ECLS-K Parent Interview --ROUND 7
February 28, 2007

Table of Contents

BOX 1

- IF (NumberOfChildren = 1) OR
  IF (NumberOfChildren = 2 AND ChildNum = 1), CONTINUE WITH INQ.005.
- IF (NumberOfChildren = 2 AND ChildNum = 2), GO TO BOX 1B.

INQ.005   We spoke with someone in your household before about an ongoing study that {{CHILD} {and TWIN}} participated in a few years ago called the Early Childhood Longitudinal Study Kindergarten Class. The U.S. Department of Education's National Center for Education Statistics sponsors the study. Now that {{CHILD} {and TWIN}} {is/are} older, I have some more questions for you that ask about {{CHILD}'s {and TWIN}'s} school and home experiences. The information I collect in this interview is extremely valuable in understanding the development of young children and how their school experiences can be improved.

All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: DISPLAY "and TWIN" IF THERE IS A TWIN.
DISPLAY "are" IF THERE IS A TWIN. OTHERWISE, DISPLAY "is."

NOTE: THE DATE IN THIS QUESTION IN ROUND 7 INCORPORATES SPRING 1999,, FALL 1999, SPRING 2000, SPRING 2002, AND SPRING 2004.

INQ.010   During our last interview, we talked with {NAME OF RESPONDENT} who took part in the Early Childhood Longitudinal Study Kindergarten Class in the {spring of 1999/fall of 1999/spring of 2000/spring of 2002/spring of 2004}.   Am I talking to the same person?

CAPI INSTRUCTION: DISPLAY FIRST AND LAST NAME OF RESPONDENT FROM PRELOAD. USE THE NAME OF PERSONTYPE=R.

CAPI INSTRUCTION: DISPLAY "spring of 1999" IF THE HOUSEHOLD LAST RESPONDENT IN ROUND 2. DISPLAY "fall of 1999" IF THE HOUSEHOLD LAST RESPONDENT IN ROUND 3. DISPLAY "spring of 2000" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 4. DISPLAY "spring of 2002" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 5. DISPLAY "spring of 2004" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 6.

CAPI INSTRUCTION: DISALLOW DK AND RF.

YES   1
NO   2

INQ.010a   VERIFY NAME, RELATIONSHIP, AND AGE WITH RESPONDENT.

ENTER THE NUMBER NEXT TO THE PERSON ON THE HOUSEHOLD ROSTER WHO IS THE CURRENT ROUND RESPONDENT. SELECT THIS PERSON'S NAME EVEN IF THE AGE LISTED IS A YEAR OR TWO DIFFERENT FROM THE AGE OF THE RESPONDENT IF YOU HAVE CONFIRMED IT IS THE SAME PERSON.

IF NAME NOT LISTED, ENTER 0.

CAPI INSTRUCTIONS:
1.   DISPLAY THE UPDATED HOUSEHOLD ROSTER WITH AGE, GENDER, AND RELATIONSHIP FROM THE PRELOAD. AT THE TOP OF THE ROSTER, DISPLAY "0 NOT ON LIST." NEXT TO AGE, DISPLAY THE WORD "APPROXIMATELY".

2.   DISPLAY HOUSEHOLD MEMBERS 15 YEARS OR OLDER AS RESPONSE CATEGORIES. DO NOT DISPLAY THE NAMES OF HOUSEHOLD MEMBERS CODED AS NO LONGER LIVING IN THE HOUSEHOLD IN MOST RECENT ROUND.

3.   IF ZERO IS ENTERED, GO TO INQ.011. OTHERWISE, GO TO BOX 1B.

4.   DISALLOW DK AND RF.

5.   FLAG THE RESPONDENT.

6.   SET A FLAG CALLED "FLAGS.SAMERESP" THAT EQUALS 1 IF THE RESPONDENT IN INQ.010 WHO SAID HE/SHE WAS THE SAME RESPONDENT AS IN THE MOST RECENT ROUND IS THE SAME PERSON INDICATED AS THE RESPONDENT IN INQ.010a.

INQ.011   May I have your name, please?

ENTER FIRST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

_____

FIRST NAME

INQ.012   [May I have your name, please?]

ENTER LAST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

_____

LAST NAME

BOX 1B

- IF NumberOfChildren = 2, CONTINUE WITH INQ.014.
- IF NumberOfChildren = 1, GO TO INQ.015.

INQ.014   {For this interview, I will first ask questions that collect information specifically about {CHILD} and general questions about you and your household. Once those questions are finished, I will need to ask some questions that collect information specifically about {TWIN}. There will not be as many questions for {TWIN }, since I will not need to ask the questions about you or your household.

/As I mentioned earlier, now I need to ask some questions specifically about {CHILD}. These questions will not take as long as the first round of questions, since I have already asked the general questions about you and your household.}

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: DISPLAY "For this interview . . . you or your household." IF CURRENTLY ASKING ABOUT SAMPLED CHILD 1. FOR "CHILD," DISPLAY THE NAME OF SAMPLED CHILD 1. FOR "TWIN," DISPLAY THE NAME OF SAMPLED CHILD 2.

CAPI INSTRUCTION: DISPLAY "As I mentioned . . . you and your household." IF CURRENTLY ASKING ABOUT SAMPLED CHILD 2. FOR "CHILD," DISPLAY THE NAME OF SAMPLED CHILD 2.

CAPI INSTRUCTION: DISPLAY "Specifically about {CHILD}," AND "not" IN UNDERLINED TEXT.

INQ.015   {Before we begin the interview, I would like to verify some information.} I have recorded {CHILD's FIRST, MIDDLE, AND LAST NAME} as {CHILD}'s full name. Is this correct?

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO NAME BELOW OR PRESS ENTER TO ACCEPT FIRST/MIDDLE/LAST NAME.

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

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS. HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '7' (REFUSED) OR '9' (DON'T KNOW).

CAPI INSTRUCTION: DISPLAY "Before we begin . . . some information." IF ONLY ONE SAMPLED CHILD OR IF ON INTERVIEW FOR CHILD 1.

CAPI INSTRUCTION: IF CURRENTLY ASKING ABOUT CHILD 2, FOR '{CHILD}', DISPLAY THE NAME OF SAMPLED CHILD 2.

CAPI INSTRUCTION: FOR CHILD'S FIRST, MIDDLE, AND LAST NAME, DISPLAY CHILD'S CORRECTED FULL NAME FROM PRELOAD.

CAPI INSTRUCTION: USE PRELOAD LENGTH FOR CHILD'S NAME.

Current Info:	[CHILD'S FIRST NAME]
	[CHILD'S MIDDLE NAME]
	[CHILD'S LAST NAME]

FIRST NAME: [_____]
MIDDLE NAME: [_____]
LAST NAME: [_____]

BOX 2

- IF NumberOfChildren = 2 AND ChildNum = 2, GO TO BOX 3.
- ELSE, GO TO INQ.020.

INQ.020   {In the last interview, we recorded that {CHILD}'s home address was:}/{What is {CHILD}'s home address?}

                        STREET ADDRESS1: [   ]
                        STREET ADDRESS2: [   ]
                                   CITY: [   ]
                                  STATE: [   ]
                               ZIP CODE: [   ]

           {Is this still correct?}
           {TYPE ADDRESS AND ENTER 1 FOR "YES, CORRECT ADDRESS."}

           CAPI INSTRUCTION: DISPLAY "In the last interview.." and "Is this still correct" IF DATA ARE AVAILABLE
           FROM THE PRELOAD. IF DATA ARE NOT AVAILABLE, display "What is …" and "TYPE ADDRESS…"

           CAPI INSTRUCTION: IF PREVIOUS DATA ARE NOT AVAILABLE FOR ADDRESS, ALLOW REFUSED AND
           DON'T KNOW IN ALL FIELDS.

           CAPI INSTRUCTION: IF PREVIOUS DATA ARE NOT AVAILABLE FOR ADDRESS, DISPLAY 'HELP
           AVAILABLE' WHEN ON STATE ENTRY FIELD. USE STATE ABBREVIATIONS AS HELP TEXT.

                        YES, CORRECT ADDRESS 1 (INQ.040)
                        YES, SAME ADDRESS – MINOR
                           CORRECTIONS 2
                        NO. NEW ADDRESS 3

INQ.030   **HELP AVAILABLE**
           MAKE CORRECTIONS TO ADDRESS BELOW.

           CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

           CAPI INSTRUCTION: DISPLAY 'HELP AVAILABLE' WHEN ON STATE ENTRY FIELD. USE STATE
           ABBREVIATIONS AS HELP TEXT.

           CAPI INSTRUCTION: DISPLAY CURRENT ADDRESS INFO IN THE RESPONSE FIELD.

                        Current Info: [STREET ADDRESS1]
                                             [STREET ADDRESS2]
                                                       [CITY]
                                                      [STATE]
                                                   [ZIP CODE]

                        STREET ADDRESS1: [   ]
                        STREET ADDRESS2: [   ]
                                   CITY: [   ]
                                  STATE: [   ]
                               ZIP CODE: [   ]

INQ.040   {I have recorded that {PHONE NUMBER} is {CHILD}'s family's current home phone number. Is this
              correct? /What is {CHILD}'s family's current phone number?}

              IF NO TELEPHONE, ENTER '000'.

              CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD IS NOT '000' AND IS NOT 10 NUMBERS, SHOW

              EDIT: "Phone number has wrong format. Please correct. The phone number must be formatted as 10

              numbers (xxx-xxx-xxxx)."

              CAPI INSTRUCTION: DISPLAY "I have recorded … correct?: IF A PHONE NUMBER IS AVAILABLE,
              DISPLAY CORRECTED PHONE NUMBER FROM PRELOAD. IF the PRELOAD PHONE NUMBER WAS
              '000' RF, DK, OR MISSING, DISPLAY "What is….. phone number?"

              CAPI INSTRUCTION: IF CURRENT INFO IS NOT AVAILABLE, ENTRY IS REQUIRED FOR TELEPHONE
              NUMBER. (REFUSED AND DON'T KNOW ARE ALLOWED)

                              Current Info: [TELEPHONE NUMBER]

                              |___|___|___| - |___|___|___| -|___|___|___|___|
                              ENTER TELEPHONE NUMBER
                                or
                              REFUSED   7
                              DON'T KNOW   9

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              │   **BOX 3**   │
              │ ■ GO TO PIQ (PARENT INVOLVEMENT).   │
              └───┘

PARENT INVOLVEMENT - PIQ

BOX 1

■ IF CHILDNUM=1 OR IF CHILDNUM=2, CONTINUE WITH PIQ.010.

PIQ.010   During this school year, have you or another adult in your household taken it upon yourself to contact {CHILD}'s teacher or school for any reason having to do with {CHILD}?

<div style="margin-left:4em">

YES 1
NO 2
REFUSED 7
DON'T KNOW.. 9

</div>

BOX 2

■ IF (NumberOfChildren = 1) OR IF (NumberOfChildren = 2 AND ChildNum = 1), CONTINUE WITH PIQ.020.
■ IF (NumberOfChildren = 2 AND ChildNum = 2), GO TO PIQ.065.

PIQ.020   Since the beginning of this school year have you or the other adults in your household….

a1.   Attended an open house or back-to-school night?
a2.   Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
b1.   Attended a meeting of a PTA, PTO, or Parent-Teacher Organization?
b2.   Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
c1.   Gone to a regularly scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher?
c2.   Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
d1.   Attended a school or class event, such as a play, sports event, or science fair?
d2.   Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
e1.   Volunteered at the school or served on a committee?
e2.   Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?
f1.   Participated in fundraising for {CHILD}'s school?
f2.   Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?

CAPI INSTRUCTION:

1.   DISPLAY A 7 X 3 MATRIX IN THE RESPONSE AREA. DISPLAY RESPONSE CODES AT a1, b1, c1, d1, e1, f1, IN THE 'ATTENDED" COLUMN. DISPLAY RESPONSE CODES AT a2, b2, c2, d2, e2, f2 IN THE 'WHO DID THIS COLUMN'

	ATTENDED?	WHO DID THIS?
OPEN HOUSE		
PTA		
PARENT-TEACHER CONFERENCE		
SCHOOL OR CLASS EVENT		
VOLUNTEERING		
FUNDRAISING		

2.   WHEN ON b1. c1, d1, e1, f1, DISPLAY THE MAJOR STEM: "Since….household…." IN SQUARE BRACKETS.

3. CAPI INSTRUCTIONS:

IF	CONTINUE WITH	OTHERWISE, GO TO
A1 = 1	A2	B1
B1 = 1	B2	C1
C1 = 1	C2	D1
D1 = 1	D2	E1
E1 = 1	E2	F1
F1 = 1	F2	PIQ.045

4. CAPI INSTRUCTIONS:

RESPONSE CODES:

FOR A1, B1, C1, D1, E1, F1, 1=YES, 2=NO, 3=NO OPPORTUNITY YET[1], 7=REFUSED, 9=DON'T KNOW
FOR A2, B2, C2, D2, E2, F2, 1=MOTHER, 2=FATHER, 3=BOTH, 4=NEITHER, 7=REFUSED, 9=DON'T KNOW

PIQ.045   In another interview, it was reported that {ENGLISH/NON-ENGLISH LANGUAGE/a language other than English} is spoken in your home. When {CHILD}'s teacher sends home notes or newsletters, are these in {ENGLISH/NON-ENGLISH LANGUAGE/a language that you speak}?

CAPI INSTRUCTION: IF NO OTHER LANGUAGE REGULARLY SPOKEN AT HOME BESIDES (ENGLISH) OR IF (ENGLISH SPOKEN AS PRIMARY LANGUAGE) ACCORDING TO THE PRELOAD FILE DISPLAY 'ENGLISH.' OTHERWISE, DISPLAY THE LANGUAGE SPECIFIED IN THE PRELOAD IF A LANGUAGE CATEGORY WAS CHOSEN. OTHERWISE, IF THE PRELOAD HAS AN OTHER SPECIFY CATEGORY TEXT STRING FOR LANGUAGE, OR IF THE RESPONDENT DID NOT CHOOSE A PRIMARY LANGUAGE, OR IF ANSWER WAS DK OR RF, DISPLAY "a language other than English" IN THE DISPLAY IN THE FIRST SENTENCE AND "a language that you speak" IN THE DISPLAY IN THE SECOND SENTENCE.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

PIQ.050   This year, have the following reasons made it harder for you to participate in activities at {CHILD}'s school? How about…

CAPI INSTRUCTIONS: WHEN ON B-H, PUT THE MAJOR STEM: "This year, have the following reasons made it harder for you to participate in activities at {CHILD}'s school? How about…" IN SQUARE BRACKETS.

		YES	NO	REF	DK
a.	Inconvenient meeting times? Has that made it harder for you to participate in activities at {CHILD}'s school?	1	2	7	9

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[1] *NOTE: This response option was added to the questionnaire at the start of data collection because some parents participated in the interview before the school year began or early in the school year.

b.	No child care keeps your family from going to school meetings or events? Has that made it harder for you to participate in activities at {CHILD}'s school?	1	2	7	9
c.	Family members can't get time off from work? Has that made it harder for you to participate in activities at {CHILD}'s school?	1	2	7	9
d.	Problems with safety going to the school? Has that made it harder for you to participate in activities at {CHILD}'s school?....................	1	2	7	9
e.	The school does not make your family feel welcome? Has that made it harder for you to participate in activities at {CHILD}'s school?......	1	2	7	9
f.	Problems with transportation to the school? Has that made it harder for you to participate in activities at {CHILD}'s school?....................	1	2	7	9

BOX 3
IF ACCORDING TO THE PRELOAD A LANGUAGE OTHER THAN ENGLISH IS SPOKEN IN THE HOME, THEN GO TO PIQ.050G. ELSE, GO TO PIQ.050H.

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g.	Problems because you or members of your family speak a language other than English and meetings are conducted only in English? Has that made it harder for you to participate in activities at {CHILD}'s school?..	1	2	7	9
h.	You don't hear about things going on at school that you might want to be involved in? Has that made it harder for you to participate in activities at {CHILD}'s school?	1	2	7	9

NOTE: THE WORDING OF PIQ.065 HAS CHANGED FROM "CLASS" TO "SCHOOL FRIENDS"

PIQ.065   About how many parents of {CHILD}'s school friends do you talk with regularly, either in person or on the phone?

CAPI INSTRUCTIONS: HARD RANGE CHECK: 0-40 PARENTS.

|___|___|
ENTER NUMBER OF PARENTS
   OR
REFUSED   77
DON'T KNOW...   99

HELP AVAILABLE

PIQ.070   How far in school do you <u>expect</u> {CHILD} to go? Would you say you <u>expect</u> {him/her} …

CAPI INSTRUCTION: DISPLAY "expect" IN UNDERLINED TEXT.

HELP SCREEN
How far the respondent expects the child to go in school:
This question is about how far in school the respondent realistically expects the child to go, not how far the respondent hopes the child will go. If it is difficult to answer the question because the answer depends on many factors, ask for the best guess.

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 four- or five-year college degree,   4
To earn a master's degree or equivalent, or .   5
To finish a Ph.D., MD or other advanced
   degree?   6
REFUSED   7
DON'T KNOW   9

NOTE: PIQ.110 IS NEW IN ROUND 7.

PIQ.110　How disappointed would you be if {CHILD} did not graduate from high school? Would you say you would be…

<div style="margin-left:40%">

Extremely disappointed, ... 1
Very disappointed, ... 2
Somewhat disappointed, or, ... 3
Not disappointed?.. 4
REFUSED 7
DON'T KNOW 9

</div>

NOTE: BOX 4 IS NEW IN ROUND 7.

BOX 4

■ If (PIQ.070 = 1 OR 2), GO TO PIQ.120.
■ ELSE GO TO PIQ.112.

NOTE: PIQ.112 IS NEW IN ROUND 7.

PIQ.112　How disappointed would you be if {CHILD} did not graduate from college? Would you say you would be...

<div style="margin-left:40%">

Extremely disappointed, ... 1
Very disappointed, ... 2
Somewhat disappointed, or, ... 3
Not disappointed?.. 4
REFUSED 7
DON'T KNOW 9

</div>

NOTE: PIQ.120 IS NEW IN ROUND 7.

PIQ.120　If {CHILD} could be only one of the following in high school, which would be most important to you?

<div style="margin-left:40%">

A brilliant student, ... 1
A leader in school activities, ... 2
An athletic star, or, ... 3
The most popular?.. 4
REFUSED 7
DON'T KNOW 9

</div>

BOX 5

GO TO SECTION FSQ (FAMILY STRUCTURE).

FAMILY STRUCTURE – FSQ

BOX 1

IF (NumberOfChildren = 1) OR

      IF (NumberOfChildren > 1 and ChildNum =1). CONTINUE WITH FSQ.Intro.

IF (NumberOfChildren >1 and ChildNum=2), GO TO BOX 8.

FSQ.Intro   Now I have a few questions about your household. We have listed that (READ NAMES FROM MATRIX) lived in this household at the time of our last interview.

As I read each person's name again, please tell me if he or she **still** lives in this household.

PRESS ENTER TO CONTINUE

NOTE: THE GENDER FOR THE CHILD IN ROUND 7 IS TAKEN FROM THE GENDER COMPOSITE VARIABLE R6GENDER

FSQ.010   Does {NAME} <u>still</u> live in this household?

CAPI MATRIX INSTRUCTIONS:

1.   DISPLAY 'STILL' IN UNDERLINED TEXT.

2.   DISPLAY THE COMPLETED HOUSEHOLD MATRIX FROM THE PRELOAD FILE. THIS INCLUDES THE PERSON TYPE, FIRST NAME, LAST NAME, AGE, AND GENDER COLUMNS (NOTE THAT THE GENDER FOR THE CHILD IN ROUND 7 IS TAKEN FROM THE GENDER COMPOSITE VARIABLE R6GENDER). THESE COLUMNS SHOULD BE PROTECTED, THAT IS, INFORMATION CANNOT BE CHANGED.

      DISPLAY ONLY THOSE HOUSEHOLD MEMBERS WHO, AS INDICATED IN THE PRELOAD, ARE STILL IN THE HOUSEHOLD (IF THERE IS A "1" IN THE SIXTH COLUMN OF THE PREVIOUS ROUND MATRIX.)

3.   ADD AS THE 6TH COLUMN TO THE MATRIX, 'STILL HERE.' DISPLAY '1' IF PERSON STILL LIVES IN THE HOUSEHOLD AND '2' IF THE PERSON DOES NOT (BASED ON HOW FSQ.010 IS CODED).

4.   THE CURSOR SHOULD START AT THE 'STILL HERE' COLUMN FOR THE FIRST PERSON LISTED IN THE MATRIX.

5.   ADD AS THE 7TH COLUMN TO THE MATRIX, 'REASON LEFT' (FSQ.015).

6.   IF THE 'STILL HERE' COLUMN IS CODED 'NO', THE CURSOR SHOULD MOVE RIGHT TO THE 'REASON LEFT' COLUMN. IF THE 'STILL HERE' IS CODED 'YES', THE CURSOR SHOULD MOVE TO THE 'STILL HERE' COLUMN FOR THE NEXT PERSON ON THE MATRIX (THE 'REASON LEFT' COLUMN DOES NOT NEED TO BE COMPLETED IN THIS INSTANCE).

7.   IF FLAGS.SAMERESP <= 1 (QUESTION IS ABOUT THE RESPONDENT) AND INQ10A NE 0 (RESPONDENT IS NOT A NEW HOUSEHOLD MEMBER) AND FSQ.010 = 2 (NOT IN HH), DISPLAY ERROR MESSAGE: 'THIS PERSON CANNOT BE THE RESPONDENT AND NOT BE IN THE HOUSEHOLD.'

8.   ADD AS THE 8TH COLUMN TO THE MATRIX, 'REASON LEFT OS' (FSQ.015OS).

9.   ONCE THE MATRIX IS COMPLETE (AS APPLICABLE) MOVE TO THE NEXT ITEM FSQ.045.

                        YES 1   (Ask about next HH member)
                        NO 2   (FSQ.015)

FSQ.015   Why is {NAME} no longer living in this household?

               CAPI MATRIX INSTRUCTIONS:

               1.   DISPLAY THIS QUESTION WHENEVER IN THE "REASON LEFT" COLUMN.

               2.   ONCE THIS ITEM IS CODED, THE CURSOR SHOULD MOVE TO THE 'STILL HERE' COLUMN
                       FOR THE NEXT PERSON ON THE MATRIX.

               3.   HOWEVER, IF SOME OTHER REASON IS CODED, THEN FSQ.015OS MUST FIRST BE
                       COMPLETED BEFORE MOVING TO THE NEXT PERSON ON THE MATRIX.

                        SEPARATION OR DIVORCE 1
                        ATTENDING COLLEGE OR
                           BOARDING SCHOOL 2
                        LIVING ELSEWHERE FOR
                           EMPLOYMENT-RELATED REASONS 3
                        DECEASED 4
                        MOVED ON 5
                        ROSTER ERROR... 6
                        MOVED BACK WITH PARENTS................... 7
                        SOME OTHER REASON (SPECIFY) _____ 91   (FSQ.0150S)
                        REFUSED 77
                        DON'T KNOW 99

FSQ.015OS   [Why is {NAME} no longer living in this household?]

               ENTER OTHER REASON.

               CAPI MATRIX INSTRUCTIONS.

               1.   DISPLAY "REASON LEFT OS" AS THE 8TH COLUMN IN THE MATRIX.

               2.   DISPLAY THIS QUESTION WHENEVER IN THE "REASON LEFT OS" COLUMN.

               3.   THIS COLUMN ONLY NEEDS TO BE COMPLETED IF CODE 91 IS SELECTED AS A REASON IN
                       THE 'REASON LEFT' COLUMN.

                       _____
                                       ENTER OTHER REASON

FSQ.020   [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)?

               ENTER FIRST NAME OF {NEW} HOUSEHOLD MEMBER OR PRESS ENTER IF MATRIX IS COMPLETE.

               CAPI MATRIX INSTRUCTIONS:

               1.   DISPLAY THE HOUSEHOLD MATRIX (PERSON TYPE, FIRST NAME, LAST NAME, AGE, AND
                       GENDER COLUMNS.)

               2.   THE INTERVIEWER CAN ADD UP TO 25 ROW ENTRIES.

THE INTERVIEWER CAN MOVE ALL AROUND THE MATRIX USING THE ARROW KEYS (EXCEPT ON PROTECTED FIELDS).

