster mother or female guardian? 4 (IN062BX)
REFUSED.....RF
DON'T KNOW .....DK

IN045 **HELP AVAILABLE**

Are you {CHILD}'s {and {TWIN}}'s...

Birth father,.....1 (IN062BX)
Adoptive father, ...2 (IN062BX)
Stepfather, or.....3 (IN062BX)
Foster father or male guardian? 4 (IN062BX)
REFUSED.....RF
DON'T KNOW .....DK

IN050 **HELP AVAILABLE**

Are you {CHILD}'s {and {TWIN}}'s...

Full sister,.....1 (IN062BX)
Half sister,.....2 (IN062BX)
Stepsister,.....3 (IN062BX)
Adoptive sister, or.....4 (IN062BX)
Foster sister? 5 (IN062BX)
REFUSED.....RF
DON'T KNOW .....DK

IN055 **HELP AVAILABLE**

Are you {CHILD}'s {and {TWIN}}'s …

Full brother, ...1 (IN062BX)
Half brother,.....2 (IN062BX)
Stepbrother,.....3 (IN062BX)
Adoptive brother, or.....4 (IN062BX)
Foster brother? 5 (IN062BX)
REFUSED.....RF
DON'T KNOW .....DK

IN060 **HELP AVAILABLE**

CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

GIRLFRIEND OR PARTNER OF CHILD'S
PARENT/GUARDIAN 1
BOYFRIEND OR PARTNER OF CHILD'S
PARENT/GUARDIAN 2
FEMALE GUARDIAN 3
MALE GUARDIAN.....4
DAUGHTER/SON OF CHILD'S PARENT'S
PARTNER.....5
OTHER RELATIVE OF CHILD'S PARENT'S
PARTNER.....6
OTHER NON-RELATIVE.....91
REFUSED.....RF
DON'T KNOW .....DK

IN062BX

IF CURRENT RESPONDENT IS NOT THE BIRTH MOTHER AND THE BIOLOGICAL MOTHER WAS IN THE HOUSEHOLD AT 2-YEARS, THEN GO TO IN065.

ELSE, GO TO IN115.

IN065

DISPLAY INSTRUCTIONS:

If Middle Name is 'NMN' then do not display middle name.

{FULL NAME BIRTH MOTHER FROM PRELOAD} HAS NOT BEEN IDENTIFIED AS THE PARENT RESPONDENT.

Where is {CHILD}{and {TWIN}}'s birth mother living?

LIVING ELSEWHERE.....1 (IN115)
DECEASED.....2 (IN115)
LIVING IN HOUSEHOLD BUT UNAVAILABLE.....3 (IN068PRE)
UNKNOWN 4 (IN115)
ENTER OTHER (SPECIFY) [Where is the birth mother living?]
REFUSED.....RF
DON'T KNOW .....DK

IN066

[Where is {CHILD}{and {TWIN}}'s mother living?]

SPECIFY OTHER STATUS OF {CHILD}{AND {TWIN}}'S BIRTH MOTHER.

IN068PRE

YOU HAVE RECORDED THAT {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS IN THE HOUSEHOLD,BUT UNAVAILABLE.

PLEASE CONFIRM THAT THE {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS UNAVAILABLE FOR THE INTERVIEW FOR A NON-TEMPORARY REASON.

IF {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS UNAVAILABLE FOR A TEMPORARY REASON, PLEASE PRESS "ALT-X" TO BREAK OFF NOW AND RESCHEDULE THE INTERVIEW FOR A TIME WHEN SHE IS AVAILABLE.

IN115

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from 2-year interview. If Middle Name is 'NMN' then do not display middle name.

I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?

ALSO VERIFY SPELLING.

NMN MEANS NO MIDDLE NAME.

YES.....1 (CASE INFORMATION REVIEW SCREEN)
NO.....2
REFUSED.....RF (CASE INFORMATION REVIEW SCREEN)
DON'T KNOW.....DK (CASE INFORMATION REVIEW SCREEN)

IN120

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from 2-year interview. If Middle Name is 'NMN' then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO FIRST NAME BELOW OR PRESS ENTER TO ACCEPT FIRST NAME.

IN125

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from 2-year interview. If Middle Name is 'NMN' then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO MIDDLE NAME BELOW OR PRESS ENTER TO ACCEPT MIDDLE NAME.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

IN130

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from 2-year interview. If Middle Name is 'NMN' then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO LAST NAME BELOW OR PRESS ENTER TO ACCEPT LAST NAME.

IN135

Do you call {CHILD/TWIN} by {his/her} first name, or is there some other name that you use?

FIRST NAME.....1 (FINISHIN)
SOME OTHER NAME 2
REFUSED.....RF (FINISHIN)
DON'T KNOW .....DK (FINISHIN)

IN140

What is that other name?

CONFIRM SPELLING.

REFUSED.....RF
DON'T KNOW .....DK

DISPLAY INSTRUCTIONS:

If IN140 is not empty, use it for fills throughout.

FinishIN

CASE {CASEID} CASE INFORMATION REVIEW SCREEN

ONCE YOU PASS THIS SCREEN, YOU WILL NOT BE ABLE TO RETURN TO SECTION IN.

CHILD:	{CHILD'S FULL NAME}
CHILD'S GENDER:	{CHILD'S SEX}
CHILD'S DATE OF BIRTH:	{CHILD'S DOB}
RESPONDENT:	{RESPONDENT'S FULL NAME}
RESPONDENT RELATION TO CHILD:	{RESPONDENT'S RELATION TO CHILD}
{TWIN:}	{TWIN'S FULL NAME}
{TWIN'S GENDER:}	{TWIN'S SEX}
{STATUS OF TWIN:}	{IN010/IN012}
{TWIN'S DATE OF BIRTH}	{TWIN'S DOB}
{DATE OF PRESCHOOL INTERVIEW:}	{PRESCHOOL DATE}

Verify

CASE {CASEID}	CASE INFORMATION REVIEW SCREEN
YOU HAVE RE-ENTERED CASE {CASEID}	
CHILD:	{CHILD'S FULL NAME}
CHILD'S GENDER:	{CHILD'S SEX}
CHILD'S DATE OF BIRTH:	{CHILD'S DOB}
RESPONDENT:	{RESPONDENT'S FULL NAME}
RESPONDENT RELATION TO CHILD:	{RESPONDENT'S RELATION TO CHILD}
{TWIN:}	{TWIN'S FULL NAME}
{TWIN'S GENDER:}	{TWIN'S SEX}
{STATUS OF TWIN:}	{IN010/IN012}
{TWIN'S DATE OF BIRTH}	{TWIN'S DOB}
{DATE OF PRESCHOOL INTERVIEW:}	{PRESCHOOL DATE}

GO TO SECTION FS.

SECTION FS: FAMILY STRUCTURE

If new respondent did not appear on previous (9-month or 2-year) rosters, display "you and".

FS005

Now, I have a few questions about {you and} your household.

I am going to read a list of the people who lived in this household at the time of our last interview. As I read each person's name, please tell me if he or she still lives in this household.

Does {FULL NAME} still live in this household?

DISPLAY INSTRUCTIONS:

Display name, age, gender, and person type of all household members from 9-month/2-year interview. This information should be protected so that it cannot be changed.

Display, but do not ask FS005 for the current respondent (if on the 9-month/2-year roster), CHILD, TWIN (if on 9-month/2-year roster), child's biological mother (if on 9-month/2-year roster).

Display brackets [ ] around the first paragraph when the cursor is in the "STILL IN HH" column for any household member other than the first person to be asked about.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FS009BX

IF YES, DK, OR RF FOR ALL IN MATRIX, GO TO FS015.

FS010

Why is {FIRST NAME} no longer living in this household?

MARRIAGE OR REMARRIAGE 1
SEPARATION OR DIVORCE 2
ATTENDING COLLEGE OR BOARDING SCHOOL 3
LIVING ELSEWHERE FOR EMPLOYMENT-RELATED REASONS.....4
LIVING ELSEWHERE FOR OTHER REASONS.....5
DECEASED.....6
IN JAIL OR PRISON 7
ENTER OTHER (SPECIFY) [Why is {FIRST NAME} no longer living in this household?].....91
REFUSED.....RF
DON'T KNOW.....DK

FS012

[Why is {FIRST NAME} no longer living in this household?]

ENTER OTHER REASON (SPECIFY)

[Why is { FIRST NAME} no longer living in this household?]

FS015

[{We have listed that you and {CHILD}{and {TWIN}}{and {CHILD}'s {and {TWIN}'s} mother} currently live in this household.}

Please tell me the names and ages of all the {other} people who normally live here.

Please do not include anyone staying here temporarily who usually lives somewhere else.]

PROBE: Anyone else (living in this household)? {[People sometimes join households as a result of marriage, or a marriage-like partner or a relative or boarder moving in.]}

ENTER FIRST NAME OF HOUSEHOLD MEMBER OR

PRESS ENTER IF {NO ONE NEW} OR MATRIX IS COMPLETE.

REFUSED.....RF (FS034)
DON'T KNOW.....DK (FS034)

FS017

ENTER MIDDLE NAME OF {NAME}.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

REFUSED.....RF
DON'T KNOW.....DK

FS020

ENTER LAST NAME OF {NAME}.

REFUSED.....RF
DON'T KNOW.....DK

FS025

How old {are you/is {NAME}}?

Answer must be in the range from 0 up to 120.

DISPLAY INSTRUCTIONS:

Display this question when cursor is positioned in age column of household matrix.

Display "are you" when the cursor is positioned in age column for new respondent's row and "is {NAME}" (display appropriate first name) when cursor is positioned in age column for someone other than respondent's row.

ENTER AGE OF {NAME}.

ENTER ZERO IF PERSON'S AGE IS LESS THAN ONE YEAR.

REFUSED.....RF
DON'T KNOW.....DK

FS027

Is {NAME} male or female?

DISPLAY INSTRUCTIONS:

Display this question when cursor is positioned in gender column.

Display first name of person where cursor is position for {NAME}.

CODE IF OBVIOUS. OTHERWISE, ASK: Is [NAME] male or female?

ENTER GENDER OF {NAME}.

MALE.....1
FEMALE.....2
REFUSED.....RF
DON'T KNOW.....DK

FS028

When did {NAME} join the household?

Month answer must be in range from 1 to 12.

Year answer must be in range from 2002 to 2005.

Interviewer may override range from 1905 to 2005.

ENTER MONTH: |__|__| ENTER YEAR: |__|__|__|__|

REFUSED.....RF
DON'T KNOW.....DK

FS034

IS HOUSEHOLD ROSTER COMPLETE?

YES.....1
NO.....2 (FS025)

FS035

Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

YES.....1 (MATRIX FS015)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FS037

Do you have a spouse or partner who lives in this household?

YES.....1
NO.....2 (FS039BX)
REFUSED.....RF (FS039BX)
DON'T KNOW.....DK (FS039BX)

FS038BX

IF NO ADULTS (AGE 18 OR OLDER) OTHER THAN RESPONDENT IN HH, SKIP TO FS039BX.

ELSE GO TO FS038.

FS038

Who in the household is your spouse or partner?

DISPLAY INSTRUCTIONS:

Display household members 14 years or older who are not the respondent as response category choices. Do not display household members no longer living in the household.

ENTER NUMBER NEXT TO NAME OF PERSON WHO IS {RESPONDENT}'S SPOUSE/PARTNER.

IF NAME NOT LISTED, BACK UP AND ADD PERSON (IF PART OF HOUSEHOLD).

AN [S] PRECEDING A NAME IN THE ROSTER INDICATES THE SPOUSE.

FS039BX

IF CURRENT RESPONDENT IS THE SAME AS 2-YEAR RESPONDENT, AND 2-YEAR RESPONDENT HAD A SPOUSE/PARTNER WHOSE RELATIONSHIP WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (2-YEAR FS040 = 5); BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (2-YEAR FS040 = 6); OTHER NON-RELATIVE (2-YEAR FS040 = 13); CHILD'S STEPMOTHER (2-YEAR FS045 = 3); FOSTER MOTHER OR FEMALE GUARDIAN (2-YEAR FS045 = 4); STEPFATHER (2-YEAR FS050 = 3); OR FOSTER FATHER OR MALE GUARDIAN (2-YEAR FS050 = 4), ASK FS040-FS065 OF THE SPOUSE/PARTNER.

ALSO ASK FS040-FS065 FOR EACH PERSON ADDED TO HOUSEHOLD MATRIX IN THIS ROUND WHO IS NOT FOCAL CHILD, TWIN, RESPONDENT OR BIRTH MOTHER.

ELSE GO TO FS069BX.

FS040 **HELP AVAILABLE**

What is {NAME}'s relationship to {CHILD}{ and {TWIN}}?

Mother/female guardian	1	(FS045)
Father/male guardian	2	(FS050)
Sister	3	(FS055)
Brother	4	(FS060)
Girlfriend or partner of (CHILD)'s parent/guardian	5	(FS068BX)
Boyfriend or partner of (CHILD)'S parent/guardian	6	(FS068BX)
Grandmother	7	(FS068BX)
Grandfather	8	(FS068BX)
Aunt	9	(FS068BX)
Uncle	10	(FS068BX)
Cousin	11	(FS068BX)
Other relative	12	(FS068BX)
Other non-relative	13	(FS065)
REFUSED	RF	(FS068BX)
DON'T KNOW	DK	(FS068BX)

FS045 **HELP AVAILABLE**

Is {NAME} {CHILD}'s {and {TWIN}}'s…

Birth mother,	1	(FS068BX)
Adoptive mother,	2	(FS068BX)
Stepmother, or	3	(FS068BX)
Foster mother or female guardian?	4	(FS068BX)
REFUSED	RF	(FS068BX)
DON'T KNOW	DK	(FS068BX)

FS050 **HELP AVAILABLE**

Is {NAME} {CHILD}'s {and {TWIN}}'s…

Birth father, ... 1 (FS068BX)
Adoptive father, ... 2 (FS068BX)
Step father, or 3 (FS068BX)
Foster father or male guardian? 4 (FS068BX)
REFUSED ..... RF (FS068BX)
DON'T KNOW ..... DK (FS068BX)

FS055 **HELP AVAILABLE**

Is {NAME} {CHILD}'s {and {TWIN}}'s}…

Full sister, ... 1 (FS068BX)
Half sister, ... 2 (FS068BX)
Step sister, ... 3 (FS068BX)
Adoptive sister, or 4 (FS068BX)
Foster sister? 5 (FS068BX)
REFUSED ..... RF (FS068BX)
DON'T KNOW ..... DK (FS068BX)

FS060 **HELP AVAILABLE**

Is {NAME} {CHILD}'s {and {TWIN}}'s…

Full brother, ... 1 (FS068BX)
Half brother, ... 2 (FS068BX)
Step brother, ... 3 (FS068BX)
Adoptive brother, or 4 (FS068BX)
Foster brother? 5 (FS068BX)
REFUSED ..... RF (FS068BX)
DON'T KNOW ..... DK (FS068BX)

FS065 **HELP AVAILABLE**

CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

GIRLFRIEND OR PARTNER OF (CHILD)'S
PARENT/GUARDIAN 1
BOYFRIEND OR PARTNER OF (CHILD)'S
PARENT/GUARDIAN 2
FEMALE GUARDIAN 3
MALE GUARDIAN 4
DAUGHTER/SON OF (CHILD)'S PARENT'S
PARTNER 5
OTHER RELATIVE OF (CHILD)'S PARENT'S
PARTNER 6
ENTER OTHER NON-RELATIVE 91
(Specify) [*What is the non-relative relationship?*] _____
REFUSED ..... RF
DON'T KNOW ..... DK

FS068BX

DISPLAY FS040 - FS065 FOR NEXT PERSON ON HOUSEHOLD ROSTER WHO IS NOT FOCAL CHILD, TWIN, OR RESPONDENT. IF NO NEXT PERSON, GO TO FS069BX.

FS069BX

IF NO BIRTH FATHER IN THE HOUSEHOLD (FS050 ^= 1 FOR ANY CURRENT HOUSEHOLD MEMBERS) AND 9-MONTH DATA DO NOT IDENTIFY BIRTH FATHER AS DECEASED (BASED ON PRELOADED FLAG), AND BIRTH FATHER WAS NOT FLAGGED FOR DELETION AT FS005, GO TO FS070. ELSE, GO TO FS074BX.

FS070

I have recorded that {CHILD}{and {TWIN}}'s biological father is not living in this household. Is that correct?

YES.....1
NO.....2 (FS015)
REFUSED.....RF (FS074BX)
DON'T KNOW.....DK (FS074BX)

FS074BX

IF RESPONDENT OR HOUSEHOLD MEMBER IS NEW TO HOUSEHOLD, GO TO FS075. REPEAT FS075-FS085 FOR EACH NEW HOUSEHOLD MEMBER. IF NO NEW HOUSEHOLD MEMBERS, GO TO SECTION CD.

FS075 **HELP AVAILABLE**

{Are you/Is {NAME}} of Spanish, Hispanic, or Latino origin?

YES.....1
NO.....2 (FS085)
REFUSED .....RF (FS085)
DON'T KNOW .....DK (FS085)

FS080

Which one or more of these groups {are you/is {NAME}}...

CODE ALL THAT APPLY

SHOW CARD FS-1

Mexican, Mexican American, Chicano, ...1
Puerto Rican,.....2
Cuban, or.....3
Another Spanish/Hispanic/Latino group?.....91
(Specify) *[Which group do you belong to?]*
_____
REFUSED.....RF
DON'T KNOW.....DK

FS085 **HELP AVAILABLE**

What is {your/{NAME} 's} race?

CODE ALL THAT APPLY

SHOW CARD FS - 2

WHITE.....1 (GO TO SECTION CD)
BLACK OR AFRICAN AMERICAN.....2 (GO TO SECTION CD)
ENTER AMERICAN INDIAN OR ALASKA
NATIVE 3 (FS086BX)
(Specify) [*Are you American Indian or Alaska Native]* _____
ASIAN INDIAN.....4 (GO TO SECTION CD)
CHINESE.....5 (GO TO SECTION CD)
FILIPINO LANGUAGE – TAGALOG .....6 (GO TO SECTION CD)
JAPANESE.....7 (GO TO SECTION CD)
KOREAN.....8 (GO TO SECTION CD)
VIETNAMESE.....9 (GO TO SECTION CD)
ENTER OTHER ASIAN .....10 (GO TO SECTION CD)
(*Specify) [Which Asian race are you?]*_____
NATIVE HAWAIIAN.....11 (GO TO SECTION CD)
GUAMANIAN OR CHAMORRO.....12 (GO TO SECTION CD)
SAMOAN .....13 (GO TO SECTION CD)
ENTER OTHER PACIFIC ISLANDER .....14 (GO TO SECTION CD)
(Specify) [*Which Pacific Islander race are you?*]
_____
ENTER ANOTHER RACE.....91 (GO TO SECTION CD)
(Specify) [*What other race are you]*_____
REFUSED.....RF (GO TO SECTION CD)
DON'T KNOW.....DK (GO TO SECTION CD)

FS086BX

IF {9-MONTH FS086 TEXT} IS (BLANK OR "UNKNOWN" OR "REFUSED" OR "DON'T KNOW") AND 2-YEAR FS086A = 1 (YES), GO TO SECTION CD.

FS086a

DISPLAY INSTRUCTIONS:

Display specific Indian affiliation recorded in 9-month FS086. If no text listed or if reported as "don't know" or "unknown" or "refused" display "of an unknown American Indian or Alaska native background". Display "your" and "you are" if respondent. Else display "NAME" and "{NAME} is".

During our last interview, {your/{NAME}'s} race was reported as American Indian or Alaska Native. We have recorded that {you are/{NAME} is} {{9-MONTH FS086 TEXT}/of an unknown American Indian or Alaska native background}. Is this information correct?

YES.....1 (FS086d)
NO.....2 (FS086b)
REFUSED.....RF (GO TO SECTION CD)
DON'T KNOW.....DK (GO TO SECTION CD)

FS086b

DISPLAY INSTRUCTIONS:

Display "your" if respondent. Else display "{NAME}'s".

What is {your/{NAME}'s} race?

AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) _____.....1
OTHER RACE .....2 (GO TO SECTION CD)
REFUSED.....RF (GO TO SECTION CD)
DON'T KNOW .....DK (GO TO SECTION CD)

FS086c

[What is {your/{NAME} 's} race?]

SPECIFY AMERICAN INDIAN TRIBE/ALASKA REGIONAL CORPORATION.

FS086d

DISPLAY INSTRUCTIONS:

Display "Are you" if respondent. Else display "Is {NAME}".

USE EITHER "TRIBE" OR "ALASKA REGIONAL CORPORATION" IN QUESTION BELOW DEPENDING ON PREVIOUS RESPONSES.

{Are you/Is {NAME}} formally enrolled in that (tribe/Alaska Regional Corporation)?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FS086e

DISPLAY INSTRUCTIONS:

Display "Do you" if respondent. Else display "Does {NAME}".

{Do you/Does {NAME}} currently live on tribal lands or a reservation?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FS174BX

CHECK HOUSEHOLD MATRIX. IF ANOTHER PERSON IN MATRIX REQUIRING THE COLLECTION OF RACE/ETHNICITY INFORMATION, GO TO FS075 FOR NEXT PERSON.

