ECLS-K Parent Interview --Round 6
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 will be extremely valuable in understanding the development of young children and how their early 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."

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}. 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: DISALLOW DK AND RF.

CAPI INSTRUCTIONS: DISPLAY "spring 1999" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 2. CAPI INSTRUCTIONS: DISPLAY "fall 1999" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 3. DISPLAY "spring 2000" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 4. DISPLAY "spring 2002" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 5.

                        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
```

```
                              BOX 3
■  GO TO PIQ.
```

PARENT INVOLVEMENT - PIQ

BOX 1

- IF (NumberOfChildren = 2 AND ChildNum = 2), GO TO PIQ.005.
- OTHERWISE, GO TO BOX 1A

PIQ.005   Now I'd like to ask you about {TWIN}'s school. Do {TWIN} and {CHILD} have the same teacher?

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

BOX 1A

- IF INQ.020=3 OR (FLAG THAT COMPARES PREVIOUS ZIP CODE FROM
  PARENT INTERVIEW TO UPDATED ZIP CODE FROM FIELD MANAGEMENT
  SYSTEM INDICATES A ZIP CODE DIFFERENCE), GO TO PIQ.006.
- OTHERWISE, GO TO PIQ.007.

PIQ.006   {Now I'd like to ask you about {CHILD}'s school.} Did you {or {CHILD}'s parents} choose where to live so
that {CHILD} could attend {his/her} current school?

CAPI INSTRUCTIONS: FOR THE FIRST DISPLAY, IF (NUMBEROFCHILDREN = 1) OR
(NUMBEROFCHILDREN = 2 AND CHILDNUM = 1) DISPLAY "Now I'd like to ask…" OTHERWISE,
USE A NULL DISPLAY.

FOR THE SECOND DISPLAY, IF "FLAGS.SAMERESP" = 1 (SAME RESPONDENT AS PREVIOUS
ROUND) AND THE RESPONDENT IS NOT A MOTHER/FATHER OR MALE/FEMALE GUARDIAN
(THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS)
ACCORDING TO THE PRELOAD THEN DISPLAY "or {CHILD}'s parents". OTHERWISE, USE A
NULL DISPLAY.

    YES   1
    NO   2
    REFUSED   7
    DON'T KNOW   9

PIQ.007   {Now I'd like to ask you about {CHILD}'s school.}   Is this {CHILD}'s regularly assigned school or a
school that you {or {CHILD}'s parents} chose?

CAPI INSTRUCTIONS: FOR THE FIRST DISPLAY, IF [(NUMBEROFCHILDREN = 1) OR
(NUMBEROFCHILDREN = 2 AND CHILDNUM = 1)] AND (INQ.020 = 1 OR 2) DISPLAY "Now I'd like to
ask…" OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTIONS: IF "FLAGS.SAMERESP" = 1 (SAME RESPONDENT AS PREVIOUS ROUND)
AND THE RESPONDENT IS NOT A MOTHER/FATHER OR MALE/FEMALE GUARDIAN (THIS
INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS) ACCORDING TO
THE PRELOAD THEN DISPLAY {or {CHILD}'s parents}

    ASSIGNED   1
    CHOSEN   2
    ASSIGNED SCHOOL IS SCHOOL OF
       CHOICE..   3
    REFUSED   7
    DON'T KNOW   9

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}?

                                        YES 1 (PIQ.015)
                                        NO .... 2 (BOX 3)
                                        REFUSED .... 7 (BOX 3)
                                        DON'T KNOW... 9 (BOX 3)

PIQ.015   Why did you contact {CHILD}'s teacher or school?

           CODE ALL THAT APPLY.
           PROBE: Anything else?

                TO REPORT AN ABSENCE OR TARDINESS.................................. 1
                TO DISCUSS PROBLEMS THE CHILD IS HAVING AT SCHOOL... 2
                TO REQUEST SPECIAL PLACEMENT OR SERVICES.................. 3
                TO REQUEST EVALUATION BY A SPECIALIST............................ 4
                TO REQUEST A SPECIFIC TEACHER 5
                TO CHECK ON {CHILD}'s PROGRESS.. 6
                TO ASK ABOUT HOMEWORK PROBLEMS 7
                OTHER (SPECIFY) 91
                REFUSED 77
                DON'T KNOW 99

           +---+
           | **BOX 2** |
           | |
           | ■ If PIQ.015 = 91 then GO TO PIQ.018 |
           | ■ ELSE GO TO BOX 3 |
           +---+

PIQ.018   [Why did you contact {CHILD}'s teacher or school?]