3.   FOR EACH HOUSEHOLD:
   a.   DISPLAY ALL HOUSEHOLD MEMBERS AND ASSOCIATED INFORMATION FROM THE PRELOAD OR UPDATED IN INQ (FOR THE CHILD AND ROUND 6 RESPONDENT). HOWEVER, DO NOT DISPLAY THE NAMES OF THOSE HH MEMBERS THAT WERE CODED '2' AT FSQ.010 (NOT IN HH ANYMORE). LEAVE THAT PERSON'S ROW BLANK.

   b.   ALL PREVIOUS HH MEMBER ROWS SHOULD BE PROTECTED. THE CURSOR SHOULD APPEAR ON THE FIRST BLANK FIRST NAME COLUMN.

   c.   WHEN ON THE FIRST BLANK FIRST NAME COLUMN DISPLAY "Please tell…somewhere else.", "PROBE: … household", "ENTER FIRST …COMPLETE", AND THE "NEW" IN THAT SCREEN INSTRUCTION.

   d.   WHEN ON THE SECOND BLANK FIRST NAME COLUMN, DISPLAY THE "PLEASE TELL...SOMEWHERE ELSE." IN BRACKETS [ ]. THE PROBE AND SCREEN INSTRUCTION CITED ABOVE SHOULD ALSO CONTINUE TO BE DISPLAYED.

4.   DISPLAY "C" IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE FOCAL CHILD. DISPLAY THE AGE AND GENDER OF THE CHILD IN THE APPROPRIATE COLUMNS OF THE SECOND ROW.

        IF APPLICABLE, DISPLAY THE NAME OF THE FOCAL CHILD'S TWIN IN THE THIRD ROW OF THE FIRST NAME COLUMN.

        DISPLAY "T" IN THE FIRST COLUMN TO INDICATE THAT THE PERSON IS THE FOCAL CHILD'S TWIN.

        DISPLAY THE AGE AND GENDER OF THE TWIN IN THE APPROPRIATE COLUMNS OF THE THIRD ROW.

5.   IF FLAGS.SAMERESP = 1, THEN DISPLAY THE "R" NEXT TO THE NAME OF THE PREVIOUS ROUND RESPONDENT. DISPLAY THE NAME OF RESPONDENT ON THE FIRST ROW.

FSQ.025   ENTER LAST NAME OF {NAME}.

CAPI INSTRUCTION: DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE LAST NAME COLUMN OF THE HOUSEHOLD MATRIX.

FSQ.030   How old {are you/is {NAME}}?

ENTER AGE OF {NAME}.

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

CAPI INSTRUCTION: ACCEPT DON'T KNOW OR REFUSED.

CAPI INSTRUCTION: DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN OF THE HOUSEHOLD MATRIX.

CAPI INSTRUCTION: DISPLAY "ARE YOU" WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR THE RESPONDENT'S ROW AND "IS {NAME}" (DISPLAY THE APPROPRIATE FIRST NAME) WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR SOMEONE OTHER THAN THE RESPONDENT'S ROW.

FSQ.040   CODE IF OBVIOUS. OTHERWISE, ASK: {Are you/Is {NAME}} male or female?

                 ENTER GENDER OF {NAME}.

                 DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN.

                 DISPLAY "ARE YOU" WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN FOR THE
                 RESPONDENT'S ROW AND "IS {NAME}" (DISPLAY THE APPROPRIATE FIRST NAME) WHEN THE
                 CURSOR IS POSITIONED IN THE GENDER COLUMN FOR SOMEONE OTHER THAN THE
                 RESPONDENT'S ROW.

                              MALE 1
                              FEMALE 2
                              REFUSED 7
                              DON'T KNOW 9

FSQ.045   IS THE MATRIX COMPLETE?

                 CAPI INSTRUCTION: CHECK HOUSEHOLD MATRIX. IF ANY BLANK FIELDS, RETURN THE CURSOR
                 TO THE BLANK FIELD ON THE MATRIX AND DISPLAY THE APPROPRIATE ERROR MESSAGE.

                              YES 1   (FSQ.060)
                              NO 2   (COMPLETE MATRIX)

FSQ.060   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   (FSQ.020)
                              NO 2   (FSQ. 110)
                              REFUSED 7   (FSQ. 110)
                              DON'T KNOW 9   (FSQ. 110)

FSQ.110   Do you have a spouse or partner who lives in this household?

                              YES 1   (FSQ.120)
                              NO 2   (BOX 2)
                              REFUSED 7   (BOX 2)
                              DON'T KNOW 9   (BOX 2)

FSQ.120   Who in the household is your spouse or partner?

                 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).

                 CAPI INSTRUCTION: DISPLAY HOUSEHOLD MEMBERS 16 YEARS OR OLDER AS RESPONSE
                 CATEGORY CHOICES. DO NOT DISPLAY THE NAMES OF HOUSEHOLD MEMBERS CODED AS NO
                 LONGER LIVING IN THE HOUSEHOLD AT FSQ.010.

                 CAPI INSTRUCTION: DO NOT DISPLAY THE RESPONDENT'S NAME.

                 CAPI INSTRUCTION: FLAG PERSON SELECTED AT FSQ.120 AS "RESPONDENT'S SPOUSE/PARTNER".

                 CAPI INSTRUCTION: DISPLAY THE RESPONDENT'S FIRST NAME FOR {RESPONDENT}.

                              {DISPLAY HH MEMBER NAME 1} 1
                              {DISPLAY HH MEMBER NAME 2} 2
                              {DISPLAY HH MEMBER NAME 3} 3
                              {DISPLAY HH MEMBER NAME 4} 4
                              {DISPLAY HH MEMBER NAME 5} 5

{DISPLAY HH MEMBER NAME 6}   6
                    {DISPLAY HH MEMBER NAME 7}   7
                    {DISPLAY HH MEMBER NAME 8}   8

```
                         BOX 2

IF FLAGS.SAMERESP = 1 AND THE RESPONDENT IS NOT A BIRTH OR
ADOPTIVE MOTHER/FATHER OR THE SPECIFIC RELATIONSHIP OF THIS
RESPONDENT TO THE CHILD IS NE -1, 7 OR 9, GO TO FSQ.100.

ELSE,  GO TO BOX 2A.
```

FSQ.100   During our last interview, it was reported that you were {CHILD}'s {RELATIONSHIP}. Has there been a
             change in your relationship to {CHILD}?

             CAPI INSTRUCTIONS: USING CURRENT ROSTER, DISPLAY SPECIFIC RELATIONSHIP OF
             STEPMOTHER, FOSTER MOTHER, STEPFATHER, OR FOSTER FATHER. ELSE, IF RESPONDENT IS
             NOT ONE OF THESE RELATIONSHIPS, DISPLAY OTHER RELATIONSHIP INFORMATION FROM
             ROSTER (E.G., OTHER RELATIVE, OTHER NON-RELATIVE).

                         YES   1   (BOX 2A)
                         NO   2   (BOX 2A)
                         REFUSED   7   (BOX 2A)
                         DON'T KNOW   9   (BOX 2A)

```
                        BOX 2A

IF FLAGS.SAMERESP = 1 AND SPOUSE OR PARTNER IS THE SAME AS IN MOST
RECENT INTERVIEW AND (IS NOT A BIRTH OR ADOPTIVE MOTHER/FATHER) OR
(THE SPECIFIC RELATIONSHIP INFORMATION IS NE -1, 7 OR 9,) GO TO FSQ.121.
ELSE, GO TO BOX 4.
```

FSQ.121   During our last interview, it was reported that {NAME OF SPOUSE/PARTNER} was {CHILD}'s
             {RELATIONSHIP}. Has there been a change in the relationship of {NAME OF SPOUSE/PARTNER} to
             {CHILD}?

             CAPI INSTRUCTIONS: USING CURRENT ROSTER, DISPLAY SPECIFIC RELATIONSHIP OF
             STEPMOTHER, FOSTER MOTHER, STEPFATHER, OR FOSTER FATHER. ELSE, IF RESPONDENT IS
             NOT ONE OF THESE RELATIONSHIPS, DISPLAY OTHER RELATIONSHIP INFORMATION FROM
             ROSTER (E.G., OTHER RELATIVE, OTHER NON-RELATIVE).

                         YES   1
                         NO   2
                         DIFFERENT SPOUSE/PARTNER................   3
                         REFUSED   7
                         DON'T KNOW   9

FSQ.130   **HELP AVAILABLE**

What is {your/{NAME}'s} relationship to {CHILD}?

CODE RELATIONSHIP OF HOUSEHOLD MEMBER.

HELP TEXT:
　　Mother/Female Guardian: The female primarily responsible for the child. Includes birth or biological mothers, adoptive, step, and foster mothers, as well as, legal female guardians.

　　Father/Male Guardian: The male primarily responsible for the child. Includes birth or biological fathers, adoptive, step, and foster fathers, as well as, legal male guardians.

　　Sister: Include biological (full, half), adoptive, step, and foster sisters.

　　Brother: Include biological (full, half), adoptive, step, and foster brothers.

　　Girlfriend or Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

　　Boyfriend or Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

　　Grandmother: The female parent of the child's biological or adoptive mother or father.

　　Grandfather: The male parent of the child's biological or adoptive mother or father.

　　Aunt: The sister of the child's biological or adoptive mother or father or the wife of the child's uncle.

　　Uncle: The brother of the child's biological or adoptive mother or father or the husband of the child's aunt.

　　Cousin: A child of the focal child's uncle, aunt, or cousin.

　　Other Relative: Refers to relationships that aren't specifically listed, such as great grandmother, niece, or nephew.

　　Other Non-relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married). It also refers to more ambiguous relationships that exist where there are two people living together as married and they have children. For example, the child's father and the father's girlfriend (who is not the child's mother) live together as married and the girlfriend's daughter lives with them. The relationship of the girlfriend's daughter to the child would be siblings if they were married, but since the father and the girlfriend are not married, she is an "other non-relative." If the "other non-relative" is coded, you will receive a list of other codes to use if they are more descriptive than "other non-relative."

CAPI INSTRUCTION: DISPLAY THE RELATIONSHIP MATRIX.

CAPI INSTRUCTION: DO NOT DISPLAY THE FOCAL CHILD'S ROW.

CAPI INSTRUCTION: DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

CAPI MATRIX INSTRUCTIONS:

      a.   DO NOT DISPLAY THE NAMES OF HH MEMBERS NOT LIVING IN THE HOUSEHOLD (CODED '2' AT FSQ.010).

      b.   THE NAMES AND RELATIONSHIPS OF HOUSEHOLD MEMBERS COLLECTED LAST ROUND SHOULD BE PROTECTED.

      c.   THE CURSOR SHOULD START IN THE FIELD FOR THE FIRST NEW PERSON ADDED AT FSQ.020 THIS ROUND.

MOTHER/FEMALE GUARDIAN	1	(FSQ.140)
FATHER/MALE GUARDIAN	2	(FSQ.150)
SISTER	3	(FSQ.160)
BROTHER	4	(FSQ.170)
GIRLFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN	5	(BOX 5)
BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN	6	(BOX 5)
GRANDMOTHER	7	(BOX 5)
GRANDFATHER	8	(BOX 5)
AUNT	9	(BOX 5)
UNCLE	10	(BOX 5)
COUSIN	11	(BOX 5)
OTHER RELATIVE	12	(BOX 5)
OTHER NON-RELATIVE	13	(FSQ.180)

FSQ.140   **HELP AVAILABLE**

{Are you/Is {NAME}} {CHILD}'s…

HELP TEXT:
      Birth Mother: Child's female biological parent.

      Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.

      Step Mother: The female other than the child's mother who is married to the child's father.

      Foster Mother: The female with whom the child is placed temporarily, usually through a social service agency and/or a court.

      Female Guardian: The female legally placed in charge of the affairs of the child.

Birth mother,	1	(BOX 5)
Adoptive mother,	2	(BOX 5)
Step mother, or	3	(BOX 5)
Foster mother or female guardian?	4	(BOX 5)
REFUSED	7	(BOX 5)
DON'T KNOW	9	(BOX 5)

{Are you/Is {NAME}} {CHILD}'s…

HELP TEXT:

    Birth Father: Child's male biological parent.

    Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child.

    Step Father: The male other than the child's father who is married to the child's mother.

    Foster Father: The male with whom the child is placed temporarily, usually through a social service agency and/or a court.

    Male Guardian: The male legally placed in charge of the affairs of the child.

Birth father,	1	(BOX 5)
Adoptive father,	2	(BOX 5)
Step father, or	3	(BOX 5)
Foster father or male guardian?	4	(BOX 5)
REFUSED	7	(BOX 5)
DON'T KNOW	9	(BOX 5)

{Are you/Is {NAME}} {CHILD}'s…

HELP TEXT:

    Full Sister: A female with whom the child shares the same biological parents.

    Half Sister: A female with whom the child shares one biological parent.

    Step Sister: A female to whom the child is unrelated except by the marriage of one biological parent.

    Adoptive Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child has been legally adopted by the family.

    Foster Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

Full sister,	1	(BOX 5)
Half sister,	2	(BOX 5)
Step sister,	3	(BOX 5)
Adoptive sister, or	4	(BOX 5)
Foster sister?	5	(BOX 5)
REFUSED	7	(BOX 5)
DON'T KNOW	9	(BOX 5)

{Are you/Is {NAME}} {CHILD}'s…

HELP TEXT:

    Full Brother: A male with whom the child shares the same biological parents.

    Half Brother: A male with whom the child shares one biological parent.

    Step Brother: A male to whom the child is unrelated except by the marriage of one biological parent.

    Adoptive Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child has been legally adopted by the family.

    Foster Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

Full brother,	1	(BOX 5)
Half brother,	2	(BOX 5)
Step brother,	3	(BOX 5)
Adoptive brother, or	4	(BOX 5)
Foster brother?	5	(BOX 5)
REFUSED	7	(BOX 5)
DON'T KNOW	9	(BOX 5)

CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

HELP TEXT:

    Girlfriend or Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

    Boyfriend or Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

    Female Guardian: The female legally placed in charge of the affairs of the child.

    Male Guardian: The male legally placed in charge of the affairs of the child.

    Daughter/son of CHILD's Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.

    Other Relative of CHILD's Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians.

    Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.

GIRLFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN .... 1 (BOX 5)
BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN.......... 2 (BOX 5)
FEMALE GUARDIAN .... 3 (BOX 5)
MALE GUARDIAN.. 4 (BOX 5)
DAUGHTER/SON OF {CHILD}'S PARENT'S PARTNER .... 5 (BOX 5)
OTHER RELATIVE OF {CHILD}'S PARENT'S PARTNER .... 6 (BOX 5)
OTHER NONRELATIVE... 7 (FSQ.181)
    SPECIFY _____
REFUSED .... 77 (BOX 5)
DON'T KNOW .... 99 (BOX 5)

FSQ.181   SPECIFY OTHER NON-RELATIVE.

              _____
                    OTHER NON-RELATIVE

BOX 5

END LOOP 1.
- ASK FSQ.130 - FSQ.181 FOR NEXT NEW PERSON ON THE HOUSEHOLD ROSTER WHO IS NOT THE FOCAL CHILD.
- IF NO NEXT PERSON, CONTINUE WITH BOX 5A.

BOX 5A

LOOP 2.
- IF ANY RESPONDENT, MOTHER FIGURE, OR FATHER FIGURE, OR RESPONDENT AND RESPONDENT'S SPOUSE (IF NO MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) IS MISSING ETHNICITY OR RACE DATA, CONTINUE WITH FSQ.190.
- OTHERWISE, GO TO BOX 5B.

FSQ.190   **HELP AVAILABLE**

{Are you/Is {NAME}} of Hispanic origin?

HELP TEXT:
      Hispanic or Latino Origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish cultures or origin (or descent), regardless of race.

CAPI MATRIX INSTRUCTIONS:

      DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130, OR CODE '3' AT FSQ.180), OR FATHER FIGURE (CODE '2' AT FSQ.130, OR CODE '4' AT FSQ.180).

      IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), OR (A CODE '3' OR '4' AT FSQ.180), DISPLAY IN COLUMN 1 THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

      NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

      NOTE: DO NOT DISPLAY HOUSEHOLD MEMBERS CODED AS NOT LIVING IN THE HOUSEHOLD AT FSQ.010.

DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

NOTE: ASK ABOUT HISPANIC ORIGIN AND RACE ONLY IF NEW HOUSEHOLD MEMBERS ARE THE FOCAL CHILD'S PARENTS OR THE RESPONDENT OR IF THERE ARE NO PARENTS, THEN ABOUT THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF THEY ARE NEW OR IF MISSING FOR PREVIOUS HH MEMBERS.)

THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

FSQ.195   **HELP AVAILABLE**

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

CODE ALL THAT APPLY.

HELP TEXT:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

CAPI MATRIX INSTRUCTIONS:

DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130 OR CODE '3' AT FSQ.180), OR FATHER FIGURE (CODE '2' AT FSQ.130 OR CODE '4' AT FSQ.180).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH [(A CODE '1' OR '2' AT FSQ.130) OR (A CODE '3' OR '4' AT FSQ.180), DISPLAY IN COLUMN 1 THE RESPONDENT AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

IF CODE '91' (ANOTHER RACE) IS CHOSEN, DISPLAY THE 'RACE OS' COLUMN (FSQ.198) FOR COMPLETION.

DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

NOTE: ASK ABOUT HISPANIC ORIGIN AND RACE ONLY IF NEW HOUSEHOLD MEMBERS ARE THE FOCAL CHILD'S PARENTS OR THE RESPONDENT OR IF THERE ARE NO PARENTS, THEN ABOUT THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF THEY ARE NEW OR IF MISSING FOR PREVIOUS HH MEMBERS.)

NOTE: DO NOT DISPLAY HOUSEHOLD MEMBERS CODED AS NOT LIVING IN THE HOUSEHOLD AT FSQ.010.

AMERICAN INDIAN OR ALASKA NATIVE .. 1
ASIAN 2
BLACK OR AFRICAN AMERICAN 3
NATIVE HAWAIIAN OR OTHER
   PACIFIC ISLANDER 4
WHITE 5
ANOTHER RACE (SPECIFY) 91 (FSQ.198)
REFUSED 7
DON'T KNOW 9

FSQ.198   [What is {your/{NAME}'s} race?]

               ENTER OTHER-SPECIFY TEXT.

               _____
                              OTHER RACE

┌───┐
│   **BOX 5B**   │
│   │
│ **END LOOP 2.**   │
│ ■ ASK FSQ.190 – FSQ.198 FOR NEXT PERSON WHO IS THE MOTHER FIGURE,   │
│   FATHER FIGURE, OR RESPONDENT OR RESPONDENT'S SPOUSE (IF NO   │
│   MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) WHOSE   │
│   ETHNICITY OR RACE DATA ARE MISSING.   │
│ ■ IF NO NEXT PERSON, CONTINUE WITH FSQ.300.   │
└───┘

FSQ.300   {FILL 1} currently married, separated, divorced, widowed, or {FILL 2} never been married?

               CAPI INSTRUCTION: SEE ATTACHED FOR FILL SPECIFICATIONS.

MARRIED 1
SEPARATED 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED 5
REFUSED 7
DON'T KNOW 9

BOX 7

IDENTIFY THE 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD. THIS PERSON OR PERSONS SHOULD BE CHOSEN AS FOLLOWS:

- 1) THE KEY PARENT FIGURES SHOULD BE CHOSEN ONLY FROM AMONG CURRENT MEMBERS OF THE HOUSEHOLD;
- 2) IF A MOTHER (RELATION=1) IS IN THE HOUSEHOLD SHE SHOULD BE A KEY PARENT FIGURE; IF A FATHER (RELATION =2) IS IN THE HOUSEHOLD HE SHOULD BE A KEY PARENT FIGURE; IF THERE ARE TWO MOTHERS (RELATION=1) PICK THE MOTHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH MOTHER =1, ADOPTIVE MOTHER=2, STEPMOTHER=3, AND FOSTER MOTHER OR FEMALE GUARDIAN =4. IF TWO MOTHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER. IF THERE ARE TWO FATHERS (RELATION=2), PICK THE FATHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH FATHER =1, ADOPTIVE FATHER=2, STEPFATHER=3, AND FOSTER FATHER OR MALE GUARDIAN =4. IF TWO FATHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER;
- 3) IF THERE IS A MOTHER (RELATION =1) BUT NO FATHER (RELATION=2) AND THE MOTHER HAS A SPOUSE/PARTNER, THE MOTHER SHOULD BE A KEY PARENT FIGURE AND THE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE;
- 4) IF THERE IS A FATHER (RELATION=2) AND THE FATHER HAS A SPOUSE/PARTNER, THE FATHER SHOULD BE A KEY PARENT FIGURE AND THE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE;
- 5) OTHERWISE, IF THERE ARE NOT PARENTS IN THE HOUSEHOLD (RELATION NE 1 OR 2), THE RESPONDENT SHOULD BE A KEY PARENT FIGURE AND THE RESPONDENT'S SPOUSE/PARTNER, IF ONE, SHOULD BE A KEY PARENT FIGURE.

BOX 8

GO TO HEQ (HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION).

FSQ.300 FILL SPECIFICATIONS

{FILL 1} currently married, separated, divorced, widowed, or {FILL 2} never been married?

{FILL 1}	{FILL 2}	ParentIsR	BioMoInHH	BioFaInHH	AdopMoInHH	AdopFaInHH
		The current roster shows a relationship of birth/adoptive mother or birth/adoptive father for the person flagged as the respondent for YES	The current roster shows the relationship of birth mother for at least one HH member (not the R) for YES	The current roster shows the relationship of birth father for at least one HH member (not the R) for YES	The current roster shows the relationship of adoptive mother for at least one HH member (not the R) for YES	The current roster shows the relationship of adoptive father for at least one HH member (not the R) for YES
Are you	have you	YES				
Are CHILD's biological parents	have they	NO	YES	YES		
Are CHILD's biological parents	have they	NO	NO	NO	NO	NO
Is CHILD's biological mother	has she	NO	YES	NO		
Is CHILD's biological father	has he	NO	NO	YES		
Is CHILD's adoptive mother	has she	NO	NO	NO	YES	NO
Is CHILD's adoptive father	has he	NO	NO	NO	NO	YES
Are CHILD's adoptive parents	have they	NO	NO	NO	YES	YES

HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION -- HEQ

BOX 1

IF CHILDNUM=1 OR IF CHILDNUM=2, CONTINUE WITH HEQ.010.

NOTE: HEQ.010 IS NEW IN ROUND 7.

HEQ.010   During the past year, how frequently did you or another adult family member and {CHILD} participate in the following activities together?

PROBE: Would you say never, rarely, sometimes, or frequently?

CAPI INSTRUCTION: DISPLAY "PROBE:… frequently?" in SQUARE BRACKETS FOR B-M.

		NEVER	RARELY	SOMETIMES	FREQUENTLY	R	DK
a.	Attending school activities such as sports, plays, or concerts. Would you say never, rarely, sometimes, or frequently?	1	2	3	4	7	9
b.	Working on homework or school projects	1	2	3	4	7	9
c.	Attending concerts, plays, or movies outside of school	1	2	3	4	7	9
d.	Attending sporting events outside of school	1	2	3	4	7	9
e.	Attending religious services	1	2	3	4	7	9
f.	Attending family social functions such as a party or wedding	1	2	3	4	7	9
g.	Taking day trips or vacations	1	2	3	4	7	9
h.	Working on a hobby or playing sports	1	2	3	4	7	9
i.	Going shopping	1	2	3	4	7	9
j.	Going to restaurants/eating out	1	2	3	4	7	9
k.	Spending time just talking together	1	2	3	4	7	9
l.	Watching TV together	1	2	3	4	7	9
m.	Doing something else fun together	1	2	3	4	7	9

NOTE: BOX 1A IS NEW IN ROUND 7.