GO TO SECTION CD.

SECTION CD: CHILD DEVELOPMENT, LITERACY, AND SCHOOL READINESS

CD001

Now I'm going to ask you a few questions about {CHILD/TWIN}. These next questions are about things that different children can do at different ages. These things may or may not be true for {CHILD/TWIN}.

Can {CHILD/TWIN} identify the colors red, yellow, blue, and green by name? Would you say…

All of them 1
Some of them, or 2
None of them? 3
REFUSED ..... RF
DON'T KNOW ..... DK

CD011

Can {he/she} recognize…

All of the letters of the alphabet 1
Most of them 2
Some of them, or 3
None of them? 4
REFUSED ..... RF
DON'T KNOW ..... DK

CD020

Is {CHILD/TWIN} able to read story books on {his/her} own now?

YES…..... 1
NO 2 (CD023)
REFUSED ..... RF (CD023)
DON'T KNOW ..... DK

CD021

Does {CHILD/TWIN} actually read the words written in the book, or does {he/she} look at the book and pretend to read?

READS THE WRITTEN WORDS 1 (CD029)
PRETENDS TO READ 2 (CD024)
DOES BOTH 3 (CD029)
REFUSED ..... RF (CD029)
DON'T KNOW ..... DK (CD029)

CD023

Although {CHILD/TWIN} doesn't yet read storybooks on {his/her} own, does {he/she} ever look at a book with pictures and pretend to read?

YES….....……1
NO.....2 (CD029)
REFUSED.....RF (CD029)
DON'T KNOW.....DK

CD024

When {he/she} pretends to read a book, does it sound like a connected story, or does {he/she} tell what's in each picture without much connection between them?

SOUNDS LIKE A CONNECTED STORY…… 1
TELLS WHAT IS IN EACH PICTURE…… .....……2
DOES BOTH…… .....……3
REFUSED.....RF
DON'T KNOW.....DK

CD029

How high can {CHILD/TWIN} count? Would you say…

Not at all.....1
Up to five 2
Up to ten.....3
Up to twenty.....4
Up to fifty, or 5
Up to 100 or more? 6
REFUSED.....RF
DON'T KNOW.....DK

CD030 **HELP AVAILABLE**

Now I'm going to read some statements about {CHILD/TWIN}. Please tell me how much they apply to your child. Would you say always, frequently, sometimes, rarely, or not at all?

SHOW CARD CD-1

a. **Speaks clearly so strangers understand**

b. **Refers to {himself/herself} as I**

c. **Is able to get the attention of the listener**

d. **Uses appropriate social greetings**

e. **Is a good listener**

f. **Waits {his/her} turn to speak**

ALWAYS 1
FREQUENTLY 2
SOMETIMES 3
RARELY 4
NOT AT ALL 5
REFUSED.....RF
DON'T KNOW.....DK

CD080 a-x

Next, I have some questions about {CHILD/TWIN}'s behavior. For each of the behaviors I read to you, I'd like you to tell me how often you see {CHILD/TWIN} behave in this way: never, rarely, sometimes, often, or very often. Whenever I ask about how {CHILD/TWIN} behaves with other children, consider children who are close in age to {CHILD/TWIN} – no more than 2 years older or younger than {CHILD/TWIN} . Please base your answers on what you have seen of {CHILD/TWIN}'s behavior during the last 3 months. How often <u>in the last 3 months</u> have the following things occurred? {CHILD/TWIN} ...

SHOW CARD CD-2

[redacted]

c. **Volunteers to help other children complete tasks**

[redacted]

i. **Appropriately uses a variety of words to describe feelings (e.g., excited, mad, frustrated, tired)**

j. **Gets angry easily**

[redacted]

NEVER.....1
RARELY 2
SOMETIMES 3
OFTEN 4
VERY OFTEN.....5
REFUSED .....RF
DON'T KNOW.....DK

CD090

Now I'd like to find out about {CHILD/TWIN}'s friendships and what {she/he} likes to do with {his/her} friends.

How many neighborhood and preschool friends does {CHILD/TWIN} play with at least once a week outside of child care or preschool?

SHOW CARD CD-3

Answer must be in range from 0 up to 15.

Interviewer may override range up to 50.

|___|___|
ENTER NUMBER OF FRIENDS (IF 0, SKIP TO SECTION HE)

REFUSED.....RF (GO TO SECTION HE)
DON'T KNOW.....DK (GO TO SECTION HE)

CD091

Of those friends, how many have been {CHILD/TWIN}'s friend for more than 1 year?

Answer must be in range from 0 up to 15.

Interviewer may override range up to 50.

|___|___|
ENTER NUMBER OF FRIENDS

REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION HE.

SECTION HE: HOME ENVIRONMENT

HE020

The next questions are about reading you do at home.

About how many children's books {does {CHILD}/do {CHILD} and {TWIN}} have in your home now, including library books? Please only include books that are for children.

Answer must be in the range from 0 up to 200.

Interviewer may override range up to 900.

|__|__|__|
ENTER NUMBER OF BOOKS

REFUSED.....RF
DON'T KNOW.....DK

HE028a-c

Next I have a few questions about {CHILD}'s {and {TWIN}}'s family life and family routines you may have.

In your house, are there rules or routines about…

a. **What kinds of food {CHILD}{and {TWIN}} {eats/eat}?**
b. **What time {CHILD}{and {TWIN}} {goes/go} to bed?**
c. **What chores {CHILD}{and {TWIN}} {does/do}?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HE029a

Are there family rules for which television programs {CHILD}{and {TWIN}} can watch?

IF RESPONDENT REPORTS NOT OWNING A TV ENTER '95'.

IF CHILD DOES NOT WATCH TV, ENTER '96'.

YES.....1
NO.....2
DOES NOT OWN TV.....95 (HE065)
DOES NOT WATCH TV.....96 (HE065)
REFUSED.....RF
DON'T KNOW.....DK

HE040

On a typical weekday, that is, Monday through Friday, about how many hours of television {does/do} {CHILD} {and {TWIN}} watch at home <u>per day</u>? Please do not include time spent watching video tapes or DVDs.

IF RESPONDENT REPORTS NOT OWNING A TV, ENTER '95'.

IF CHILD DOES NOT WATCH TV, ENTER '96'.

Answer must be in range from 0 up to 4.

Interviewer may override range up to 24 hours. Allow half-hour responses.

|___|___|
NUMBER OF HOURS

DOES NOT OWN TV.....95 (HE065)
DOES NOT WATCH TV.....96 (HE065)
REFUSED.....RF
DON'T KNOW.....DK

HE060

In a typical week, when your family watches TV together, how often do you or another family member talk with {him/her/them} about the TV programs? Would you say often, sometimes, hardly ever, or never?

OFTEN 1
SOMETIMES 2
HARDLY EVER 3
NEVER 4
REFUSED.....RF
DON'T KNOW.....DK

HE065

On a typical weekday, that is, Monday through Friday, about how many hours of videos or DVDs {does/do} {CHILD} {and {TWIN}} watch at home <u>per day</u>?

IF CHILD DOES NOT WATCH VIDEOS, ENTER '96'.

Answer must be in range from 0 up to 4.

Interviewer may override range up to 24. Allow half-hour responses.

|___|___|
NUMBER OF HOURS

DOES NOT WATCH VIDEOS.....96 (HE069BX)
REFUSED.....RF (HE069BX)
DON'T KNOW.....DK

HE069BX

IF PRIMARY HOUSEHOLD LANGUGAE AT 2 YEARS IS MISSING, REFUSED, OR DON'T KNOW, GO TO HE069A, ELSE GO TO HE080.

HE069a

The next question is about the languages spoken in your home. What is the primary language spoken in your home?

ENGLISH 1
ARABIC 2
CHINESE.....3
FILIPINO LANGUAGE – TAGALOG 4
FRENCH.....5
GERMAN 6
GREEK 7
ITALIAN 8
JAPANESE.....9
KOREAN.....10
POLISH 11
PORTUGUESE 12
SPANISH.....13
VIETNAMESE.....14
AFRICAN.....15
EAST EUROPEAN..... 16
NATIVE AMERICAN 17
SIGN LANGUAGE.....18
MIDDLE EASTERN.....19
WEST EUROPEAN 20
INDIAN SUBCONTINENT.....21
SOUTHEAST ASIAN.....22
PACIFIC ISLAND 23
CANNOT CHOOSE.....24
ENTER SOME OTHER LANGUAGE 91
(Specify) *[What primary language do you speak?]*_____
REFUSED.....RF
DON'T KNOW.....DK

HE080

Now I'd like to ask you about family routines. In a typical week, please tell me the number of days…

a. at least some of the family eats the evening meal together?

Answer must be in range from 0 up to 7.

|__|
ENTER NUMBER OF DAYS
REFUSED.....RF
DON'T KNOW.....DK

In a typical week, please tell me the number of days…

b. the evening meal is served at a regular time?

Answer must be in range from 0 up to 7.

|__|
ENTER NUMBER OF DAYS

REFUSED.....RF
DON'T KNOW.....DK

HE091

About what time {does/do} {CHILD} {and {TWIN}} usually go to sleep on a weeknight?

Probe: We are interested in what time the child goes to bed, not what time he or she actually falls asleep.

Answer must be in range from 3:00 PM to 3:00 AM.

|__|__|: |__|__|
ENTER HOUR AND MINUTES

ENTER AM OR PM

REFUSED.....RF
DON'T KNOW.....DK

HE092

About what time {does/do} {CHILD} {and {TWIN}} usually wake up on a weekday?

Answer must be in range from 4:00 AM to 1:00 PM.

|__|__|: |__|__|
ENTER HOUR AND MINUTES

ENTER AM OR PM

REFUSED.....RF
DON'T KNOW.....DK

HE095BX

IF ASKING ABOUT TWIN, GO TO HE115.

OTHERWISE CONTINUE WITH HE100.

HE100a-c

In a typical week, how often do you or any other family member do the following things with {CHILD} {and {TWIN}}? Would you say not at all, once or twice, 3 to 6 times, or every day?

DISPLAY: Use "children" only if there is a twin. Otherwise, use "child."

a. **Read books to your {child/children}?**

b. **Tell stories to your {child/children}?**

c. **Sing songs with your {child/children}?**

SHOW CARD HE-1

NOT AT ALL 1
ONCE OR TWICE 2
3 TO 6 TIMES 3
EVERY DAY 4
REFUSED.....RF
DON'T KNOW.....DK

HE101BX

IF HE100A =1, GO TO HE102BX.

ELSE GO TO HE101.

HE101

On the days someone reads to {CHILD} {and {TWIN}}, about how many minutes per day {is/are} {she/he/they} read to?

Answer must be in range from 0 up to 500.

|__|__|__|
ENTER NUMBER OF MINUTES

REFUSED.....RF
DON'T KNOW.....DK

HE102BX

IF CHILD WAS SAMPLED AS NATIVE AMERICAN, AND HE100A NE 1, ASK HE102 AND 103.

OTHERWISE SKIP TO HE115.

HE102

When you read to {CHILD} {and {TWIN}}, do you read books about Native culture and history?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HE103

Do you read books to {him/her/them} written by American Indian or Alaska Native authors?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HE115a-g.

Has {CHILD/TWIN} ever participated in any of the following activities, <u>not</u> during the regular school day? How about…

a. **Organized athletic activities, like basketball, soccer, baseball, or gymnastics?**

b. **Dance lessons?**

c. **Music lessons, for example, piano, instrumental music, or singing lessons?**

d. **Drama classes?**

e **Art classes or lessons, for example, painting, drawing, sculpturing?**

f. **Organized performing arts programs, such as children's choirs, church choirs, dance programs, or theatre performances?**

g. **Crafts classes or lessons?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HE160a-h

Now I have some questions about things you may do with {CHILD}{and {TWIN}}.

In <u>the past month</u>, how often did you do the following things with your {child/children}? 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?

SHOW CARD HE-2

a. **Play together with toys for building things like blocks, Tinkertoys, Lincoln Logs, or LEGOS?**

b. **Prepare meals for your {child/twins}?**

c. **Help your {child/twins} to bed?**

d. **Help your {child/twins} bathe {himself/herself/themselves}?**

e. **Take {him/her/them} outside for a walk or to play in the yard, a park, or a playground?**

f. **Help your {child/children} dress {himself/herself/themselves}?**

g. **Help your {child/children} brush {his/her/their} teeth?**

h. **Take {him/her/them} with you to a religious service or religious event?**

MORE THAN ONCE A DAY 1
ABOUT ONCE A DAY 2
A FEW TIMES A WEEK.....3
A FEW TIMES A MONTH.....4
RARELY 5
NOT AT ALL 6
REFUSED.....RF
DON'T KNOW.....DK

HE170

Now I'd like to talk to you about your use of libraries. In the past month, has anyone in your family visited a public library with {CHILD} {and {TWIN}}?

YES.....1 (HE195)
NO.....2
REFUSED.....RF (HE195)
DON'T KNOW.....DK

HE175

How about in the <u>past year</u>? Has anyone in your family visited a public library with {CHILD} {and {TWIN}}?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HE195BX
IF HE170 = 2, GO TO HE200PRE. ELSE, GO TO HE195.

HE195a-d

Parents use public libraries in a number of ways. In the past month, did you use the public library in the following ways? How about to . . .

a. **Borrow books to read aloud to {CHILD} {and {TWIN}} or for {him/her/them} to read?**

b. **Borrow materials other than books, such as cassettes, CDs, videos, or toys, to share with {CHILD} {and {TWIN}}**

c. **Get information or materials on a parenting topic or concern?**

d. **Take {CHILD} {and {TWIN}} to a story hour or program?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HE200

I have a few questions about the learning environment for {CHILD}{and {TWIN}} in your home.

Do you have a home computer that {CHILD}{and {TWIN}} {uses/use}?

YES.....1
NO.....2 (HE210)
REFUSED.....RF (HE210)
DON'T KNOW.....DK (HE210)

HE201

In a typical week, how often does {CHILD/TWIN} use the computer? Would you say…

Never.....1 (HE210)
Once or twice a week.....2
Three to six times a week, or 3
Every day? 4
REFUSED.....RF (HE210)
DON'T KNOW.....DK

HE202

Does {CHILD/TWIN} use the computer to get on the Internet?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HE210a-c

Now I'm going to ask you about certain practices you may follow. Please tell me if you never, sometimes, most of the time, or always…

SHOW CARD HE-3

a. **Have at least one operating smoke detector in your home with a working battery?**

b. **Use a car seat for {CHILD}{ and {TWIN}} when in the car?**

ENTER 95 'NOT APPLICABLE' IF RESPONDENT DOES NOT HAVE A CAR.

c. **Place {CHILD}{ and {TWIN}} in the back seat when traveling in the car?**

ENTER 95 'NOT APPLICABLE' IF RESPONDENT DOES NOT HAVE A CAR.

NEVER 1
SOMETIMES 2
MOST OF THE TIME 3
ALWAYS 4
NOT APPLICABLE (b & c only) 95
REFUSED ..... RF
DON'T KNOW ..... DK

HE212

Do you have a gun in your home?

YES 1
NO 2 (HE216)
REFUSED ..... RF (HE216)
DON'T KNOW ..... DK (HE216)

HE213

Do you keep all guns in a locked cabinet?

YES 1 (HE216)
NO 2
REFUSED ..... RF
DON'T KNOW ..... DK

HE214

Do your guns have locking devices to keep them from going off accidentally?

PROBE: Locking devices may include trigger locks, cable locks, locking racks, and barrel blocking devices.

YES 1
NO 2
REFUSED ..... RF
DON'T KNOW ..... DK

HE216.

How often does {CHILD/TWIN} wear a helmet while riding a bike or skating? Would you say…

All the time, ...1
Most of the time,.....2
Sometimes, or 3
Never.....4
DOES NOT OWN A BIKE OR SKATES 95
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION PA.

SECTION PA: PARENTING BEHAVIOR AND ATTITUDES

PA090BX
IF ASKING ABOUT TWIN, SKIP TO PA091.

PA090a-d

The next questions are about raising children.

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.

SHOW CARD PA-1

a. **I express my affection by hugging, kissing, and holding my {child/children}**

b. **I am easygoing and relaxed with my {child/children}**

c. **There are times I just don't have the energy to make my {child/children} behave as {he/she/they} should**

d. **I have little or no difficulty sticking with my rules for my {child/children} even when lose relatives, including grandparents, are there**

EXACTLY LIKE ME.....1
VERY MUCH LIKE ME 2
SOMEWHAT LIKE ME 3
NOT MUCH LIKE ME 4
NOT AT ALL LIKE ME 5
REFUSED.....RF
DON'T KNOW.....DK

PA091a-k **HELP AVAILABLE**

Most children get angry at their parents from time to time. If {CHILD/TWIN} got so angry that {he/she} threw a tantrum, yelled, or hit you, what would you do? Would you…

a. **Spank {him/her}?**

b. **Have {him/her} take a time out?**

c. **Hit {him/her} back?**

d. **Talk to {him/her} about what {he/she} did wrong?**

e. **Ignore it?**

f. **Make {him/her} do some work around the house?**

g. **Make fun of {him/her}?**

h. **Make (him/her} apologize?**

i. **Take away a privilege?**

j. **Give a warning?**

k. **Yell at {CHILD/TWIN} or threaten {him/her}?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

PA092

Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you spanked {CHILD/TWIN} <u>in the past week</u> for not minding?

Answer must be in range from 0 up to 90.

If PA091a=1 and response is 95, display check message:

RESPONDENT REPORTED ABOVE THAT {HE/SHE} DOES SPANK. PRESS ENTER TO CORRECT RESPONSE OR S TO CONTINUE.

If PA091a=2 and response is not 0 or 95, display check message:

RESPONDENT REPORTED ABOVE THAT {HE/SHE} DOES NOT SPANK. PRESS ENTER TO CORRECT RESPONSE OR S TO CONTINUE.

|__|__|
NUMBER OF TIMES OR '95' IF DOES NOT SPANK

REFUSED.....RF
DON'T KNOW.....DK

PA093

About how many times, if any, have you used time out or sent {CHILD/TWIN} to {his/her} room <u>in the past week</u> for not minding?

Answer must be in range from 0 up to 90.

If PA091b=1 and response is 95, display check message:

RESPONDENT REPORTED ABOVE THAT {HE/SHE} DOES USE TIME OUT. PRESS ENTER TO CORRECT RESPONSE OR S TO CONTINUE.

If PA091b=2 and response is not 0 or 95, display check message:

RESPONDENT REPORTED ABOVE THAT {HE/SHE} DOES NOT USE TIME OUT. PRESS ENTER TO CORRECT RESPONSE OR S TO CONTINUE.

|__|__|
NUMBER OF TIMES OR '95' IF DOES NOT USE TIME OUT

REFUSED.....RF
DON'T KNOW.....DK

PA095a-o

Now I'm going to ask you how important you think it is for <u>any</u> child to know or do certain things to be ready for kindergarten. Would you say essential, very important, somewhat important, not very important, or not at all important?

How important do you think it is that a child…

SHOW CARD PA-2

a. **Finishes tasks**
b. **Can count to 20 or more**
c. **Takes turns and shares**
d. **Has good problem-solving skills**
e. **Is able to use pencils and paint brushes**
f. **Is not disruptive of the class**
g. **Knows the English language**
h. **Is sensitive to other children's feelings**
i. **Sits still and pays attention**
j. **Knows most of the letters of the alphabet**
k. **Can follow directions**
l. **Identifies primary colors and shapes**
m. **Communicates needs, wants, and thoughts verbally in {his/her} primary language**
n. **Writes {his/her} own name**
o. **Reads or pretends to read storybooks**

ESSENTIAL 1
VERY IMPORTANT 2
SOMEWHAT IMPORTANT 3
NOT VERY IMPORTANT 4
NOT AT ALL IMPORTANT 5
REFUSED.....RF
DON'T KNOW.....DK

PA100

Is {CHILD/TWIN} currently in kindergarten?

YES.....1 (PA103ABX)
NO.....2
DON'T KNOW.....RF
REFUSED.....DK

PA103

These next questions are about your plans for enrolling {CHILD/TWIN} in kindergarten.

Most school districts have guidelines about when a child can start school based on his or her date of birth. Do you expect to enroll {CHILD/TWIN} in kindergarten or pre-first grade early, when {he/she} is old enough based on {his/her} birth date, or will you wait until {he/she} is older?

WHEN OLD ENOUGH 1
WILL WAIT 2
WILL ENTER EARLY 3
REFUSED.....RF
DON'T KNOW.....DK

PA103a

Some parents know in advance where their children will attend kindergarten. Do you know where {CHILD/TWIN} will attend kindergarten?

YES.....……1
NO.....……2
REFUSED.....RF
DON'T KNOW.....DK

PA103ABX

IF ASKING ABOUT TWIN, GO TO PA103A_1.

ELSE, IF WHRKIND=1, GO TO PA103B.

ELSE, GO TO PA104.

PA103a_1

{Will/Does {TWIN} attend kindergarten at the same school {CHILD} {will attend/attends}?

YES.....……1 (PA104)
NO.....……2 (PA103b)
REFUSED.....RF (PA103b)
DON'T KNOW.....DK (PA103b)

PA103b

What is the name of the school where {CHILD/TWIN} {will attend/attends} kindergarten?