           ENTER OTHER REASON

           _____

           +---+
           | **BOX 3** |
           | |
           | ■ IF (NumberOfChildren = 1) OR IF (NumberOfChildren = 2 AND ChildNum = 1), |
           | CONTINUE WITH PIQ.020. |
           | ■ IF (NumberOfChildren = 2 AND ChildNum = 2) AND PIQ.005 = 1, DK, OR RF, GO |
           | TO PIQ.070. ELSE, IF (NumberOfChildren = 2 AND ChildNum = 2) AND PIQ.005 = |
           | 2, GO TO PIQ.060 |
           +---+

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, 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?" IN SQUARE BRACKETS. DISPLAY "How about …" BELOW THE STEM IN BRACKETS ON A SEPARATE LINE.

		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
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 3a
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.

---

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

PIQ.060   Have you met {CHILD}'s teacher yet?

                                    YES   1
                                    NO   2
                                    REFUSED   7
                                    DON'T KNOW   9

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

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

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

                                                                               HELP AVAILABLE

PIQ.070   How far in school do you **expect** {CHILD} to go? Would you say you **expect** {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

               +--+
               | **BOX 4** |
               | |
               | GO TO FSQ. |
               +--+

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 6.

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

FSQ.010   Does {NAME} **still** 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 6 IS TAKEN FROM THE GENDER COMPOSITE VARIABLE R5GENDER). 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 5 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

BOX 4

IF FSQ.100=1, GO TO FSQ.130. ELSE, IF FSQ.121=1, GO TO FSQ.130. ELSE, GO TO LOOP 1.

LOOP 1
   ASK FSQ.130 - FSQ.181 FOR EACH NEW PERSON ENUMERATED ON THE HOUSEHOLD MATRIX (AT FSQ.020) WHO IS NOT THE FOCAL CHILD. DO NOT ASK ABOUT HOUSEHOLD MEMBERS ENUMERATED IN A PREVIOUS ROUND. OTHERWISE, GO TO BOX 5.

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)

FSQ.150   **HELP AVAILABLE**

{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)

FSQ.160   **HELP AVAILABLE**

{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)

FSQ.170   **HELP AVAILABLE**

{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)

FSQ.180   **HELP AVAILABLE**

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 BOX 6.

BOX 6

ASK FSQ.240 – FSQ.260 FOR ANY MOTHER FIGURE, FATHER FIGURE, RESPONDENT, OR RESPONDENT'S SPOUSE/PARTNER. ELSE, GO TO FSQ.300.

FSQ.240   Now I have a few questions about {your/{NAME}'s} country of birth. In what country {were/was} {you/{NAME}} born?

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT 'NOT ON LIST' IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAPI INSTRUCTION: DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE MOTHER FIGURE (CODE '1' AT FSQ.130 OR CODE '3' AT FSQ.180), FATHER FIGURE (CODE '2' AT FSQ.130 OR CODE '4' AT FSQ.180), RESPONDENT, OR 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 OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD.

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

BOX 6A

IF FSQ.240 = 0 (NOT ON LIST), CONTINUE WITH FSQ.240OS.
IF FSQ.240 = 1, 5, 98, 152, 195, 217, 249, DK, OR RF, GO TO FSQ.300.
OTHERWISE, CONTINUE WITH FSQ.250.

FSQ.240OS   [In what country {were/was} {you/{NAME}} born?}

SPECIFY COUNTRY.

_____

FSQ.250   How old {was/were} {you/{NAME}} when {you/{he/she}} first moved to the United States?

CAPI INSTRUCTION: RANGE CHECK: 0 – 75 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

FSQ.260   {Are/is} {you/{NAME}} a United States citizen?

                                YES   1
                                NO   2
                                REFUSED   7
                                DON'T KNOW   9

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 SECTION HEQ.