BOX 1a

IF (NumberofChildren=1) OR (Number of Children>1 AND ChildNum=1),
ASK HEQ.015. OTHERWISE, IF (NumberofChildren>1 and ChildNum=2),
GO TO HEQ.075.

NOTE: HEQ.015 IS NEW IN ROUND 7.

HEQ.015 Have you read a book in the last year?

```
YES ............................................................. 1 (HEQ.020)
NO.............................................................. 2 (HEQ.075)
REFUSED .................................................. 7 (HEQ.075)
DON'T KNOW .............................................. 9 (HEQ.075)
```

NOTE: HEQ.020 IS NEW IN ROUND 7.

HEQ.020 In the last year, did you read one book or more than one book?

ONE BOOK	1	(HEQ.025)
MORE THAN ONE BOOK	2	(HEQ.025)
REFUSED	7	(HEQ.075)
DON'T KNOW	9	(HEQ.075)

NOTE: HEQ.025 IS NEW IN ROUND 7.

HEQ.025 What is the title of {the book/one of the books} you read?

CAPI INSTRUCTION: IF HEQ.020 = 1, DISPLAY "the book." ELSE IF HEQ.020 = 2, DISPLAY "one of the books" AND INTERVIEWER INSTRUCTION "IF RESPONDENT….easier."

ENTER THE NAME OF THE BOOK.

{IF RESPONDENT SAID HE/SHE READ MANY BOOKS, SAY "You can give us the title of the last book you read, if that's easier."}

_____

OR		
REFUSED	77	(HEQ.075)
DON'T KNOW	99	(HEQ.075)

NOTE: BOX 1B IS NEW IN ROUND 7.

+---+
| **BOX 1b** |
| |
| IF HEQ.020 = 1, GO TO HEQ.075. ELSE IF HEQ.020 = 2, GO TO |
| HEQ.040. |
+---+

NOTE: HEQ.040 IS NEW IN ROUND 7.

HEQ.040 What is the title of another book that you read in the last year?

ENTER THE NAME OF THE BOOK.

IF RESPONDENT SAID HE/SHE READ MANY BOOKS, SAY" You can give us the title of any book you've read in the last year."

_____

OR	
REFUSED	77
DON'T KNOW	99

NOTE: STEM OF QUESTION CHANGED. ALSO, ITEMS E – G OF HEQ.075 ARE NEW IN ROUND 7.

HEQ.075   Are there family rules for {CHILD} about any of the following…

		YES	NO	REF	DK
a.	What programs {CHILD} can watch?	1	2	7	9
b.	How early or late {he/she} may watch television?	1	2	7	9
c.	How many hours {he/she} may watch television on weekdays?	1	2	7	9
d.	How many hours {he/she} may watch television each week?	1	2	7	9
e.	Maintaining a certain grade point average?	1	2	7	9
f.	Doing homework?	1	2	7	9
g.	How many hours {he/she} may spend on the computer or playing video games each week?	1	2	7	9

NOTE: HEQ.076 IS NEW IN ROUND 7.

HEQ.076   How often do you …

PROBE: Would you say never, rarely, sometimes, or always?

CAPI INSTRUCTION: DISPLAY "PROBE:…always?" in SQUARE BRACKETS FOR B-E.

		NEVER	RARELY	SOMETIMES	ALWAYS	REF	DK
a.	Check that {CHILD} has completed all homework? Would you say never, rarely, sometimes, or always?	1	2	3	4	7	9
b.	Discuss {CHILD}'s report card with {him/her}?	1	2	3	4	7	9
c.	Know where {CHILD} is when {he/she} is not at home or in school?	1	2	3	4	7	9
d.	Make and enforce curfews for {CHILD}?	1	2	3	4	7	9
e.	Require {CHILD} to do work or chores?	1	2	3	4	7	9

NOTE: HEQ.077 IS NEW IN ROUND 7.

HEQ.077   How often do you …

PROBE: Would you say never, rarely, sometimes, or always?

CAPI INSTRUCTION: DISPLAY "PROBE:…always?" in SQUARE BRACKETS FOR B.

	NEVER	RARELY	SOMETIMES	ALWAYS	CHILD HAS NO FRIENDS	REF	DK
a. Meet the friends that {CHILD} spends time with? Would you say never, rarely, sometimes, or always?	1	2	3	4	5	7	9
b. Approve of the friends that {CHILD} spends time with?	1	2	3	4	5	7	9
c. How often does {CHILD} spend time with friends you don't approve of?	1	2	3	4	5	7	9

NOTE: HEQ.080 IS NEW IN ROUND 7.

HEQ.080   How many days a week does {CHILD} spend most of the afternoon after school with adult supervision (for example, with you or other relatives, coaches, or at work)?

HARD RANGE CHECK: 1 – 5 DAYS.

|___|___|
ENTER NUMBER OF DAYS
  OR
REFUSED 77
DON'T KNOW 99

HEQ.090 Now I have some questions about {CHILD's} homework. How often does {CHILD} do homework either at home or somewhere else outside of school? Would you say…

PROBE: This refers to homework assigned by the school and not extra work provided by the parent.

Never, ...	1	(HEQ.110)
Less than once a week, ...	2	(HEQ.091)
1 to 2 times a week, ...	3	(HEQ.091)
3 to 4 times a week, or	4	(HEQ.091)
5 or more times a week?	5	(HEQ.091)
HOMEWORK ISN'T ASSIGNED	6	(HEQ.110)
REFUSED	7	(HEQ.110)
DON'T KNOW	9	(HEQ.110)

HEQ.091 Is there a place in your home that is set aside for {CHILD} to do homework?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NOTE: HEQ.093 IS WORDED DIFFERENTLY IN ROUND 7.

HEQ.093 Does {CHILD) have someone who can help {him/her} with homework for English or Language Arts class in areas such as literature, grammar, and writing?

YES	1 (HEQ.095)
NO	2 (HEQ.096)
REFUSED	7 (HEQ.096)
DON'T KNOW	9 (HEQ.096)

NOTE: HEQ.095 IS WORDED DIFFERENTLY IN ROUND 7.

HEQ.095 During this school year, how often did someone help {CHILD} with {his/her} homework for English or Language Arts class in areas such as literature, grammar, and writing? Would you say…

Never, ...	1 (HEQ.096)
Less than once a week, ...	2 (HEQ.095b)
1 to 2 times a week, ...	3 (HEQ.095b)
3 to 4 times a week, or	4 (HEQ.095b)
5 or more times a week?	5 (HEQ.095b)
REFUSED	7 (HEQ.095b)
DON'T KNOW	9 (HEQ.095b)

NOTE: HEQ.095b IS WORDED DIFFERENTLY IN ROUND 7.

HEQ.095b Who <u>usually</u> helps {CHILD} with {his/her} homework for English or Language Arts class in areas such as literature, grammar, and writing?

> CODE ONLY ONE PERSON WHO HELPS THE MOST.
>
> CAPI INSTRUCTION: DISPLAY "usually" IN UNDERLINED TEXT.

MOTHER	1
FATHER	2
SISTER OR BROTHER	3
GRANDPARENT..	4
ANOTHER ADULT IN THE HOUSEHOLD	5
SOMEONE AT AN AFTER SCHOOL PROGRAM....................	6
ADULTS WHO DON'T LIVE IN THE HOUSEHOLD	7
REFUSED	77
DON'T KNOW	99

HEQ.096 Does {CHILD) have someone who can help {him/her} with homework in math?

YES	1	(HEQ.098)
NO...	2	(HEQ.100)
REFUSED	7	(HEQ.100)
DON'T KNOW	9	(HEQ.100)

HEQ.098 During this school year, how often did someone help {CHILD} with {his/her} math homework? Would you say…

Never, ...	1 (HEQ.100)
Less than once a week, ...	2 (HEQ.099)
1 to 2 times a week, ...	3 (HEQ.099)
3 to 4 times a week, or	4 (HEQ.099)
5 or more times a week?	5 (HEQ.099)
REFUSED	7 (HEQ.099)
DON'T KNOW	9 (HEQ.099)

HEQ.099 Who <u>usually</u> helps {CHILD} with {his/her} math homework?

CODE ONLY ONE PERSON WHO HELPS THE MOST.

CAPI INSTRUCTION: DISPLAY "usually" IN UNDERLINED TEXT.

MOTHER	1
FATHER	2
SISTER OR BROTHER	3
GRANDPARENT..	4
ANOTHER ADULT IN THE HOUSEHOLD	5
SOMEONE AT AN AFTER SCHOOL PROGRAM....................	6
ADULTS WHO DON'T LIVE IN THE HOUSEHOLD	7
REFUSED	77
DON'T KNOW	99

NOTE: HEQ.100 IS NEW IN ROUND 7.

HEQ.100   Does {CHILD) have someone who can help {him/her} with homework in science?

YES	1	(HEQ.101)
NO	2	(BOX 2)
REFUSED	7	(BOX 2)
DON'T KNOW	9	(BOX 2)

NOTE: HEQ.101 IS NEW IN ROUND 7.

HEQ.101   During this school year, how often did someone help {CHILD} with {his/her} science homework? Would you say…

Never,	1 (BOX 2)
Less than once a week,	2 (HEQ.102)
1 to 2 times a week,	3 (HEQ.102)
3 to 4 times a week, or	4 (HEQ.102)
5 or more times a week?	5 (HEQ.102)
REFUSED	7 (HEQ.102)
DON'T KNOW	9 (HEQ.102)

NOTE: HEQ.102 IS NEW IN ROUND 7.

HEQ.102   Who <u>usually</u> helps {CHILD} with {his/her} science homework?

CODE ONLY ONE PERSON WHO HELPS THE MOST.

CAPI INSTRUCTION: DISPLAY "usually" IN UNDERLINED TEXT.

MOTHER	1
FATHER	2
SISTER OR BROTHER	3
GRANDPARENT	4
ANOTHER ADULT IN THE HOUSEHOLD	5
SOMEONE AT AN AFTER SCHOOL PROGRAM	6
ADULTS WHO DON'T LIVE IN THE HOUSEHOLD	7
REFUSED	77
DON'T KNOW	99

BOX 2

IF (NumberofChildren=1) OR (Number of Children>1 AND ChildNum=1),
ASK ALL OF HEQ.110. OTHERWISE, IF (NumberofChildren>1 and
ChildNum=2), ASK ONLY HEQ.110b.

HELP AVAILABLE

HEQ.110   {I'm going to read some statements about things that may occur in your family.} {Now I have some questions about meals and other routines.} In a <u>typical</u> <u>week</u>, please tell me the number of days…

CAPI INSTRUCTION: DISPLAY "I'm…family" IF (Number of Children=1) OR IF (Number of Children>1 and ChildNum=1.) OTHERWISE, IF (Number of Children >1 and ChildNum=2) DISPLAY "Now…routines."

a.	At least some of the family eats breakfast together.
b.	{CHILD} has breakfast at a regular time.
c.	Your family eats the evening meal together.
d.	The evening meal is served at a regular time.

CAPI INSTRUCTIONS:

1. DISPLAY "HELP AVAILABLE" WHEN ON B, C, AND D. DISPLAY THE FOLLOWING HELP TEXT FOR B AND D: "**Regular:** Regular means generally around the same time." DISPLAY THE FOLLOWING HELP TEXT FOR C: "**Family:** By family, we mean at least one adult and one child."

2. WHEN ON B-D. DISPLAY "I'm going… days" IN SQUARE BRACKETS.

3. DISPLAY "TYPICAL WEEK" IN UNDERLINED TEXT.

4. HARD RANGE CHECK: 0-7 DAYS.

```
|___|
ENTER NUMBER OF DAYS
    OR
REFUSED ................................................... 77
DON'T KNOW ............................................. 99
```

NOTE: BOX 2A IS NEW IN ROUND 7.

BOX 2a

IF (NumberofChildren=1) OR (Number of Children>1 AND ChildNum=1), ASK HEQ.120. OTHERWISE, IF (NumberofChildren>1 and ChildNum=2), GO TO HEQ.130.

NOTE: HEQ.120 IN ROUND 7 IS HEQ.400 FROM ROUND 6.

HEQ.120   Now, I have a question about your neighborhood. How safe is it for children to play outside during the day in your neighborhood?

Would you say it's …

```
Not at all safe, ............................................   1
Somewhat safe, or .......................................   2
Very safe? ....................................................   3
REFUSED ....................................................   7
DON'T KNOW ..............................................   9
```

NOTE: HEQ.130A AND B IN ROUND 7 ARE FROM HEQ.420 IN ROUND 6.

HEQ.130 Now I would like to ask you about some things you might talk with {CHILD} about. In the past <u>month</u>, how often have you talked with {CHILD} about...

PROBE: Would you say not at all, a few times a month, a few times a week, or every day?

CAPI INSTRUCTION: DISPLAY "month" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "Now…about…" and "PROBE:…day?" in SQUARE BRACKETS FOR B.

		NOT AT <u>ALL</u>	A FEW TIMES A <u>MONTH</u>	A FEW TIMES A <u>WEEK</u>	EVERY <u>DAY</u>	<u>REF</u>	<u>DK</u>
a.	{His/her} day at school? Would you say not at all, a few times a month, a few times a week, or every day?	1	2	3	4	7	9
b.	What {he/she} does with {his/her} friends?	1	2	3	4	7	9
c.	Talked about {his/her} school work or grades?	1	2	3	4	7	9
d.	Talked about things {he/she} is doing at school?	1	2	3	4	7	9
e.	Talked about (his/her) future.	1	2	3	4	7	9

NOTE: HEQ.140 IS HEQ.421 FROM ROUND 6.

HEQ.140 In the past <u>year</u>, how often have you talked with {CHILD} about...

PROBE: Would you say not at all, once, twice, or three or more times?

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "PROBE:…times?" in SQUARE BRACKETS FOR B-D.

		NOT AT <u>ALL</u>	<u>ONCE</u>	<u>TWICE</u>	<u>THREE OR MORE</u> TIMES	<u>REF</u>	<u>DK</u>
a.	The subjects of smoking or tobacco use? Would you say not at all, once, twice, or three or more times?	1	2	3	4	7	9
b.	The subject of drinking alcoholic beverages, such as beer, wine, or liquor?	1	2	3	4	7	9

c. Topics related to sex, such as
sexual activity or sexually
transmitted diseases?   1   2   3   4   7   9

d. The subject of drug use, such as
marijuana, inhalants, or cocaine?   1   2   3   4   7   9

NOTE: HEQ.150 IS NEW IN ROUND 7.

HEQ.150   In the past year, how often have you {or {NAME OF SPOUSE/PARTNER}} discussed or shared information about the
following with {CHILD}?

PROBE: Would you say never, rarely, sometimes, or often?

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "PROBE:…often?" in SQUARE BRACKETS FOR B-D.

		NEVER	RARELY	SOMETIMES	OFTEN	REF	DK
a.	Selecting courses or programs at school? Would you say never, rarely, sometimes, or often?	1	2	3	4	7	9
b.	Plans for after high school?	1	2	3	4	7	9
c.	Community, national, and world events?	1	2	3	4	7	9
d.	Things that are troubling {him/her}?	1	2	3	4	7	9

NOTE: HEQ.160 IS NEW IN ROUND 7.

HEQ.160   How often would it be true for you to make each of the following statements about {CHILD}?

PROBE: Would you say never, sometimes, often, or always?

CAPI INSTRUCTION: DISPLAY "PROBE:…always?" in SQUARE BRACKETS FOR B-D.

		NEVER	SOMETIMES	OFTEN	ALWAYS	REF	DK
a.	You get along well with {him/her}. Would you say never, sometimes, often, or always?	1	2	3	4	7	9
b.	{CHILD} and you make decisions about {his/her} life together?	1	2	3	4	7	9
c.	You just do not understand {him/her}?	1	2	3	4	7	9
d.	You feel you can really trust {him/her}?	1	2	3	4	7	9
e.	{He/she} interferes with your activities?	1	2	3	4	7	9

BOX 3
GO TO SCQ (SCHOOLING).

SCHOOLING -- SCQ
NOTE: SECTION SCQ IS NEW IN ROUND 7

BOX 1

IF CHILDNUM=1 OR IF CHILDNUM=2, CONTINUE WITH SCQ.005.

NOTE: SCQ.005 IS NEW IN ROUND 7.

SCQ.005   Now I would like to ask you about {CHILD}'s grades during this school year. Overall, across all subjects (he/she) takes at school does (he/she) get...

Mostly A's, ...	1	(SCQ.015)
Mostly B's, ...	2	(SCQ.015)
Mostly C's, ...	3	(SCQ.015)
Mostly D's, ...	4	(SCQ.015)
Mostly F's, or...	5	(SCQ.015)
Does {CHILD}'s school not give these grades?....	6	(SCQ.010)
REFUSED , ...	7	(SCQ.010)
DON'T KNOW	9	(SCQ.010)

NOTE: SCQ.010 IS NEW IN ROUND 7.

SCQ.010   Would you describe (his/her) work at school as...

Excellent, ...	1
Above average, ...	2
Average, ...	3
Below average, or...................................	4
Failing?	5
REFUSED, ...	7
DON'T KNOW, ...	9

NOTE: SCQ.015 WAS PIQ.007 IN ROUND 6.

SCQ.015   Is {CHILD} in {his/her} regularly assigned school or a school that you {or {CHILD}'s parents} chose?

CAPI INSTRUCTIONS: IF THE RESPONDENT IS NOT A MOTHER/FATHER OR MALE/FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS) THEN DISPLAY "or {CHILD}'s parents". OTHERWISE, USE A NULL DISPLAY.

ASSIGNED	1	(SCQ.025)
CHOSEN	2	(SCQ.020)
ASSIGNED SCHOOL IS SCHOOL OF CHOICE..	3	(SCQ.025)
CHILD IS HOMESCHOOLED.......................	4	(BOX 2)
REFUSED	7	(SCQ.020)
DON'T KNOW	9	(SCQ.020)

NOTE: SCQ.020 IS NEW IN ROUND 7.

SCQ.020   Is {his/her} school in your assigned school district?

YES	1
NO	2
REFUSED	7
DON'T KNOW..	9

NOTE: SCQ.025 IS NEW IN ROUND 7.

SCQ.025   Has {CHILD} ever had an in- or out-of-school suspension?

> YES 1 (SCQ.030)
> NO 2 (SCQ.035)
> REFUSED 7 (SCQ.035)
> DON'T KNOW.. 9 (SCQ.035)

NOTE: SCQ.030 IS NEW IN ROUND 7.

SCQ.030   How many times was {CHILD} suspended?

> HARD RANGE CHECK: 1 – 5 TIMES.

> |___|
> ENTER NUMBER OF TIMES
>   OR
> REFUSED   7
> DON'T KNOW..   9

NOTE: SCQ.035 IS NEW IN ROUND 7.

SCQ.035   How much do you agree or disagree with each of the following statements about {CHILD}'s school?

PROBE: Would you say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

CAPI INSTRUCTION: DISPLAY "PROBE:…strongly disagree?" in SQUARE BRACKETS FOR B-E.

		STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	R	DK
a.	{CHILD}'s school places a high priority on learning. Would you say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?	1	2	3	4	5	7	9
b.	{CHILD}'s school is a safe place.	1	2	3	4	5	7	9
c.	{CHILD}'s school is a good school.	1	2	3	4	5	7	9
d.	Violence is a problem at {CHILD}'s school.	1	2	3	4	5	7	9
e.	Drinking or drugs is a problem at {CHILD}'s school.	1	2	3	4	5	7	9

NOTE: SCQ.040 IS NEW IN ROUND 7.

SCQ.040   How satisfied are you with the education {CHILD} has received in {his/her} current school? Would you say you are…

Very satisfied, ...	1
Somewhat satisfied, ...	2
Somewhat dissatisfied, or	3
Very dissatisfied?	4
REFUSED	7
DON'T KNOW	9

BOX 2

GO TO CFQ (CRITICAL FAMILY PROCESSES)

CRITICAL FAMILY PROCESSES – CFQ

<table>
<tr><td colspan="1">BOX 1</td></tr>
<tr><td>IF (NumberOfChildren = 1) OR IF (NumberOfChildren> 1 AND ChildNum = 1), CONTINUE WITH BOX 2. OTHERWISE, GO TO BOX 6.</td></tr>
</table>

<table>
<tr><td>BOX 2</td></tr>
<tr><td>IF FSQ.110=1 (Partner currently living in household), ASK QUESTION CFQ.100. OTHERWISE, GO TO CFQ.110.</td></tr>
</table>

CFQ.100 Now, I'd like to ask a question about your relationship with {NAME OF CURRENT SPOUSE/PARTNER}.

Would you say that your relationship is…

CAPI INSTRUCTION: DISPLAY NAME OF SPOUSE/PARTNER FROM FSQ.120.

Very happy, ...	1
Fairly happy, or	2
Not too happy?	3
REFUSED	7
DON'T KNOW	9

NOTE: CFQ.101 IS NEW IN ROUND 7.

CFQ.101 The following statements describe the way some people feel about their spouse or partner and their relationship in general. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with the following statements.

PROBE: Would you say you strongly agree, agree, disagree, or strongly disagree?

CAPI INSTRUCTION: DISPLAY "PROBE:…strongly disagree?" in SQUARE BRACKETS FOR B-E.

CAPI INSTRUCTIONS: In "G" DISPLAY "our children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD/TWIN). OTHERWISE, DISPLAY "{CHILD}".

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	REF	DK
a.	We enjoy doing even ordinary, day-to-day things together. Would you say you strongly agree, agree, disagree, or strongly disagree?	1	2	3	4	7	9
b.	I am satisfied with the way we handle our problems and disagreements.	1	2	3	4	7	9
c.	I view our relationship as lifelong.	1	2	3	4	7	9
d.	My partner listens to me when I need someone to talk to.	1	2	3	4	7	9
e.	My partner expresses love and affection to me.	1	2	3	4	7	9
f.	I trust my partner to be faithful to me.	1	2	3	4	7	9
g.	We are BOTH committed to being there for {{CHILD}/our children}.	1	2	3	4	7	9

NOTE: CFQ.105 IS NEW IN ROUND 7.

CFQ.105   Couples deal with serious disagreements in different ways. When you have a serious disagreement with your spouse or partner, how often do you…

PROBE: Would you say never, rarely, sometimes, or often?

CAPI INSTRUCTION: DISPLAY "PROBE:…often?" in SQUARE BRACKETS FOR B-G.

		NEVER	RARELY	SOMETIMES	OFTEN	REF	DK
a.	Stop speaking to each other? Would you say never, rarely, sometimes, or often?	1	2	3	4	7	9
b.	Discuss your disagreements calmly?	1	2	3	4	7	9
c.	Argue heatedly or shout at each other?	1	2	3	4	7	9
d.	End up pushing, hitting, or throwing things at each other?	1	2	3	4	7	9
e.	Reach a compromise?	1	2	3	4	7	9
f.	Criticize each other?	1	2	3	4	7	9
g.	Argue in front of {CHILD}?	1	2	3	4	7	9

NOTE: CFQ.110 IS NEW IN ROUND 7.

CFQ.110   How often did you attend religious services in the past year? Would you say….

Never or almost never , ...	1
Several times a year, ...	2
Several times a month,..................................	3
Once a week, or	4
Several times a week?, ...	5
REFUSED	7
DON'T KNOW	9

NOTE: CFQ.120 IS NEW IN ROUND 7.

CFQ.120   {Regardless of whether you now attend any religious services} do you {or {NAME OF SPOUSE/PARTNER}} ever think of {yourself/yourselves} as part of a particular religion?

{PROBE IF NECESSARY: If the answer is "yes" for either yourself or {NAME OF SPOUSE/PARTNER}, answer "yes" to this question.}

CAPI INSTRUCTION: DISPLAY "Regardless…services" IF CFQ.110=1, 7 OR 9.

DISPLAY "Do you" IF (CFQ.110 = 2, 3, 4, OR 5). DISPLAY "do you" IF (CFQ.110 = 1, 7, OR 9).

DISPLAY "{or {NAME OF SPOUSE/PARTNER}}" IF THERE IS A SPOUSE/PARTNER IN THE HOUSEHOLD.

DISPLAY "{PROBE…question.}" IF THERE IS A SPOUSE/PARTNER IN THE HOUSEHOLD.