DISPLAY INSTRUCTIONS:

Display "attends" if PA100 = 1.

IF RESPONDENT SAYS HE/SHE IS STILL CONSIDERING MORE THAN ONE SCHOOL FOR CHILD, PROBE FOR MOST LIKELY.

ENTER NAME OF SCHOOL

VERIFY SPELLING

REFUSED.....RF (PA104)
DON'T KNOW.....DK (PA104)

PA103CBX
IF PA100 = 1, SKIP TO PA103D.

PA103c

What is the mailing address of the school?

ENTER ADDRESS

VERIFY SPELLING

REFUSED.....RF
DON'T KNOW.....DK

COLLECT {CITY/STATE} EVEN IF RESPONDENT DOES NOT KNOW EXACT MAILING ADDRESS.

PA103d

What is the name of the county in which the school is located?

ENTER COUNTY

VERIFY SPELLING

REFUSED.....RF
DON'T KNOW.....DK

PA103e

What is the telephone number of the school?

ENTER TELEPHONE NUMBER, INCLUDING AREA CODE

REFUSED.....RF
DON'T KNOW.....DK

PA104

Do you {or {SPOUSE/PARTNER}} have any concerns about whether {CHILD/TWIN} will be ready to start kindergarten?

DISPLAY: "or {SPOUSE/PARTNER}}" when FS037 = yes.

YES.....1
[*What are those concerns?]*_____
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

PA107

Even though it may be a long way off, how far in school do you expect {CHILD/TWIN} to go? Would you say you expect {him/her} . . .

SHOW CARD PA-3

To receive less than a high school diploma, ...1
To graduate from high school,.....2
To attend two or more years of college, ...3
To finish a 4- or 5-year college degree, ...4
To earn a master's degree or equivalent, or.....5
To finish a Ph.D., M.D., or other advanced degree 6
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION CC.

SECTION CC: CHILD CARE ARRANGEMENTS

CC001BX

IF ASKING ABOUT TWIN, GO TO CC005.

ELSE, GO TO CC010PRE.

CC005 **HELP AVAILABLE**

Next, I'd like to talk to you about all child care arrangements you have for {TWIN} on a regular basis. Does {TWIN} currently have the same child care arrangements as {CHILD}?

YES.....1 (CC520)
NO.....2 (CC015)
REFUSED.....RF (CC015)
DON'T KNOW.....DK (CC015)

CC015 **HELP AVAILABLE**

I'd like to talk to you about all child care {CHILD/TWIN} now receives on a regular basis from someone other than {you/{his/her} parents or guardians}. This includes regular care and early childhood programs, whether or not there is a charge or fee, but not occasional baby-sitting or backup care providers.

DISPLAY INSTRUCTIONS:

Display "you" when respondent is someone other than the child's parent. Otherwise, display "{his/her} parents/guardians."

Head Start is a federally sponsored preschool program primarily for children from low-income families. Is {CHILD/TWIN} currently attending Head Start on a regular basis?

YES.....1 (CC025)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HELP AVAILABLE

CC020

Has {CHILD/TWIN} ever attended a Head Start or Early Head Start program on a regular basis?

DISPLAY INSTRUCTIONS:

Use past tense in CC025 through CC105 when CC015 = 2, RF, DK and CC020 = 1.

YES.....1
What were {his/her} dates of attendance?

_____

NO.....2 (CC115)
REFUSED.....RF (CC115)
DON'T KNOW.....DK (CC115)

CC025

Where {is/was} the Head Start program located? For example, {is/was} it in its own building, a school, in a church or synagogue, your home or another home, or some other place?

YOUR HOME 1
ANOTHER HOME.....2
A CHURCH, SYNAGOGUE, OR OTHER PLACE
OF WORSHIP 3
A PUBLIC SCHOOL 4
A PRIVATE SCHOOL.....5
A COLLEGE OR UNIVERSITY 6
A COMMUNITY CENTER 7
A PUBLIC LIBRARY 8
ITS OWN BUILDING.....9
MORE THAN ONE PLACE 10
ENTER SOME OTHER PLACE.....11
(SPECIFY) [*Where is the Head Start program located?*]_____
REFUSED.....RF
DON'T KNOW.....DK
HELP AVAILABLE

CC036

How many <u>days</u> each week {does/did} {CHILD/TWIN} go to that Head Start program?

Answer must be in range from 1 up to 7.

|___|
ENTER NUMBER OF DAYS

REFUSED .....RF
DON'T KNOW .....DK

CC040 **HELP AVAILABLE**

How many <u>hours</u> each <u>week</u> {does/did} {CHILD/TWIN} go to that Head Start program?

IF LESS THAN 1 HOUR, ENTER '0.'

Answer must be in range from 0 up to 70.

Check response against HeadDays (CC036). Answer cannot be more than 12 times response to HeadDays (child cannot be in Head Start more than 12 hours per day).

|___|___|
ENTER NUMBER OF HOURS

REFUSED .....RF
DON'T KNOW .....DK

CC045 **HELP AVAILABLE**

Counting {CHILD/TWIN}, how many children {are/were} usually in {his/her} room or group, at the same time, at that Head Start program?

Answer must be in range 1 to 30.

Interviewer is allowed to override this range up to 75.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED .....RF
DON'T KNOW .....DK

CC050 **HELP AVAILABLE**

How many adults {are/were} usually in {CHILD/TWIN}'s room or group, at the same time, at that Head Start program?

Answer must be in range 1 up to 8.

Interviewer is allowed to override this range up to 25.

|__|__|
ENTER NUMBER OF ADULTS

REFUSED .....RF
DON'T KNOW .....DK

CC055

How old was {CHILD/TWIN} in months when {he/she} started going to that Head Start program?

Answer must be in range 0 to 60.

Answer cannot be less than number of months reported for this type of care during 9-month/2-year interview.

|___|___|
ENTER NUMBER OF MONTHS

REFUSED .....RF
DON'T KNOW .....DK

CC060 **HELP AVAILABLE**

What language {does/did} {CHILD/TWIN}'s teacher at that Head Start program speak most with {him/her}?

ENGLISH 1
ARABIC 2
CHINESE.....3
FILIPINO LANGUAGE – TAGALOG 4
FRENCH.....5
GERMAN 6
GREEK 7
ITALIAN 8
JAPANESE.....9
KOREAN.....10
POLISH 11
PORTUGUESE 12
SPANISH.....13
VIETNAMESE.....14
AFRICAN.....15
EAST EUROPEAN…… 16
NATIVE AMERICAN 17
SIGN LANGUAGE.....18
MIDDLE EASTERN.....19
WEST EUROPEAN 20
INDIAN SUBCONTINENT.....21
SOUTHEAST ASIAN.....22
PACIFIC ISLAND 23
ENTER SOME OTHER LANGUAGE 91
(Specify) [*What other language {does/did} {CHILD/TWIN}'s teacher speak most with {him/her}?]* _____
REFUSED.....RF
DON'T KNOW.....DK

CC065 **HELP AVAILABLE**

{Is/was} there any charge or fee for the program, paid by either you or someone else?

YES.....1
NO.....2 (CC115)
REFUSED.....RF (CC115)
DON'T KNOW.....DK (CC115)

CC070 **HELP AVAILABLE**

How much {did/does} your household pay for {CHILD/TWIN} to go to the Head Start program?

Answer must be in range from 0 up to 40000.

$|__|__| , |__|__|__|
ENTER AMOUNT

REFUSED.....RF (CC115)
DON'T KNOW.....DK (CC115)

CC070a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC070.

|__|
ENTER UNIT

PER HOUR.....1
PER DAY 2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONTH 5
PER YEAR 6
ENTER OTHER (Specify) 91
[*What is the unit of cost for the Head Start program?*]
_____

CC100BX

IF THERE ARE OTHER CHILDREN IN THE HOUSEHOLD, ASK THE FOLLOWING 2 QUESTIONS. ELSE, GO TO CC115.

CC100

{Is/was} this amount for {CHILD/TWIN} only, or {did/does} does it include other children in your household?

CHILD ONLY 1 (CC115)
CHILD AND OTHER(S) 2
REFUSED.....RF (CC115)
DON'T KNOW.....DK (CC115)

CC105 **HELP AVAILABLE**

How many children {is/was} this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

Answer cannot be greater than number of household members under 18.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED.....RF
DON'T KNOW.....DK

CC115 **HELP AVAILABLE**

{Now I want to ask you about any care {CHILD/TWIN} is receiving from relatives not including Head Start programs.}Is {CHILD/TWIN} now receiving care from a relative other than a parent on a regular basis, for example from grandparents, brothers or sisters, or any other relatives?

DISPLAY: "Now I want …" if CC015 = yes, else display nothing.

YES.....1 (CC135)
NO.....2 (CC220)
REFUSED.....RF (CC220)
DON'T KNOW.....DK (CC220)

CC132BX

IF CC115 = 1 (CHILD IS CURRENTLY RECEIVING CARE FROM A RELATIVE), GO TO CC135.

ELSE, GO TO CC220.

CC135

How many different regular care arrangements do you currently have with relatives for {CHILD/TWIN}?

DISPLAY INSTRUCTIONS:

If multiple arrangements, display the sentence "Let's talk about…{CHILD/TWIN} now." Else, use a null display.

ONE.....1
TWO.....2
THREE.....3
FOUR OR MORE.....4
REFUSED.....RF
DON'T KNOW.....DK

CC140 **HELP AVAILABLE**

{Let's talk about the relative who provides the most care for {CHILD/TWIN} now.} Is that relative {CHILD/TWIN}'s…

DISPLAY INSTRUCTIONS:

If relative named above, display "{RELATIVE}": "aunt", "uncle", "brother", "sister", "grandparent" as appropriate. Otherwise, display "that relative".

Grandparent, ...1
Aunt, ...2
Uncle,.....3
Brother, ...4
Sister, or 5
Another relative?.....91
(Specify) [*Who is the relative that takes care of the {CHILD/TWIN}?*]_____
REFUSED.....RF (CC220)
DON'T KNOW.....DK

CC145 **HELP AVAILABLE**

Is the care provided by {{CHILD/TWIN}'s {RELATIVE}/that relative} in your home or another home?

OWN HOME 1
OTHER HOME 2
BOTH/VARIES 3
REFUSED.....RF
DON'T KNOW.....DK

CC165 **HELP AVAILABLE**

How many <u>hours</u> each <u>week</u> does {CHILD/TWIN} receive care from {{his/her} {RELATIVE}/that relative}?

Answer must be in range from 0 up to 80.

Interviewer may override range up to 120.

|___|___|
ENTER NUMBER OF HOURS

REFUSED.....RF
DON'T KNOW.....DK

CC170 **HELP AVAILABLE**

How many <u>days</u> each week does {CHILD/TWIN} receive care from {{his/her} {RELATIVE}/that relative}?

Answer must be in range from 1 up to 7.

Check response against HrsWeek (CC165). HrsWeek divided by DaysWeek cannot be greater than 24 (child cannot be in relative care more than 24 hours per day).

|___|
ENTER NUMBER OF DAYS

REFUSED.....RF
DON'T KNOW.....DK

CC171

How old was {CHILD/TWIN} in months when {he/she} started going to that relative for care?

Answer must be in range 0 to 60.

Answer cannot be less than number of months reported for this type of care during 9-month/2-year interview.

|___|___|
ENTER NUMBER OF MONTHS

REFUSED .....RF
DON'T KNOW .....DK

CC175 **HELP AVAILABLE**

How many <u>children</u> are usually cared for together, in the same group at the same time, by {{CHILD/TWIN}'s {RELATIVE}/that relative}, counting {CHILD/TWIN}?

Answer must be in range 1 up to 30.

Interviewer is allowed to override this range up to 75.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED.....RF
DON'T KNOW.....DK

CC180

How many <u>adults</u> usually care for {CHILD/TWIN} at the same time during that care arrangement?

Answer must be in range 1 up to 8.

Interviewer is allowed to override this range up to 25.

|___|__|
ENTER NUMBER OF ADULTS

REFUSED.....RF
DON'T KNOW.....DK

CC190 **HELP AVAILABLE**

What language does {{CHILD/TWIN}'s {RELATIVE}/that relative} speak most when caring for {CHILD/TWIN}?

ENGLISH 1
ARABIC 2
CHINESE.....3
FILIPINO LANGUAGE – TAGALOG 4
FRENCH.....5
GERMAN 6
GREEK 7
ITALIAN 8
JAPANESE.....9
KOREAN.....10
POLISH 11
PORTUGUESE 12
SPANISH.....13
VIETNAMESE.....14
AFRICAN.....15
EAST EUROPEAN 16
NATIVE AMERICAN 17
SIGN LANGUAGE.....18
MIDDLE EASTERN.....19
WEST EUROPEAN 20
INDIAN SUBCONTINENT.....21
SOUTHEAST ASIAN.....22
PACIFIC ISLAND 23
ENTER SOME OTHER LANGUAGE 91
(SPECIFY) *[What other language {does/did} {CHILD/TWIN}'s {RELATIVE}/that relative} speak most with {him/her}?]*
_____
REFUSED.....RF
DON'T KNOW.....DK

CC195 **HELP AVAILABLE**

Is there any charge or fee for the care {CHILD/TWIN} receives from {{his/her}{RELATIVE}/that relative}, paid either by you or someone else?

YES.....1
NO.....2 (CC218BX)
REFUSED.....RF (CC218BX)
DON'T KNOW.....DK (CC218BX)

CC205 **HELP AVAILABLE**

How much does your household pay {{CHILD/TWIN}'s {RELATIVE}/that relative} to care for {CHILD/TWIN}?

Answer must be in range 0 up to 40000.

$|__|__| , |__|__|__|
ENTER AMOUNT TO THE NEAREST DOLLAR. (Allow Zero.)

REFUSED.....RF (CC218BX)
DON'T KNOW.....DK (CC218BX)

CC205a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC205.

|__|
ENTER UNIT

PER HOUR.....1
PER DAY 2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONTH 5
PER YEAR 6
ENTER OTHER 91
(Specify) [*What other unit of pay is there for the program?*] _____

CC210BX

IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD, ASK CC210. ELSE GO TO CC218BX.

CC210 **HELP AVAILABLE**

Is this amount for {CHILD/TWIN} only, or does it include other children in your household?

CHILD ONLY 1 (CC218BX)
CHILD AND OTHER(S) 2
REFUSED.....RF (CC218BX)
DON'T KNOW.....SK (CC218BX)

CC215 **HELP AVAILABLE**

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

Answer cannot be greater than number of household members under 18.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED.....RF
DON'T KNOW.....DK

CC218BX

IF CC135 = 1, RF, OR DK, GO TO CC220.

ELSE GO TO CC218.

CC218 **HELP AVAILABLE**

You said that {CHILD/TWIN} was cared for by {NUMBER} other {relative/relatives} on a regular basis. How many <u>total hours</u> each <u>week</u> does {CHILD/TWIN} receive care from {this/these} other {relative/relatives}?

Answer must be in range from 0 to 80.

|___|___|
ENTER NUMBER OF HOURS

REFUSED.....RF
DON'T KNOW.....DK

CC220 **HELP AVAILABLE**

Now I'd like to ask you about any care {CHILD/TWIN} receives from someone not related to {him/her} in your home or someone else's home on a regular basis, <u>not</u> including Head Start. This includes home child care providers, regular sitters, or neighbors, but does not include day care centers or preschools. Is {CHILD/TWIN} <u>now</u> receiving care in a private home on a <u>regular basis</u> from someone who is not related to {him/her}?

YES.....1
NO.....2 (CC410)
REFUSED.....RF (CC410)
DON'T KNOW.....DK (CC410)

CC240 **HELP AVAILABLE**

How many different regular care arrangements do you currently have with non-relatives for {CHILD/TWIN}?

ONE 1
TWO 2
THREE 3
FOUR OR MORE.....4
REFUSED.....RF
DON'T KNOW.....DK

CC245 **HELP AVAILABLE**

{Let's talk about the non-relative who provides the most care for {CHILD/TWIN}.} Is that care provided in your home or another home?

DISPLAY INSRUCTIONS:

If CC240 >1, display the sentence "Let's talk about…{CHILD/TWIN}." Otherwise, use a null display.

OWN HOME 1
OTHER HOME 2
BOTH/VARIES 3
REFUSED.....RF
DON'T KNOW.....DK

CC248

Does this person who cares for {CHILD/TWIN} live in your household?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CC265 **HELP AVAILABLE**

How many days each week does {CHILD/TWIN} receive care from that person?

Answer must be in range from 1 up to 7.

|___|
ENTER NUMBER OF DAYS

REFUSED .....RF
DON'T KNOW .....DK

CC270 **HELP AVAILABLE**

How many <u>hours</u> each week does {CHILD/TWIN} receive care from that person?

Answer must be in range from 0 up to 80.

Interviewer may override range up to 120.

Answer cannot be more than 24 times response to WeekDays (child cannot be in nonrelative care more than 24 hours per day).

|___|___|
ENTER NUMBER OF HOURS

REFUSED .....RF
DON'T KNOW .....DK

CC271

How old was {CHILD/TWIN} in months when <u>this particular</u> care arrangement began?

Answer must be in range from 0 up to 60.

Answer cannot be less than number of months reported for this type of care during 9-month/2-year interview.

|___|___|
ENTER NUMBER OF MONTHS

REFUSED .....RF
DON'T KNOW .....DK

CC275 **HELP AVAILABLE**

How many <u>children</u> are usually cared for together, in the same group at the same time, by that person, counting {CHILD/TWIN}?

Answer must be in range 1 up to 30.

Interviewer may override range up to 75.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED .....RF
DON'T KNOW .....DK

CC280 **HELP AVAILABLE**

How many <u>adults</u> usually care for {CHILD/TWIN} at the same time during that care arrangement?

Answer must be in range from 1 up to 8.

Interviewer may override range up to 25.

|__|__|
ENTER NUMBER OF ADULTS

REFUSED .....RF
DON'T KNOW .....DK

CC290 **HELP AVAILABLE**

What language does {{CHILD/TWIN}'s care provider speak most when caring for {CHILD/TWIN}?

ENGLISH 1
ARABIC 2
CHINESE.....3
FILIPINO LANGUAGE – TAGALOG 4
FRENCH.....5
GERMAN 6
GREEK 7
ITALIAN 8
JAPANESE.....9
KOREAN.....10
POLISH 11
PORTUGUESE 12
SPANISH.....13
VIETNAMESE.....14
AFRICAN.....15
EAST EUROPEAN 16
NATIVE AMERICAN 17
SIGN LANGUAGE.....18
MIDDLE EASTERN.....19
WEST EUROPEAN 20
INDIAN SUBCONTINENT.....21
SOUTHEAST ASIAN.....22
PACIFIC ISLAND 23
ENTER SOME OTHER LANGUAGE 91
[*What language does the care provider speak most when caring for the {CHILD/TWIN}?]*_____
REFUSED.....RF
DON'T KNOW.....DK

CC295 **HELP AVAILABLE**

Is there any charge or fee for the care {CHILD/TWIN} receives from this person, paid either by you or someone else?

YES.....1
NO.....2 (CC318BX)
REFUSED.....RF (CC318BX)
DON'T KNOW.....DK (CC318BX)

CC305 **HELP AVAILABLE**

How much does your household pay this person to care for {CHILD/TWIN}?

Answer must be in range from 0 up to 40000.

$|__|__| , |__|__|__|
ENTER AMOUNT

REFUSED.....RF (CC318BX)
DON'T KNOW.....DK (CC318BX)

CC307

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else ?

DISPLAY AMOUNT FROM CC305.

|__|
ENTER UNIT

PER HOUR.....1
PER DAY 2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONTH 5
PER YEAR 6
ENTER OTHER (Specify) 91
[*What other unit of pay is there for program?*] _____

CC310BX

IF THERE ARE OTHER CHILDREN IN THE HOUSEHOLD UNDER 12, ASK THE NEXT TWO QUESTIONS.

ELSE, GO TO CC318BX.

CC310 **HELP AVAILABLE**

Is this amount for {CHILD/TWIN} only, or does it include other children in your household?

CHILD ONLY 1 (CC318BX)
CHILD AND OTHER(S) 2
REFUSED.....RF (CC318BX)
DON'T KNOW.....DK (CC318BX)

CC315 **HELP AVAILABLE**

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED.....RF
DON'T KNOW.....DK

CC318BX

IF CC240 > 1 (CHILD IS CURRENTLY RECEIVING CARE FROM MORE THAN ONE NON-RELATIVE), GO TO CC318.

ELSE, GO TO CC410.

CC318 **HELP AVAILABLE**

You said that {CHILD/TWIN} was cared for by {NUMBER} other non-{relative/relatives} on a regular basis. How many <u>total hours</u> each <u>week</u> does {CHILD/TWIN} receive care from {this/these} non-{relative/relatives}?

Answer must be in range from 0 up to 80.

|___|___|
ENTER NUMBER OF HOURS

REFUSED.....RF
DON'T KNOW.....DK

CC410 **HELP AVAILABLE**

Now I want to ask you about child care centers, nursery schools or pre-kindergarten programs {CHILD/TWIN} may attend, <u>not</u> including Head Start programs. Is {CHILD/TWIN} now attending a day care center, nursery school, preschool, or pre-kindergarten program on a <u>regular basis</u>?