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.016.

HEQ.016   In the past <u>week</u>, how often did {CHILD} read to (himself/herself) or to others outside of school?

Would you say …

CAPI INSTRUCTION: DISPLAY "WEEK" IN UNDERLINED TEXT.

Never,	1
Once or twice a week,	2
Three to six times a week, or	3
Every day?	4
REFUSED	7
DON'T KNOW	9

HEQ.020   Outside of school hours in the past <u>year</u>, has {CHILD} participated in:

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

		YES	NO	REF	DK
a.	Dance lessons?	1	2	7	9
b.	Organized athletic activities, like basketball, soccer, baseball, or gymnastics?	1	2	7	9
c.	Organized clubs or recreational programs, like scouts?	1	2	7	9
d.	Music lessons, for example, piano, instrumental music or singing lessons?	1	2	7	9
e.	Art classes or lessons, for example, painting, drawing, sculpturing?	1	2	7	9
f.	Organized performing arts programs, such as children's choirs, dance programs, or theater performances?	1	2	7	9

BOX 1A

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),
CONTINUE WITH HEQ.022. OTHERWISE, GO TO HEQ.040.

HELP AVAILABLE

HEQ.022   About how many children's books does {CHILD} have in your home now, including library books? Please only include books that are for children.

HELP TEXT:
Number of children's books: This item asks about the books that belong to the child, not all books in the home (e.g., not parents' books). Books shared by siblings may be counted. For example, if the children share 50 books, count all 50.

CAPI INSTRUCTION: HARD RANGE CHECK: 0-5000 BOOKS.

|__|__|__|__|
ENTER # OF BOOKS
  OR
REFUSED	7777
DON'T KNOW	9999

HEQ.024   Does {CHILD} have {his/her} own library card?

                                              YES 1
                                              NO 2
                                              REFUSED 7
                                              DON'T KNOW 9

HEQ.026   In the past <u>month</u>, that is, since {MONTH} {DAY}, has anyone in your family visited a library with
                 {CHILD}?

                 CAPI INSTRUCTION: DISPLAY PREVIOUS MONTH FOR {MONTH} AND DATE OF INTERVIEW FOR
                 {DAY}.

                 CAPI INSTRUCTION: DISPLAY "MONTH" IN UNDERLINED TEXT.

                                              YES 1 (HEQ.040)
                                              NO 2 (HEQ.028)
                                              REFUSED 7 (HEQ.028)
                                              DON'T KNOW 9 (HEQ.028)

HEQ.028   How about in the past year? Has anyone in your family visited a library with {CHILD}?

                 CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

                                              YES 1
                                              NO 2
                                              REFUSED 7
                                              DON'T KNOW 9

HEQ.040   Do you have a home computer that {CHILD} uses?

                                              YES 1 (HEQ.044)
                                              NO .... 2 (BOX 2A)
                                              REFUSED .... 7 (BOX 2A)
                                              DON'T KNOW .... 9 (BOX 2A)

HEQ.044   In an average week how often does {CHILD} use the computer? Would you say…

                                              Never .... 1 (BOX 2A)
                                              Once or twice a week .... 2 (BOX 2)
                                              Three to six times a week, or .... 3 (BOX 2)
                                              Every day? .... 4 (BOX 2)
                                              REFUSED .... 7 (BOX 2)
                                              DON'T KNOW .... 9 (BOX 2)

+---+
| **BOX 2** |
| |
| IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),|
| CONTINUE WITH HEQ.045. OTHERWISE, IF (NumberOfChildren > 1 AND ChildNum|
| = 2) AND (HEQ.045 = 1 IN ChildNum = 1's INTERVIEW), GO TO HEQ.046. ELSE, GO |
| TO HEQ.050. |
+---+

HEQ.045   Do you have access to the Internet at home?

                                    YES 1   (HEQ.046)
                                    NO.. 2   (HEQ.050)
                                    REFUSED 7   (HEQ.050)
                                    DON'T KNOW 9   (HEQ.050)

HEQ.046   Does {CHILD} use a computer at home to get on the Internet?