DISPLAY "yourselves" IF THERE IS A SPOUSE/PARTNER IN THE HOUSEHOLD. OTHERWISE, DISPLAY "yourself."

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NOTE: CFQ.190 IS NEW IN ROUND 7.

CFQ.190   How important are your religious beliefs in influencing how you raise {{CHILD}/your children}? Would you say…

CAPI INSTRUCTIONS: DISPLAY "your children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD/TWIN). OTHERWISE, DISPLAY "{CHILD}".

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	7
DON'T KNOW	9

NOTE: CFQ.200 IS NEW IN ROUND 7.

CFQ.200   In terms of your political views, would you consider yourself to be …

A liberal, ...	1
A conservative, ...	2
A moderate, or..	3
Haven't you thought much about this?...........	4
REFUSED	7
DON'T KNOW	9

BOX 3

- IF CFQ.200 = 1, GO TO CFQ.210.
- IF CFQ.200 = 2, GO TO CFQ.220.
- IF CFQ.200 = 3, GO TO CFQ.230.
- IF CFQ.200 = 4, GO TO CFQ.230.
- ELSE GO TO BOX 4.

NOTE: CFQ.210 IS NEW IN ROUND 7.

CFQ.210   Do you consider yourself to be strongly liberal or just liberal?

STRONGLY LIBERAL	1
LIBERAL	2
REFUSED	7
DON'T KNOW	9

BOX 4

- GO TO BOX 6.

NOTE: CFQ.220 IS NEW IN ROUND 7.

CFQ.220   Do you consider yourself to be strongly conservative or just conservative?

STRONGLY CONSERVATIVE......................	1
CONSERVATIVE	2
REFUSED	7
DON'T KNOW	9

NOTE: CFQ.230 IS NEW IN ROUND 7.

CFQ.230   Do you think of yourself as more like liberals or conservatives?

CLOSER TO LIBERALS.................................	1
CLOSER TO CONSERVATIVES	2
NEITHER	3
REFUSED	7
DON'T KNOW	9

BOX 6

GO TO SECTION DWQ (DISCIPLINE, WARMTH, AND EMOTIONAL SUPPORTIVENESS).

DISCIPLINE, WARMTH, AND EMOTIONAL SUPPORTIVENESS -- DWQ

BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1), GO TO DWQ.100. OTHERWISE, IF (NumberOfChildren > 1 AND ChildNum =2), GO TO DWQ.200

NOTE: THE FIRST THREE CATEGORIES IN DWQ.100 ARE NEW IN ROUND 7.

DWQ.100   Most teenagers misbehave or get into trouble from time to time. When {CHILD} misbehaves, what do you {or {NAME OF SPOUSE/PARTNER}} typically do?

CAPI INSTRUCTION: IF RESPONDENT HAS A SPOUSE/PARTNER IN FSQ.120, DISPLAY "or {NAME OF SPOUSE/PARTNER}", USING THE NAME OF THE SPOUSE/PARTNER FROM FSQ.120. OTHERWISE, USE A NULL DISPLAY.

PROBE IF NECESSARY: Anything else?

CODE ALL THAT APPLY.

Ground {him/her} or put {him/her} on restriction, ...	1
Take away {his/her} allowance, ...	2
Hit or slap {him/her}, ...	3
Talk to {him/her} about what {he/she} did wrong, ...	4
Ignore it, ...	5
Make {him/her} do some work around the house, ...	6
Make fun of {him/her}, ...	7
Make {him/her} apologize, ...	8
Take away a privilege, ...	9
Give a warning, ...	10
Yell at {CHILD} or threaten {him/her}, or........	11
Something else?...	12
REFUSED	77
DON'T KNOW	99

NOTE: DWQ.200a-c ARE NEW IN ROUND 7.

DWQ.200   How many times in the past week have you ...

HARD RANGE CHECK: 0 – 21 TIMES.

a. Told {CHILD} that you love (him/her)?

|___|___|
ENTER NUMBER OF TIMES.
   OR

REFUSED..	77
DON'T KNOW...	99

b. Praised {CHILD} for doing something worthwhile?

|___|___|
ENTER NUMBER OF TIMES.
  OR
REFUSED.. 77
DON'T KNOW.. 99

c. Shown {CHILD} physical affection such as kiss, hug, or pat or rub (his/her) back?

|___|___|
ENTER NUMBER OF TIMES.
  OR
REFUSED 77
DON'T KNOW 99

BOX 2

GO TO SECTION NRQ (NON-RESIDENT PARENT QUESTIONS).

NON-RESIDENT PARENT QUESTIONS -- NRQ

BOX 1

- IF **BOTH** BIOLOGICAL PARENTS (ACCORDING TO THE ROSTER, AT LEAST ONE HOUSEHOLD MEMBER IS A BIRTH MOTHER **AND** AT LEAST ONE HOUSEHOLD MEMBER IS A BIRTH FATHER) ARE CURRENTLY LIVING TOGETHER IN THE HOUSEHOLD, GO TO BOX 10.
- OTHERWISE, CONTINUE WITH BOX 2.

BOX 2

LOOP 1
- ASK BOX 3 - NRQ.050 ONE TIME FOR EACH BIOLOGICAL MOTHER, ADOPTIVE MOTHER, BIOLOGICAL FATHER, AND ADOPTIVE FATHER NOT LIVING IN THE HOUSEHOLD. DEFINE RELATIONSHIPS ACCORDING TO THE CURRENT ROSTER.
  DETERMINING LOOPING ELIGIBILITY:
    1. BIOLOGICAL MOTHER: NO HOUSEHOLD MEMBER WHO IS A BIRTH MOTHER
    2. ADOPTIVE MOTHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD, BUT ADOPTIVE FATHER IS IN THE HOUSEHOLD.
    3. BIOLOGICAL FATHER: NO HOUSEHOLD MEMBER WHO IS A BIRTH FATHER.
    4. ADOPTIVE FATHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD, BUT ADOPTIVE MOTHER IS IN THE HOUSEHOLD
    5. IF NRQ.100 = 5 (PARENT DECEASED) IN ANY PREVIOUS ROUND FOR ANY OF THE BIOLOGICAL NON-RESIDENT PARENTS, DO NOT LOOP ON THIS PARENT. ELSE, IF NRQ.100 = 5 (PARENT DECEASED) IN ANY PREVIOUS ROUND FOR ANY OF THE ADOPTIVE NON-RESIDENT PARENTS, DO NOT LOOP ON THIS PARENT.

- IF THERE ARE ANY ELIGIBLE CASES ACCORDING TO THE LOOPING RULES ABOVE, GO TO BOX 3 FOR EACH ELIGIBLE CASE UNTIL ALL ELIGIBLES HAVE BEEN ASKED ABOUT IN THE QUESTIONS. ELSE, GO TO BOX 10.

BOX 3

- IF NumberOfChildren = 1 OR

  IF NumberOfChildren >1 AND ChildNum = 1,
  GO TO NRQ.100

- OTHERWISE, CONTINUE WITH BOX 4.

BOX 4

- IF NRQ.100 = 5 (PARENT DECEASED), 6 (NO CONTACT SINCE ADOPTION), 7 (NO ADOPTIVE PARENT), DK, OR REF FOR ChildNum = 1, GO TO BOX 8.

- OTHERWISE, CONTINUE WITH NRQ.050.

NRQ.050   Did {CHILD 2} have the same amount of contact with {his/her} {biological/adoptive} {mother/father} as {CHILD}?

                                    YES .... 1 (BOX 8)
                                    NO 2 (NRQ.100)
                                    REFUSED .... 7 (BOX 8)
                                    DON'T KNOW .... 9 (BOX 8)

NRQ.100   The next questions are about {CHILD}'s contact with {his/her} (biological/adoptive) (father/mother).

           [We understand that some of these questions may be difficult {for adoptive parents} to answer, however, these are standard questions we ask when a child does not live with {his/her} biological parents. Any information you can provide will be helpful.]

           How long has it been since {CHILD} last had a visit, a phone call, or received a card or letter from {his/her} (biological/adoptive) (father/mother)? Would you say …

           CAPI INSTRUCTIONS:

           IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

           IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

           IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

           IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

           DISPLAY '[WE…HELPFUL]' IF THERE ARE NO BIRTH PARENTS IN THE HOUSEHOLD. OTHERWISE, USE A NULL DISPLAY.

           DISPLAY 'FOR ADOPTIVE PARENTS' IF THE RESPONDENT IS AN ADOPTIVE FATHER OR MOTHER.

                          Less than one month, ... 1 (NRQ.110)
                          More than a month but less
                             than a year,... 2 (BOX 5)
                          More than a year, or .... 3 (BOX 5)
                          No contact since birth? .... 4 (BOX 8)
                          PARENT IS DECEASED .... 5 (BOX 8)
                          NO CONTACT SINCE ADOPTION .... 6 (BOX 8)
                          NO ADOPTIVE (MOTHER/FATHER)............ 7 (BOX 8)
                          REFUSED .... 77 (BOX 8)
                          DON'T KNOW .... 99 (BOX 8)

NRQ.110   How many days has {CHILD} seen {his/her} {biological/adoptive} {father/mother} in the past 4 weeks?

CAPI INSTRUCTIONS:
IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

HARD RANGE CHECK: 0 – 28 DAYS.

|___|___|
ENTER NUMBER OF DAYS
  OR
REFUSED 77
DON'T KNOW 99

NRQ.115   How many nights did {CHILD} and (his/her) (biological/adoptive) {father/mother} sleep in the same house in the past 4 weeks?

CAPI INSTRUCTIONS:
IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

HARD RANGE CHECK: 0 – 28 DAYS.

|___|___|
ENTER NUMBER OF DAYS.
  OR
REFUSED 77
DON'T KNOW 99

NRQ.116   Did {CHILD}'s (biological/adoptive) {father/mother} miss any scheduled visits with {CHILD} in the past 4 weeks?

CAPI INSTRUCTIONS:
IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

NRQ.117   How many times have {CHILD} and (his/her) (biological/adoptive) {father/mother} talked on the telephone to each other in the past 4 weeks?

CAPI INSTRUCTIONS:
IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

HARD RANGE CHECK: 0 – 28 DAYS.

|___|___|
ENTER NUMBER OF DAYS.
  OR
REFUSED 77
DON'T KNOW 99

BOX 5

■   IF NumberOfChildren = 1 OR IF NumberOfChildren >1 AND Childnum = 1,
       CONTINUE WITH NRQ.120. OTHERWISE, GO TO BOX 7.

NRQ.120   Since the beginning of this school year has {CHILD}'s {biological/adoptive} {mother/father}...

CAPI INSTRUCTIONS:
IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

CAPI INSTRUCTIONS: DISPLAY "Since….father" in SQUARE BRACKETS WHEN ON B-D.

		YES	NO	REF	DK
a.	Attended an open house or a back-to-school night?	1	2	7	9
b.	Gone to a regularly-scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher?	1	2	7	9
c.	Attended a school or class event, such as a play or sports event or science fair?	1	2	7	9
d.	Volunteered at the school or served on a committee?	1	2	7	9

NRQ.250   How many minutes does {CHILD}'s {biological/adoptive} {mother/father} live from {him/her}?

CAPI INSTRUCTIONS:
IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

10 MINUTES OR LESS	1
11-30 MINUTES	2
31-59 MINUTES	3
1-2 HOURS	4
MORE THAN 2 HOURS	5
REFUSED	7
DON'T KNOW	9

NOTE: NRQ.251 WAS NRQ.252 IN ROUND 6

NRQ.251   During the last year, how often has {CHILD}'s {biological/adoptive} {mother/father} paid for {CHILD}'s medical insurance, doctor bills, or medicines, separate from child support?

Has {he/she} helped pay for these…..

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH OR ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "she" FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH OR ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "he" FOR THE PARTICULAR LOOP R IS ON.

Often,	1
Sometimes,	2
Hardly ever, or	3
Never?	4
REFUSED	7
DON'T KNOW	9

NOTE: BOX 6 IS NEW IN ROUND 7.

```
┌─────────────────────────────────────────────────────────────────┐
│                            BOX 6                                  │
│                                                                   │
│  ■  IF NRQ.251 = 1, 2, OR 3, GO TO NRQ.252.  OTHERWISE, GO TO     │
│     NRQ.253.                                                      │
└─────────────────────────────────────────────────────────────────┘
```

NOTE: NRQ.252 IS NEW IN ROUND 7.

NRQ.252   How much of {CHILD}'s medical expenses does {his/her} (biological/adoptive) (father/mother) pay for? Would you say…

CAPI INSTRUCTION: DISPLAY "or" IN RESPONSE CATEROGY 2 AND DISPLAY "?" IN RESPONSE CATEGORY 3 IF NRQ.251 = 3.

CAPI INSTRUCTION: DISPLAY ",or" IN RESPONSE CATEGORY 3 AND "All" IN RESPONSE CATEGORY 4 IF NRQ.251 = 1 OR 2.

Less than half, ...	1
About half, {or}, ...	2
More than half {?} {,or }	3
{All?}	4
REFUSED	7
DON'T KNOW	9

NRQ.253   What about other bills or expenses for {CHILD}? In the last year, has {he/she} helped pay for these….

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH OR ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "she" FOR THE PARTICULAR LOOP R IS ON.
IF THERE IS A BIRTH OR ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "he" FOR THE PARTICULAR LOOP R IS ON.

Often, ...	1
Sometimes, ...	2
Hardly ever, or	3
Never?...	4
REFUSED	7
DON'T KNOW	9

NOTE: BOX 6a IS NEW IN ROUND 7.

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┌─────────────────────────────────────────────────────────────────┐
│                            BOX 6a                                 │
│                                                                   │
│  ■  IF NRQ.253 = 1, 2, OR 3, GO TO NRQ.254.  OTHERWISE, GO TO     │
│     BOX 7.                                                        │
└─────────────────────────────────────────────────────────────────┘
```

NOTE: NRQ.254 IS NEW IN ROUND 7.

NRQ.254 How much of these other bills or expenses for {CHILD}'s does {his/her} (biological/adoptive) (father/mother) pay for? Would you say…

> CAPI INSTRUCTION: DISPLAY "his" IF THE CHILD IS MALE. DISPLAY "her" IF THE CHILD IS FEMALE.
>
> CAPI INSTRUCTION: DISPLAY "or" IN RESPONSE CATEGORY 2 AND DISPLAY "?" IN RESPONSE CATEGORY 3 IF NRQ.253 = 3.
>
> CAPI INSTRUCTION: DISPLAY ",or" IN RESPONSE CATEGORY 3 AND "All" IN RESPONSE CATEGORY 4 IF NRQ.253 = 1 OR 2.

Less than half, ...	1
About half, {or}, ...	2
More than half {?} {,or }	3
{All?}	4
REFUSED	7
DON'T KNOW	9

BOX 7

ASK NRQ.100 TO NRQ.254 FOR THE NEXT NON-RESIDENTIAL PARENT, IF NO NEXT NON-RESIDENTIAL PARENT, GO TO BOX 8.

BOX 8

IF NRQ.100=5 (PARENT DECEASED), 6 (NO CONTACT SINCE ADOPTION), 7 (NO ADOPTIVE PARENT), DK, OR RF FOR ALL THE NON-RESIDENT PARENTS OF THE FIRST CHILD (NUMBEROFCHILDREN=1 OR (NUMBEROFCHILDREN>1 AND CHILDNUM=1)), GO TO BOX 10.

IF (NUMBEROFCHILDREN>1 AND CHILDNUM=2), GO TO BOX 10. OTHERWISE, CONTINUE WITH NRQ.261.

NRQ.261 Next, I'd like to ask some questions about child support. Have child support payments for {CHILD} ever been awarded by a court or a judge, agreed to in writing, agreed to informally, or do you not have an agreement of any kind?

> CODE ALL THAT APPLY. '5' CANNOT BE CODED WITH ANY OTHER RESPONSE OPTION.

YES, AWARDED BY A COURT	1	(BOX 9)
YES, AGREED TO IN WRITING	2	(BOX 9)
YES, AGREED TO INFORMALLY	3	(BOX 9)
YES, AWARD PENDING.............................	4	(BOX 9)
NO AGREEMENT	5	(BOX 10)
OTHER (SPECIFY)_____	91	(NRQ.261OS)
REFUSED	7	(BOX 10)
DON'T KNOW	9	(BOX 10)

NRQ.261OS What kind of agreement do you have?

> SPECIFY AGREEMENT.
>
> CAPI INSTRUCTION: DK AND RF DISALLOWED.

BOX 9

■ IF MORE THAN 1 NONRESIDENT PARENT CONTINUE WITH NRQ.264.
    OTHERWISE, GO TO NRQ.265.

NRQ.264   What parent do you have this agreement with?

PROBE: Any other parent?

CODE ALL THAT APPLY.

CAPI INSTRUCTION: DK AND RF DISALLOWED.

{CHILD}'S BIOLOGICAL FATHER 1
{CHILD}'S BIOLOGICAL MOTHER 2
{CHILD}'S ADOPTIVE FATHER 3
{CHILD}'S ADOPTIVE MOTHER 4

NRQ.265   In the past year were you supposed to receive any child support payments for {CHILD}?

YES 1
NO .... 2 (BOX 10)
REFUSED .... 7 (BOX 10)
DON'T KNOW .... 9 (BOX 10)

NRQ.266   During the last year, have you received this money regularly, so that you could almost always count on getting the money?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 10

GO TO SECTION PLQ (PRIMARY LANGUAGE(S) SPOKEN).

PRIMARY LANGUAGE(S) SPOKEN -- PLQ
NOTE: THIS SECTION IS FROM ROUND 1 OF ECSL-K.

BOX 1

- ■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2 AND ONLY ENGLISH IS SPOKEN IN THE HOME (PLQ.020 = 2, 7, OR 9 FOR CHILD 1), GO TO BOX 3.
- ■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2 AND ANOTHER LANGUAGE, OTHER THAN ENGLISH, IS SPOKEN IN THE HOME (PLQ.020 = 1 FOR CHILD 1), GO TO PLQ.080.
- ■ OTHERWISE, CONTINUE WITH PLQ.020.

NOTE: PLQ.020 IS FROM ROUND 1 OF ECSL-K.

PLQ.020   Is any language other than English regularly spoken in your home?

YES	1	(PLQ.030)
NO	2	(BOX 3)
REFUSED	7	(BOX 3)
DON'T KNOW	9	(BOX 3)

NOTE: PLQ.030 IS FROM ROUND 1 OF ECSL-K.

PLQ.030   Is English also spoken in your home?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NOTE: PLQ.040 IS FROM ROUND 1 OF ECSL-K.

PLQ.040   What languages other than English are spoken in your home?

CODE ALL THAT APPLY

ARABIC	1	KOREAN	9
CHINESE	2	POLISH	10
FILIPINO LANGUAGE	3	PORTUGUESE	11
FRENCH	4	SPANISH	12
GERMAN	5	VIETNAMESE	13
GREEK	6	SOME OTHER LANGUAGE	
ITALIAN	7	(SPECIFY) _____	91
JAPANESE	8	REFUSED	77
		DON'T KNOW	99

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┌─────────────────────────────────────────────────────────────────┐
│                          BOX 1a                                   │
│                                                                   │
│  IF PLQ.040 = 91, CONTINUE WITH PLQ.040OS.  OTHERWISE, GO TO BOX 2.│
└─────────────────────────────────────────────────────────────────┘
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PLQ.040OS   [What languages other than English are spoken in your home?]

SPECIFY LANGUAGE.

_____

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┌─────────────────────────────────────────────────────────────────┐
│                          BOX 2                                    │
│                                                                   │
│  ■    IF ONLY ONE LANGUAGE SPOKEN IN THE HOME (PLQ.030 = 2, 7, OR 9│
│       AND ONLY ONE LANGUAGE IS CODED AT PLQ.040 OR PLQ.040 = 77 OR │
│       99), GO TO PLQ.070.                                         │
│  ■    OTHERWISE, CONTINUE WITH PLQ.060.                           │
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```

NOTE: PLQ.060 IS FROM ROUND 1 OF ECSL-K.

PLQ.060   What is the **primary** language spoken in your home?

CODE '15' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

ENGLISH.................................... 0	KOREAN 9	
ARABIC 1	POLISH 10	
CHINESE.................................... 2	PORTUGUESE 11	
FILIPINO LANGUAGE................ 3	SPANISH 12	
FRENCH..................................... 4	VIETNAMESE 13	
GERMAN.................................... 5	SOME OTHER LANGUAGE	
GREEK....................................... 6	(SPECIFY) _____ 91	
ITALIAN 7	REFUSED 77	
JAPANESE................................. 8	DON'T KNOW 99	