YES.....1 (CC430)
NO.....2 (CC490BX)
REFUSED.....RF (CC490BX)
DON'T KNOW.....DK (CC490BX)

CC430 **HELP AVAILABLE**

{Not including Head Start}, How many different day care centers, nursery schools, preschools, or pre-kindergartens programs does {CHILD/TWIN} currently go to?

DISPLAY INSTRUCTIONS:

Display "Not including Head Start" if respondent indicated child participates in Head Start.

ONE 1
TWO 2
THREE 3
FOUR OR MORE.....4
REFUSED.....RF
DON'T KNOW.....DK

CC432

{Let's talk about the program where {CHILD/TWIN} spends the most time.} Would you call {it/the program}…

DISPLAY INSTRUCTIONS:

If CC430 < 1, display the sentence "Let's talk about…{CHILD/TWIN} spends the most time."

A day care center 1
A nursery school 2
A preschool 3
A pre-kindergarten, or.....4
Something else? 5
[*What is the program called?]*_____
REFUSED.....RF
DON'T KNOW.....DK

CC433

Where is the program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other building?

YOUR HOME 1
ANOTHER HOME.....2
A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP.....3
A PUBLIC SCHOOL 4
A PRIVATE SCHOOL.....5
A COLLEGE OR UNIVERSITY.....6
A COMMUNITY CENTER.....7
A PUBLIC LIBRARY.....8
ITS OWN BUILDING.....9
MORE THAN ONE PLACE.....10
ENTER SOME OTHER PLACE.....11
[Where is the program located?] _____
REFUSED.....RF
DON'T KNOW.....DK

CC436 **HELP AVAILABLE**

How many <u>days</u> each week does {CHILD/TWIN} go to that program?

Answer must be in range from 1 up to 7.

|___|
ENTER NUMBER OF DAYS

REFUSED.....RF
DON'T KNOW.....DK

CC440 **HELP AVAILABLE**

How many <u>hours</u> each <u>week</u> does {CHILD/TWIN} go to that program?

Answer must be in range from 0 up to 70.

Answer cannot be more than 12 times response to CC436 (child cannot be in center-based care more than 12 hours per day).

|___|___|
ENTER NUMBER OF HOURS

REFUSED.....RF
DON'T KNOW.....DK

CC441

How old was {CHILD/TWIN} in months when {he/she} started going to that center or program for care?

Answer must be in range 0 to 60.

Answer cannot be less than number of months reported for this type of care during 9-month/2-year interview.

|___|___|
ENTER NUMBER OF MONTHS

REFUSED .....RF
DON'T KNOW .....DK

CC445 **HELP AVAILABLE**

How many <u>children</u> are usually in {CHILD/TWIN}'s room or group, at the same time, at that program?

Answer must be in range from 1 up to 30.

Interviewer is allowed to override this range up to 75.

|___|___|
ENTER NUMBER OF CHILDREN

REFUSED.....RF
DON'T KNOW.....DK

CC450 **HELP AVAILABLE**

How many <u>adults</u> are usually in {CHILD/TWIN}'s room or group, at the same time, at that program?

Answer must be in range from 1 up to 8.

Interviewer may override range up to 25.

|__|__|
ENTER NUMBER OF ADULTS

REFUSED .....RF
DON'T KNOW .....DK

CC460 **HELP AVAILABLE**

What language does {CHILD/TWIN}'s teacher at that program speak most with {him/her}?

ENGLISH 1
ARABIC 2
CHINESE.....3
FILIPINO LANGUAGE – TAGALOG 4
FRENCH.....5
GERMAN 6
GREEK 7
ITALIAN 8
JAPANESE.....9
KOREAN.....10
POLISH 11
PORTUGUESE 12
SPANISH.....13
VIETNAMESE.....14
AFRICAN.....15
EAST EUROPEAN 16
NATIVE AMERICAN 17
SIGN LANGUAGE.....18
MIDDLE EASTERN.....19
WEST EUROPEAN 20
INDIAN SUBCONTINENT.....21
SOUTHEAST ASIAN.....22
PACIFIC ISLAND 23
ENTER SOME OTHER LANGUAGE 91
[*What language does the teacher speak most with the child?]*

_____

REFUSED.....RF
DON'T KNOW.....DK

CC465

Is there any charge or fee for the program, paid by either you or someone else?

YES.....1
NO.....2 (CC488BX)
REFUSED.....RF (CC488BX)
DON'T KNOW.....DK (CC488BX)

CC475 **HELP AVAILABLE**

How much does your household pay for {CHILD/TWIN} to go to the program?

Answer must be inrange from 0 up to 40000.

$|__|__| , |__|__|__|
ENTER AMOUNT

REFUSED.....RF (CC488BX)
DON'T KNOW.....DK (CC488BX)

CC475a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else ?

DISPLAY AMOUNT FROM CC475.

|__|
ENTER UNIT

PER HOUR.....1
PER DAY 2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONTH 5
PER YEAR 6
ENTER OTHER 91
(Specify) [*What other unit of pay is there for the program?*]_____

CC480BX

IF THERE ARE OTHER CHILDREN IN THE HOUSEHOLD, ASK CC480.

OTHERWISE, SKIP TO CC488BX.

CC480 **HELP AVAILABLE**

Is this amount for {CHILD/TWIN} only, or does it include other children in your household?

CHILD ONLY 1 (CC488BX)
CHILD AND OTHER(S) 2
REFUSED.....RF (CC488BX)
DON'T KNOW.....DK (CC488BX)

CC485 **HELP AVAILABLE**

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

|__|__|
ENTER NUMBER OF CHILDREN

REFUSED.....RF
DON'T KNOW.....DK

CC488BX

IF CC430 > 1 (CHILD IS CURRENTLY ATTENDING MORE THAN ONE CENTER-BASED PROGRAM), GO TO CC488.

ELSE, GO TO CC490BX.

CC488 **HELP AVAILABLE**

You said that {CHILD/TWIN} attended {NUMBER} other {program/programs} on a regular basis. How many <u>total hours</u> each <u>week</u> does {CHILD/TWIN} attend {this/these} {program/programs}?

DISPLAY INSTRUCTIONS:

Number equals "one" if CC430 = 2, "two" if CC430 = 3, and "three or more" if CC430 = 4.

Answer must be in range from 1 up to 70.

|___|___|
ENTER NUMBER OF HOURS

REFUSED.....RF
DON'T KNOW.....DK

CC490BX

IF CC015 = 1 (CHILD IS CURRENTLY ATTENDING HEAD START) OR CC410 = 1 (CHILD IS CURRENTLY ATTENDING OTHER CENTER-BASED PROGRAM), GO TO CC490.

ELSE GO TO CC515BX.

CC490a-e **HELP AVAILABLE**

Since {CHILD/TWIN} began going to {his/her} current program, have you {or other adults in the household}…

DISPLAY INSTRUCTIONS:

Display "or other adults in the household" when number of hh members age 18 or above is > 1.

If TMOSTCARE=HEADSTARTC, display "Head Start"

If TMOSTCARE=CENTERC or PUBLICPRE, display "center" IF CC432 = 1 or "school" if CC432 >1.

a. **Attended a general {school/Head Start/{center} meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization?**
b. **Gone to a regularly scheduled {parent-teacher conference with {CHILD/TWIN}'s teacher/meeting with {CHILD/TWIN}'s care provider}?**
c. **Attended a {school/Head Start/center} or class event, such as a play, because of {CHILD/TWIN}?**
d. **Acted as a volunteer at the {school/Head Start program/center} or served on a committee?**
e. **Attended or chaperoned a field trip?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

For each 'YES' above, ask:

CC491

Who {attended/volunteered}?

CODE ALL THAT APPLY

ME (RESPONDENT).....1
SPOUSE/PARTNER 2
ANOTHER RELATIVE.....3
OTHER HOUSEHOLD MEMBER 4
REFUSED.....RF
DON'T KNOW.....DK

CC495a-e

For each statement that I read you, please tell me how well {CHILD/TWIN}'s {school/Head Start program/center} has been doing the following things?

DISPLAY INSTRUCTIONS:

If TMOSTCARE=HEADSTARTC, display "program".

If TMOSTCARE=CENTERC, display "center" if CC432 = 1, or "school" if CC432 >1.

If TMOSTCARE=PUBLICPRE, display "school".

a. **Lets you know how {CHILD/TWIN} is doing in {school/the program}. Would you say they do this very well, just ok, or don't do it at all?**
b. **Helps you understand what children at {CHILD/TWIN}'s age are like?**
c. **Makes you aware of chances to volunteer at the {school/program/center}?**
d. **Provides workshops, materials, or advice about how to help {CHILD/TWIN} learn at home?**
e. **Provides information on community services to help {CHILD/TWIN} or your family?**

DOES IT VERY WELL 1
JUST O.K.....2
NOT AT ALL 3
REFUSED.....RF
DON'T KNOW.....DK

CC515BX

IF CC115 = 1 (RELATIVE CARE) OR CC220 = 1 (NON-RELATIVE CARE) OR CC015 = 1 (HEAD START) OR CC410 = 1 (OTHER CENTER-BASED PROGRAM), GO TO CC515.

ELSE GO TO CC520.

CC515a-d

Do any of the following people or organizations help to pay for {display}? How about...

DISPLAY INSTRUCTIONS:

Display according to whichever care arrangement the child spends the most hours in per week (whichever of CC040, CC165, CC270, CC440 is greatest).

If Head Start is greatest: {CHILD/TWIN} to attend Head Start.

Relative care is greatest: {CHILD/TWIN}'s {{RELATIVE}/relative care giver} to care for {him/her}.

Non-relative care is greatest: {CHILD/TWIN}'s non-relative care giver to care for {him/her}.

public preschool is greatest and CC433 = 4: {CHILD/TWIN}'s preschool.

Center-based care is greatest and CC433 NE 4: {CHILD/TWIN}'s preschool.

a. **A relative of {CHILD/TWIN} outside your household who provides money <u>specifically</u> for that care?**
b. **A social service or welfare agency?**
c. **An employer?**
d. **Someone else?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CC520 **HELP AVAILABLE**

Has {CHILD/TWIN} <u>ever</u> stayed home to take care of {himself/herself} without an adult for more than a few minutes?

YES.....1
NO.....2 (CC530)
REFUSED.....RF (CC530)
DON'T KNOW.....DK (CC530)

CC521

About how often does this happen?

ALMOST EVERY DAY.....1
A FEW TIMES A WEEK.....2
ONCE A WEEK.....3
A FEW TIMES A MONTH.....4
ONCE A MONTH.....5
LESS OFTEN.....6
IT'S ONLY HAPPENED ONCE OR TWICE.....7
REFUSED.....RF
DON'T KNOW.....DK

CC530a-l

I'm going to read some things that people look for in selecting child care arrangements or early childhood programs for their children. For each one, please tell me if you think it is very important, somewhat important, or not too important in selecting a care arrangement for {CHILD} {and {TWIN}}. How about…

[PROBE: Is that very important, somewhat important, or not too important?]

DISPLAY INSTRUCTIONS:

IF TMOSTCARE=HEADSTARTC, DISPLAY "teacher".

IF TMOSTCARE=HOMECARE, DISPLAY "caregiver".

IF TMOSTCARE=CENTERC, DISPLAY "care giver" if CC432 = 1 or "teacher" if CC432 >1.

IF TMOSTCARE=PUBLICPRE, DISPLAY "teacher".

a. **A place that will help prepare your child for kindergarten**
b. **A place where children will be cared for when they are sick**
c. **A place close to your home**
d. **A reasonable cost**
e. **A small number of children in the same class or group**
f. **A caregiver or teacher who speaks English with your child**
g. **A {caregiver/teacher} who provides flexible hours to fit your schedule**
h. **A {caregiver/teacher} who shares your beliefs about raising children**
i. **A {caregiver/teacher} of the same racial or ethnic background as {CHILD} {and {TWIN}}**
j. **A {caregiver/teacher} who speaks {CHILD}'s {and {TWIN}}'s native language**
k. ***[If non-relative care arrangement]* A {caregiver/teacher} you already knew**
l. ***[If center-based care]* An arrangement that is affiliated with your family's religion**

VERY IMPORTANT 1
SOMEWHAT IMPORTANT 2
NOT TOO IMPORTANT.....3
REFUSED.....RF
DON'T KNOW.....DKN

CC535BX

IF CHILD AND TWIN ARE IN SAME CARE ARRANGEMENT, ASK CC535 AND CC536 ON CHILD PATH ONLY.

ELSE, ASK CC535 AND CC536 FOR BOTH CHILD AND TWIN.

CC535

How much difficulty did you have finding the type of child care or early childhood program you wanted for {{CHILD/TWIN}? Would you say…

DISPLAY INSTRUCTIONS:

If CHILD and TWIN are in same care arrangement, display {{{CHILD} and {TWIN}}.

A lot 1
Some 2
A little 3
No difficulty, or 4
Have you not found the child care or program you wanted? 5
HAVE NOT LOOKED FOR CARE .....6 (GO TO SECTION CH)
REFUSED.....RF
DON'T KNOW.....DK

CC536 **HELP AVAILABLE**

Do you feel there are good choices for child care where you live?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW .....DK

GO TO SECTION CH.

SECTION CH: CHILD HEALTH

CH021

Now I'd like to ask you about {CHILD/TWIN}'s eating habits and health.

The next questions ask about food {CHILD/TWIN} ate or drank during the past 7 days. Think about all the meals and snacks {CHILD/TWIN} had from the time {he/she} got up until {he/she} went to bed. Be sure to include food {CHILD/TWIN} ate at home, preschool, restaurants, play dates, anywhere else, and over the weekend.

Let's start with the kinds of milk {CHILD/TWIN} drinks. Include all types of milk, including cow's milk, soy milk or any other kind of milk; include the milk {he/she} drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass. During the past 7 days, how many times did {CHILD/TWIN} drink milk? Would you say…

SHOW CARD CH-1

Once a day, ...1
Twice a day,.....2
Three times a day,.....3
Four or more times a day, ...4
One to three times during the past 7 days, ...5
Four to six times during the past 7 days, or 6
Your child did not drink milk during the past 7 days
(GO TO CH041).....7
REFUSED.....RF
DON'T KNOW .....DK

CH037

What kind of milk did your child usually (most often) drink during the past 7 days?

WHOLE MILK.....1
2% MILK.....2
SKIM MILK 3
LOW FAT OR 1% MILK.....4
SOY MILK 5
BOTH REGULAR COW'S MILK AND SOY
MILK.....6
SOME OTHER.....7
SPECIFY OTHER KIND OF MILK:
_____
REFUSED.....RF
DON'T KNOW .....DK

CH041

During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit-flavored drinks.

1 TIME PER DAY.....1
2 TIMES PER DAY 2
3 TIMES PER DAY 3
4 OR MORE TIMES PER DAY 4
1 TO 3 TIMES DURING THE PAST 7 DAYS 5
4 TO 6 TIMES DURING THE PAST 7 DAYS 6
CHILD DID NOT DRINK 100% FRUIT JUICE
DURING THE PAST 7 DAYS.....7
REFUSED.....RF
DON'T KNOW .....DK

CH043

During the past 7 days, how many times did your child drink Soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?

1 TIME PER DAY.....1
2 TIMES PER DAY 2
3 TIMES PER DAY 3
4 OR MORE TIMES PER DAY 4
1 TO 3 TIMES DURING THE PAST 7 DAYS 5
4 TO 6 TIMES DURING THE PAST 7 DAYS 6
CHILD DID NOT DRINK ANY DURING THE
PAST 7 DAYS.....7
REFUSED.....RF
DON'T KNOW .....DK

CH044

During the past 7 days, how many times did your child eat fresh fruit, such as apples, bananas, oranges, berries or other fruit such as applesauce, canned peaches, canned fruit cocktail, frozen berries, or dried fruit? Do not count fruit juice.

1 TIME PER DAY.....1
2 TIMES PER DAY 2
3 TIMES PER DAY 3
4 OR MORE TIMES PER DAY 4
1 TO 3 TIMES PER DAY 5
4 TO 6 TIMES PER DAY 6
CHILD DID NOT EAT FRUIT DURING THE
PAST 7 DAYS.....7
REFUSED.....RF
DON'T KNOW .....DK

CH045

During the past 7 days, how many times did your child eat vegetables other than French fries and other fried potatoes? Include vegetables like those served as a stir fry, soup, or stew, in your response.

1 TIME PER DAY.....1
2 TIMES PER DAY 2
3 TIMES PER DAY 3
4 OR MORE TIMES PER DAY 4
1 TO 3 TIMES DURING THE PAST 7 DAYS 5
4 TO 6 TIMES DURING THE PAST 7 DAYS 6
CHILD DID NOT EAT OTHER VEGETABLES
DURING THE PAST 7 DAYS 7
REFUSED.....RF
DON'T KNOW.....DK

CH045

During the past 7 days, how many times did your child eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider both eating out, carry out, and delivery of meals in your response.

1 TIME PER DAY.....1
2 TIMES PER DAY 2
3 TIMES PER DAY 3
4 OR MORE TIMES PER DAY 4
1 TO 3 TIMES DURING THE PAST 7 DAYS 5
4 TO 6 TIMES DURING THE PAST 7 DAYS 6
CHILD DID NOT EAT FOOD FROM A FAST
FOOD RESTAURANT DURING THE PAST 7
DAYS 7
REFUSED.....RF
DON'T KNOW .....DK

CH046

During the past 7 days, how many times did your child eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?

1 TIME PER DAY.....1
2 TIMES PER DAY 2
3 TIMES PER DAY 3
4 OR MORE TIMES PER DAY 4
1 TO 3 TIMES DURING THE PAST 7 DAYS 5
4 TO 6 TIMES DURING THE PAST 7 DAYS 6
CHILD DID NOT EAT ANY SWEETS DURING
THE PAST 7 DAYS.....7
REFUSED.....RF
DON'T KNOW .....DK

CH047

During the past 7 days, how many times did your child eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods?

1 TIME PER DAY.....1
2 TIMES PER DAY 2
3 TIMES PER DAY 3
4 OR MORE TIMES PER DAY 4
1 TO 3 TIMES PER DAY 5
4 TO 6 TIMES DURING THE PAST 7 DAYS 6
CHILD DID NOT EAT ANY SALTY SNACKS
DURING THE PAST 7 DAYS 7
REFUSED.....RF
DON'T KNOW .....DK

CH048

During the past 12 months, did {CHILD/TWIN} take any vitamin or mineral supplements of any kind?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH055

Would you say {CHILD/TWIN}'s health is…

Excellent, ...1
Very good, ...2
Good, ...3
Fair, or.....4
Poor? 5
REFUSED.....RF
DON'T KNOW.....DK

CH057

Has {CHILD/TWIN} ever been to a dentist or dental hygienist for dental care?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH060 **HELP AVAILABLE**

Since {CHILD/TWIN} turned 2 years old, how many times has {CHILD/TWIN} gone for well-child checkups?

PROBE: These are visits to the doctor when {he/she} isn't sick, but to get {him/her} checked over or to get vaccinations.

Answer must be in range from 0 up to 2.

Interviewer may override range up to 5.

IF '0' GO TO CH080.

|___|___|
NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH065

What kind of place do you usually take {CHILD/TWIN} for checkups?

CLINIC OR HEALTH CENTER.....1
DOCTOR'S OFFICE OR HMO.....2
HOSPITAL EMERGENCY ROOM 3
HOSPITAL OUTPATIENT DEPARTMENT.....4
SOME OTHER PLACE 5
DOESN'T GO TO ONE PLACE MOST OFTEN.....6
REFUSED.....RF
DON'T KNOW.....DK

CH080a-d **HELP AVAILABLE**

Since {CHILD/TWIN} turned 2 years old, has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} has...

a. **Asthma?**

b. **A respiratory illness, such as bronchitis, pneumonia, or bronchiolitis?**

c. **A severe gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration?**

d. **An ear infection?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH085BX

IF CH080A = 1 (ASTHMA), GO TO CH085.

ELSE, GO TO CH100BX.

CH085

Since {CHILD/TWIN} turned 2 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had an asthma attack?

Answer must be in range from 1 up to 24.

|___|___|
NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH090 **HELP AVAILABLE**

How was {CHILD/TWIN}'s <u>most recent</u> episode of asthma treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

INHALER/NEBULIZER.....1
ALBUTEROL.....2
NO TREATMENT/WATCH AND WAIT.....3
ANTIBIOTICS 4
STEROIDS/ANTI-INFLAMMATORIES.....5
ENTER OTHER (*Specify) [How was the asthma treated?]*_____91
REFUSED.....RF
DON'T KNOW.....DK

CH095

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of asthma?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH100BX

IF CH080B = 1 (RESPIRATORY ILLNESS), GO TO CH100.

ELSE, GO TO CH114BX.

CH100

Since {CHILD/TWIN} turned 2 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had bronchitis, pneumonia, or bronchiolitis?

Answer must be in range from 1 up to 24.

|___|___|
NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH105

How was {CHILD/TWIN}'s <u>most recent</u> bout of bronchitis, pneumonia, or bronchiolitis treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

NO TREATMENT/WATCH AND WAIT.....1
ANTIBIOTICS 2
ALBUTEROL.....3
INHALER/NEBULIZER.....4
DECONGESTANTS/ANTIHISTAMINES 5
ANALGESICS (E.G., FEVER REDUCER OR
PAIN RELIEVER) 6
ENTER OTHER (Specify) [*How was the bronchitis treated?]* _____) 91
REFUSED.....RF
DON'T KNOW.....DK

CH110

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of bronchitis, pneumonia, or bronchiolitis?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH114BX

IF CH080C = 1 (GASTROINTESTINAL ILLNESS), GO TO CH114.

ELSE, GO TO CH125BX.

CH114 **HELP AVAILABLE**

Since {CHILD/TWIN} turned 2 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had a gastrointestinal illness?

Answer must be in range from 1 up to 24.

|___|___|
NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH115 **HELP AVAILABLE**

How was {CHILD/TWIN}'s <u>most recent</u> severe gastrointestinal illness treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY

NO TREATMENT/WATCH AND WAIT.....1
ANTIBIOTICS 2
CHANGED DIET.....3
ANTACIDS/GAS DROPS (E.G., MAALOX; MYLICON) 4
ACID BLOCKERS (E.G., ZANTAC, PEPCID, PREVACID, PRILOSEC, TAGAMET).....5
DEHYDRATION PREVENTATIVES (E.G., PEDIALYTE; FLUIDS).....6
ENTER OTHER (Specify) *[How was the gastrointestinal illness treated?]*_____) 91
REFUSED.....RF
DON'T KNOW.....DK

CH120

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of a severe gastrointestinal illness?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH125BX

IF CH080D = 1 (EAR INFECTION), GO TO CH125.

ELSE, GO TO CH140.

CH125

Since {CHILD/TWIN} turned 2 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had an ear infection?

Answer must be in range from 1 up to 24.

|___|___|
NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH130 **HELP AVAILABLE**

How was {CHILD/TWIN}'s {most recent/first/second/third} ear infection {since {he/she} turned 2 years old} treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

DISPLAY INSTRUCTIONS:

Ask for each of up to three ear infections—display "first" first time through, "second" second time through, "third" third time through, and "most recent" if CH125 response is "don't know" or "refused." If child only had one ear infection, use null display. Display "since since {CHILD/TWIN} turned 2 years old" at all times except when displaying "most recent."

NO TREATMENT/WATCH AND WAIT.....1
DECONGESTANTS/ANTIHISTAMINES 2
ANTIBIOTICS 3
WITH EAR TUBES 4
ANALGESICS (E.G., FEVER REDUCER OR
PAIN RELIEVER) 5
EAR DROPS.....6
ENTER OTHER (Specify) [*How was the ear infection treated?*]_____) 91
REFUSED.....RF
DON'T KNOW.....DK

CH135

Since {CHILD/TWIN} turned 2 years old, how many other times do you think {CHILD/TWIN} has had an ear infection or earache for which you did not seek medical treatment?

NEVER 0
ONCE 1
TWICE.....2
3-5 TIMES 3
6 OR MORE TIMES 4
REFUSED.....RF
DON'T KNOW.....DK

CH140 **HELP AVAILABLE**

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} had ear tubes inserted?

YES, IN ONE EAR 1
YES, IN BOTH EARS.....2
NO.....3
REFUSED.....RF
DON'T KNOW.....DK

CH145BX

IF CH140 = 1 OR 2 (EAR TUBES), GO TO CH145.

ELSE, GO TO CH150.

CH145 **HELP AVAILABLE**

Were ear tubes inserted because of…

Fluid in the ears,.....1
Ear infections, ...2
Both, or 3
For another problem?.....4
ENTER (*Specify*) [*Why were ear tubes inserted*?]

_____

REFUSED.....RF
DON'T KNOW.....DK

CH150 **HELP AVAILABLE**

Now, I want to ask you about any injuries {CHILD/TWIN} has had. Since {CHILD/TWIN} turned 2 years old, how many times has {he/she} seen a doctor or other medical professional or visited a clinic or emergency room <u>for an injury</u>?

NEVER.....0
ONCE 1
TWICE.....2
THREE OR MORE TIMES 3
REFUSED.....RF
DON'T KNOW.....DK

CH155BX

IF CH150 = 1 OR 2 OR 3 (ONE OR MORE INJURIES), GO TO CH155.

ELSE, GO TO CH177.

If multiple injuries reported, display "Tell me about the most serious injury."

CH155

(Tell me about the most serious injury.) What was the cause of this injury?

FALL 1
STRUCK BY OR STRIKING AGAINST SOMETHING 2
ANIMAL BITE OR INSECT STING 3
CUT OR PIERCED WITH SHARP OBJECT 4
POISONING, SOMETHING CHILD ATE OR DRANK 5
AUTO/TRUCK ACCIDENT: CHILD IN CAR 6
AUTO/TRUCK ACCIDENT: CHILD NOT IN CAR 7
BICYCLE/TRICYCLE INJURY 8
HEAT OR FIRE OR ELECTRICITY 9
ENTER OTHER 91
(Specify) What was the cause for the injury?]
REFUSED .....RF
DON'T KNOW .....DK

CH165

Where did this happen?

AT CHILD'S HOME 1
AT OTHER'S HOME 2
AT CHILD CARE CENTER/NURSERY/SCHOOL 3
STREET/HIGHWAY 4
PLAYGROUND, PLACE OF RECREATION OR SPORTS 5
ANOTHER PUBLIC BUILDING OR SPACE 6
ENTER OTHER 91
(*Specify) [Where did the injury happen?]*
_____
REFUSED .....RF
DON'T KNOW .....DK

CH170

Who was caring for {CHILD/TWIN} when this injury occurred?

CODE ALL THAT APPLY

ME (RESPONDENT) 1
SPOUSE/PARTNER 2
CHILD'S SIBLING 3
ANOTHER RELATIVE 4
SOMEONE ELSE 91
ENTER OTHER (*Specify)* [*Who was caring for the child when the injury occurred?*]_____
REFUSED .....RF
DON'T KNOW .....DK

CH171

Were {CHILD/TWIN}'s activities restricted as a result of this injury?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH172

Did {CHILD/TWIN} miss {school/child care/{his/her} regular activities} as a result of this injury?

DISPLAY INSTRUCTIONS:

IF TMOSTCARE=HEADSTARTC, DISPLAY "child care".

IF TMOSTCARE=HOMECARE, DISPLAY "regular activities".

IF TMOSTCARE=CENTERC, DISPLAY "child care" if CC432 = 1 or "school" if CC432 >1.

IF TMOSTCARE=PUBLICPRE, DISPLAY "school".

Else display "regular activities".

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH175

Was {CHILD/TWIN} hospitalized at least one night because of this injury?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH177

Does {CHILD/TWIN} take a prescription medicine <u>every day</u>?

PROBE: For example, this might be due to continuous prescriptions for antibiotics for ear infections.

YES.....1 (CH178)
NO.....2 (CH180PRE)
REFUSED.....RF (CH180PRE)
DON'T KNOW.....DK (CH180PRE)

CH178

Why does {CHILD/TWIN} have to take this medicine? Is it for…

CODE ALL THAT APPLY.

ADHD (or attention deficit hyperactivity disorder),.....1
Another behavioral problem (not ADHD),.....2
Asthma,.....3
Allergies,.....4
Seizures, or.....5
For some other reason? 6
ENTER OTHER (Specify) [*What is that other reason your child takes this medicine?*]

_____

REFUSED.....RF
DON'T KNOW.....DK

CH181

Now I have some questions about different disabilities your child might have.

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} ability to pay attention or learn?

YES….....……1
NO.....2 (CH183)
REFUSED.....RF (CH183)
DON'T KNOW.....DK (CH183)

CH182

Did you obtain a diagnosis of a problem from a professional?

YES….....……1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH183

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} overall activity level?

YES….....……1
NO.....2 (CH185)
REFUSED.....RF (CH185)
DON'T KNOW.....DK (CH185)

CH184

Did you obtain a diagnosis of a problem from a professional?

YES….....……1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH185

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} been evaluated by a professional in response to the use of {his/her} limbs?

YES….....……1
NO.....2 (CH187)
REFUSED.....RF (CH187)
DON'T KNOW.....DK (CH187)

CH186

Did you obtain a diagnosis of a problem from a professional?

YES….....……1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH187

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} ability to communicate?

YES….....……1
NO.....2 (CH189)
REFUSED.....RF (CH189)
DON'T KNOW.....DK (CH189)

CH188

Did you obtain a diagnosis of a problem from a professional?

YES….....……..1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH189

Does {CHILD/TWIN} have difficulty hearing and understanding speech in a normal conversation?

YES….....……1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH190 **HELP AVAILABLE**

Since {CHILD/TWIN} turned 2 years old, have you had {CHILD/TWIN}'s hearing evaluated by a professional?

YES….....……..1
NO.....2 (CH192)
REFUSED.....RF (CH192)
DON'T KNOW.....DK (CH192)

CH191

Did you obtain a diagnosis of a problem from a professional?

YES….....……..1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH192

Now I want to ask you about {CHILD/TWIN}'s vision. Does {CHILD/TWIN} have difficulty seeing objects in the distance or letters on paper?

YES….....……..1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH193 **HELP AVAILABLE**

Since {CHILD/TWIN} turned 2 years old, has {CHILD/TWIN}'s vision been evaluated by a professional?

YES….....……..1
NO.....2 (CH195BX)
REFUSED.....RF (CH195BX)
DON'T KNOW.....DK (CH195BX)

CH194

Did you obtain a diagnosis of a problem from a professional?

YES….....……..1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH195BX

IF ANY DISABILITY DIAGNOSED IN CH182, 184, 186, 188, 191, OR 194, THEN ASK CH195.

OTHERWISE, SKIP TO CH200.

CH195 **HELP AVAILABLE**

When a child with a disability or developmental delay receives special education and/or related services sponsored through your local education agency – that is, the school system – these services are initiated after a diagnosis of condition, or evaluation of the child, and development of an IEP or an IFSP, which is discussed with and signed by the parent.

Is {CHILD/TWIN} receiving special education services related to either an IEP or an IFSP?

YES….....……..1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH200a-l **HELP AVAILABLE**

Since {CHILD/TWIN} turned 2 years old, has a doctor ever told you that {CHILD/TWIN} has the following conditions? Does {he/she} have…

a. **A problem with mobility such as cerebral palsy?**
b. **Another developmental delay?**
c. **Epilepsy or seizures?**
d. **A heart defect?**
e. **Mental retardation?**
f. **A lactose intolerance?**
g. **Other food allergy or sensitivity such as to peanuts?**
h. **Autism or PDD?**
i. **Oppositional Defiant Disorder?**
j. **ADHD?**
k. **Problem with non-food allergies, such as to dust, animals, or medicine?**
l. **Diabetes?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH205BX

IF CH191 = 1 (HEARING PROBLEM), ASK CH205.

ELSE, GO TO CH210.

CH205

Is {CHILD/TWIN}'s hearing loss in the right ear, the left ear, or both?

RIGHT EAR 1
LEFT EAR.....2
BOTH 3
HEARING LOSS HAS BEEN CORRECTED.....4
REFUSED.....RF
DON'T KNOW.....DK

CH210

Does {CHILD/TWIN} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, a hearing aid, or corrective shoes? Do not include ordinary eyeglasses.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH215BX

IF CH194 = 1, ASK CH215.

ELSE GO TO CH220.

CH215

Does {CHILD/TWIN} wear glasses?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH220BX

IF MOBILITY, DEVDLAY, EPILEPSY, HEARTDEF, MENTAL, AUTISM, OPPDEF, ADHD, OTHALRGY, DIABETES = 1 OR CH210 = 1, ASK CH220.

ELSE SKIP TO CH300.

CH220a-m **HELP AVAILABLE**

I'm going to read a list of services. For each service, please tell me if {CHILD/TWIN} or your family has received this service to help with {CHILD/TWIN}'s special needs. Since {CHILD/TWIN} turned 2 years old, has anyone in your household ever received…

a. Speech or language therapy?

b. Occupational therapy

c. Physical therapy?

d. Vision services?

e. Hearing services?

PROBE: This does not include a temporary loss of hearing due to a cold or congestion.

f. Social work services?

g. Psychological services?

h. Home visits?

i. Parent support or training?

j. Special classes with other children, some or all of whom also had special needs?

k. Private tutoring or schooling for learning problems?

l. {*Ask only if CH194 = 1}* Instruction in Braille?

m. {Ask only if CH191 = 1} Instruction in sign language, cued speech, ASL, or TOCO?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH225BX

IF ANY OF CH220A-J = 1 (CHILD/TWIN RECEIVES SERVICES), AND SAME SERVICE(S) WERE NOT REPORTED AT 2-YEARS, GO TO CH235. (NOTE: TUTOR, BRAILLE, AND SIGNLANG NOT ASKED AT 2-YEARS.)

ELSE, GO TO CH300.

CH235

About how many {total} hours of service{s} <u>per month</u> are now received {for <u>all</u> services}?

Answer must be in range from 1 up to 80.

|___|___|
NUMBER OF HOURS

REFUSED.....RF
DON'T KNOW.....DK

CH236a-d **HELP AVAILABLE**

Is {CHILD/TWIN} currently participating in an early intervention program or regularly receiving any services for {his/her} condition{s} from…

a. **Your local school district?**

b. **A state or local health or social service agency?**

c. **A doctor, clinic, or other health care provider?**

d. **Some other source? ENTER OTHER (Specify) [*What is that other source of early intervention services for your child?]* _____)**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH300BX
IF ANY OF CH220A-J = 1 (CHILD RECEIVES SERVICES), GO TO CH301.
ELSE, GO TO CH300.

CH300

Has anyone ever suggested that you get {CHILD/TWIN} evaluated for a possible special condition or need?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH301

{Besides the hospitalization for {REASON},} {H/h}as {CHILD/TWIN} been hospitalized since {he/she} turned 2 years old?

DISPLAY INSTRUCTIONS:

If CH095 = 1 (HOSPITALIZED FOR ASTHMA) or CH110 = 1 (HOSPITALIZED FOR OTHER RESPIRATORY PROBLEM) or CH120 = 1 (HOSPITALIZED FOR GI PROBLEM) or CH175 = 1 (HOSPITALIZED FOR AN INJURY), display {Besides the hospitalization for {REASON},}.

Fill REASON with 'asthma' if CH095 = 1 and/or "respiratory problems" if CH110 = 1 and/or "gastrointestinal illness" if CH120 = 1 and/or "an injury" if CH175 = 1.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH302PRE

The next questions are about the health insurance plans for {CHILD/TWIN}. For this kind of insurance, people often pay part of the premium and they may obtain it through work, purchase it directly, or receive it through a state or local government program or community program.

PRESS "1" AND THEN ENTER TO CONTINUE.

CH304BX

IF ASKING ABOUT TWIN, GO TO CH304.

ELSE, GO TO CH305BX.

CH304

Does {TWIN} have the same health insurance as {CHILD}?

YES.....1 (CH325)
NO.....2
NEITHER TWIN HAS HEALTH INSURANCE
COVERAGE 3
REFUSED.....RF (CH325)
DON'T KNOW.....DK (CH325)

CH305BX.

IF CHILD/TWIN HAD HEALTH INSURANCE AT TIME OF 9- OR 2-YEAR INTERVIEW, GO TO CH305.

ELSE, GO TO CH312. BUT IF CH304 = 0, AUTOCODE CH312 AS '2' AND GO TO CH330.

CH305

Has there been any change in {CHILD/TWIN}'s health care coverage or health insurance since {he/she} turned 2 years old?

YES.....1 (CH312)
NO.....2 (CH325)
REFUSED.....RF (CH312)
DON'T KNOW.....DK (CH312)

CH312

Is {CHILD/TWIN} covered by any kind of health insurance or some other kind of health care plan like those on this list?

SHOW CARD CH-2

PROBE: Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid and CHIP that provide medical care or help pay bills.

YES.....1
NO.....2 (CH340)
REFUSED.....RF (CH340)
DON'T KNOW.....DK (CH340)

CH315a-f **HELP AVAILABLE**

What kind of health insurance or health care coverage does {CHILD/TWIN} have? Does {he/she} have coverage through any of the following...

DISPLAY:

For CH315b, c, and f, refer to lookup table for WP010 using state in which interview is being conducted.

a. **A private health insurance plan (from employer, workplace, or purchased directly, or through a state or local government program or community program)?**
b. **Medicaid {or name of state program}?**
c. **CHIP (Children's Health Insurance Program) {or name of state program}?**
d. **Military health care/TRICARE/CHAMPUS/CHAMP-VA?**
e. **Indian Health Service?**
f. **Another government program (Medicare, {State-sponsored health plan})?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH325

Since {he/she} turned 2 years old, was there any time when {CHILD/TWIN} did not have any health insurance or coverage?

YES.....1
NO.....2 (CH340)
REFUSED.....RF (CH340)
DON'T KNOW.....DK (CH340)

CH330

Since {he/she} turned 2 years old, about how many months was {he/she} without coverage?

Answer must be in range from 1 up to 36.

IF LESS THAN 1 MONTH, ENTER '1.'

|__|__|
NUMBER OF MONTHS

REFUSED.....RF
DON'T KNOW.....DK

CH340

Since {he/she} turned 2 years old, was there ever a time when {CHILD/TWIN} needed health care, but you couldn't obtain it?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH342BX

IF TWIN IN HOUSEHOLD AND NOT YET ASKED ABOUT, RETURN TO SECTION CD.

GO TO SECTION FH.

SECTION FH: FAMILY HEALTH

FH010

Now I have some questions about your health.

In general, would you say that <u>your</u> health is…

Excellent, ...1
Very good, ...2
Good, ...3
Fair, or.....4
Poor? 5
REFUSED.....RF
DON'T KNOW.....DK

FH015

Where do you usually go for routine medical care?

CLINIC OR HEALTH CENTER 1
DOCTOR'S OFFICE OR HMO.....2
HOSPITAL EMERGENCY ROOM 3
HOSPITAL OUTPATIENT DEPARTMENT.....4
SOME OTHER PLACE 5
DOESN'T GO TO ONE PLACE MOST OFTEN.....6
REFUSED.....RF
DON'T KNOW.....DK

FH030

Do you currently drink any alcoholic beverages?

YES.....1
NO.....2 (FH042)
REFUSED.....RF (FH042)
DON'T KNOW.....DK (FH042)

FH035

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

LESS THAN 1 1
1 TO 3 2
4 TO 6 3
7 TO 13 4
14 TO 19 5
20 OR MORE 6
REFUSED.....RF
DON'T KNOW.....DK

FH040

In the last month, how many times did you drink {four/five} or more alcoholic drinks at one sitting?

DISPLAY INSTRUCTIONS:

Display "four" if respondent is female. Display "five" if respondent is male.

Answer must be in range from 0 up to 30.

|__|__|__|
ENTER NUMBER OF TIMES

REFUSED.....RF
DON'T KNOW.....DK

IF RESPONDENT DID NOT HAVE {4/5} OR MORE DRINKS AT ONE SITTING, ENTER 0.

FH041

During the past 12 months, what was the largest number of drinks that you drank in one day?

Answer must be in range from 0 up to 10.

Interviewer may override range up to 25.

|__|__|.....
ENTER NUMBER OF DRINKS.....

REFUSED.....RF
DON'T KNOW .....DK

FH042

Do you smoke cigarettes now?

YES.....1
NO.....2 (FH050BX)
REFUSED.....RF (FH050BX)
DON'T KNOW.....DK (FH050BX)

FH045

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

ENTER '0' IF RESPONDENT DOES NOT SMOKE.

ENTER '1' IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY.

Answer must be in range from 0 up to 40 cigarettes, or from 0 to 2 packs a day.

|__|__|__|
NUMBER

REFUSED.....RF
DON'T KNOW.....DK

|__|
UNIT
CIGARETTES A DAY 1
PACKS A DAY 2

FH050BX

IF MORE PEOPLE IN HOUSE BESIDES CHILD/TWIN AND PARENT RESPONDENT, ASK FH050.

ELSE GO TO FH052BX.

FH050

{Other than yourself, how/How} many people smoke at home now?

ENTER 0 IF NO ONE IN HOUSEHOLD SMOKES AT HOME NOW.

Answer must be in range from 0 up to 20.

Answer must be equal to or less than number of household residents minus respondent and child and twin.

|__|__|
NUMBER

REFUSED.....RF
DON'T KNOW.....DK

FH052BX

IF FH042 = 1 (RESPONDENT SMOKES) OR FH050 > 0 (OTHER HOUSEHOLD MEMBER SMOKES), GO TO FH055.

ELSE GO TO FH060.

FH055

{Do you/Does anyone} smoke inside the house?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FH060

Now I want to ask you about any disabilities people in your household might have. {Other than {{CHILD}/{TWIN}/{CHILD and TWIN}}, do/Do} any household members have a special need, delay, or disability?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FH065

Do you take a prescription medicine every day?

YES.....1
NO.....2 (FH281)
REFUSED.....RF (FH281)
DON'T KNOW.....DK (FH281)

FH066

What is that medication for?

CODE ALL THAT APPLY.