```
┌─────────────────────────────────────────────────────────────────┐
│                          BOX 2a                                   │
│                                                                   │
│  IF PLQ.060 = 91, CONTINUE WITH PLQ.060OS.  OTHERWISE, GO TO PLQ.070.│
└─────────────────────────────────────────────────────────────────┘
```

PLQ.060OS   [What is the **primary** language spoken in your home?]

SPECIFY LANGUAGE.

_____

NOTE: PLQ.070 IS FROM ROUND 1 OF ECSL-K.

PLQ.070   How well do you . . .

PROBE: Would you say very well, pretty well, not very well, or not well at all?

CAPI INSTRUCTION: DISPLAY "PROBE…not well at all?" in SQUARE BRACKETS FOR B-D.

	VERY WELL	PRETTY WELL	NOT VERY WELL	NOT WELL AT ALL	REF	DK
a. Speak English? Would you say very well, pretty well, not very well or not well at all?	1	2	3	4	7	9
b. Read English?	1	2	3	4	7	9
c. Write English?	1	2	3	4	7	9
d. Understand someone speaking English?	1	2	3	4	7	9

NOTE: PLQ.080 IS FROM ROUND 1 OF ECSL-K BUT IS LIMITED TO FOCAL CHILDREN AND KEY PARENT FIGURES IN ROUND 7. THE SPEC IS SIMILAR TO WHAT WAS USED IN ROUND 1 AND INCLUDES TWO ITEMS, PLQ.083 AND PLQ.090.

PLQ.080   How often {do/does} {{you/{NAME}}/{CHILD}} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {{CHILD}/{you/{NAME}}}? Would you say never, sometimes, often, or very often?

{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often {do/does} {{you/{NAME}}/{CHILD}} use **all** languages, other than English, in speaking to {{CHILD}/{you/{NAME}}}?}

PROBE: We just need to know in general.

First Name	PLQ.083 VARIABLE NAME	PLQ.090 VARIABLE NAME
{Display HH Member Name}	|___|	|___|
{Display HH Member Name}	|___|	|___|

CAPI ROSTER INSTRUCTION: DISPLAY IN COLUMN 1 PERSONS ENUMERATED ON THE HOUSEHOLD ROSTER WHO ARE KEY PARENT FIGURES (UP TO TWO PERSONS).

CAPI MATRIX INSTRUCTIONS:
1. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE CAPI ROSTER INSTRUCTIONS ABOVE).

2.   WHEN CURSOR IS POSITIONED IN THE SECOND COLUMN (PLQ.083), DISPLAY THE VARIABLE NAME FOR PLQ.083 AT THE TOP OF THE COLUMN AND THE FOLLOWING QUESTION TEXT AT THE TOP OF THE SCREEN: "How often {do/does} {{you/{NAME}}} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {CHILD}? Would you say never, sometimes, often, or very often?"   DISPLAY "you" IF THE KEY PARENT FIGURE IS THE RESPONDENT. OTHERWISE, DISPLAY THE NAME OF THE KEY PARENT FIGURE. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 13, DISPLAY THE NAME OF THE LANGUAGE IN "{NON-ENGLISH LANGUAGE}". ELSE IF PLQ.040 = 91, 77, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English" AND "{PROBE:

IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often {do/does} {{you/{NAME}} use **all** languages, other than English, in speaking to {CHILD}?"

3. WHEN CURSOR IS POSITIONED IN THE THIRD COLUMN {PLQ.090}, DISPLAY THE VARIABLE NAME FOR PLQ.090 AT THE TOP OF THE COLUMN AND THE FOLLOWING QUESTION TEXT AT THE TOP OF THE SCREEN: "How often {do/does} {CHILD}} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {you/{NAME}}}? Would you say never, sometimes, often, or very often?" DISPLAY "you" IF THE KEY PARENT FIGURE IS THE RESPONDENT. OTHERWISE, DISPLAY THE NAME OF THE KEY PARENT FIGURE. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 13, DISPLAY THE NAME OF THE LANGUAGE IN "{NON-ENGLISH LANGUAGE}". ELSE IF PLQ.040 = 91, 77, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English" AND "{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often does {CHILD} use all languages, other than English, in speaking to {you/{NAME}}}."

4. CURSOR WILL MOVE FROM PLQ.083 TO PLQ.090 FOR SAME PERSON AND THEN WILL MOVE TO PLQ.083 FOR NEXT PERSON, ETC. THE CURSOR WILL MOVE IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED.

5. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL FILES ARE ACCOUNTED FOR.

NEVER, ...	1
SOMETIMES, ...	2
OFTEN, OR	3
VERY OFTEN?...	4
REFUSED	7
DON'T KNOW	9

BOX 3

GO TO SECTION CHQ (CHILD HEALTH AND WELL BEING).

CHILD HEALTH AND WELL BEING -- CHQ

BOX 1

ASK SECTION CHQ ABOUT EACH SAMPLED CHILD.

CHQ.010   Now I have some questions about {CHILD}'s health and well-being. For the next set of questions, please base your answers on how {CHILD} compares to other teenagers of the same age.

Would you say {CHILD} is independent and takes care of {himself/herself} ...

Better than other teenagers {his/her} age, ...	1
As well as other teenagers, ...	2
Slightly less well than other teenagers, or	3
Much less well than other teenagers?	4
REFUSED	7
DON'T KNOW	9

CHQ.020   Does {CHILD} pay attention ....

Better than other teenagers {his/her} age, ...	1
As well as other teenagers, ...	2
Slightly less well than other teenagers, or	3
Much less well than other teenagers?	4
REFUSED	7
DON'T KNOW	9

CHQ.030   Does {CHILD} learn, think, and solve problems ...

Better than other teenagers {his/her} age, ...	1
As well as other teenagers, ...	2
Slightly less well than other teenagers, or	3
Much less well than other teenagers?	4
REFUSED	7
DON'T KNOW	9

BOX 2

■   IF CHILD HAS PROBLEMS WITH PAYING ATTENTION (CHQ.020 = 3 or 4) OR CHILD HAS PROBLEMS WITH LEARNING, THINKING AND SOLVING PROBLEMS (CHQ.030 = 3 OR 4), CONTINUE WITH CHQ.040.

■   OTHERWISE, GO TO CHQ.080.

CHQ.040   Has {CHILD} ever been evaluated by a professional in response to {his/her} ability to pay attention or learn?

IF R INCLUDES EVALUATION OF OVERALL ACTIVITY LEVEL, SAY: Please answer for the evaluation of {CHILD}'s attention span only.

CAPI INSTRUCTION: DISPLAY "IF … SAY: " IN LIGHT BLUE AND DISPLAY "Please ….only" IN BLACK.

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES 1
NO .... 2 (CHQ. 080)
REFUSED .... 7 (CHQ. 080)
DON'T KNOW .... 9 (CHQ. 080)

CHQ.050   Did you obtain a diagnosis of a problem from a professional?

YES 1
NO .... 2 (CHQ. 080)
REFUSED .... 7 (CHQ. 080)
DON'T KNOW .... 9 (CHQ. 080)

NOTE: THE ADDITION OF DYSCALCULIA TO CATEGORY 6 OF CHQ.060 IS NEW IN ROUND 7. IT IS NOT A NEW CATEGORY BUT A NEW NAME OF A DISABILITY IN THE CATEGORY WITH DYSLEXIA.

CHQ.060   What was the diagnosis?
PROBE: What was the primary diagnosis?

HELP TEXT:
Learning disability: This is a disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken or written) which shows up as difficulty to listen, think, speak, read, write, spell, or do mathematical calculations. In some cases the child can perform at grade level, but only with special help. Some names of learning disabilities are dyslexia (CODE UNDER DYSLEXIA), developmental aphasia, minimal brain dysfunction, and brain injury. The term does not include learning problems that are primarily the result of problems with seeing, hearing, or walking, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage. A commonly used acronym is "LD."

Attention Deficit Disorder (ADD): A childhood syndrome characterized by short attention span that is inappropriate for his/her age group.

Attention Deficit Hyperactivity Disorder (ADHD): The child displays signs of inattention, impulsivity, and hyperactivity that are inappropriate for his or her mental and chronological age. Adults in the child's environment, such as parents and teachers must report the signs.   Inattention means difficulty concentrating, easily distracted, and not finishing things started. Impulsivity means often acts before thinking, shifts excessively from one activity to another, needs a lot of supervision. Hyperactivity means runs about or climbs on things excessively, has difficulty staying seated, always on the go, as if driven by a motor. Onset is typically before age seven and condition lasts at least six months.

Developmental delay: A condition in which a young child falls significantly behind his/her age-mates in physical, mental, social/emotional, or speech development. It does not simply mean that the child talked somewhat later than some children talked or was smaller than average. Not to be confused with autism or pervasive developmental delay. If the child's social behavior and relationships with other people are generally consistent with his or her delayed cognitive development, then the classification of the condition as developmental delay is probably appropriate. If this is not the case, see the definitions of autism and pervasive developmental disorder or delay.

Autism is a pervasive lack of responsiveness to other people that has its onset before 30 months of age. Other defining characteristics are that the impaired social development and delayed or deviant language development are not merely predictable from the child's cognitive retardation. Some autistic children are actually advanced in their reading skills, memory skills, or musical abilities. There is also an insistence on sameness, as shown by stereotyped play, abnormal preoccupations, or resistance to change.

Pervasive developmental disorder or delay is also characterized by gross and sustained impairment in social relationships, but typically has an onset **after** 30 months of age. Other characteristics are sudden excessive anxiety, inappropriate affect or emotions, resistance to change in the environment, oddities of motor movement, abnormalities of speech, hypersensitivity to sensory stimuli, and self-mutilation. This condition generally does not involve delusions, hallucinations, incoherence, or bizarre associations.

Dyslexia: A learning disability (see above definition) marked by impairment of the ability to recognize and comprehend the written word.

Dyscalculia: A learning disability (see above definition) marked by impairment in the ability to perform and remember calculations in mathematics.

Mental Retardation: The child's mental and/or social/emotional development is significantly and noticeably behind what would ordinarily be expected for a child of his or her age. This is a more significant delay than a developmental delay.

```
LEARNING DISABILITY ................................   1
ATTENTION DEFICIT DISORDER (ADD) ....   2
ATTENTION DEFICIT HYPERACTIVE
  DISORDER (ADHD) .....................................   3
DEVELOPMENTAL DELAY .........................   4
AUTISM OR PERVASIVE DEVELOPMENTAL
  DISORDER................................................   5
DYSLEXIA, DYSCALCULIA .........................   6
MENTAL RETARDATION .............................   7
OTHER (SPECIFY)_____   91
_____
REFUSED ...................................................   77
DON'T KNOW .............................................   99
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+---+
| **BOX 3** |
| |
| IF CHQ.060 = 91, CONTINUE WITH CHQ.060OS. OTHERWISE, GO TO CHQ.075. |
+---+

CHQ.060OS   [What was the diagnosis?]

                 SPECIFY DIAGNOSIS.

                 _____

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.075   In what year was the diagnosis made?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1990-2007 FOR YEAR.
CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___| (CHQ.080)
ENTER YEAR..   (CHQ.080)

OR
REFUSED 7777 (CHQ.076)
DON'T KNOW 9999 (CHQ.076)

NOTE: DATE IN CHQ.076 CHANGED FROM 2002 TO 2004.

CHQ.076   Was the diagnosis made before 2004?

YES   1
NO...   2
REFUSED   7
DON'T KNOW   9

CHQ.080   Thinking about {CHILD}'s overall activity level, would you say {he/she} is …

Less active than other teenagers of {his/her} age, ...   1
About as active, ...   2 (CHQ.150)
Slightly more active, or...............................   3
A lot more active than other teenagers of {his/her} age?4
REFUSED 7 (CHQ.150)
DON'T KNOW 9 (CHQ.150)

CHQ.090   Do you have any concerns about {CHILD}'s overall activity level?

YES   1
NO...   2 (CHQ.150)
REFUSED 7 (CHQ.150)
DON'T KNOW 9 (CHQ.150)

CHQ.100 Has {CHILD} ever been evaluated by a professional in response to {his/her} <u>overall</u> activity level?

IF R INCLUDES EVALUATION OF ATTENTION SPAN, SAY: Please answer for the evaluation of {CHILD}'s <u>overall</u> activity level only.

CAPI INSTRUCTION: DISPLAY "overall" IN UNDERLINED TEXT IN BOTH QUESTION TEXT AND PROBE.

CAPI INSTRUCTION: DISPLAY "IF … SAY: " IN LIGHT BLUE AND DISPLAY "Please ….only" IN BLACK.

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

```
YES ............................................................. 1
NO .............................................................. 2  (CHQ.150)
REFUSED ..................................................... 7  (CHQ.150)
DON'T KNOW ............................................... 9  (CHQ.150)
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CHQ.110 Did you obtain a diagnosis of a problem from a professional?

```
YES ............................................................. 1
NO .............................................................. 2  (CHQ.150)
REFUSED ..................................................... 7  (CHQ.150)
DON'T KNOW ............................................... 9  (CHQ.150)
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CHQ.120 What was the diagnosis?

PROBE: What was the primary diagnosis?

HELP TEXT:
Learning disability: This is a disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken or written) which shows up as difficulty to listen, think, speak, read, write, spell, or do mathematical calculations. In some cases the child can perform at grade level, but only with special help. Some names of learning disabilities are dyslexia (CODE UNDER DYSLEXIA), developmental aphasia, minimal brain dysfunction, and brain injury. The term does not include learning problems that are primarily the result of problems with seeing, hearing, or walking, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage. A commonly used acronym is "LD."

Attention Deficit Disorder (ADD): A childhood syndrome characterized by short attention span that is inappropriate for his/her age group.

Attention Deficit Hyperactivity Disorder (ADHD): The child displays signs of inattention, impulsivity, and hyperactivity that are inappropriate for his or her mental and chronological age. Adults in the child's environment, such as parents and teachers, must report the signs. Inattention means difficulty concentrating, easily distracted, and not finishing things started. Impulsivity means often acts before thinking, shifts excessively from one activity to another, needs a lot of supervision. Hyperactivity means runs about or climbs on things excessively, has difficulty staying seated, always on the go, as if driven by a motor. Onset is typically before age seven and condition lasts at least six months.

Hyperactivity: Having behavior characterized by constant overactivity.

Dyslexia: A learning disability (see above definition) marked by impairment of the ability to recognize and comprehend the written word.

Mental Retardation: The child's mental and/or social/emotional development is significantly and noticeably behind what would ordinarily be expected for a child of his or her age. This is a more significant delay than a developmental delay.

LEARNING DISABILITY	1
ATTENTION DEFICIT DISORDER (ADD)	2
ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD)	3
HYPERACTIVITY	4
DYSLEXIA	5
MENTAL RETARDATION	6
OTHER (SPECIFY)_____	91
_____	
REFUSED	7
DON'T KNOW	9

BOX 4

IF CHQ.120 = 91, CONTINUE WITH CHQ.120OS. OTHERWISE, GO TO CHQ.135.

CHQ.120OS   [What was the diagnosis?]

SPECIFY DIAGNOSIS.

_____

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.135   In what year was the diagnosis made?'

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1990-2007 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___| (CHQ.150)
ENTER YEAR...   (CHQ.150)

　　OR
REFUSED 7777   (CHQ.136)
DON'T KNOW 9999   (CHQ.136)

NOTE: DATE IN CHQ.136 CHANGED FROM 2002 TO 2004.

CHQ.136   Was the diagnosis made before 2004?

YES	1
NO...	2
REFUSED	7
DON'T KNOW	9

CHQ.150   Does {CHILD} pronounce words, communicate with and understand others ...

IF RESPONDENT INDICATES CHILD DIFFERS ON ANY OF THE AREAS (E.G., CAN UNDERSTAND BUT NOT PRONOUNCE), SAY: Answer for the area in which the child has the most difficulty.

CAPI INSTRUCTION: DISPLAY "IF … SAY: IN LIGHT BLUE "AND DISPLAY "Answer ….difficulty" IN BLACK.

Better than other teenagers {his/her} age, ...	1	(CHQ.270)
As well as other teenagers, ...	2	(CHQ.270)
Slightly less well than other teenagers, or	3	(CHQ.160)
Much less well than other teenagers?	4	(CHQ.160)
REFUSED	7	(CHQ.270)
DON'T KNOW	9	(CHQ.270)

HELP AVAILABLE

CHQ.160   Has {CHILD} ever been evaluated by a professional in response to {his/her} ability to communicate?

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES	1	
NO...	2	(CHQ.190)
REFUSED	7	(CHQ.190)
DON'T KNOW	9	(CHQ.190)

CHQ.170   Did you obtain a diagnosis of a problem from a professional?

YES	1	
NO...	2	(CHQ.190)
REFUSED	7	(CHQ.190)
DON'T KNOW	9	(CHQ.190)

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.185   In what year was the diagnosis made?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1990-2007 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___| (CHQ.190)		
ENTER YEAR...		(CHQ.190)
OR		
REFUSED	7777	(CHQ.186)
DON'T KNOW	9999	(CHQ.186)

NOTE: DATE IN CHQ.186 CHANGED FROM 2002 TO 2004.

CHQ.186   Was the diagnosis made before 2004?

                        YES 1
                        NO 2
                        REFUSED 7
                        DON'T KNOW 9

CHQ.190   Does {CHILD} have difficulty hearing and understanding speech in a normal conversation?

                        YES 1 (CHQ.200)
                        NO 2 (CHQ.270)
                        REFUSED 7 (CHQ.270)
                        DON'T KNOW 9 (CHQ.270)

                                                                                    HELP AVAILABLE

CHQ.200   Has {CHILD} 's hearing ever been evaluated by a professional?

           HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

           For the **vision and hearing questions,** having been evaluated at the school by a health professional **does** count as being evaluated by a professional.

                        YES 1 (CHQ.210)
                        NO 2 (CHQ.270)
                        REFUSED 7 (CHQ.270)
                        DON'T KNOW 9 (CHQ.270)

CHQ.210   Did you obtain a diagnosis of a problem from a professional?

                        YES 1
                        NO 2 (CHQ.270)
                        REFUSED 7 (CHQ.270)
                        DON'T KNOW 9 (CHQ.270)

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.225   In what year was the diagnosis made?'

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1990-2007.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___| (CHQ.230)
ENTER YEAR..   (CHQ.230)
   OR
REFUSED 7777 (CHQ.226)
DON'T KNOW 9999 (CHQ.226)

NOTE: DATE IN CHQ.226 CHANGED FROM 2002 TO 2004.

CHQ.226   Was the diagnosis made before 2004?

YES   1
NO   2
REFUSED   7
DON'T KNOW   9

CHQ.230   Which of the following best describes {CHILD}'s hearing loss? Is {he/she} …

Deaf in both ears, ...   1
Deaf in one ear and hard of hearing in the other, ...   2
Deaf in one ear and normally hearing in the other, ...   3
Hard of hearing in both ears, or   4
Hard of hearing in one ear and normally hearing in the other?   5
REFUSED   7
DON'T KNOW   9

HELP AVAILABLE

CHQ.240   Does {CHILD} usually wear a hearing aid(s)?

HELP TEXT: Hearing Aid: A small electronic sound amplifier worn in or behind the ear that compensates for impaired hearing.

YES   1
NO   2
REFUSED   7
DON'T KNOW   9

CHQ.250   Does {CHILD} have a cochlear implant(s)?   **HELP AVAILABLE**

HELP TEXT: Cochlear Implants: An electronic device that is surgically placed in the inner ear which is designed to provide useful hearing and improved communication ability to individuals who are profoundly hearing impaired and unable to understand speech with hearing aids.

YES 1 (CHQ.251)
NO ....   2 (BOX 5)
REFUSED ....   7 (BOX 5)
DON'T KNOW ....   9 (BOX 5)

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.251   In what year (was it/were they) implanted?

CAPI INSTRUCTION: RANGE CHECK: 1990-2007.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___| (CHQ.254)
ENTER YEAR...   (CHQ.254)

OR
REFUSED 7777 (CHQ.252)
DON'T KNOW 9999 (CHQ.252)

CHQ.252   Was it before 2004?

YES   1
NO   2
REFUSED   7
DON'T KNOW   9

CHQ.254   Does {CHILD} use the cochlear implant(s) in school?

All the time,...   1
Some of the time, or   2
Not at all?   3
REFUSED   7
DON'T KNOW   9

BOX 5

- IF CHILD DOES NOT WEAR HEARING AID (CHQ.240=2,7, OR 9) AND DOES NOT HAVE OR DOES NOT USE COCHLEAR IMPLANTS (CHQ.250=2,7, OR 9), GO TO CHQ.270
- OTHERWISE, CONTINUE WITH CHQ.260.

CHQ.260   What is the effect of the device on {CHILD}'s ability to hear and understand speech in normal conversations? Does it ...

Greatly improves {his/her} ability to
understand speech, ...   1
Somewhat improves {his/her} ability to
understand speech,..   2
Minimally improves {his/her} ability to
understand speech, or.................................   3
Does not improve {his/her} ability to
understand speech?   4
REFUSED   7
DON'T KNOW   9

CHQ.270   Now I want to ask you about {CHILD}'s vision. Without the use of eyeglasses or contact lenses, does
               {CHILD} have difficulty seeing objects in the distance or letters on paper?

                               YES 1 (CHQ.290)
                               NO 2 (CHQ.325)
                               REFUSED 7 (CHQ.325)
                               DON'T KNOW 9 (CHQ.325)

                                                                                    HELP AVAILABLE

CHQ.290   Has {CHILD}'s vision ever been evaluated by a professional?

               HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other
               licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other
               psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not
               include teachers or some other non-health professional.

               For the **vision and hearing questions**, having been evaluated at the school by a health professional
               does count as being evaluated by a professional.

                               YES 1
                               NO 2
                               REFUSED 7
                               DON'T KNOW 9

               ┌───┐
               │   **BOX 6**   │
               │   │
               │ ■   IF CHILD HAS DIFFICULTY SEEING (CHQ.270=1) AND   │
               │   CHILD HAS NOT HAD VISION EVALUATED (CHQ.290=2, 7, OR 9),   │
               │   GO TO CHQ.325.   │
               │ ■   OTHERWISE, CONTINUE WITH CHQ.300.   │
               └───┘

CHQ.300   Did you obtain a diagnosis of a <u>vision-related</u> problem from a professional?

               CAPI INSTRUCTION: DISPLAY "vision-related" IN UNDERLINED TEXT.

                               YES 1
                               NO 2 (CHQ.325)
                               REFUSED 7 (CHQ.325)
                               DON'T KNOW 9 (CHQ.325)

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.313   In what year was the diagnosis made?'

               IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

               CAPI INSTRUCTION: RANGE CHECK: 1990-2007.

               CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S
               BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

                               |___|___|___|___| (CHQ.316)
                               ENTER YEAR..   (CHQ.316)
                                 OR
                               REFUSED 7777 (CHQ.314)
                               DON'T KNOW 9999 (CHQ.314)

NOTE: DATE IN CHQ.314 CHANGED FROM 2002 TO 2004.

CHQ.314   Was the diagnosis made before 2004?

YES	1
NO..	2
REFUSED	7
DON'T KNOW	9

CHQ.316   Is {CHILD}'s eyesight ...

Correctable with glasses, ...	1	(CHQ.325)
Improvable with glasses, or	2	
Not correctable with glasses?.......................	3	
REFUSED	7	
DON'T KNOW	9	

CHQ.320   Please tell me which of the following {CHILD}'s <u>best</u> eyesight allows {him/her} to see?

CAPI INSTRUCTION: DISPLAY "best" IN UNDERLINED TEXT.

Large print in books,.......................................	1
Form and/or color of objects, but not detail, ...	2
Shadows, ...	3
Lights, or	4
Does {CHILD} see no light or have no light perception? ...	5
REFUSED	7
DON'T KNOW	9

CHQ.325   Would you say {CHILD} behaves and relates to other teenagers and adults ...

Better than other teenagers {his/her} age, ...	1	(CHQ.350)
As well as other teenagers, ...	2	(CHQ.350)
Slightly less well than other teenagers, or	3	
Much less well than other teenagers?	4	
REFUSED	7	(CHQ.350)
DON'T KNOW	9	(CHQ.350)

CHQ.327   Do you have any concerns about {CHILD}'s overall behavior and relations to other teenagers and adults?

YES	1	
NO..	2	(CHQ.350)
REFUSED	7	(CHQ.350)
DON'T KNOW	9	(CHQ.350)

CHQ.330   Has {CHILD} ever been evaluated by a professional in response to {his/her} <u>overall</u> behavior and relations to other teenagers and adults?

IF R INCLUDES EVALUATION OF ATTENTION SPAN, SAY: Please answer for the evaluation of {CHILD}'s <u>overall</u> behavior only.

CAPI INSTRUCTION: DISPLAY "IF … SAY: " IN LIGHT BLUE AND DISPLAY "Please ….only" IN BLACK.

CAPI INSTRUCTION: DISPLAY "overall" IN UNDERLINED TEXT.

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

YES	1	
NO	2	(CHQ.350)
REFUSED	7	(CHQ.350)
DON'T KNOW	9	(CHQ.350)

CHQ.335   Did you obtain a diagnosis of a problem from a professional?

YES	1	
NO	2	(CHQ.350)
REFUSED	7	(CHQ.350)
DON'T KNOW	9	(CHQ.350)

CHQ.337   What was the diagnosis?

PROBE: What was the primary diagnosis?

HELP TEXT:
Learning disability: This is a disorder in one or more of the basic psychological processes involved in understanding or in using language (spoken or written) which shows up as difficulty to listen, think, speak, read, write, spell, or do mathematical calculations. In some cases the child can perform at grade level, but only with special help.   Some names of learning disabilities are dyslexia, developmental aphasia, minimal brain dysfunction, and brain injury. The term does not include learning problems that are primarily the result of problems with seeing, hearing, or walking, mental retardation, emotional disturbance, or environmental, cultural, or economic disadvantage. A commonly used acronym is "LD."

Attention Deficit Disorder (ADD): A childhood syndrome characterized by short attention span that is inappropriate for his/her age group.

Attention Deficit Hyperactivity Disorder (ADHD): The child displays signs of inattention, impulsivity, and hyperactivity that are inappropriate for his or her mental and chronological age. Adults in the child's environment, such as parents and teachers must report the signs.   Inattention means difficulty concentrating, easily distracted, and not finishing things started. Impulsivity means often acts before thinking, shifts excessively from one activity to another, needs a lot of supervision. Hyperactivity means runs about or climbs on things excessively, has difficulty staying seated, always on the go, as if driven by a motor. Onset is typically before age seven and condition lasts at least six months.

Hyperactivity: Having behavior characterized by constant overactivity.

Mental Retardation: The child's mental and/or social/emotional development is significantly and noticeably behind what would ordinarily be expected for a child of his or her age. This is a more significant delay than a developmental delay.

Serious Emotional Disturbance or SED: A condition that has one or more of the following characteristics over a long period of time that negatively affect a child's educational performance: (a) an inability to learn that cannot be explained by other factors;   (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate behavior or feelings; (d) a general mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

```
LEARNING DISABILITY ................................   1
ATTENTION DEFICIT DISORDER (ADD) ....   2
ATTENTION DEFICIT HYPERACTIVE
   DISORDER (ADHD) ...................................   3
HYPERACTIVITY .........................................   4
MENTAL RETARDATION ............................   5
SERIOUS EMOTIONAL DISTURBANCE(SED) 6
OTHER (SPECIFY)_____   91
REFUSED ...................................................   7
DON'T KNOW .............................................   9
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+---+
| **BOX 7** |
| |
| IF CHQ.337 = 91, CONTINUE WITH CHQ.337OS. OTHERWISE, GO TO CHQ.345. |
+---+

CHQ.337OS   [What was the diagnosis?]

                   SPECIFY DIAGNOSIS.

                   _____

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.345   In what year was the diagnosis made?

                 IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

                 CAPI INSTRUCTION: RANGE CHECK: 1990-2007 FOR YEAR.

                 CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

```
                 |___|___|___|___| (CHQ.350)
                 ENTER YEAR..............................................     (CHQ.350)
                    OR
                 REFUSED ...................................................7777 (CHQ.346)
                 DON'T KNOW .............................................9999 (CHQ.346)
```

NOTE: DATE IN CHQ.346 CHANGED FROM 2002 TO 2004.

CHQ.346   Was the diagnosis made before 2004?