HIGH CHOLESTEROL? 1
CONTRACEPTION OR BIRTH CONTROL? 2
HYPERTENSION OR HIGH BLOOD
PRESSURE?.....3
PROBLEM WITH YOUR EYES.....4
ARTHRITIS OR RHEUMATISM 5
BACK OR NECK PROBLEMS.....6
HEART PROBLEM 7
STROKE.....8
SEIZURES.....9
DIABETES 10
ALLERGIES OR ASTHMA 11
OTHER LUNG OR BREATHING PROBLEM.....12
GASTROINTESTINAL PROBLEM 13
CANCER 14
DEPRESSION, ANXIETY, OR ANOTHER
EMOTIONAL PROBLEM 15
OTHER MENTAL HEALTH PROBLEM.....16
WEIGHT PROBLEM.....17
ENTER OTHER 18
(SPECIFY) *[What is that medication for?]*

_____

REFUSED.....RF
DON'T KNOW.....DK

FH281

In a typical week, on how many days do <u>you</u> get exercise that causes rapid breathing and a fast heartbeat for 30 continuous minutes or more?

Answer must be in range from 0 up to 7.

|__|
ENTER NUMBER OF DAYS PER WEEK.

REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION MH.

SECTION MH: UPDATE MARRIAGES AND PARTNER RELATIONSHIPS

MH002BX

IF SAME RESPONDENT AS AT 2-YEARS, GO TO MH002PRE.

ELSE GO TO SECTION CS.

MH002PRE

Next are a few questions about your marital history.

PRESS "1" AND THEN ENTER TO CONTINUE.

MH003BX

IF 9-MONTH/2-YEAR MH005 = 1 (MARRIED), 2 (SEPARATED), 3 (DIVORCED), OR 5 (NEVER MARRIED), GO TO MH004.

ELSE GO TO MH005.

MH004

During our last interview about 2 years ago, you said that you {were married/were separated/were divorced/ had never been married}. Is this information still correct?

YES.....1 (MH017BX)
NO.....2
REFUSED.....RF (MH017BX)
DON'T KNOW.....DK

MH005

Are you now…

Married,.....1
Separated,.....2
Divorced,.....3
Widowed, or.....4
Have you never been married? 5
REFUSED.....RF
DON'T KNOW.....DK

MH017BX

IF RESPONDENT IS THE CHILD'S BIOLOGICAL MOTHER AND THE BIOLOGICAL FATHER IS NOT CURRENTLY LIVING IN HOUSEHOLD (AND HE WAS NOT DEAD AT THE TIME OF THE 9-MONTH/2-YEAR INTERVIEW):

IF FS010 = 3, 4, OR 5 (DAD IS NOT IN HH BECAUSE OF SCHOOL OR WORK), AUTOCODE MH018 = 1, AND GO TO MH022.

IF FS010 = 1, 2, 7, OR 91 (DAD IS NOT IN HH BECAUSE OF DIVORCE, JAIL, OR OTHER), GO TO MH018.

IF FS010 = 6 (DAD DECEASED), AUTOCODE MH018 = 2, AND GO TO SECTION CS.

ELSE IF RESPONDENT IS BIOLOGICAL MOTHER AND BIOLOGICAL FATHER LIVES IN HH, GO TO MH022.

ELSE, GO TO SECTION CS.

MH018

Is {CHILD}'s {and {TWIN}'s} biological father still living?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

MH020BX

IF MH018 =1 AND ((MARRIED AT 24 MONTH AND MH004 =1) OR MH005 =1), GO TO MH022.

ELSE IF MH018 N.E. 1 AND ((MARRIED AT 24 MONTH AND MH004 = 1) OR MH005 =1), AUTOCODE MH022 =2 AND GO TO SECTION CS.

ELSE GO TO SECTION CS.

MH022

Are you now married to {CHILD's {and TWIN'S}} biological father?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION CS.

SECTION CS: COMMUNITY AND SOCIAL SUPPORT

CS001

The next question is about people you turn to for support. Think about people who are <u>not</u> <u>living here</u> who you would ask for help.

Suppose that you had an emergency in the middle of the night and needed help. Who would you call?

CODE ALL THAT APPLY.

NO ONE 1
FORMER SPOUSE/PARTNER.....2
MY MOTHER/FATHER 3
MOTHER-IN-LAW/FATHER-IN-LAW 4
MY GRANDMOTHER/GRANDFATHER 5
SPOUSE'S GRANDMOTHER/GRANDFATHER.....6
SISTER/BROTHER (OF RESPONDENT OR SPOUSE) 7
OTHER RELATIVES OR IN-LAWS 8
CHILD'S OTHER PARENT 9
FRIEND/NEIGHBOR/FAMILY FRIEND 10
COUNSELOR/MINISTER/OTHER CLERGY/RABBI.....11
MEMBERS OF CHURCH/OTHER ORGANIZATION 12
CO-WORKERS 13
CHILD 14
DOCTOR OR EMERGENCY SERVICE (911, POLICE, AMBULANCE).....15
ENTER OTHER (SPECIFY) [*Who would you call in case of an emergency?]* _____
REFUSED.....RF
DON'T KNOW .....DK

CS005a-e **HELP AVAILABLE**

Now I have some questions about your household's experiences with various churches or community agencies. Since {CHILD} {and {TWIN}} turned 2 years old, have you or anyone in your household received...

a. **Job training or employment assistance?**

b. **Help with housing?**

c. **Help with or advice for parenting?**

d. **Mental health services?**

e. **Energy assistance?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CS007

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.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CS020

How important are your religious beliefs in influencing how you raise your {child/children}? Would you say…

SHOW CARD CS-1

Very important.....1
Important.....2
Somewhat important,.....3
Not at all important, or.....4
Do you have no religion or religious belief system? 5
REFUSED.....RF
DON'T KNOW.....DK

CSO25BX

IF RESPONDENT IS AMERICAN INDIAN, GO TO CS025.

ELSE, GO TO SECTION RI.

CS025

How much would you say you are involved in tribal politics or cultural activities? Would you say…

Very involved 1
Somewhat involved.....2
Involved occasionally, or.....2
Not at all involved?.....3
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION RI.

SECTION RI: RESPONDENT INFORMATION

RI010BX

IF RESPBORN AT 2-YEAR ^= 1, 2, OR 3, GO TO RI010.

ELSE GO TO RI015BX.

RI010

The next questions are about you and your background.

In what country were you born?

UNITED STATES (50 STATES OR DC)..... 1 (RI038PRE)
U.S. TERRITORIES: PUERTO RICO, GUAM,
AMERICAN SAMOA, U.S. VIRGIN ISLANDS,
MARIANA ISLANDS, OR SOLOMON ISLANDS 2 (RI015)
ENTER OTHER (SPECIFY) [*Where were you born?*]
_____
SOME OTHER COUNTRY 3 (RI015)
ENTER OTHER (SPECIFY) [*What country were you born in?]*
REFUSED..... RF (RI015)
DON'T KNOW ..... DK (RI015)

RI015BX

IF RAGETOUS AT 2-YEAR NOT AVAILABLE, GO TO RI015.

ELSE GO TO RI017BX.

RI015

How old were you when you first moved to the {United States/50 states or the District of Columbia}?

DISPLAY "United States" IF RI010 = 3, RF, or DK. DISPLAY "50 states or the District of Columbia" IF RI=2.

ENTER '0' IF LESS THAN 1 YEAR OLD.

Answer must be in range from 0 up to 100.

|___|___|___|
AGE

REFUSED.....RF
DON'T KNOW.....DK

RI017BX

IF RESPCITZ AT 2-YEARS = 1 OR 2, GO TO RI025BX.

ELSE IF RI010 = 3, DK, OR RF, GO TO RI020.

ELSE, GO TO RI025BX.

RI020

Are you a citizen of the United States?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

RI025BX

IF PRIMARY LANGUAGE KNOWN FROM 2-YEAR, GO TO RI045.

ELSE, GO TO RI025.

RI025 **HELP AVAILABLE**

What is your primary language?

[PROBE: What language do you speak the most?]

ENGLISH 1
SPANISH.....2
ENGLISH AND SPANISH EQUALLY 3
OTHER 4
ENTER OTHER (SPECIFY) [*What is your primary language?]*_____
REFUSED.....RF
DON'T KNOW.....DK

RI045

Now I have a few questions about your current education, employment, and job training.

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

NO FORMAL SCHOOLING	0	(RI050)
1ST GRADE	1	
2ND GRADE	2	
3RD GRADE	3	
4TH GRADE	4	
5TH GRADE	5	
6TH GRADE	6	
7TH GRADE	7	
8TH GRADE	8	
9TH GRADE	9	
10TH GRADE	10	
11TH GRADE	11	
12TH GRADE BUT NO DIPLOMA	12	
HIGH SCHOOL DIPLOMA/EQIVALENT	13	(RI047)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15	
SOME COLLEGE BUT NO DEGREE	16	
ASSOCIATE'S DEGREE	17	(RI050)
BACHELOR'S DEGREE	18	(RI050)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19	(RI050)
MASTER'S DEGREE (MA, MS)	20	(RI050)
DOCTORATE DEGREE (PHD, EDD)	21	(RI050)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS, JD, LLB, ETC.)	22	(RI050)
REFUSED	RF	(RI050)
DON'T KNOW	DK	(RI050)

RI046 **HELP AVAILABLE**

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

YES	1	
NO	2	(RI050)
REFUSED	RF	(RI050)
DON'T KNOW	DK	(RI050)

RI047

Which do you have, a high school diploma or a GED?

HIGH SCHOOL DIPLOMA	1
GED	2
REFUSED	RF
DON'T KNOW	DK

RI050

Are you currently attending or enrolled in any courses from a school, college, or university?

YES.....1
NO.....2 (RI060)
REFUSED.....RF (RI060)
DON'T KNOW.....DK (RI060)

RI055 **HELP AVAILABLE**

Are you currently taking courses full-time or part-time?

FULL-TIME 1
PART-TIME 2
REFUSED.....RF
DON'T KNOW.....DK

RI060 **HELP AVAILABLE**

Are you currently participating in a job-training or on-the-job-training program?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

RI070 **HELP AVAILABLE**

During the past week, did you work at a job or business for pay?

IF RESPONDENT IS SELF-EMPLOYED, CODE AS YES (1).

IF RESPONDENT IS RETIRED OR UNABLE TO WORK, CODE AS NO (2).

YES.....1 (RI105)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

RI075

Were you on leave or vacation from a job or business?

YES.....1
NO.....2 (RI160)
REFUSED.....RF (RI160)
DON'T KNOW.....DK (RI160)

RI105

How many jobs do you have now?

Answer must be in range from 1 up to 9.

Interviewer may override range UP TO 20.

|__|__|
NUMBER OF JOBS

REFUSED.....RF
DON'T KNOW.....DK

RI110

About how many total hours per week do you usually work for pay (counting all jobs)?

DISPLAY INSTRUCTIONS:

Display "counting all jobs" only if RI105 does not equal 1.

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

Answer must be in range from 0 up to 60.

Interviewer may override range up to 99.

|___|___|
NUMBER OF WEEKLY HOURS

REFUSED.....RF
DON'T KNOW.....DK

RI115

{Counting all jobs about/About} how much do you earn before taxes and other deductions?

DISPLAY INSTRUCTIONS:

Display "counting all jobs" only if RI105 does not equal 1. Else display "About".

Answer must be in range from .01 up to 999999.99.

$|__|__|__| , |__|__|__| . |__|__|
AMOUNT

REFUSED.....RF
DON'T KNOW.....DK

|__|__|
UNITS

PER HOUR.....1
PER DAY 2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONTH 5
PER YEAR 6
OTHER 91
ENTER OTHER (SPECIFY) [*What is the unit for earnings?*]_____

RI120a-e

Are you eligible for the following benefits through {any of} your current {job/jobs}? How about ...

DISPLAY "any of" and "jobs" if RI105 does not equal 1. Otherwise, display "job."

a. **Medical or hospital insurance?**
b. **Sick leave with full pay?**
c. **Child care assistance?**
d. **Flexible hours or flex-time?**
e. **A dental plan?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

RI125

Which of the following best describes the hours you usually work {at your main job}?

DISPLAY "at your main job" only if RI105 does not equal 1.

A regular daytime shift - any time between 6 A.M. and 6 P.M.,.....1
A regular evening shift - any time between 2 P.M. and Midnight 2
A regular night shift - any time around 9 P.M. and 8 A.M.,.....3
A rotating shift – one that changes periodically from days to evenings or nights,.....4
A split shift – one consisting of two distinct periods each day, or.....5
Some other schedule? 91
ENTER OTHER (SPECIFY) [*What hours do you usually work?]*
REFUSED.....RF
DON'T KNOW.....DK

RI130

As part of your {main} job, do you do any of your work at home?

DISPLAY "main" only if RI105 does not equal 1.

PROBE: This means you have a formal arrangement with your employer to work at home, not just taking work home from the job.

YES.....1
NO.....2
SELF-EMPLOYED.....3
REFUSED.....RF
DON'T KNOW.....DK

RI135

For whom do you work?

PROBE FOR: name of the company, business, organization, or other employer. If more than one current job, ask about the one at which the PERSON spends the most time.

NAME OF COMPANY _____

REFUSED.....RF
DON'T KNOW.....DK

RI140

What kind of business or industry is this?

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

REFUSED.....RF
DON'T KNOW.....DK

RI150

What kind of work are you now doing?

PROBE: What is your job called? For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

REFUSED.....RF
DON'T KNOW.....DK

RI155

What are your most important activities or duties at this job? What do you actually do at this job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

REFUSED.....RF
DON'T KNOW.....DK

R1156BX

GO TO SECTION SI.

RI160

Have you been actively looking for work in the past 4 weeks?

YES.....1
NO.....2 (RI175)
REFUSED.....RF (RI175)
DON'T KNOW.....DK (RI175)

RI165

What have you been doing <u>in the past 4 weeks</u> to find work?

CODE ALL THAT APPLY.

CHECKED WITH PUBLIC EMPLOYMENT AGENCY..... 1 (RI167BX)
CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2 (RI167BX)
CHECKED WITH EMPLOYER DIRECTLY/SENT
RESUME 3 (RI167BX)
CHECKED WITH FRIENDS OR RELATIVES 4 (RI167BX)
PLACED OR ANSWERED ADS/SENT RESUME 5 (RI167BX)
READ WANT-ADS 6 (RI167BX)
SOMETHING ELSE 91
REFUSED ..... RF (RI170)
DON'T KNOW ..... DK (RI170)

RI167

[What have you been doing <u>in the past 4 weeks</u> to find work?]

SPECIFY OTHER ACTIVITY TO FIND WORK _____

RI167BX

IF ANY OF CODES 1-5 WERE SELECTED THEN GO TO RI172BX.

ELSE GO TO RI170.

RI170

What were you doing most of last week? Would you say…

Keeping house or caring for children,.....1
Going to school,.....2
Retired,.....3
Unable to work, or 4
Something else? 91
ENTER OTHER (SPECIFY) [*What were you doing most of last week?]*
REFUSED.....RF
DON'T KNOW.....DK

RI172BX

IF DID SOMETHING ELSE TO FIND WORK (RI165 = 91) GO TO RI175.

ELSE IF RI165 = 1, 2, 3, 4, OR 5 AND RI165 = 6, GO TO RI175.

ELSE GO TO SECTION SI.

RI175

Could you have taken a job last week if one had been offered?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION SI.

SECTION SI: SPOUSE/PARTNER INFORMATION

SI005PREBX
IF FS037 = 1 (SPOUSE OR PARTNER IN HH), GO TO SI005PRE.
OTHERWISE GO TO SECTION BF.

{NAME} = spouse or partner's name from section FS. If unknown, use "your spouse or partner."

SI015 **HELP AVAILABLE**

Now I have a few questions about {NAME}'s current education, employment, and job training.

What is the highest grade or year of school that {NAME} has completed?

NO FORMAL SCHOOLING	0	(SI020)
1ST GRADE	1	
2ND GRADE	2	
3RD GRADE	3	
4TH GRADE	4	
5TH GRADE	5	
6TH GRADE	6	
7TH GRADE	7	
8TH GRADE	8	
9TH GRADE	9	
10TH GRADE	10	
11TH GRADE	11	
12TH GRADE BUT NO DIPLOMA	12	
HIGH SCHOOL DIPLOMA/EQUIVALENT	13	(SI017)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL	15	
SOME COLLEGE BUT NO DEGREE	16	
ASSOCIATE'S DEGREE	17	(SI020)
BACHELOR'S DEGREE	18	(SI020)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19	(SI020)
MASTER'S DEGREE (MA, MS)	20	(SI020)
DOCTORATE DEGREE (PHD, EDD)	21	(SI020)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS, JD, LLB, ETC.)	22	(SI020)
REFUSED	RF	(SI020)
DON'T KNOW	DK	(SI020)

If above information is the same as in the 2-year interview, skip to SI020.

SI016 **HELP AVAILABLE**

Does {he/she} have a high school diploma or its equivalent, such as a GED?

YES.....1
NO.....2 (SI020)
REFUSED.....RF (SI020)
DON'T KNOW.....DK (SI020)

SI017

Which does {he/she} have, a high school diploma or a GED?

HIGH SCHOOL DIPLOMA 1
GED 2
REFUSED.....RF
DON'T KNOW.....DK

SI020

Is {NAME} now attending or enrolled in any courses from a school, college, or university?

YES.....1
NO.....2 (SI030)
REFUSED.....RF (SI030)
DON'T KNOW.....DK (SI030)

SI025 **HELP AVAILABLE**

Is {he/she} currently taking courses full-time or part-time?

FULL-TIME 1
PART-TIME 2
REFUSED.....RF
DON'T KNOW.....DK

SI030 **HELP AVAILABLE**

Is {he/she} currently participating in a job-training or on-the-job-training program?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SI040 **HELP AVAILABLE**

<u>During the past week</u>, did {NAME} work at a job or business for pay?

[IF SPOUSE/PARTNER IS SELF-EMPLOYED, CODE AS YES (1).

IF SPOUSE/PARTNER IS RETIRED OR UNABLE TO WORK, CODE AS NO (2).]

YES.....1 (SI050)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SI045 **HELP AVAILABLE**

Was {he/she} on leave or vacation from a job or business?

YES.....1
NO.....2 (SI110)
REFUSED.....RF (SI110)
DON'T KNOW.....DK (SI110)

SI050

How many jobs does {NAME} have now?

Answer must be in range from 0 up to 9.

Interviewer may override range up to 20.

|__|__|
NUMBER OF JOBS

REFUSED.....RF
DON'T KNOW.....DK

SI055 **HELP AVAILABLE**

About how many total hours per week does {he/she} usually work for pay {counting all jobs}?

[IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.]

Answer must be in range from 0 up to 60.

Interviewer may override range up to 99.

|___|___|
ENTER WEEKLY HOURS

REFUSED.....RF
DON'T KNOW.....DK

SI056

{Counting all jobs about/About} how much does {NAME} earn before taxes and other deductions?

Answer must be in range from .01 up to 999999.99.

$|__|__|__| , |__|__|__| . |__|__|
ENTER DOLLAR AMOUNT

REFUSED.....RF (SI059)
DON'T KNOW.....DK (SI059)

SI057

|__|__|
ENTER UNIT

PER HOUR.....1
PER DAY 2
PER WEEK.....3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONTH 5
PER YEAR 6
OTHER 91
ENTER OTHER (SPECIFY) [*What is the unit of pay?]* .....
REFUSED.....RF
DON'T KNOW.....DK

SI059a-e

Is {NAME} eligible for the following benefits through {any of} {his/her} current {job/jobs}? How about...

a. **Medical or hospital insurance?**
b. **Sick leave with full pay?**
c. **Child care assistance?**
d. **Flexible hours or flex-time?**
e. **A dental plan?**

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SI060

Which of the following best describes the hours {NAME} usually works {at {his/her} main job}?

A regular daytime shift—any time between 6 A.M. and 6 P.M.,.....1
A regular evening shift—any time between 2 P.M. and Midnight 2
A regular night shift—any time around 9 P.M. and 8 A.M.,.....3
A rotating shift—one that changes periodically from days to evenings or nights,.....4
A split shift—one consisting of two distinct periods each day, or.....5
Some other schedule 91
ENTER OTHER (SPECIFY) [*What are the hours {he/she} usually works?*]
REFUSED.....RF
DON'T KNOW.....DK

SI065

As part of {his/her} {main} job, does {he/she} do any of {his/her} work at home?

PROBE: This means {he/she} has a formal arrangement with {his/her} employer to work at home, not just taking work home from the job

YES.....1
NO.....2
SELF-EMPLOYED 3
REFUSED.....RF
DON'T KNOW.....DK

SI075

For whom does {NAME} work?

PROBE FOR: name of the company, business, organization, or other employer. If more than one current job, ask about the one at which the SPOUSE/PARTNER spends the most time.

NAME OF COMPANY _____

REFUSED.....RF
DON'T KNOW.....DK

SI080

What kind of business or industry is this?

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

REFUSED.....RF
DON'T KNOW.....DK

SI090

What kind of work is {he/she} now doing?

PROBE: For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

REFUSED.....RF
DON'T KNOW.....DK

SI095

What are {his/her} most important activities or duties at this job? What does {he/she} actually do at this job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

REFUSED.....RF
DON'T KNOW.....DK

SI096BX
GO TO SI150.

SI110 **HELP AVAILABLE**

Has {NAME} been actively looking for work in the past 4 weeks?

YES.....1
NO.....2 (SI126)
REFUSED.....RF (SI126)
DON'T KNOW.....DK (SI126)

SI115 **HELP AVAILABLE**

What has {he/she} been doing <u>in the past 4 weeks</u> to find work?

CODE ALL THAT APPLY.

CHECKED WITH PUBLIC EMPLOYMENT AGENCY..... 1 (SI121BX)
CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2 (SI121BX)
CHECKED WITH EMPLOYER DIRECTLY/SENT
RESUME 3 (SI121BX)
CHECKED WITH FRIENDS OR RELATIVES 4 (SI121BX)
PLACED OR ANSWERED ADS/SENT RESUME..... 5 (SI121BX)
READ WANT-ADS 6 (SI121BX)
SOMETHING ELSE 91
REFUSED..... RF (SI121)
DON'T KNOW.....DK (SI121)

SI117

[What has {he/she} been doing <u>in the past 4 weeks</u> to find work?]

SPECIFY OTHER ACTIVITY TO FIND WORK _____

SI121BX
IF SI115 = 1 TO 5, GO TO SI126BX.
ELSE GO TO SI121.

SI121

What was {he/she} doing most of last week? Would you say…

Keeping house or caring for children,.....1
Going to school,.....2
Retired,.....3
Unable to work, or 4
Something else? 91
ENTER OTHER (SPECIFY) [*What was {he/she} doing most of last week?*]
_____
REFUSED.....RF
DON'T KNOW.....DK

SI126BX
IF SI115 = 91, GO TO SI126.
ELSE IF SI115 = 6 AND SI115 = 1, 2, 3, 4, OR 5 GO TO SI126.
ELSE GO TO SI150.

SI126

Could {he/she} have taken a job last week if one had been offered?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

SI150

We are very interested in the role that {fathers as well as mothers/mothers as well as fathers/{NAME OF PARENT RESPONDENT'S PARTNER/SPOUSE} {play/plays} in {children's lives/{CHILD}'s {and {TWIN}'s} {life/lives}}. We have another questionnaire to leave with you for {CHILD}'s {and {TWIN}'s} {father/mother/{NAME OF PARENT RESPONDENT'S PARTNER/SPOUSE} to complete.

The questionnaire includes questions about things {he/she} does with {CHILD} {and {TWIN}}, {his/her} feelings about (fatherhood/motherhood/parenthood), and a few questions about {himself/herself}.

The package also contains instructions and a postage-paid envelope that {CHILD}'s {and {TWIN}'s} {father/mother/{NAME OF PARENT RESPONDENT'S PARTNER/SPOUSE} can use to return the questionnaire.

IF RESPONDENT REFUSED, PRESS F4 AND ENTER TO CONTINUE. ELSE PRESS '1' AND THEN ENTER TO CONTINUE.

If HE069b = 2 (primary language in HH is Spanish), ask SI151. Else, autocode SI151 as '1' and go to section BF.

DISPLAY INSTRUCTIONS:

If respondent is mother, display NAME of spouse or "father" if spouse's name is unknown. If respondent is father, display NAME of spouse or "mother" if spouse's name is unknown.

SI151

Would it be better for {him/her/NAME OF PARTNER/SPOUSE} to fill out this questionnaire in English or in Spanish?

ENGLISH 1
SPANISH.....2
REFUSED.....RF
DON'T KNOW.....DK

DISPLAY INSTRUCTIONS:

If name of spouse is unknown, display "him" or "her."

HAND RESPONDENT THE RESIDENT FATHER SAQ PACKAGE IN APPROPRIATE LANGUAGE.

GO TO SECTION BF.

SECTION BF: NONRESIDENT BIOLOGICAL FATHER'S INFORMATION

BF001BX

IF RESPONDENT IS THE CHILD'S BIOLOGICAL MOTHER AND THE CHILD'S BIOLOGICAL FATHER IS NOT CURRENTLY IN THE HOUSEHOLD AND THE BIOLOGICAL FATHER IS ALIVE, GO TO BF002PRE.

ELSE GO TO SECTION WP.

BF002PRE

Now I have some questions about {CHILD} {and {TWIN}}'s biological father.

PRESS "1" AND THEN ENTER TO CONTINUE.

BF005BX

IF 9- OR 2-YEAR INDICATED BIOLOGICAL FATHER LIVED IN HH, GO TO BF010.

ELSE GO TO BF005.

BF005

Has {CHILD} {and {TWIN}}'s father <u>ever</u> lived with you since {{CHILD}/they} {was/were} born?

YES.....1
NO.....2 (BF070)
REFUSED.....RF (BF070)
DON'T KNOW.....DK (BF070)

BF010

Since {CHILD} {and {TWIN}} {was/were} born, how many months did {his/her/their} biological father live with you?

Answer must be in range from 1 up to 60.

|__|__|
ENTER NUMBER OF MONTHS. IF LESS THAN 1, ENTER '1'.

REFUSED.....RF
DON'T KNOW.....DK

BF070

How many minutes away does {CHILD} {and {TWIN}}'s biological father now live from {him/her/them}?

USE CATEGORIES AS PROBES IF NECESSARY.

10 MINUTES OR LESS.....1
11 TO 30 MINUTES 2
31 TO 59 MINUTES 3
1 TO 2 HOURS.....4
MORE THAN 2 HOURS 5
REFUSED.....RF
DON'T KNOW.....DK

BF080

How long has it been since {CHILD} { and {TWIN}} last had a visit from {his/her/their} father? Would you say…

Less than one month, ...1
More than a month but less than a year, ...2 (BF090)
More than a year, or.....3 (BF090)
No contact since birth or since ({his/her/their}
father last lived with {CHILD).....4 (BF090)
REFUSED.....RF (BF090)
DON'T KNOW.....DK (BF090)

BF085

How many days {has/have} {CHILD} { and {TWIN}} seen {his/her/their}father in the past 4 weeks?

ENTER NUMBER OF DAYS.

Answer must be in range from 1 up to 28.

|___|___|
NUMBER OF DAYS

REFUSED .....RF
DON'T KNOW .....DK

BF090

How often do you now talk about {CHILD} { and {TWIN}} with {his/her/their} father? Would you say…

SHOW CARD BF-1

Several times a week, ...1
About once a week, ...2
A few times a month, ...3
Several times a year,.....4
Once or twice in {CHILD} {and {TWIN}}'s life, or 5
Not at all?.....6
REFUSED.....RF
DON'T KNOW.....DK

BF095a-e

How much influence does {CHILD} {and {TWIN}}'s father now have in making major decisions about …

SHOW CARD BF-2

a. **Discipline?**

b. **Nutrition?**

c. **Health care?**

d. **Child care?**

e. **Education?**

Does he have…

No influence, ... 1
Some influence, or 2
A great deal of influence? 3
DOES NOT HAVE ANY CONTACT WITH FATHER 95
REFUSED..... RF
DON'T KNOW..... DK

BF096

Which of the following statements best describes your current relationship with {CHILD}'s (and {TWIN}}'s father? Would you say…

SHOW CARD BF-3

You generally get along pretty well,..... 1
You don't get along too well 2
You fight a lot and do not get along well, or 3
You avoid seeing each other? 4
DO NOT HAVE ANY CONTACT WITH FATHER 95 (BF099BX)
REFUSED..... RF
DON'T KNOW..... DK

BF097a-f

People deal with serious disagreements in different ways. When you have a serious disagreement with {CHILD}'s (and {TWIN}}'s father, how often do you…

SHOW CARD BF-4

a. **Just keep your opinions to yourself?**

b. **Discuss your disagreements calmly?**

c. **Argue heatedly or shout at each other?**

d. **End up hitting or throwing things at each other?**

e. **Reach a compromise?**

f. **Criticize each other?**

OFTEN 1
SOMETIMES 2
HARDLY EVER 3
NEVER 4
REFUSED.....RF
DON'T KNOW.....DK

ENTER '95' IF RESPONDENT DOES NOT HAVE ANY CONTACT WITH FATHER.

BF099BX

IF BF080 = 1 (FATHER VISITED CHILD WITHIN LAST MONTH), GO TO BF105.

OTHERWISE GO TO BF110.

BF105

In a typical week, does {CHILD}'s {and {TWIN}}'s father spend a lot, some, very little, or no time taking care of {CHILD} {and {TWIN}}?

A LOT.....1
SOME 2
VERY LITTLE.....3
NO TIME.....4
REFUSED.....RF
DON'T KNOW.....DK

BF110a-d

I'm going to ask you how often he has done the following things for {CHILD} {and {TWIN}}. Please tell me whether he has done them <u>often</u>, <u>sometimes</u>, or <u>never</u>. Since {CHILD} {and {TWIN}} turned 2 years old, how often has he...

SHOW CARD BF-5

a. **Bought clothes, toys, or presents for {CHILD} {and {TWIN}}?**

b. **Paid for {CHILD} {and {TWIN}}'s medical insurance, doctor bills, or medicines?**

c. **Given you extra money to help out, not including child support?**

d. **Helped pay for {CHILD} {and {TWIN}}'s child care expenses?**

OFTEN 1
SOMETIMES 2
NEVER 3
REFUSED.....RF
DON'T KNOW.....DK

ENTER '95' IF RESPONDENT DOES NOT HAVE ANY CONTACT WITH FATHER.

BF115BX

IF SAME RESPONDENT AS 2-YEARS AND THE CHILD'S BIOLOGICAL FATHER DID NOT LIVE IN THE HOUSEHOLD AT THE TIME OF THE 2-YEAR INTERVIEW AND SHE HAD AN LEGAL, INFORMAL, OR NO CHILD SUPPORT AGREEMENT WITH HIM THEN GO TO BF120.

ELSE SKIP TO BF129.

BF120 **HELP AVAILABLE**

During our last interview, you said that you had {a legal/an informal/no} child support arrangement with {CHILD} {and {TWIN}}'s father. Is this information still correct?

YES.....1 (BF130BX)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

BF129

{Thinking about child support, do you/Do you now} have a legal agreement, an informal agreement or no arrangement at all with {CHILD}'s {and {TWIN}}'s father?

LEGAL 1
INFORMAL 2
NO ARRANGEMENT 3 (BF160BX)
REFUSED.....RF (BF160BX)
DON'T KNOW.....DK (BF160BX)

BF130BX

IF AT THE TIME OF THE 2-YEAR INTERVIEW THE CHILD'S MOTHER HAD A LEGAL OR INFORMAL CHILD SUPPORT AGREEMENT WITH THE CHILD'S FATHER, GO TO BF132.

OTHERWISE, GO TO BF149BX.

BF132

Since {CHILD}{and {TWIN}} turned 2 years old, has the legal or informal agreement with {his/her/their} biological father been changed at all?

YES.....1
NO 2 (BF149BX)
REFUSED.....RF (BF160BX)
DON'T KNOW.....DK (BF160BX)

BF133

How has your agreement changed since {CHILD}{and {TWIN}} turned 2 years old?

CODE ALL THAT APPLY.

CUSTODY ARRANGEMENT.....1
VISITATION 2
PROPERTY SETTLEMENT 3
CHILD SUPPORT PAYMENTS INCREASED.....4
CHILD SUPPORT PAYMENTS DECREASED.....5
OTHER.....91
ENTER OTHER (SPECIFY) [*How has your agreement changed?]* .....
REFUSED.....RF
DON'T KNOW.....DK

BF138

Would you say the change in the legal or informal agreement has been positive, negative or made no difference?

INTERVIEWER INSTRUCTION: IF NECESSARY PROBE TO ENSURE RESPONDENT IS REPORTING OWN POINT OF VIEW.

POSITIVE.....1
NEGATIVE 2
NO DIFFERENCE 3
REFUSED.....RF
DON'T KNOW.....DK

BF149BX

IF BF129 = 1 OR 2 (HAS LEGAL OR INFORMAL SUPPORT ARRANGEMENT), GO TO BF150.

ELSE, SKIP TO SECTION WP.

BF150 **HELP AVAILABLE**

How much per month is he supposed to pay for {CHILD}'s {and {TWIN}}'s support?

PROBE: Your best estimate will be fine. Please include only support for {CHILD}{and TWIN}.

ENTER AMOUNT.

Answer must be in range from 0 up to 10000.00.

$|__|__|, |__|__|__|.|__|__| PER MONTH

REFUSED.....RF
DON'T KNOW.....DK

BF155

How much per month do you usually get for {CHILD}'s {and {TWIN}}'s support?

PROBE: Your best estimate will be fine.

ENTER AMOUNT.

Answer must be in range from 0 up to 10000.00.

$|__|__|, |__|__|__|.|__|__| PER MONTH

REFUSED.....RF
DON'T KNOW.....DK

BF160BX

IF PATERNITY WAS NOT ESTABLISHED AT TIME OF LAST INTERVIEW, CONTINUE TO BF165BX.

ELSE, GO TO SECTION WP.

BF165BX

IF RESPONDENT'S SPOUSE/PARTNER IS NOT THE CHILD'S BIOLOGICAL FATHER AND THE RESPONDENT WAS NOT MARRIED TO THE CHILD'S FATHER AT THE TIME OF THE CHILD'S BIRTH, GO TO BF165.

OTHERWISE GO TO SECTION WP.

BF165

Did {CHILD}'s {and {TWIN}}'s father ever sign the application for {his/her/their} birth certificate or sign a statement that legally says he is {his/her/their} father?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

BF170

Did you have to go to court to establish that he was {CHILD}'s {and {TWIN}}'s legal father?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

BF175

Was {CHILD}'s {and {TWIN}}'s father ever legally identified by a blood test or other genetic test?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION WP.

SECTION WP: WELFARE AND OTHER PUBLIC ASSISTANCE

WP010a-c **HELP AVAILABLE**

Now, I have a few questions about government benefits you may receive.

At any time since {CHILD} {and {TWIN}} turned 2 years old, have you {or anyone else in your household} received...

a. **Food Stamps?**

b. **TANF {or {STATE NAME FOR TANF} or welfare?**

c. **Medicaid benefits?**

DISPLAY INSTRUCTIONS:

Display state name for TANF, if available.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

WP012BX

IF WP010A = 1 (RECEIVED FOOD STAMPS), GO TO WP015.

ELSE, GO TO WP017BX.

WP015

For how many months since {CHILD} {and {TWIN}} turned 2 years old, did you {or anyone else in your household} receive Food Stamps?

Answer must be in range from 0 up to 36.

|___|___|
NUMBER OF MONTHS

REFUSED.....RF
DON'T KNOW.....DK

WP017BX

IF WP010B = 1 (RECEIVED TANF), GO TO WP019.

ELSE, GO TO WP021BX.

WP019

For how many months since {CHILD} {and {TWIN}} turned 2 years old, did you {or anyone else in your household} receive TANF {or {STATE NAME FOR TANF}} or welfare?

Answer must be in range from 0 up to 36.

|___|___|
ENTER NUMBER OF MONTHS
IF LESS THAN 1, ENTER '0'.

REFUSED.....RF
DON'T KNOW.....DK

WP021BX
IF WP010C = 1 (RECEIVED MEDICAID), GO TO WP023.
ELSE, GO TO WP040.

WP023

For how many months since {CHILD} {and {TWIN}} turned 2 years old, did you {or anyone else in your household} receive Medicaid benefits?

Answer must be in range from 0 up to 36.

|___|___|
ENTER NUMBER OF MONTHS
IF LESS THAN 1, ENTER '0'.

REFUSED.....RF
DON'T KNOW.....DK

WP040 **HELP AVAILABLE**

Did {CHILD} {or {TWIN}} receive benefits from WIC, that is the Special Supplemental Nutrition Program for Women, Infants, and Children, any time since {CHILD} {and {TWIN}} turned 2 years old?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

WP042BX

IF WP040 = 1 (CHILD RECEIVED WIC BENEFITS), GO TO WP045.

ELSE, IF WP040 N.E. 1 (CHILD DID NOT RECEIVE WIC BENEFITS SINCE 2-YEARS) AND CHWIC OR TWWIC = 1, GO TO WP050.

ELSE, GO TO WP059BX.

WP045

In the last 30 days, did you use WIC vouchers to buy food for {CHILD/TWIN}}?

YES.....1 (WP059BX)
NO.....2
REFUSED.....RF (WP059BX)
DON'T KNOW.....DK (WP059BX)

GO TO WP050 IF '2' FOR EITHER CHILD OR TWIN. ELSE GO TO WP055.

WP050

How many months ago did you last use WIC vouchers to buy food for {CHILD} {or {TWIN}}?

Answer must be in range from 0 up to 60.

|__|__|
ENTER NUMBER OF MONTHS

IF LESS THAN 1, ENTER '0'.
REFUSED.....RF
DON'T KNOW.....DK

WP055 **HELP AVAILABLE**

Why are you no longer using WIC vouchers to buy food for {CHILD} {or {TWIN}}?

NOT ELIGIBLE ANYMORE 1
ELIGIBLE BUT DENIED BENEFITS DUE TO LACK OF PROGRAM FUNDS 2
NO LONGER NEEDED FOOD BENEFIT 3
BENEFITS ARE NOT WORTH THE TIME AND EFFORT TO GET THEM 4
LACK OF TRANSPORTATION AND/OR SCHEDULING PROBLEMS 5
TEMPORARY ADMINISTRATION ISSUES PREVENT CHILD FROM PARTICIPATING (PLAN TO RE-APPLY TO PROGRAM) 6
WENT BACK TO WORK 7
OTHER 91
ENTER OTHER (SPECIFY) [*Why are you no longer using WIC vouchers?]* _____
REFUSED ..... RF
DON'T KNOW ..... DK

WP059BX

IF NO TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS >= 2, GO TO WP060.

ELSE IF TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS >= 3, GO TO WP060.

ELSE, GO TO WP070.

WP060

In the last 30 days, did you use WIC vouchers to buy food for any other child in your household?

YES 1
NO 2
REFUSED ..... RF
DON'T KNOW ..... DK

WP070a-h

Since {CHILD} {and {TWIN}} turned 2 years old, have you (or any member of your household) received any of the following other sources of household income or support?

a. **Unemployment Insurance**

b. **Child support**

c. **SSI or SSDI**

d. **Social Security Retirement or Survivor's benefits**

e. **Loan repayments—for example, from friends, relatives, and so forth**

f. **Payments for providing foster care**

g. **Money given to the family**

h. **Any other income aside from your job{s}**

ENTER OTHER (Specify) [*What are the other sources of household income?]*

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION HI.

SECTION HI: HOUSEHOLD INCOME AND ASSETS

HI005

Now I have a few questions about your household.

Including yourself, how many adults contribute to your household income?

Answer must be in range from 1 up to 50.

|___|___|
NUMBER OF ADULTS

REFUSED.....RF
DON'T KNOW.....DK

HI010 **HELP AVAILABLE**

In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it...

DISPLAY INSTRUCTIONS:

If HI010 = 1 ($25,000 or less), display response codes 1-5 ($5,000 or less - $20,001 to 25,000);

Else if HI010 = 2 (More than $25,000), display response codes 6-13 ($25,001 to $30,000 to $200,001 or more).

$25,000 or less, or.....1
More than $25,000?.....2
REFUSED.....RF (HI025)
DON'T KNOW.....DK (HI025)

HI015

Was it . . .

$5,000 or less,.....1
$5,001 to $10,000,.....2
$10,001 to $15,000,.....3
$15,001 to $20,000, or.....4
$20,001 to $25,000.....5
$25,001 to $30,000,.....6
$30,001 to $35,000,.....7
$35,001 to $40,000,.....8
$40,001 to $50,000,.....9
$50,001 to $75,000,.....10
$75,001 to $100,000,.....11
$100,001 to $200,000, or.....12
$200,001 or more?.....13
REFUSED.....RF (HI025)
DON'T KNOW.....DK (HI025)

HI017BX

IF FAMILY BELOW POVERTY THRESHOLD (PER CENSUS), BASED ON INCOME AND FAMILY SIZE, GO TO HI020. (ECLS AND CENSUS INCOME CATEGORIES DO NOT MATCH UP PERFECTLY—INCLUDE THOSE JUST OVER THE POVERTY LINE.)

OTHERWISE, GO TO HI025.

HI020

What was your total household income last year, to the nearest thousand?

Answer must be in range from 1 up to 35000.

$|__|__|,|__|__|__|
TOTAL INCOME

REFUSED.....RF
DON'T KNOW.....DK

HI025 **HELP AVAILABLE**

ASK IF NOT OBVIOUS: In what type of housing do you now live? Is it…

A house or townhouse,.....1
An apartment or condominium, ...2
A mobile home or trailer,.....3
A community shelter,.....4
A hotel or motel room,.....5
Are you homeless, or 6
Do you live in another type of housing? 91
ENTER OTHER (SPECIFY) [*What type of housing do you live in?]*
_____
REFUSED.....RF
DON'T KNOW.....DK

HI030 **HELP AVAILABLE**

What is your current housing situation? Do you…

Own your own home.....1 (HI037BX)
Rent your house or apartment,.....2
Exchange services for housing,.....3
Live with friends or relatives and pay part of the expenses,.....4
Live with friends or relatives and not pay for housing?.....5
Not pay for housing as part of a job (e.g., military, clergy),.....7
Live in temporary housing or a shelter, or.....6
Have another type of housing arrangement?.....91
ENTER OTHER (SPECIFY) [*What is your current housing arrangement?]*

_____

REFUSED.....RF
DON'T KNOW.....DK

HI035

Do you live in public housing or do you and your family receive a rent subsidy or pay a lower rent because the government pays part of the cost?