```
                 YES  ...............................................................   1
                 NO ..................................................................   2
                 REFUSED ......................................................   7
                 DON'T KNOW ................................................   9
```

CHQ.350   Do you have any concerns about {CHILD}'s overall emotional behavior, such as anxiety or depression?

                         YES 1
                         NO.. 2 (CHQ.400)
                         REFUSED 7 (CHQ.400)
                         DON'T KNOW 9 (CHQ.400)

                                                                            HELP AVAILABLE

CHQ.355   Has {CHILD} ever been evaluated by a professional in response to {his/her} overall emotional behavior?

           IF R INCLUDES EVALUATION OF ATTENTION SPAN, SAY: Please answer for the evaluation of {CHILD}'s overall emotional behavior only.

           CAPI INSTRUCTION: DISPLAY "IF … SAY: IN LIGHT BLUE "AND DISPLAY "Please ….only" IN BLACK.

           HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

                         YES 1
                         NO.. 2 (CHQ.400)
                         REFUSED 7 (CHQ.400)
                         DON'T KNOW 9 (CHQ.400)

CHQ.360   Did you obtain a diagnosis of a problem from a professional?

                         YES 1
                         NO.. 2 (CHQ.400)
                         REFUSED 7 (CHQ.400)
                         DON'T KNOW 9 (CHQ.400)

                                                                            HELP AVAILABLE

NOTE: IN ROUND 7, CODING CATEGORIES 8 AND 9 ARE NEW IN CHQ.365. ALSO, ROUND 6 CATEGORY 8 FOR "OTHER DEPRESSIVE DISORDER" IS CATEGORY 10 IN ROUND 7.

CHQ.365   What was the diagnosis?

           PROBE: What was the primary diagnosis?

           HELP TEXT:
           Panic Disorder: A disorder in which there is the sudden onset of several different physical signs, such as rapid heartrate, shaking, sweating, nausea, dizziness, and difficulty breathing. A panic disorder may make a child think that something horrible is about to happen.

           Separation Anxiety Disorder: This is the fear a child has of being separated from his/her parents which is far more than would be expected for the child's developmental stage.

           Agoraphobia: This is anxiety about being in places or situations from which escape might be difficult or embarrassing or in which help might not be available in the event of having an unexpected panic attack. Children usually avoid the situations or else they are endured with distress or anxiety about having a panic attack. This disorder is not due to any social phobia such as obsessive-compulsive disorder, or separation anxiety.

Social Phobia: A marked and persistent fear of social or performance situations in which the child is exposed to unfamiliar people or possible scrutiny. These situations provoke anxiety, which can take the form of panic, crying, and tantrums, freezing or shrinking from the situation. The avoidance or anxious anticipation and distress caused by these situations interfere significantly with the child's routine, academic functioning or social activities.

Obsessive Compulsive Disorder: A child must have obsessions or compulsions or both to have this disorder, and these obsessions and/or compulsions must be disabling to the child. Obsessions are thoughts that aren't visible to others but cause the child distress. The thoughts occur over and over and the child spends so much time on them that they have a hard time taking care of themselves or relating to others. Compulsions are mental acts that a child feels driven to perform in response to an obsession.

Generalized Anxiety Disorder: Children who have this disorder worry all the time over nothing, themselves, other's safety, their health, and/or the world to a far greater extent than average. They often have many physical signs of anxiety such as headache, abdominal pain, cramps, diarrhea, vomiting, and dizziness. [CODE AS OTHER ANXIETY DISORDER]

Depression: Some signs of depression are frequent sadness, loss of interest or enjoyment of activities, low energy, isolation from friends, sleeping too much, poor appetite, a severe sense of worthlessness, problems with concentration, frequent complaints of physical illnesses, and thoughts of suicide or destructive behavior.

Dysthymia: Dysthymia is a milder form of depression than clinical depression. Symptoms of dysthymia are similar to those for depression and include problems with school work, withdrawal from other children, shyness, irritability, problems with relationships, and sleep difficulties.

Bipolar Disorder: A child with bipolar disorder displays signs of major mood changes, sometimes sad, as in depression, or the opposite, mania. All bipolar disorders are a combination of mania with or without depression. Some signs of mania include inflated self-esteem, decreased need for sleep, distractibility and increased activity. Some signs of depression are sleeping too much, poor appetite, severe worthlessness, hallucinations or strange beliefs about the past.

```
PANIC DISORDER........................................    1
SEPARATION ANXIETY DISORDER ...........    2
AGORAPHOBIA...........................................    3
SOCIAL PHOBIA..........................................    4
OBSESSIVE COMPULSIVE DISORDER......    5
OTHER ANXIETY DISORDER......................    6
BIPOLAR DISORDER .................................    7
DEPRESSION.............................................    8
DYSTHYMIA (MILD DEPRESSION) ............    9
OTHER DEPRESSIVE DISORDER ..............   10
OTHER (SPECIFY)_____   91
REFUSED ..................................................   77
DON'T KNOW ............................................   99
```

+--+
| **BOX 8** |
| |
| IF CHQ.365 = 91, CONTINUE WITH CHQ.365OS. OTHERWISE, GO TO BOX 8a. |
+--+

CHQ.365OS   [What was the diagnosis?]

                 SPECIFY DIAGNOSIS.

                 _____

NOTE: BOX 8a IS NEW IN ROUND 7.

BOX 8a

IF CHQ.365 = 8, 9, OR 10, CONTINUE WITH CHQ.370. OTHERWISE, GO TO CHQ.375.

NOTE: CHQ.370 IS NEW IN ROUND 7.

CHQ.370 You said that {CHILD} has {depression/dysthymia /a depressive disorder}. Is {CHILD} now taking any prescription medicine for the condition related to {his/her} depression or depressive disorder?

CAPI INSTRUCTION: DISPLAY "depression" IF CHQ.365 = 8. DISPLAY "dysthymia" IF CHQ.365 = 9. DISPLAY "a depressive disorder" IF CHQ.365 = 10.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NOTE: SKIP FOR REFUSED ANSWERS IS SAME AS FOR DON'T KNOW ANSWERS FOR THIS ITEM IN ROUND 7.

CHQ.375 In what year was the diagnosis made?'

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTION: RANGE CHECK: 1990-2007 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___| (CHQ.400)
ENTER YEAR...   (CHQ.400)

   OR
REFUSED 7777 (CHQ.376)
DON'T KNOW 9999 (CHQ.376)

NOTE: DATE IN CHQ.376 CHANGED FROM 2002 TO 2004.

CHQ.376 Was the diagnosis made before 2004?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NOTE: CHQ.400 IS NEW IN ROUND 7.

CHQ.400 Do you have any concerns about {CHILD}'s weight or an eating disorder?

YES	1	
NO	2	(CHQ.500)
REFUSED	7	(CHQ.500)
DON'T KNOW	9	(CHQ.500)

NOTE: CHQ.410 IS NEW IN ROUND 7.

CHQ.410   What is that concern?

                CODE ALL THAT APPLY

                HELP TEXT:
Overweight/Obese: If a child is overweight or obese, his or her weight is greater than what is considered healthy for his or her height. A child who is overweight is defined as having a "body mass index" or BMI that is equal to or above the 95th percentile. The 95th percentile means that compared to children of the same gender and age, 95 percent have a lower BMI.

Underweight: If a child is underweight, his or her weight is less than what is considered healthy for his or her height. A child who is underweight is defined as having a "body mass index" or BMI that is less than the 5th percentile. The 5th percentile means that compared to children of the same gender and age, 5 percent have a lower BMI.

Anorexia: A person with anorexia, or anorexia nervosa, has an eating disorder characterized by not eating enough food, having a distorted image of his or her body, refusing to maintain a normal body weight, and being afraid to gain weight even though he or she is very underweight.

Bulimia: A person with bulimia, or bulimia nervosa, has an eating disorder often characterized by eating a large amount of food in a short time and then purging it by vomiting, exercising too much, or using medications such as laxatives or diuretics. Persons with bulimia may be of average weight, but often obsess about their body shape and size.

                        OVERWEIGHT/OBESE................................ 1
                        UNDERWEIGHT 2
                        ANOREXIA.. 3
                        BULIMIA 4
                        OTHER (SPECIFY)_____ 91
                        REFUSED 77
                        DON'T KNOW 99

BOX 8b

IF CHQ.410 = 91, CONTINUE WITH CHQ.410OS. OTHERWISE, GO TO CHQ.415.

CHQ.410OS   [What is that concern?]

                SPECIFY CONCERN.

                _____

CHQ.415   How old was {CHILD} when this first became a concern?

                CAPI INSTRUCTION: RANGE CHECK: 0 – 16 YEARS OLD. UNLESS AGE IN HOUSEHOLD ROSTER = DK OR RF, AGE ENTERED AT THIS ITEM CANNOT EXCEED THIS PERSON'S AGE IN THE HOUSEHOLD ROSTER. OTHERWISE, DISPLAY ERROR MESSAGE: "This age cannot be greater than person's age."

                        |___|___|
                          AGE
                          or
                        REFUSED 77
                        DON'T KNOW 99

CHQ.420   Has {CHILD} seen a medical professional about this concern?

                                         YES 1
                                         NO 2
                                         REFUSED 7
                                         DON'T KNOW 9

CHQ.500   Would you say {CHILD}'s health is ...

                                         Excellent, ... 1
                                         Very good, ... 2
                                         Good, ... 3
                                         Fair, or 4
                                         Poor? 5
                                         REFUSED 7
                                         DON'T KNOW 9

CHQ.510   Does {CHILD} currently use special equipment for children with special needs, such as a wheelchair,
           communication board, electronic Braille device, or other assistive device, etc.?

                                         YES 1
                                         NO 2
                                         REFUSED 7
                                         DON'T KNOW 9

+---+
| **BOX 9** |
| |
| ■ IF CHILD HAS ANY DISABILITIES OR HIS OR HER HEALTH IS FAIR OR POOR, |
| THAT IS: |
| CHQ.010=3, 4 (INDEPENDENCE) |
| OR |
| CHQ.020=3, 4 (ATTENTION) |
| OR |
| CHQ.030=3, 4 (THINK/LEARN/SOLVE) |
| OR |
| CHQ.080=4 (HYPERACTIVE) |
| OR |
| CHQ.150=3, 4 (COMMUNICATION) |
| OR |
| CHQ.190=1 (HEARING) |
| OR |
| CHQ.270=1 (VISION) |
| OR |
| CHQ.325=3, 4 (BEHAVIOR) |
| OR |
| CHQ.350=1 (EMOTIONS) |
| OR |
| CHQ.500=4, 5 (HEALTH), |
| GO TO CHQ.520. |
| ■ OTHERWISE, GO TO CHQ.550. |
+---+

CHQ.520   Children with disabilities include children with developmental delays, communication impairments, or special health care needs. During this school year, did {CHILD} ever receive therapy services or take part in a program for children with disabilities?

```
                           YES ............................................................  1
                           NO ...............................................................  2  (BOX 9a)
                           REFUSED ...................................................  7  (BOX 9a)
                           DON'T KNOW .............................................  9  (BOX 9a)
```

CHQ.525   Is {CHILD} still receiving any of these services?

```
                           YES ............................................................  1  (CHQ.540)
                           NO ...............................................................  2
                           REFUSED ...................................................  7
                           DON'T KNOW .............................................  9
```

CHQ.535   In what year was the last of these services received?

CAPI INSTRUCTION: RANGE CHECK: 1990-2007 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

```
                           |___|___|___|___| (CHQ.540)
                           ENTER YEAR................................................       (CHQ.540)

                              OR
                           REFUSED ....................................................7777 (CHQ.540)
                           DON'T KNOW .............................................9999 (CHQ.536)
```

CHQ.536   Were the last of the services received before 2004?

```
                           YES ............................................................  1  (CHQ.537)
                           NO ...............................................................  2  (CHQ.540)
                           REFUSED ...................................................  7  (CHQ.537)
                           DON'T KNOW .............................................  9  (CHQ.537)
```

CHQ.537   Were the last of the services received before {CHILD} entered elementary school?

```
                           YES ............................................................  1
                           NO ...............................................................  2
                           REFUSED ...................................................  7
                           DON'T KNOW .............................................  9
```

CHQ.540   Overall, how helpful were the special services your child and/or family received?

```
                           Very helpful,................................................  1
                           Helpful, .......................................................  2
                           Not helpful, or .............................................  3
                           Not at all helpful?.........................................  4
                           REFUSED ...................................................  7
                           DON'T KNOW .............................................  9
```

CHQ.545 During <u>this school year</u> did {CHILD} receive any services for children with special needs such as speech therapy or did {he/she} participate in a special education program?

CAPI INSTRUCTIONS: DISPLAY 'this school year' IN UNDERLINED TEXT

YES 1 (CHQ.550)
NO .... 2 (BOX 9a)
REFUSED .... 7 (BOX 9a)
DON'T KNOW .... 9 (BOX 9a)

NOTE: BOX 9a IN ROUND 7 INCLUDES REFERENCES TO PAST ROUNDS INCLUDING ROUND 6.

BOX 9a

• IF CHQ.546 WAS ASKED IN THE LAST ROUND, ROUND 6, BASED ON PAST INFORMATION ABOUT SPECIAL SERVICES OR SPECIAL EDUCATION [(P6SVNEED NE -1) OR (P6SVELGB NE -1) OR (P6SVREF NE -1) OR (P6SVNSCH NE -1) OR (P6SVSOME NE -1)], THEN GO TO CHQ.550.

• ELSE, IF P2SPECND (CHQ.160 IN ROUND 2) = 1 OR P5SPECND (CHQ.545 IN ROUND 5) = 1 OR P6SPECND (CHQ.545 IN ROUND 6) = 1 (CHILD HAD SERVICES FOR SPECIAL NEEDS OR WAS IN SPECIAL EDUCATION PROGRAM IN ROUNDS 2, 5, OR 6), GO TO CHQ.546.

• OTHERWISE, GO TO CHQ.550.

CHQ.546 In an earlier year of the study, it was reported by your household that {CHILD} received services for children with special needs or was in a special education program. Is {CHILD} no longer participating in these services or special education because {he/she}…

		YES	NO	REF	DK
a.	No longer needs services?	1	2	7	9
b.	Is no longer eligible for services?	1	2	7	9
c.	Services were refused by {his/her} parent or guardian?	1	2	7	9
d.	{CHILD} moved and is not receiving these services in the new school?	1	2	7	9
e.	Something else? (SPECIFY)	1	2	7	9
	(SPECIFY) _____				

BOX 9b

▪ IF CHQ. 546e=1, GO TO CHQ.547OS. ELSE, GO TO CHQ 550.

CHQ.547OS [Is {CHILD} no longer participating in these services or special education because of some other reason?]

SPECIFY REASON

_____

CHQ.550   How long has it been since {CHILD}'s last visit to a dentist or dental hygienist for dental care?

NEVER 1
LESS THAN 6 MONTHS 2
6 MONTHS TO YEAR 3
1 TO 2 YEARS 4
MORE THAN 2 YEARS 5
REFUSED 7
DON'T KNOW 9

CHQ.555   How long has it been since {CHILD}'s last visit to a clinic, health center, hospital, doctor's office, or other place for routine health care?

PROBE: Routine health care may include check-ups, or immunization appointments.

NEVER 1
LESS THAN 6 MONTHS 2
6 MONTHS TO YEAR 3
1 TO 2 YEARS 4
MORE THAN 2 YEARS 5
REFUSED 7
DON'T KNOW 9

CHQ.560   Now I have some questions about common health conditions. Has a doctor, nurse, or other medical professional ever told you that {CHILD} has chronic sinusitis?

YES 1   (CHQ.565)
NO 2   (CHQ.570)
REFUSED 7   (CHQ.570)
DON'T KNOW 9   (CHQ.570)

CHQ.565   Does {he/she} receive treatment for this condition?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CHQ.570   Has a doctor, nurse, or other medical professional ever told you that {CHILD} has asthma?

YES 1   (CHQ.575)
NO 2   (CHQ.580)
REFUSED 7   (CHQ.580)
DON'T KNOW 9   (CHQ.580)

CHQ.575   Does {he/she} receive treatment for this condition?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CHQ.580   Has a doctor, nurse, or other medical professional ever told you that {CHILD} has hay fever or allergic rhinitis without asthma?

YES	1	(CHQ.585)
NO	2	(CHQ.590)
REFUSED	7	(CHQ.590)
DON'T KNOW	9	(CHQ.590)

CHQ.585   Does {he/she} receive treatment for this condition?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NOTE: CHQ.590 IS NEW IN ROUND 7.

CHQ.590   Has a doctor, nurse, or other medical professional ever told you that {CHILD} has diabetes?

YES	1	(CHQ.600)
NO	2	(CHQ.690)
REFUSED	7	(CHQ.690)
DON'T KNOW	9	(CHQ.690)

NOTE: CHQ.600 IS NEW IN ROUND 7.

CHQ.600   Does {he/she} receive treatment for this condition?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

NOTE: THE DATE IN THIS QUESTION IN ROUND 7 INCORPORATES SPRING 1999, FALL 1999, SPRING 2000, SPRING 2002, AND SPRING 2004.

CHQ.690   Now I have some questions about childhood injuries. How many times since our last interview in {spring of 1999/fall of 1999/spring of 2000/spring of 2002/spring of 2004} has {CHILD} seen a doctor or other medical professional or visited a clinic or emergency room for an injury?

CAPI INSTRUCTION: DISPLAY "spring of 1999" IF THE HOUSEHOLD LAST RESPONDENT IN ROUND 2. DISPLAY "fall of 1999" IF THE HOUSEHOLD LAST RESPONDENT IN ROUND 3. DISPLAY "spring of 2000" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 4. DISPLAY "spring of 2002" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 5. DISPLAY "spring of 2004" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 6.

SOFT RANGE CHECK: 0 – 28 TIMES
HARD RANGE CHECK: 0 - 99 TIMES

|___|___|
ENTER NUMBER OF TIMES
  OR

REFUSED	777
DON'T KNOW	999

BOX 10

IF CHQ.690 equals 0 or REFUSED or DON'T KNOW then go to CHQ.695.

OTHERWISE, GO TO CHQ.693.

CHQ.693   How many times has {CHILD} been hospitalized at least one night for injuries?

SOFT RANGE CHECK: 0 – 28 TIMES
HARD RANGE CHECK: 0 - 99 TIMES

|___|___|
ENTER NUMBER OF TIMES
   OR
REFUSED 777
DON'T KNOW 999

CHQ.695   What kinds of health insurance or health care coverage does {CHILD} have? By health insurance I mean any kind of coverage that pays for health care expenses. Please do not include private plans that only provide extra cash while hospitalized. Does {he/she} have…

CAPI INSTRUCTIONS: IN CHQ.695b, DISPLAY NAME FOR STATE MEDICAID PROGRAM, IF ANY, FOR "or STATE MEDICAID PROGRAM NAME"; ELSE, USE NULL DISPLAY.
IN CHQ.695c, DISPLAY NAME FOR STATE CHIP PROGRAM, IF ANY, FOR "or STATE CHIP PROGRAM NAME"; ELSE, USE NULL DISPLAY.
IN CHQ.695e, DISPLAY NAME FOR OTHER STATE SPONSORED HEALTH PLAN, IF ANY, FOR "STATE SPONSORED HEALTH PLAN NAME"; ELSE, USE NULL DISPLAY.

		YES	NO	REF	DK
a.	A private health insurance plan from an employer, workplace, or purchased directly or through a state or local government program or community program?	1	2	7	9
b.	Medicaid {or STATE MEDICAID PROGRAM NAME}?	1	2	7	9
c.	CHIP (Children's Health Insurance Program){or NAME OF STATE CHIP PROGRAM NAME}?	1	2	7	9
d.	Military health care, or VA, or CHAMPUS, or TRICARE, or CHAMP-VA?	1	2	7	9
e.	Another government program (Indian Health Service, Medicare {,STATE SPONSORED HEALTH PLAN NAME})?	1	2	7	9

+--+
| **BOX 10b** |
| |
| IF ANY CHQ.695a, b, c, d, or e EQUALS 1, AUTOCODE CHQ.695f = 2 AND GO TO |
| BOX 11C. |
| OTHERWISE, ASK CHQ.695f. |
+--+

f.	No health insurance?	1	2	7	9

NOTE: IN ROUND 7, BOX 11c BELOW INCLUDES PAST INFORMATION FROM ROUND 6, IN ADDITION TO INFORMATION FROM ROUNDS 1, 4, AND 5. THE SKIP ALSO INCLUDES CURRENT INFORMATION IN ROUND 7.

BOX 11c

- ▪ IF CHILD HAD ADD, ADHD, OR HYPERACTIVITY IN CURRENT OR PREVIOUS ROUND [(P1WHATD1 (CHQ.125 IN ROUND 1) = 2 OR 7) OR (P1WHATD3 (CHQ.160 IN ROUND 1) = 2, 3, OR 7) OR (P4DGNATT (CHQ.060 IN ROUND 4) = 2 OR 3) OR (P4DGNACT (CHQ.120 IN ROUND 4) = 2, 3, OR 4) OR (P5DGNATT (CHQ.060 IN ROUND 5) = 2 OR 3) OR (P5DGNACT (CHQ.120 IN ROUND 5) = 2, 3, OR 4) OR (P5DGNBEH (CHQ.337 IN ROUND 5) = 2, 3, OR 4) OR (P6DGNATT (CHQ.060 IN ROUND 6) = 2 OR 3) OR (P6DGNACT (CHQ.120 IN ROUND 6) = 2, 3, OR 4) OR (P6DGNBEH (CHQ.337 IN ROUND 6) = 2, 3, OR 4)] OR (P8DGNATT (CHQ.060 IN ROUND 7) = 2 OR 3) OR (P8DGNACT (CHQ.120 IN ROUND 7) = 2, 3, OR 4) OR (P8DGNBEH (CHQ.337 IN ROUND 7) = 2, 3, OR 4)] THEN ASK CHQ.740.
- • OTHERWISE, GO TO CHQ.900.

CHQ.740   {In an earlier year of the study, someone in your household told us that {CHILD} has attention deficit disorder, ADHD, or hyperactivity.} Is {CHILD} now taking any prescription medicine for the condition related to {his/her} ADD, ADHD, or hyperactivity?

CAPI INSTRUCTION: DISPLAY "In an ….hyperactivity" IF CHILD WAS NOT REPORTED TO HAVE ADD, ADHD, OR HYPERACTIVITY IN THIS ROUND (P8DGNATT NE 2 OR 3) AND (P8DGNACT NE 2, 3, OR 4) AND (P8DGNBEH NE 2, 3, OR 4).

YES	1	
NO	2	(CHQ.763)
REFUSED	7	(CHQ.763)
DON'T KNOW	9	(CHQ.763)

CHQ.760   How long has {CHILD} taken such prescription medicine for this condition, in total?

Less than one month,	1
Less than a year,	2
1 to 2 years,	3
3 to 4 years, or	4
5 years or more?	5
REFUSED	7
DON'T KNOW	9

NOTE: CHQ.763 IS NEW IN ROUND 7.

CHQ.763   Individual therapy refers to a therapy/counseling situation where the focus of the treatment is on the individual. Therapy is likely to be provided by a mental health professional. Since spring 2004, has {CHILD} received any individual therapy?

       HELP TEXT:
       Individual therapy: this includes therapy or counseling from any of the following: psychiatrist, psychologist, licensed clinical social worker, or counselor.

         YES 1
         NO.. 2 (CHQ.770)
         REFUSED 7 (CHQ.770)
         DON'T KNOW 9 (CHQ.770)

NOTE: CHQ.764 IS NEW IN ROUND 7.

CHQ.764   Was the main reason for receiving therapy due to {CHILD}'s…

        ADHD (ATTENTION DEFICIT/HYPERACTIVE DISORDER), ... 1
        Learning problems, ... 2
        Other behavioral/emotional difficulties, or 3
        Something else (SPECIFY)? 91
         SPECIFY_____
        REFUSED   7
        DON'T KNOW   9

NOTE: BOX 11g AND CHQ.764OS ARE NEW IN ROUND 7.

BOX 11g

- IF CHQ. 764 = 91, GO TO CHQ.764OS. ELSE, GO TO CHQ.765.

CHQ.764OS [Was the main reason for receiving therapy due to {CHILD}'s…]

       SPECIFY MAIN REASON

       _____

NOTE: CHQ.765 IS NEW IN ROUND 7.

CHQ.765 Did {CHILD} see…..

    COUNT EACH PERSON IN CHQ.765A-E ONLY ONCE. IF SOMEONE HAS MORE THAN ONE DEGREE (E.G., A PSYCHOLOGIST AND A COUNSELOR), PICK THE CATEGORY WITH THE LOWEST NUMBER ON THIS LIST (E.G., 1. PSYCHIATRIST; 2. PSYCHOLOGIST; 3. SOCIAL WORKER; 4. COUNSELOR).

		YES	NO	REF	DK
a.	A psychiatrist?	1	2	7	9
b.	Psychologist?	1	2	7	9
c.	Social worker?	1	2	7	9
d.	Counselor?	1	2	7	9
e.	Someone else (SPECIFY)?	1	2	7	9
	(SPECIFY) _____				

NOTE: BOX 11h AND CHQ.765OS ARE NEW IN ROUND 7.

BOX 11h

▪ IF CHQ. 765e = 1, GO TO CHQ.765OS. ELSE, GO TO CHQ.766.

CHQ.765OS [Did {CHILD} see…..]

    SPECIFY OTHER PERSON CHILD SAW

    _____

NOTE: CHQ.766 IS NEW IN ROUND 7.

CHQ.766 Was this at school, out of school, or both?

      AT SCHOOL 1
      OUT OF SCHOOL 2
      BOTH 3
      REFUSED 7
      DON'T KNOW 9

NOTE: CHQ.767 IS NEW IN ROUND 7.

CHQ.767 About how many times since spring 2004 has {CHILD} received this help?

Five times or less,................................	1
Between 6 and 20 times, ...	2
Between 21 and 50 times, or	3
More than 50 times?................................	4
REFUSED	7
DON'T KNOW	9

HELP AVAILABLE

CHQ.770 Family therapy refers to a therapy/counseling situation where the focus of the treatment is on a family. Family therapy is likely to be provided by a mental health professional. Since spring 2004, has your family received any family therapy?

HELP TEXT:
Family therapy: this includes therapy or counseling from any of the following: psychiatrist, psychologist, licensed clinical social worker, or counselor.

YES	1	
NO	2	(CHQ.900)
REFUSED	7	(CHQ.900)
DON'T KNOW	9	(CHQ.900)

CHQ.780 Was the main reason for receiving family therapy due to {CHILD}'s…

ADHD (ATTENTION DEFICIT/HYPERACTIVE DISORDER),.......	1
Learning problems, ...	2
Other behavioral/emotional difficulties, or.....................	3
Something else (SPECIFY)?	91
SPECIFY_____	
REFUSED	7
DON'T KNOW	9

+---+
| **BOX 11i** |
| |
| ▪ IF CHQ. 780 = 91, GO TO CHQ.781OS. ELSE, GO TO CHQ.790. |
+---+

CHQ.781OS [Was the main reason for receiving family therapy due to {CHILD}'s…]

SPECIFY MAIN REASON

_____

CHQ.790   Did the family see…..

COUNT EACH PERSON IN CHQ.790A–E ONLY ONCE. IF SOMEONE HAS MORE THAN ONE
DEGREE (E.G., A PSYCHOLOGIST AND A COUNSELOR), PICK THE CATEGORY WITH THE
LOWEST NUMBER ON THIS LIST (E.G., 1. PSYCHIATRIST; 2. PSYCHOLOGIST; 3. SOCIAL
WORKER; 4. COUNSELOR).

		YES	NO	REF	DK
a.	A psychiatrist?	1	2	7	9
b.	Psychologist?	1	2	7	9
c.	Social worker?	1	2	7	9
d.	Counselor?	1	2	7	9
e.	Someone else (SPECIFY)?	1	2	7	9

(SPECIFY) _____

BOX 11j

▪ IF CHQ. 790e = 1, GO TO CHQ.791OS. ELSE, GO TO CHQ.800.

CHQ.791OS   [Did the family see…..]

SPECIFY OTHER PERSON FAMILY SAW

_____

NOTE: IN CHQ.800, THE DATE HAS CHANGED TO SPRING 2004.

CHQ.800   About how many times since spring 2004 has the family received this help?

Five times or less,	1
Between 6 and 20 times,	2
Between 21 and 50 times, or	3
More than 50 times?	4
REFUSED	7
DON'T KNOW	9

NOTE: CHQ.900 IS NEW IN ROUND 7.

CHQ.900. I am going to read a list of items that sometimes describe teenagers. For each of the following characteristics please tell me extent to which they are not true, somewhat, or certainly true for {CHILD} over the last six months or this school year.

> PROBE: Would you say not true, somewhat true, or certainly true?

> CAPI INSTRUCTION: DISPLAY "PROBE:…certainly true?" in SQUARE BRACKETS FOR B-Y.

		NOT TRUE	SOMEWHAT TRUE	CERTAINLY TRUE	REF	DK
a.	{He/She} is considerate of other people's feelings. Would you say not true, somewhat true, or certainly true?	1	2	3	7	9
b.	{He/She} is restless, overactive, cannot stay still for long	1	2	3	7	9
c.	{He/She} often complains of headaches, stomach-aches or sickness	1	2	3	7	9
d.	{He/She} shares readily with other youth, for example books, games, food	1	2	3	7	9
e.	{He/She} often loses {his/her} temper	1	2	3	7	9
f.	{He/She} would rather be alone than with other youth	1	2	3	7	9
g.	{He/She} is generally well behaved, usually does what adults request	1	2	3	7	9
h.	{He/She} has many worries or often seems worried	1	2	3	7	9
i.	{He/She} is helpful if someone is hurt, upset, or feeling ill	1	2	3	7	9
j.	{He/She} is constantly fidgeting or squirming	1	2	3	7	9
k.	{He/She} has at least one good friend	1	2	3	7	9
l.	{He/She} often fights with other youth or bullies them	1	2	3	7	9
m.	{He/She} is often unhappy, depressed or tearful	1	2	3	7	9
n.	{He/She} is generally liked by other youth	1	2	3	7	9
o.	{He/She} is easily distracted, concentration wanders	1	2	3	7	9
p.	{He/She} is nervous in new situations, easily loses confidence	1	2	3	7	9
q.	{He/She} is kind to younger children	1	2	3	7	9
r.	{He/She} often lies or cheats	1	2	3	7	9
s.	{He/She} is picked on or bullied by other youth	1	2	3	7	9
t.	{He/She} often offers to help others (parents, teachers, children)	1	2	3	7	9
u.	{He/She} thinks things out before acting	1	2	3	7	9
v.	{He/She} steals from home, school or elsewhere	1	2	3	7	9
w.	{He/She} gets along better with adults than with other youth	1	2	3	7	9
x.	{He/She} has many fears, easily scared	1	2	3	7	9
y.	{He/She} has a good attention span, sees work through to the end	1	2	3	7	9

BOX 12

GO TO PPQ (PARENT'S PSYCHOLOGICAL WELL-BEING AND HEALTH).

PARENT'S PSYCHOLOGICAL WELL-BEING AND HEALTH -- PPQ

```
┌──────────────────────────────────────────────────────────────┐
│                           BOX 1                              │
│                                                              │
│ IF (NumberOfChildren = 1) OR (NumberOfChildren > 1 AND       │
│ ChildNum = 1), CONTINUE WITH INSTRUCTIONS IN BOX 1.  ELSE,   │
│ IF (NumberofChildren > 1 AND ChildNum = 2), GO TO BOX 2.     │
│                                                              │
│ IF PERSON FLAGGED AS THE RESPONDENT  IS A "PARENT FIGURE"    │
│ MEANING THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN      │
│ (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR  │
│ GUARDIANS)                                                   │
│ OR                                                           │
│ IF NO HOUSEHOLD MEMBER IS A "PARENT FIGURE" AS DEFINED ABOVE │
│ CONTINUE WITH PPQ.100.                                       │
│                                                              │
│ OTHERWISE, GO TO BOX 2 .                                     │
└──────────────────────────────────────────────────────────────┘
```

NOTE: PPQ.100 IS NEW TO ROUND 7 AND THE SAME AS PPQ.100-PPQ.210 IN ROUND 2

PPQ.100   I'm going to read some statements that may relate to how you have felt about yourself and your life during the past week. For each statement I read, please indicate how often in the past week you felt or behaved this way. There are no right or wrong answers.

PROBE: Would you say never, some of the time, a moderate amount of time, or most of the time?

CAPI INSTRUCTION: DISPLAY "past week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "Would…time" in SQUARE BRACKETS FOR B-I.

		NEVER	SOME OF THE TIME	A MODERATE AMOUNT OF TIME	MOST OF THE TIME	REF	DK
a.	Felt that you were bothered by things that don't usually bother you? Would you say never, some of the time, a moderate amount of time, or most of the time?	1	2	3	4	7	9
b.	Felt that you did not feel like eating, that your appetite was poor?	1	2	3	4	7	9
c.	Felt that you could not shake off the blues even with help from your family and friends?	1	2	3	4	7	9
d.	Felt that you had trouble keeping your mind on what you were doing?	1	2	3	4	7	9
e.	Felt depressed?	1	2	3	4	7	9
f.	Felt that everything you did was an effort?	1	2	3	4	7	9
g.	Felt fearful?	1	2	3	4	7	9
h.	Felt that your sleep was restless?	1	2	3	4	7	9
i.	Felt that you talked less than usual?	1	2	3	4	7	9
j.	Felt lonely?	1	2	3	4	7	9
k.	Felt sad?	1	2	3	4	7	9
l.	Felt that you could not get going?	1	2	3	4	7	9

PPQ.220   Now, I would like to ask you about your health. In general, would you say that your health is…

$$
\begin{array}{ll}
\text{Excellent,} & 1 \\
\text{Very good,} & 2 \\
\text{Good,} & 3 \\
\text{Fair, or} & 4 \\
\text{Poor?} & 5 \\
\text{REFUSED} & 7 \\
\text{DON'T KNOW} & 9 \\
\end{array}
$$

NOTE: PPQ.230 IS NEW IN ROUND 7.

PPQ.230   This is a list of things that sometimes happen. In the past year, which, if any, have happened to you?

		YES	NO	REF	DK
a.	Have you been robbed, mugged, or attacked in the past year?	1	2	7	9
b.	Has your electricity or phone been cut off because the bills weren't paid?	1	2	7	9
c.	Have you lost a job for any reason?	1	2	7	9
d.	Have you moved residence?	1	2	7	9
e.	Have you had a big change in family income?	1	2	7	9
f.	Have you been seriously ill or hospitalized?	1	2	7	9
g.	Have you had a change in your marital status?	1	2	7	9
h.	Have you experienced a death in the family?	1	2	7	9

```
                          BOX 2

GO TO SECTION PEQ (PARENT EDUCATION).
```

PARENT EDUCATION - PEQ

BOX 1

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1, CONTINUE WITH BOX 2.
- OTHERWISE, GO TO BOX 4.

BOX 2

- ASK PEQ.010-PEQ.060 FOR 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD. THIS PERSON OR PERSONS SHOULD BE CHOSEN AS DEFINED IN FSQ.

- AFTER DETERMINING FOR WHOM THE EDUCATION QUESTIONS WILL BE ASKED, CHECK PRELOAD TO DETERMINE IF EACH PERSON HAD NONMISSING ROUND 6 COMPOSITE VARIABLE DATA THAT HAS NOT BEEN FLAGGED (DUE TO DATA INCONSISTENCIES WITH A PREVIOUS ROUND). IF SO, GO TO PEQ.010 FOR THAT PERSON.

- OTHERWISE, GO TO PEQ.020 FOR EACH APPROPRIATE PERSON.

PEQ.010 {Now I have a few questions about education and job training.} Since our last interview in spring 2004, {have/has} {you/{NAME}} completed any additional grades of school or received any diplomas or degrees?

CAPI INSTRUCTION: DISPLAY "Now…training." IF ON FIRST CYCLE OF LOOP1. OTHERWISE, USE A NULL DISPLAY.

YES	1	(PEQ.020)
NO	2	(BOX 3)
REFUSED	7	(BOX 3)
DON'T KNOW	9	(BOX 3)

HELP AVAILABLE

PEQ.020 {What grade, diploma, or degree was that?}/{Now I have a few questions about education and job training.} {What is the highest grade or year of school that {you/{NAME}} {have/has} completed?

CAPI INSTRUCTIONS:

1. IF A CASE HAD ROUND 6 EDUCATION INFORMATION, DISPLAY "What grade….was that?"

2. OTHERWISE: IF ON FIRST CYCLE OF LOOP 1, DISPLAY "Now I have…..training." AND "What is…..completed?" OTHERWISE, DISPLAY "What is…..completed?" ONLY.

HELP TEXT:
Highest Grade or Year of School Completed: For grades 1-11, enter the exact grade level. If the person you are asking about completed elementary school, find out the last grade completed. If the respondent says the person finished 12th grade, ask whether the person received a diploma or got the equivalent of a high school diploma.

Completing a given grade in school should be counted as the number of years it normally takes to complete that grade level of education, regardless of how many years it actually took the person to finish. This means that for persons who skipped or repeated grades in elementary school, you will enter the highest grade completed regardless of the number of years they were in school. This rule is true for elementary school through high school and is especially relevant to college.

12th grade but no diploma: The person completed the 12th grade, but did not earn a high school diploma or GED.

High school diploma/equivalent: A certificate that verifies that a person has successfully completed the required courses of a high school curriculum. Includes either actually graduating from high school or having a GED. The GED is an exam certified equivalent of a high school diploma received when the person has not actually received a degree from attending high school, but has acquired his/her GED (high school equivalency based on passing the GED exam).

Vocational/technical program after high school but no voc/tech diploma: The person attended this type of program, but did <u>not </u>earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

Vocational/technical program after high school: The person attended this type of program, but DID earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

Some college but no degree: The person does not have a 4-year college (bachelor's) degree but has completed a class for credit at a college, university, or vocational/technical school.

Associate's degree: A 2-year college degree typically earned at a community college (rather than a trade school).

Bachelor's degree: A 4-year college degree earned at a university or 4-year college. It is sometimes called an "undergraduate degree."

Graduate or professional school but no degree: The person attended a graduate or professional school that advanced him/her toward a degree <u>beyond </u>a Bachelor's degree (for example, a Master's, Doctorate, or other professional degree). However, the person did not complete the program or earn the degree.

Master's (MA, MS): Studies beyond a bachelor's degree, but not a Ph.D. or Ed.D.

Doctorate Degree (Ph.D., Ed.D.): Studies beyond a Master's degree that result in a doctorate degree.

Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS, Law/JD/LLB): Any other graduate degrees earned with academic studies beyond the bachelor's.

```
NEVER WENT TO SCHOOL ...................................................................  0
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 OR VOC/TECH PROGRAM
   AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA ....................  13
VOC/TECH PROGRAM AFTER HIGH SCHOOL .................................  14
SOME COLLEGE BUT NO DEGREE  ...................................................  15
ASSOCIATE'S DEGREE .......................................................................  16
BACHELOR'S DEGREE ........................................................................  17   (BOX 3)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE ..........  18   (BOX 3)
MASTER'S DEGREE (MA, MS)...............................................................  19   (BOX 3)
DOCTORATE DEGREE (PHD, EDD) .....................................................  20   (BOX 3)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
   (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ...................  21   (BOX 3)
REFUSED ..........................................................................................  77
DON'T KNOW .....................................................................................  99
```

PEQ.021   {Do/Does} {you/{NAME}} have a high school diploma or its equivalent, such as a GED?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 3

LOOP 2.
- ASK PEQ.010 - PEQ.021 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S PARTNER IF NO MOTHER AND FATHER FIGURES.
- IF NO NEXT MOTHER OR FATHER FIGURE, GO TO BOX 4.

BOX 4

GO TO SECTION EMQ (PARENT EMPLOYMENT).

PARENT EMPLOYMENT - EMQ

BOX 1

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1), CONTINUE WITH BOX 2.
- OTHERWISE, GO TO BOX 5.

BOX 2

LOOP 1

THE EMPLOYMENT SECTION WILL BE ASKED FOR 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD AS DEFINED IN FSQ.

- AFTER DETERMINING FOR WHOM THE EMPLOYMENT SECTION WILL BE ASKED, CHECK PRELOAD TO DETERMINE IF EACH PERSON WAS EMPLOYED OR ON LEAVE FROM A JOB IN ROUND 6. IF SO, WE WILL ONLY VERIFY EMPLOYMENT STATUS FROM ROUND 6 FOR THIS PERSON AND GO TO EMQ.010.

- OTHERWISE, ASK EMQ.020 - EMQ.150 FOR EACH APPROPRIATE PERSON.

NOTE: THE DATE CHANGED TO SPRING 2004 IN ROUND 7.

EMQ.010   Since our last interview in spring 2004, has {your/{NAME's}} job title, place of or type of employment changed?

PROBE: During the last interview, we recorded that {you/NAME} worked for {EMPLOYER NAME} as a {JOB TITLE}.

CAPI INSTRUCTION: FROM ROUND 6, DISPLAY EMPLOYER NAME FROM EMQ.120 AND JOB TITLE FROM EMQ.140.

YES 1 (EMQ.020)
NO.. 2 (EMQ.040)
REFUSED 7 (EMQ.020)
DON'T KNOW 9 (EMQ.020)

EMQ.020   During the past week did {you/{NAME}} work at a job for pay?   **HELP AVAILABLE**

HELP TEXT:
Job for pay: Paid work for wages, salary, commission, or pay 'in kind.' Examples of 'pay in kind' include meals, living quarters, or supplies provided in place of wages. This definition of employment **includes** work in the person's own business, professional practice, or farm, paid leave of absence (including vacations and illnesses), and work without pay in a family business or farm run by a relative. This definition **excludes** unpaid volunteer work (such as for a church or charity), unpaid leaves of absence, temporary layoffs (such as a strike), and work around the house.

IF SELF-EMPLOYED, CODE AS YES.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

YES 1 (EMQ.040)
NO.. 2
REFUSED 7
DON'T KNOW 9

EMQ.030   {Were you/Was {NAME}} on leave or vacation from a job?

                                    YES 1
                                    NO.. 2 (EMQ.060)
                                    REFUSED 7 (EMQ.060)
                                    DON'T KNOW 9 (EMQ.060)

EMQ.040   How many jobs {do you/does {NAME}} have now?

            CAPI INSTRUCTION: RANGE CHECK 1-6.

                                    |___|
                                    ENTER # OF JOBS
                                      OR
                                    REFUSED 7
                                    DON'T KNOW 9

EMQ.050   About how many total hours per week {do you/does {NAME}} usually work for pay, counting all (# of jobs from
            EMQ.040, IF MORE THAN ONE) jobs?

            IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

            CAPI INSTRUCTION: IF NUMBER OF JOBS IS GREATER THAN ONE IN EMQ.040, DISPLAY NUMBER
            OF JOBS. ELSE, USE A NULL DISPLAY.

            CAPI INSTRUCTION: RANGE CHECK 1-80.

                                    |___|___|
                                    ENTER # OF WEEKLY HOURS   (BOX 2A)
                                      OR
                                    REFUSED.. 7777 (BOX 2A)
                                    DON'T KNOW .... 9999 (BOX 2A)

            ┌───┐
            │   BOX 2A   │
            │   │
            │   IF EMQ.010=2, GO TO BOX 4A.   │
            │   │
            │   OTHERWISE, GO TO BOX 4.   │
            └───┘

                                                                    HELP AVAILABLE

NOTE: EMQ.060 HAS A NEW CAPI INSTRUCTION TO DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

EMQ.060   {Have you/Has {NAME}} been actively looking for work in the past 4 weeks?

            CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

            HELP TEXT:
            Actively looking for work: The person has done at least one of the following activities in the past 4 weeks:
            1.   Checked with public employment agency;
            2.   Checked with private employment agency;
            3.   Checked with employer directly/sent resume;
            4.   Checked with friends or relatives; or
            5.   Placed or answered ads/sent resume.

                                    YES 1
                                    NO.. 2 (BOX 3)
                                    REFUSED .... 7 (BOX 3)
                                    DON'T KNOW .... 9 (BOX 3)

                            ROUND 7 Parent – EMQ-92

EMQ.070   What {have you/has {NAME}} been doing <u>in the past 4 weeks</u> to find work?

CODE ALL THAT APPLY.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

CHECKED WITH PUBLIC EMPLOYMENT AGENCY 1
CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2
CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 3
CHECKED WITH FRIENDS OR RELATIVES 4
PLACED OR ANSWERED ADS/SENT RESUME 5
READ WANT-ADS 6
SOMETHING ELSE (SPECIFY) _____ 91
_____
REFUSED 77
DON'T KNOW 99

NOTE: THE SKIPS IN BOX 2B CHANGED BECAUSE EMQ.080 WAS DELETED.

BOX 2B

IF ANY CATEGORY IN EMQ.070 BETWEEN "1" AND "5" IS ENTERED BUT
NEITHER "6" NOR "91" HAS BEEN ENTERED, GO TO EMQ.100. ELSE, IF "91" IS
ENTERED IN EMQ.070, CONTINUE WITH EMQ.070OS. OTHERWISE, GO TO
BOX 3.

EMQ.070OS   [What {have you/has {NAME}} been doing <u>in the past 4 weeks</u> to find work?]

SPECIFY ACTIVITIES.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" in UNDERLINED TEXT

BOX 3

- ■   IF DOING SOMETHING ELSE IN THE PAST 4 WEEKS (EMQ.070 = 91),
      CONTINUE WITH EMQ.100.
- ■   OTHERWISE, IF EMQ.060 = 2, REF, OR DK GO TO BOX 4A.
- ■   OTHERWISE, IF EMQ.070 = 6 (and not 6 combined with an answer of 1-5), 77REF, or
      99DK, GO TO BOX 4.

EMQ.100   Could {you/{NAME}} have taken a job last week if one had been offered?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

```
┌────────────────────────────────────────────────────────────────────────┐
│                               BOX 4                                      │
│                                                                          │
│  ■   IF (WORKED AT A JOB FOR PAY (EMQ.020=1) OR (WAS ON LEAVE OR         │
│      VACATION (EMQ.030=1)) OR (WAS ACTIVELY LOOKING FOR WORK             │
│      (EMQ.060=1)), CONTINUE WITH EMQ.120.                                │
│                                                                          │
│  ■   OTHERWISE, GO TO BOX 4A.                                           │
└────────────────────────────────────────────────────────────────────────┘
```

EMQ.120   For whom {do/does/did} {you/{NAME}} work {when {you/{he/she}} last worked}?

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.

CAPI INSTRUCTION: DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "does" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "did" IF EMQ.060 = 1.

CAPI INSTRUCTION: DISPLAY "when {you/{he/she}} last worked" IF EMQ.060 = 1. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "YOU" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{HE/SHE}".

—————————————————————————————
                        ENTER EMPLOYER NAME

REFUSED   7
DON'T KNOW   9

EMQ.130   What kind of business or industry {is/was} this?

PROBE: What do they make or do?

PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

CAPI INSTRUCTION: DISPLAY "is" IF EMQ.020 = 1 OR EMQ.030 = 1. OTHERWISE, DISPLAY "was".

—————————————————————————————
                      ENTER INDUSTRY DESCRIPTION

REFUSED   7
DON'T KNOW   9

EMQ.140   What kind of work {are/is/were/was} {you/{NAME}} doing?

PROBE: What {is/was} {your/{NAME}'s} job called?

PROBE: For example, electrical engineer, stock clerk, typist, farmer.

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "is" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "were" IF EMQ.060 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "was" IF EMQ.060 =1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

—————————————————————————————
                            ENTER JOB TITLE

REFUSED   7
DON'T KNOW   9

EMQ.150 What {are/were} {your/{NAME}'s} most important activities or duties on this job? What {do/does/did} {you/{NAME}} actually do at this job?

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1. DISPLAY "were" IF EMQ.060 = 1. DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS RESPONDENT. DISPLAY "did" IF EMQ.060 = 1. DISPLAY "does" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

_____
ENTER JOB DUTIES

REFUSED 7
DON'T KNOW 9

BOX 4A

■ ASK EMQ.010 – EMQ.150 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S SPOUSE IF NO MOTHER AND FATHER FIGURES.

■ IF NO NEXT MOTHER OR FATHER FIGURES, GO TO BOX 5.

BOX 5

GO TO WPQ (WELFARE AND OTHER PUBLIC TRANSFERS).

WELFARE AND OTHER PUBLIC TRANSFERS – WPQ

```
┌─────────────────────────────────────────────────────────────────┐
│                            BOX 1                                  │
│                                                                   │
│  IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND        │
│  ChildNum = 1), CONTINUE WITH WPQ.100.  OTHERWISE, GO TO BOX 3.   │
└─────────────────────────────────────────────────────────────────┘
```

HELP AVAILABLE

WPQ.100   In the past 12 months, have you or anyone in your household received Temporary Assistance for Needy Families, sometimes called TANF {or{STATE TANF PROGRAM NAME}}?

PROBE: TANF was formally known as Aid to Families with Dependent Children, or AFDC.

HELP TEXT: TANF: is a government program that provides cash benefits to low-income families with children. This program has different names in different states.

CAPI INSTRUCTIONS:
   1. DISPLAY STATE TANF PROGRAM NAME.