YES 1
NO 2
REFUSED.....RF
DON'T KNOW.....DK

HI037BX

IF HI030 = 1 (OWNS HOME), GO TO HI040.

ELSE, GO TO HI055.

HI040

Could you tell me what the present value of your home is—I mean about how much would it bring if you sold it today?

ENTER VALUE.

Answer must be in range from 1 up to 9999999.

$|__|,|__|__|__|,|__|__|__|
TOTAL VALUE

IF ANSWERED, SKIP TO HI045.

REFUSED.....RF (HI041)
DON'T KNOW.....DK (HI041)

HI041

Would it amount to $50,000 or more?

YES 1
NO 2 (HI044)
REFUSED.....RF (HI045)
DON'T KNOW.....DK (HI045)

HI042

Would it amount to $150,000 or more?

YES 1 (HI045)
NO 2 (HI045)
REFUSED.....RF (HI045)
DON'T KNOW.....DK (HI045)

HI044

Would it amount to $5,000 or more?

YES 1
NO 2
REFUSED.....RF
DON'T KNOW.....DK

HI045

Do you have a mortgage on this property?

YES 1
NO 2
REFUSED.....RF
DON'T KNOW.....DK

HI055

Do you {or anyone in your household} own a car or truck?

DISPLAY INSTRUCTIONS:

Display "or anyone in your household" if any HH members are 16 years of age or older.

If HE200 = 1 then HI056 = 1. Else ask HI056.

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HI056

Is there a computer in this household?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HI060

Do you {or anyone in your household} have any shares of stock in publicly held corporations, mutual funds, or investment trusts, including stocks in IRAs?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HI065

Do you {or anyone in your household} have any money in checking or savings accounts, money market funds, certificates of deposit, or government savings bonds, or Treasury bills, including IRAs?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION NQ.

SECTION NQ: NEIGHBORHOOD QUALITY/SAFETY

NQ005

These next questions are about your home and neighborhood.

Have you moved since {CHILD}{and {TWIN}} turned 2 years old?

YES.....1
NO.....2 (GO TO SECTION HF)
REFUSED.....RF (GO TO SECTION HF)
DON'T KNOW.....DK (GO TO SECTION HF)

NQ010

How many times have you moved since {CHILD}{and {TWIN}} turned 2 years old?

Answer must be in range from 1 up to 30.

|___|___|
NUMBER OF TIMES

REFUSED.....RF
DON'T KNOW.....DK

NQ018

Do you consider your neighborhood very safe from crime, fairly safe, fairly unsafe, or very unsafe?

SHOW CARD NQ-1

VERY SAFE.....1
FAIRLY SAFE 2
FAIRLY UNSAFE 3
VERY UNSAFE.....4
REFUSED.....RF
DON'T KNOW.....DK

NQ065 **HELP AVAILABLE**

How many of your relatives live in your area?

Answer must be in range from 0 up to 100.

|___|___|__|
NUMBER OF RELATIVES

REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION HF.

SECTION HF: HOUSEHOLD FOOD SUFFICIENCY

HF020BX

IF (# OF HOUSEHOLD MEMBERS = 2 AND HI015 <= 8) OR
(# OF HOUSEHOLD MEMBERS = 3 AND HI015 <= 9) OR
(# OF HOUSEHOLD MEMBERS = 4 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 5 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 11) OR
(# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 11) OR
(# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 12),
OR HI015 = DK OR RF, GO TO HF002PRE.

ELSE, GO TO PARENT ACASI INTERVIEW.

HF020a-e

These next questions are about the food eaten in your household and whether you were able to afford the food you need.

I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was <u>often</u> true, <u>sometimes true</u>, or <u>never</u> true for {you/your household} since {CHILD} {and {TWIN}} turned 2 years old.

[Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for your household since {CHILD} {and {TWIN}} turned 2 years old?]

DISPLAY INSTRUCTIONS:

Display "we", "our", and "your household" if there is a household member, besides the respondent, who is 18 years of age or older. Else display "I", "my", and "you".

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "the children"; Else, display "{CHILD}".

a. **{I/we} worried whether {my/our} food would run out before {I/we} got money to buy more.**

b. **The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.**

c. **{I/We} couldn't afford to eat balanced meals.**

d. **{I/We} relied on only a few kinds of low-cost food to feed {{CHILD}/the children} because {I was/we were} running out of money to buy food.**

e. **{I/We} couldn't feed {{CHILD}/the children} a balanced meal because {I/we} couldn't afford that.**

OFTEN TRUE 1
SOMETIMES TRUE 2
NEVER TRUE.....3
REFUSED.....RF
DON'T KNOW.....DK

HF021BX

IF ANY HF020 A-E = 1 (OFTEN TRUE) OR 2 (SOMETIMES TRUE) GO TO HF022.

ELSE, GO TO PARENT ACASI INTERVIEW.

HF022

Please tell me whether the following statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} in the last 12 months.

{{CHILD} was/The children were} not eating enough because {I/we} just couldn't afford enough food.

[Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for your household in the last 12 months?]

DISPLAY INSTRUCTIONS:

Display "we" and "your household" if there is a household member, besides the respondent, who is 18 years of age or older. Else display "I" and "you".

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "The children were"; Else, display "{CHILD} was".

OFTEN TRUE 1
SOMETIMES TRUE 2
NEVER TRUE.....3
REFUSED.....RF
DON'T KNOW.....DK

HF025

In the last 12 months, did {you/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?

DISPLAY INSTRUCTIONS:

Display "you or other adults in your household" if there is a household member, besides the respondent, who is 18 years of age or older. Else display "you".

YES.....1
NO.....2 (HF035)
REFUSED.....RF (HF035)
DON'T KNOW.....DK (HF035)

HF030

How often did this happen? Would you say…

Almost every month,.....1
Some months, but not every month, or 2
In only 1 or 2 months? 3
REFUSED.....RF
DON'T KNOW.....DK

HF035

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HF040

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HF045

In the last 12 months, did you lose weight because you didn't have enough money for food?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HF046BX

HF022 = 1 OR 2 OR IF HF025 = 1, OR ANY OF HF035-HF045 = 1 (ATE LESS/WENT HUNGRY/LOST WEIGHT), THEN ASK HF050.

ELSE, GO TO PARENT ACASI INTERVIEW.

HF050

In the last 12 months, did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

Display "you or other adults in your household" if there is a household member, besides the respondent, who is 18 years of age or older. Else display "you".

YES.....1
NO.....2 (HF060)
REFUSED.....RF (HF060)
DON'T KNOW.....DK (HF060)

HF055

How often did this happen? Would you say…

Almost every month,.....1
Some months, but not every month, or 2
In only 1 or 2 months? 3
REFUSED.....RF
DON'T KNOW.....DK

HF060

The next questions are about children living in the household who are under 18 years of age.

In the last 12 months, did you ever cut the size of {{CHILD}'s/any of the children's} meals because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "any of the children's". Else, display "{CHILD}'s".

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HF065

In the last 12 months, did {{CHILD}/any of the children} ever skip a meal because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "any of the children's". Else, display "{CHILD}'s".

YES.....1
NO.....2 (HF075)
REFUSED.....RF (HF075)
DON'T KNOW.....DK (HF075)

HF070

How often did this happen? Would you say…

Almost every month,.....1
Some months, but not every month, or 2
In only 1 or 2 months? 3
REFUSED.....RF
DON'T KNOW.....DK

HF075

In the last 12 months, {was {CHILD}/were the children} ever hungry but you just couldn't afford more food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "were the children". Else, display "was {CHILD}".

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

HF080

In the last 12 months, did {{CHILD}/any of the children} ever not eat for a whole day because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "any of the children". Else, display "{CHILD}".

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO PARENT ACASI INTERVIEW.

SECTION CM: CLOSING MATERIAL

CM010

Thank you for taking the time to participate in the parent interview portion of this important study. As I promised you earlier, this interview is completely confidential and we won't share any information with anyone else.

CM051BX

1. IF ASKING ABOUT CHILD, AND CHILD IS FLAGGED AS HAVING A CHILD CARE PROVIDER (CHILD = YES), GO TO CM060PRE

   ELSE IF (CHILD =NO) AND THERE IS TWIN, GO TO "ELSE IF ASKING ABOUT TWIN"

   ELSE END.

2. ELSE IF ASKING ABOUT TWIN:

   A) IF TWIN IS FLAGGED AS HAVING A CHILD CARE PROVIDER (TWIN = YES):

   ELSE IF RESPONSE TO QUESTION CM070 FOR CHILD IS YES AND ACYF FLAG IS SET FOR CHILD, THEN COPY ACYF FLAG FROM CHILD, AND GO TO CM060PRE (TWIN).

   ELSE IF CM060PRE WAS NOT ASKED (EMPTY) FOR CHILD, GO TO CM060PRE (TWIN). [THIS IS THE OBSERVATION SAMPLING ROUTINE]

   B) ELSE IF (TWIN =NO), GO TO END.

CM060PRE

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care are home care or center-based care, then display "caregiver".

If child care provider where most hours of care are Head Start or public school care then display "teacher".

{FOR CHILD: As/FOR TWIN: As I said before, as} part of this study, we will be interviewing the child care providers and observing the child care settings of children in the study. We would like to talk to

{CHILD/TWIN}'s { see display note} and to observe {CHILD/TWIN} child care setting.

TAKE OUT THE PERMISSION FORM, NOTIFICATION LETTER AND FACT SHEET.

We would like your permission to contact {CHILD/TWIN}'s { see display note} We have a permission form and a letter that we would like you to sign, and we also have a fact sheet that tells you a little more about the child care part of the study.

HAND RESPONDENT A COPY OF THE FACT SHEET.

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display "relative caregiver".

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display "non-relative caregiver".

If child care provider where most hours of care are center-based care or Head Start then display "center director and teacher".

If child care provider where most hours of care is public school care then display "preschool director and teacher".

1. **REVIEW PERMISSION FORM WITH RESPONDENT.**
2. **FILL OUT THE PERMISSION FORM (THE COPY YOU JUST REVIEWED WITH RESPONDENT).**
3. **HAND RESPONDENT PERMISSION FORM TO READ AND SIGN.**
4. **AFTER FORM IS SIGNED, HAND GOLD COPY TO RESPONDENT.**
5. **PLACE REMAINING COPIES IN CASE FOLDER.**
6. **ASK RESPONDENT TO SIGN NOTIFICATION LETTER.**
7. **PLACE SIGNED NOTIFICATION LETTER IN CASE FOLDER.**

IF NECESSARY TO ANSWER PARENT QUESTIONS, REFER TO ECEP AND OBSERVATION FAQs LOCATED IN THE BACK OF THE MANUAL.

DID THE RESPONDENT SIGN THE PERMISSION FORM?

YES:[SET CPPermt to YES].....1
NO.....2

CM073BX

SAMPLERATE.TXT CONTAINS SAMPLE RATES; READ IN BY SAMPLERATE.BLA

IF TMOSTCARE=HEADSTARTC, SAMPLE AT 1.00
IF TMOSTCARE=RELATIVEC OR NONRELATIVES, SAMPLE AT .43
IF TMOSTCARE=CENTERC, SAMPLE AT .33
IF TMOSTCARE=PUBLICPRE, SAMPLE AT .63
IF SAMPLED SET THE ACYF FLAG TO YES

ELSE SET THE ACYF FLAG TO NO AND GO TO END.

CM075BX

IF ASKING ABOUT CHILD, OR IF ASKING ABOUT TWIN AND CC005 ^= YES, GO TO CM079.

ELSE IF ASKING ABOUT TWIN AND CC005 =YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED IS CENTER-BASED, THEN GO TO CM095.

ELSE IF ASKING ABOUT TWIN AND CC005 =YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED IS RELATIVE OR NON-RELATIVE CARE, THEN GO TO CM143BX.

CM079

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display "relative caregiver".

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display "non-relative caregiver".

If child care provider where most hours of care are center-based care or Head Start then display "center director and teacher".

If child care provider where most hours of care is public school care then display "preschool director and teacher".

Please feel free to mention to {CHILD/TWIN}'s {see display note} that I will be contacting them soon.

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display "relative caregiver".

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display "non-relative caregiver".

If child care provider where most hours of care are center-based care or Head Start then display "center director and teacher".

If child care provider where most hours of care is public school care then display "preschool director and teacher".

Please tell me anything special that I should know about contacting your {see display note}.

PROBE: For example, the best time to call your child care provider about the interview.

CM080

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is home care and relative care hours is greater than or equal non-relative care hours, then display “relative caregiver”.

If child care provider where most hours of care is home care and relative care hours is less than non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care are center-based care or Head Start then display “center director”.

If child care provider where most hours of care is public school care then display “preschool director”.

What is the name of {CHILD/TWIN}’s {see display note}?

ENTER FIRST NAME.

REFUSED.....RF
DON’T KNOW.....DK

CM085

DISPLAY INSTRUCTIONS:

Use the instruction from CM080.

[What is the name of {CHILD/TWIN}’s {see display note}?]

ENTER LAST NAME.

REFUSED.....RF
DON’T KNOW.....DK

IF TMOSTCARE=HOMECARE, GO TO CM108BX.

CM086

What is {PROVNAME}'s primary language?

DISPLAY INSTRUCTIONS:

Display name entered at CM080/CM085 for {PROVNAME}.

ENGLISH 1
ARABIC 2
CHINESE.....3
FILIPINO LANGUAGE – TAGALOG 4
FRENCH.....5
GERMAN 6
GREEK 7
ITALIAN 8
JAPANESE.....9
KOREAN.....10
POLISH 11
PORTUGUESE 12
SPANISH.....13
VIETNAMESE.....14
AFRICAN.....15
EAST EUROPEAN..... 16
NATIVE AMERICAN 17
SIGN LANGUAGE.....18
MIDDLE EASTERN.....19
WEST EUROPEAN 20
INDIAN SUBCONTINENT.....21
SOUTHEAST ASIAN.....22
PACIFIC ISLAND 23
CANNOT CHOOSE.....24
ENTER SOME OTHER LANGUAGE 91
(Specify) *[What primary language does the provider speak?]* _____
REFUSED.....RF
DON'T KNOW.....DK

CM087

ASK IF NECESSARY. Is {PROVNAME} male or female?

DISPLAY INSTRUCTIONS:

Display name entered at CM080/CM085 for {PROVNAME}.

MALE 1
FEMALE 2
REFUSED.....3
DON'T KNOW.....4

CM090

What is the name of {CHILD/TWIN}'s child care center?

GO TO CM100.

REFUSED.....RF
DON'T KNOW.....DK

CM093

DISPLAY INSTRUCTIONS:

Use the instruction from CM080 where it says {display note}. If child care provider where most hours of care are home care or center-based care, then display "caregiver".

If child care provider where most hours of care are Head Start or public school care then display "teacher".

Is {CHILD/TWIN}'s {see display note} the same person as {his/her} primary {caregiver/teacher}?

YES.....1 (CM143BX)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CM095

DISPLAY INSTRUCTIONS:

Display name entered for CHILD at CM100/CM105 for {PROVNAME}.

Does {TWIN} also have {PROVNAME} as {his/her} primary {caregiver/teacher} at {CENTER NAME}?

YES [SET: SameProv TO YES].....1 (CM143BX)
NO.....2
REFUSED.....3 (CM143BX)
DON'T KNOW.....4 (CM143BX)

CM100

DISPLAY INSTRUCTIONS:

If asking about CHILD, or if asking about TWIN and CC005 ^= YES, display response to CM090 for "{CENTER NAME}".

Else if asking about TWIN and CC005 =YES, then display CHILD's response for CM090 for "{CENTER NAME}".

What is the name of {CHILD/TWIN}'s primary {caregiver/teacher} at {CENTER NAME}?

VERIFY SPELLING.

ENTER FIRST NAME.

REFUSED.....RF
DON'T KNOW.....DK

CM105

DISPLAY INSTRUCTIONS:

Display response to CM090 for "{CENTER NAME}".

[What is the name of {CHILD/TWIN}'s primary {caregiver/teacher} at {CENTER NAME}?]

VERIFY SPELLING.

ENTER LAST NAME.

REFUSED.....RF
DON'T KNOW.....DK

CM108BX

IF ASKING ABOUT CHILD, OR ASKING ABOUT TWIN AND CC005 ^= YES, THEN GO TO CM108.

ELSE, GO TO CM143BX.

CM108

What is {PROVNAME}'s primary language?

DISPLAY INSTRUCTIONS:

If TMOSTCARE=CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE=HOMECARE, display name entered at CM080 CM085 for {PROVNAME}.

ENGLISH 1
ARABIC 2
CHINESE.....3
FILIPINO LANGUAGE – TAGALOG 4
FRENCH.....5
GERMAN 6
GREEK 7
ITALIAN 8
JAPANESE.....9
KOREAN.....10
POLISH 11
PORTUGUESE 12
SPANISH.....13
VIETNAMESE.....14
AFRICAN.....15
EAST EUROPEAN..... 16
NATIVE AMERICAN 17
SIGN LANGUAGE.....18
MIDDLE EASTERN.....19
WEST EUROPEAN 20
INDIAN SUBCONTINENT.....21
SOUTHEAST ASIAN.....22
PACIFIC ISLAND 23
CANNOT CHOOSE.....24
ENTER SOME OTHER LANGUAGE 91
(Specify) *[What primary language does the provider speak?]*_____
REFUSED.....RF
DON'T KNOW.....DK

CM110

ASK IF NECESSARY. Is {PROVNAME} male or female?

DISPLAY INSTRUCTIONS:

If TMOSTCARE=CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE=HOMECARE, display name entered at CM080/CM085 for {PROVNAME}.

MALE 1
FEMALE 2
REFUSED.....3
DON'T KNOW.....4

CM113

Is {PROVNAME} 18 years of age or older?

DISPLAY INSTRUCTIONS:

If TMOSTCARE=CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE=HOMECARE, display name entered at CM080/CM085 for {PROVNAME}.

YES.....1
NO.....2
REFUSED.....3
DON'T KNOW.....4

CM114BX

IF PROVAGE N.E. 1 (CAREGIVER IS A MINOR) AND INTERVIEW IS BEING CONDUCTED IN WASHINGTON STATE,

DO NOT CONDUCT ECEP INTERVIEW.

CM115

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for "{RELATIVE/{CAREGIVER/TEACHER}'S NAME}".

If child care provider where most hours of care is center-based care, display name entered at CM090 for "{CENTER NAME}".

What is the mailing address of {{RELATIVE/CAREGIVER'S NAME)/(CENTER NAME}}?

ENTER FIRST ADDRESS.

VERIFY SPELLING.

REFUSED.....RF
DON'T KNOW.....DK

CM120

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for "{RELATIVE/{CAREGIVER/TEACHER}'S NAME}".

If child care provider where most hours of care is center-based care, display name entered at CM090 for "{CENTER NAME}".

[What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}/{CENTER NAME}}?]

ENTER SECOND STREET ADDRESS.

VERIFY SPELLING.

{STREET ADDRESS1}

REFUSED.....RF
DON'T KNOW.....DK

CM125

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for "{RELATIVE/{CAREGIVER/TEACHER}'S NAME}".

If child care provider where most hours of care is center-based care, display name entered at CM090 for "{CENTER NAME}".

[What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}/{CENTER NAME}}?]

ENTER CITY.

VERIFY SPELLING.

{STREET ADDRESS1}

{STREET ADDRESS2}

REFUSED.....RF
DON'T KNOW.....DK

CM130

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for "{RELATIVE/{CAREGIVER/TEACHER}'S NAME}".

If child care provider where most hours of care is center-based care, display name entered at CM090 for "{CENTER NAME}".

[What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}/{CENTER NAME}}?]

ENTER STATE.

VERIFY SPELLING.

{STREET ADDRESS1}

{STREET ADDRESS2}

{CITY}

REFUSED.....RF
DON'T KNOW.....DK

CM135

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for "{RELATIVE/{CAREGIVER/TEACHER}'S NAME}".

If child care provider where most hours of care is center-based care, display name entered at CM090 for "{CENTER NAME}".

[What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}/{CENTER NAME}}?]

ENTER ZIP CODE.

VERIFY ZIP CODE.

{STREET ADDRESS1}

{STREET ADDRESS2}

{CITY} {STATE}

REFUSED.....RF
DON'T KNOW.....DK

CM140

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is relative or non-relative caregiver, display name entered at CM080/CM085 for "{RELATIVE/{CAREGIVER/TEACHER}'S NAME}".

If child care provider where most hours of care is center-based care, display name entered at CM090 for "{CENTER NAME}".

What is {{RELATIVE/CAREGIVER'S NAME}/{CENTER NAME}}'s telephone number?

IF NO TELEPHONE, ENTER 000.

REFUSED.....RF (CM143BX)
DON'T KNOW.....DK (CM143BX)

CM143BX

IF TWIN IN HOUSEHOLD AND CARE PROVIDER CONTACT INFORMATION (CM050BX - CM140) HASN'T BEEN ASKED OF TWIN, GO TO CM051BX.