```
                    YES .................................................. 1
                    NO ..................................................... 2  (WPQ.110)
                    REFUSED .......................................... 7  (WPQ.110)
                    DON'T KNOW ..................................... 9  (WPC.110)
```

WPQ.102   During those 12 months, how many months did your household receive TANF {or {STATE TANF PROGRAM NAME}}?

ENTER NUMBER OF MONTHS.

HARD RANGE: 1-12 MONTHS.

CAPI INSTRUCTIONS:
   1. DISPLAY STATE TANF PROGRAM NAME.

```
                    |___|___|
                    ENTER NUMBER OF MONTHS.
                      OR
                    REFUSED ..................................... 77
                    DON'T KNOW ............................... 99
```

WPQ.105   Are you or anyone in your family required to work, attend school or anything else in order to receive these benefits?

```
                    YES ............................................. 1  (WPQ.106)
                    NO ............................................... 2  (WPQ.110)
                    REFUSED ..................................... 7  (WPQ.110)
                    DON'T KNOW ............................... 9  (WPQ.110)
```

WPQ.106   What are you or anyone in your family required to do?

PROBE: Anything else?
CODE ALL THAT APPLY

```
                    Look for a job, .............................. 1
                    Work in a paid job, ....................... 2
                    Work in an unpaid job, .................. 3
                    Attend school or training, or ......... 4
                    Something else? (SPECIFY) ........ 91
                    REFUSED .................................... 7
                    DON'T KNOW .............................. 9
```

WPQ.106OS   [What are you or anyone in your family required to do?]

SPECIFY OTHER

_____

HELP AVAILABLE

WPQ.110   In the past 12 months, have you or anyone in your household received food stamps?

HELP TEXT: Food Stamps: A government program that provides coupon books, checks, or plastic cards that can be used to buy food.

YES	1	(WPQ.120)
NO	2	(WPQ.150)
REFUSED	7	(WPQ.150)
DON'T KNOW	9	(WPQ.150)

WPQ.120   During those 12 months, how many months did your household receive food stamps?

ENTER NUMBER OF MONTHS.

HARD RANGE: 1-12 MONTHS.

|___|___|
ENTER NUMBER OF MONTHS.
  OR

REFUSED	77
DON'T KNOW	99

WPQ.125   Are you or anyone in your family required to work, attend school or anything else in order to receive these benefits?

YES	1	(WPQ.130)
NO	2	(WPQ.150)
REFUSED	7	(WPQ.150)
DON'T KNOW	9	(WPQ.150)

WPQ.130   What are you or anyone in your family required to do?
PROBE: Anything else?
CODE ALL THAT APPLY

Look for a job,	1
Work in a paid job,	2
Work in an unpaid job,	3
Attend school or training, or	4
Something else? (SPECIFY)	91
REFUSED	7
DON'T KNOW	9

WPQ.130OS   [What are you or anyone in your family required to do?]

SPECIFY OTHER

_____

WPQ.150   Does {CHILD}'s school offer lunch for its students?

YES 1 (WPQ.160)
NO 2 (WPQ.200)
REFUSED 7 (WPQ.200)
DON'T KNOW 9 (WPQ.200)

WPQ.160   Does {CHILD} usually receive a complete lunch offered at school? By complete school lunch, I mean a complete meal such as a salad, soup, a sandwich, or a hot meal that is offered each day at a fixed price, not just milk, snacks, ice cream, or a lunch {he/she} brought from home.

YES 1 (WPQ.170)
NO 2 (WPQ.200)
REFUSED 7 (WPQ.200)
DON'T KNOW 9 (WPQ.200)

WPQ.170   Does {CHILD} receive <u>free</u> or <u>reduced price</u> lunches at school?

CAPI INSTRUCTION: DISPLAY "free" AND "reduced price" IN UNDERLINED TEXT

YES 1 (WPQ.180)
NO 2 (WPQ.200)
REFUSED 7 (WPQ.200)
DON'T KNOW 9 (WPQ.200)

WPQ.180   Are these lunches free or reduced price?

FREE 1 (WPQ.190)
REDUCED PRICE 2 (WPQ.190)
REFUSED 7 (WPQ.200)
DON'T KNOW 9 (WPQ.200)

WPQ.190   During the last five days {CHILD} was in school, how many complete school lunches did {he/she} receive?

HARD RANGE CHECK: 0-5 LUNCHES.

|___|
ENTER NUMBER OF SCHOOL LUNCHES
   OR
REFUSED 7
DON'T KNOW 9

WPQ.200   Does {CHILD}'s school offer breakfast for its students?

YES 1 (WPQ.210)
NO .... 2 (BOX 3)
REFUSED .... 7 (BOX 3)
DON'T KNOW .... 9 (BOX 3)

WPQ.210   Does {CHILD} usually receive a breakfast provided by the school?

                                         YES... 1 (WPQ.215)
                                         NO... 2 (BOX 3)
                                         REFUSED .... 7 (BOX 3)
                                         DON'T KNOW .... 9 (BOX 3)

WPQ.215   Does {CHILD} receive <u>free</u> or <u>reduced price</u> breakfasts at school?

           CAPI INSTRUCTION: DISPLAY "free" AND "reduced price" IN UNDERLINED TEXT

                                         YES... 1 (WPQ.216)
                                         NO... 2 (BOX 3)
                                         REFUSED .... 7 (BOX 3)
                                         DON'T KNOW .... 9 (BOX 3)

WPQ.216   Are these breakfasts free or reduced price?

                                         FREE... 1 (WPQ.220)
                                         REDUCED PRICE.. 2 (WPQ.220)
                                         REFUSED .... 7 (BOX 3
                                         DON'T KNOW .... 9 (BOX 3)

WPQ.220   During the last five days {CHILD} was in school, how many school breakfasts did {he/she} receive?

           CAPI INSTRUCTION: HARD RANGE CHECK: 0-5 BREAKFASTS.

                                         |___|
                                         ENTER NUMBER OF SCHOOL BREAKFASTS
                                           OR
                                         REFUSED 7
                                         DON'T KNOW 9

           +---+
           | **BOX 3** |
           | |
           | GO TO FDQ (FOOD SECURITY). |
           +---+

FOOD SECURITY - FDQ

BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),
CONTINUE WITH FDQ.130.

IF (NumberOfChildren > 1 and CHILDNUM=2), GO TO BOX 4.

FDQ.130   These next questions are about whether your family is able to afford the food that 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 often true, sometimes true, or never true for {you/your household} in the last 12 months, that is, since last {current month}, 2005.

PROBE: Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} in the last 12 months?

CAPI INSTRUCTIONS: DISPLAY CURRENT MONTH.

CAPI INSTRUCTIONS: DISPLAY "OFTEN," "SOMETIMES," AND "NEVER" IN THE MAIN QUESTION TEXT AND PROBE AS UNDERLINED.

CAPI INSTRUCTIONS: USE "you," ,"I," "I was," and AND "my" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 18 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 18 OR OVER OR WITH AN AGE OTHER THAN DK OR RF. OTHERWISE, DISPLAY "your household," "we," "we were," AND "our."

CAPI INSTRUCTIONS: DISPLAY "the children" AND "The children were" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD/TWIN). OTHERWISE, DISPLAY "{CHILD}" AND "{CHILD} was."

CAPI INSTRUCTIONS: DISPLAY "PROBE:…months" IN SQUARE BRACKETS FOR B - F.

		OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE	REF	DK
a.	{I/We} worried whether {my/our} food would run out before {I/we} got money to buy more.	1	2	3	7	9
b.	The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more.	1	2	3	7	9
c.	We couldn't afford to eat balanced meals.	1	2	3	7	9
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	1	2	3	7	9
e.	{I/We} couldn't feed {{CHILD}/the children} a balanced meal because {I/we} couldn't afford that	1	2	3	7	9

BOX 2

IF ANY OF FDQ.130A TO FDQ.130E = 1 OR 2, CONTINUE WITH FDQ.130F.

OTHERWISE GO TO BOX 4.

---

f.	{{CHILD} was/The children were} not eating enough because {I/we} just couldn't afford enough food.	1	2	3	7	9

FDQ.140　　　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?

CAPI INSTRUCTIONS: DISPLAY "you" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 18 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 18 OR OVER OR WITH AN AGE OTHER THAN DK OR REF. OTHERWISE, DISPLAY "you or other adults in your household."

YES	1	(FDQ.150)
NO	2	(FDQ.160)
REFUSED	7	(FDQ.160)
DON'T KNOW	9	(FDQ.160)

FDQ.150　　　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	7
DON'T KNOW	9

FDQ.160　　　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	7
DON'T KNOW	9

FDQ.170　　　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	7
DON'T KNOW	9

FDQ.180　　　In the last 12 months, did you lose weight because you didn't have enough money for food?

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 3

IF (FDQ.130F=1 or 2) OR (FDQ.140=1) OR (ANY OF FDQ.160 TO FDQ.180=1), ASK FDQ.190.

OTHERWISE GO TO BOX 4.

FDQ.190   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?

CAPI INSTRUCTIONS: DISPLAY "you" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 18 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 18 OR OVER OR WITH AN AGE OTHER THAN DK OR REF. OTHERWISE, DISPLAY "you or other adults in your household."

YES 1   (FDQ.200)
NO 2   (FDQ.210)
REFUSED 7   (FDQ.210)
DON'T KNOW 9   (FDQ.210)

FDQ.200   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 7
DON'T KNOW 9

FDQ.210   The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since {CURRENT MONTH OF LAST YEAR}, 2005 did you ever cut the size of {{CHILD}'s/any of the children's} meals because there wasn't enough money for food?

CAPI INSTRUCTIONS: DISPLAY "any of the children's" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD/TWIN). OTHERWISE, DISPLAY "{CHILD}'s."

CAPI INSTRUCTIONS: DISPLAY THE CURRENT MONTH IN {CURRENT MONTH OF LAST YEAR}

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

FDQ.220   In the last 12 months, did {{CHILD}/any of the children} ever skip a meal because there wasn't enough money for food?

CAPI INSTRUCTIONS: DISPLAY "any of the children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD/TWIN). OTHERWISE, DISPLAY "{CHILD}."

YES 1   (FDQ.230)
NO 2   (FDQ.240)
REFUSED 7   (FDQ.240)
DON'T KNOW 9   (FDQ.240)

FDQ.230   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 7
DON'T KNOW 9

FDQ.240   In the last 12 months, {was {CHILD}/were any of the children} ever hungry but you just couldn't afford more food?

CAPI INSTRUCTIONS: DISPLAY "were any of the children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD/TWIN). OTHERWISE, DISPLAY "was {CHILD}."

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

FDQ.250   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?

CAPI INSTRUCTIONS: DISPLAY "any of the children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD/TWIN). OTHERWISE, DISPLAY "{CHILD}."

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

+---+
| **BOX 4** |
| |
| GO TO SECTION PAQ (PARENT INCOME AND ASSETS). |
+---+

PARENT INCOME AND ASSETS -- PAQ

<div style="border:1px solid">

BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1, CONTINUE WITH PAQ.100. OTHERWISE, GO TO BOX 5.

</div>

PAQ.100   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 …

$25,000 or less, or	1
More than $25,000?	2
REFUSED	7 (PAQ.135)
DON'T KNOW	9 (PAQ.135)

PAQ.110   Was it …

CAPI INSTRUCTION: IF PAQ.100=1, DISPLAY SET 1. IF PAQ.100=2, DISPLAY SET 2.

[SET 1}

$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
REFUSED	77
DON'T KNOW	99

[SET 2]

$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	77
DON'T KNOW	99

<div style="border:1px solid">

BOX 3

ASK PAQ.120 IF
(NUMBER IN HH = 1 AND PAQ.110 < 3) OR
(NUMBER IN HH = 2 AND PAQ.110 < 4) OR
(NUMBER IN HH = 3 AND PAQ.110 < 5) OR
(NUMBER IN HH = 4 AND PAQ.110 < 5) OR
(NUMBER IN HH = 5 AND PAQ.110 < 6) OR
(NUMBER IN HH = 6 AND PAQ.110 < 7) OR
(NUMBER IN HH = 7 OR 8 AND PAQ.110 < 8) OR
(NUMBER IN HH g.e. 9 AND PAQ.110 < 10).
ELSE, GO TO PAQ.135.

</div>

PAQ.120   What was your total household income last year, to the nearest thousand?

               CAPI INSTRUCTION: RANGE CHECK-TOTAL INCOME SHOULD BE IN RANGE OF ANSWER TO
               PAQ. 110.

                              |___|___|___|,|___|___|___|,|___|___|___|.
                              ENTER TOTAL INCOME
                                 OR
                              REFUSED 7777777777
                              DON'T KNOW 9999999999

PAQ.135   Is tuition paid for {CHILD}'s education?

                              YES   1   (PAQ.137)
                              NO   2   (PAQ.140)
                              REFUSED   7   (PAQ.140)
                              DON'T KNOW   9   (PAQ.140)

NOTE: THE RANGE CHECK HAS BEEN MODIFIED IN ROUND 7.

PAQ.137   Approximately, how much does {CHILD}'s family pay in tuition per year?

               CAPI INSTRUCTION: RANGE CHECK = 1-33,000 DOLLARS.

                              $ |___|___| , |___|___|___|
                              ENTER AMOUNT OF TUITION
                                 OR
                              REFUSED 777777
                              DON'T KNOW 999999

NOTE: PAQ.140 IS NEW IN ROUND 7.

PAQ.140   Do you {or anyone else in your family living there} own the home or apartment, pay rent, or do something
               else?

               CAPI INSTRUCTION: DISPLAY "or anyone else in your family living there" IF THERE IS AT LEAST
               ONE OTHER HOUSEHOLD MEMBER, OTHER THAN THE RESPONDENT, WHO IS AGE 18 OR
               OVER. OTHERWISE, USE A NULL DISPLAY.

                              OWN.. 1 (PAQ.150)
                              RENT... 2 (PAQ.240)
                              DO SOMETHING ELSE 3 (PAQ.240)
                              REFUSED 7 (PAQ.240)
                              DON'T KNOW 9 (PAQ.240)

NOTE: PAQ.150 IS NEW IN ROUND 7.

                                                                             HELP AVAILABLE
PAQ.150   Could you tell me what the present value of your (house/apartment) is--I mean about how much would it
               bring if you sold it today?

               PROBE: Your best guess is fine.

               HELP TEXT:
               Present value of your house or apartment. We are asking about the fair market value or likely selling
               price, not the profit or amount left over after paying off the mortgage. Your best guess is fine.

                              |___|___|,|___|___|___|,|___|___|___| (PAQ.190)
                              ENTER TOTAL AMOUNT
                                 OR
                              REFUSED 77777777 (PAQ.160)
                              DON'T KNOW 99999999 (PAQ.160)

NOTE: PAQ.160 IS NEW IN ROUND 7.

PAQ.160   Would it amount to $100,000 or more?

```
YES ............................................................. 1  (PAQ.170)
NO ............................................................... 2  (PAQ.180)
REFUSED ..................................................... 7  (PAQ.190)
DON'T KNOW ............................................... 9  (PAQ.190)
```

NOTE: PAQ.170 IS NEW IN ROUND 7.

PAQ.170   Would it amount to $250,000 or more?

```
YES ............................................................. 1  (PAQ.190)
NO ............................................................... 2  (PAQ.190)
REFUSED ..................................................... 7  (PAQ.190)
DON'T KNOW ............................................... 9  (PAQ.190)
```

NOTE: PAQ.180 IS NEW IN ROUND 7.

PAQ.180   Would it amount to $10,000 or more?

```
YES ............................................................. 1  (PAQ.190)
NO ............................................................... 2  (PAQ.190)
REFUSED ..................................................... 7  (PAQ.190)
DON'T KNOW ............................................... 9  (PAQ.190)
```

NOTE: PAQ.190 IS NEW IN ROUND 7.

PAQ.190   Do you have a mortgage on this property?

```
YES ............................................................. 1  (PAQ.200)
NO ............................................................... 2  (PAQ.240)
REFUSED ..................................................... 7  (PAQ.240)
DON'T KNOW ............................................... 9  (PAQ.240)
```

NOTE: PAQ.200 IS NEW IN ROUND 7.

PAQ.200   About how much is the remaining principal on this mortgage?

                PROBE: Remaining principal is the amount still owed on the mortgage.

```
|___|___|___|,|___|___|___|,|___|___|___|.
ENTER TOTAL AMOUNT  ............................ (PAQ.240)
  OR
REFUSED ................................................... 777777777 (PAQ.210)
DON'T KNOW ............................................. 999999999 (PAQ.210)
```

NOTE: PAQ.210 IS NEW IN ROUND 7.

PAQ.210   Would it amount to $100,000 or more?

```
YES ............................................................. 1  (PAQ.220)
NO ............................................................... 2  (PAQ.230)
REFUSED ..................................................... 7  (PAQ.240)
DON'T KNOW ............................................... 9  (PAQ.240)
```

NOTE: PAQ.220 IS NEW IN ROUND 7.

PAQ.220   Would it amount to $250,000 or more?

```
                              YES ............................................. 1  (PAQ.240)
                              NO ............................................... 2  (PAQ.240)
                              REFUSED .................................... 7  (PAQ.240)
                              DON'T KNOW ............................... 9  (PAQ.240)
```

NOTE: PAQ.230 IS NEW IN ROUND 7.

PAQ.230   Would it amount to $10,000 or more?

```
                              YES ............................................. 1  (PAQ.240)
                              NO ............................................... 2  (PAQ.240)
                              REFUSED .................................... 7  (PAQ.240)
                              DON'T KNOW ............................... 9  (PAQ.240)
```

NOTE: PAQ.240 IS NEW IN ROUND 7.

PAQ.240   Have you or anyone else in your family done anything specific in order to have some money for {CHILD}'s education after high school?

```
                              YES ............................................. 1  (BOX 5)
                              NO ............................................... 2  (BOX 5)
                              REFUSED .................................... 7  (BOX 5)
                              DON'T KNOW ............................... 9  (BOX 5)
```

BOX 5

GO TO SECTION CMQ (CHILD MOBILITY).

CHILD MOBILITY – CMQ

```
                                     BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1,
CONTINUE WITH CMQ.010.  OTHERWISE, GO TO CMQ.675.
```

CMQ.010   Since the spring of 2004, how many different places has {CHILD} lived for four months or more?

PROBE: IF RESPONDENT SAYS ZERO, ASK: By saying zero places, do you mean that {CHILD} did not live anywhere since spring 2004 for four months or more?

CAPI INSTRUCTION: RANGE CHECK: 0 – 10 PLACES.

|___|___|
ENTER NUMBER OF PLACES
   OR
REFUSED 77
DON'T KNOW 99

```
                                     BOX 2

IF CMQ.010=1, RF, OR DK, GO TO CMQ.675.  OTHERWISE, CONTINUE WITH
CMQ.020.
```

CMQ.020   Why did you move?

PROBE: Any other reason?

CODE ALL THAT APPLY.
SO CHILD COULD GO TO A BETTER SCHOOL.................................... 1
BOUGHT A HOUSE... 2
MOVED TO BE NEARER JOB; JOB-RELATED REASONS 3
MOVED TO NICER APARTMENT/HOUSE 4
MOVED TO SAFER AREA, CRIME-RELATED REASONS.................... 5
MOVED TO LESS EXPENSIVE LIVING QUARTER 6
WAS EVICTED, COULD NOT PAY RENT IN PREVIOUS RESIDENCE. 7
OLD HOUSE/APARTMENT WAS DAMAGED.. 8
MOVED BECAUSE OF MARITAL SEPARATION, DIVORCE, DEATH
 IN FAMILY 9
REFUSED 77
DON'T KNOW 99

CMQ.675   Since spring 2004, how many times has {CHILD} changed from one school to another?

CAPI INSTRUCTION: SOFT RANGE CHECK: 0-3 TIMES. HARD RANGE CHECK: 0-5 TIMES.

|___|
ENTER NUMBER OF TIMES
  OR
REFUSED 7
DON'T KNOW 9

```
                                     BOX 12
END LOOP 1:
```

- IF NO NEXT SAMPLED CHILD, CONTINUE WITH CMQ.680.

- OTHERWISE, GO TO BOX 1 IN INQ FOR THE NEXT SAMPLED CHILD (TWIN) THAT IS PART OF THIS HOUSEHOLD.

CMQ.680   WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?

                        TELEPHONE   1
                        IN-PERSON   2

CMQ.690   WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?

                        ENGLISH   1   (BOX 13)
                        SPANISH   2   (BOX 13)
                        ANOTHER LANGUAGE (SPECIFY) 91   (CMQ.690OS)
                        _____)

CMQ.690OS   [WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?]

SPECIFY LANGUAGE.

_____
                        OTHER LANGUAGE

CAPI INSTRUCTION: DK AND RF DISALLOWED.

BOX 13

SET FINAL DISPOSITION CODE:

IF CMQ.680 = 1 (TELEPHONE) AND CMQ.690 = 1 (ENGLISH), SET DISPOSITION CODE TO 60.

IF CMQ.680 = 1 (TELEPHONE) AND CMQ.690 = 2 (SPANISH), SET DISPOSITION CODE TO 61.

IF CMQ.680 = 1 (TELEPHONE) AND CMQ.690 = 91 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 62.

IF CMQ.680 = 2 (IN-PERSON) AND CMQ.690 = 1 (ENGLISH), SET DISPOSITION CODE TO 63.

IF CMQ.680 = 2 (IN-PERSON) AND CMQ.690 = 2 (SPANISH), SET DISPOSITION CODE TO 64.

IF CMQ.680 = 2 (IN-PERSON) AND CMQ.690 = 91 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 65.

CMQ.695　　　WHERE WAS THIS INTERVIEW CONDUCTED?

CHILD'S HOME	1
CHILD'S SCHOOL	2
SOMEWHERE ELSE	3

CMQ.700   Thank you for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study. We really appreciate the time you have taken over the past 8 years to talk to us. You and others who have participated in the study have given us a wealth of information for researchers and policymakers to use to learn about the factors that affect children's education. If you have any questions, please send an e-mail to ECLS@ed.gov, or call Elvira Germino Hausken of the National Center for Education Statistics at (202) 502-7352.

ENTER 1 TO FINISH THE INTERVIEW.