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

                                                                                    HELP AVAILABLE

HEQ.050   In an average week how often does {CHILD} use the computer for educational purposes and homework
           such as to improve reading or math skills? Would you say…

           HELP TEXT:
           Using the computer for educational purposes and homework: Any type of computer use, including
           computer games, the Internet or Instant Messaging (IM), should be counted in this question as long as it
           is educational and helps the child improve academic skills or do homework.

                                    Never... 1
                                    Once or twice a week 2
                                    Three to six times a week, or......................... 3
                                    Every day?.. 4
                                    REFUSED 7
                                    DON'T KNOW 9

           +---+
           | **BOX 2A** |
           | |
           | IF (NumberofChildren=1) OR (NumberofChildren>1 AND ChildNum=1), CONTINUE |
           | WITH HEQ.060. ELSE, IF (Number of Children>1 and CHILDNUM=2) AND |
           | HEQ.060=1 IN ChildNum=1's INTERVIEW, GO TO HEQ.065. ELSE, IF (Numberof |
           | Children>1 and ChildNum=2) AND HEQ.060=2, 7, OR 9 IN ChildNum=1's |
           | INTERVIEW, GO TO HEQ.090. |
           +---+

HEQ.060   Now I'd like to ask some questions about {CHILD}'s television viewing. We are interested in {his/her}
           television viewing only **in your home**. We want you to include television shows, videotapes, and DVDs,
           but not games like NINTENDO.

           Do you have a television at home?

                                    YES 1   (HEQ.065)
                                    NO.. 2   (HEQ.090)
                                    REFUSED 7   (HEQ.090)
                                    DON'T KNOW 9   (HEQ.090)

HEQ.065   On any given weekday, how many hours of television, videotapes, or DVDs on average does {CHILD}
           watch **at home**? How about…

           a.   Before 8:00am?
           b.   Between 3:00pm and dinner time?
           c.   After dinner time?

CAPI INSTRUCTIONS:

1. DISPLAY "at home" IN UNDERLINED TEXT.

2. DISPLAY THE FOLLOWING MATRIX IN THE RESPONSE FIELD:

	HOURS	MINUTES
Before 8:00 am		
Between 3:00 p.m. and dinner time		
After dinner time		

3. WHEN CURSOR IS ON THE HOUR FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.'

4. WHEN CURSOR IS ON THE MINUTE FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF MINUTES.'

5. WHEN CURSOR IS ON THE HOUR FIELDS OF HEQ.065B-C OR, OR ANY OF THE MINUTE FIELDS, DISPLAY 'on any given….How about…' IN SQUARE BRACKETS.

6. DK AND RF ALLOWED AT ALL FIELDS. EMPTY IS ALLOWED FOR MINUTES, BUT NOT FOR HOURS.

7. USE THE FOLLOWING SKIP INSTRUCTIONS FOR DK OR RF AT HOUR FIELDS:

IF DK OR RF AT:	SKIP TO	ELSE
HEQ.065A HOUR FIELD	HEQ.065B	CONTINUE WITH MINUTE
HEQ.065B HOUR FIELD	HEQ.065C	CONTINUE WITH MINUTE
HEQ.065C HOUR FIELD	HEQ.070	CONTINUE WITH MINUTE

8. HARD RANGE: 0 - 6 FOR HOURS; 0 - 59 FOR MINUTES.

HEQ.070   How about on Saturday and Sunday? How many hours does {CHILD} watch television, videotapes, or DVDs at home on…

a. Saturdays?
b. Sundays?

CAPI INSTRUCTIONS:

1. DISPLAY "at home" IN UNDERLINED TEXT.

2. DISPLAY THE FOLLOWING MATRIX IN THE RESPONSE FIELD:

	HOURS	MINUTES
Saturdays		
Sundays		

3. WHEN CURSOR IS ON THE HOUR FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.'

4. WHEN CURSOR IS ON THE MINUTE FIELDS, DISPLAY 'INTERVIEWER INSTRUCTION: ENTER NUMBER OF MINUTES.'

5. WHEN CURSOR IS ON THE HOUR FIELD OF HEQ.070B OR ANY OF THE MINUTE FIELDS, DISPLAY 'How about…at home on…' IN SQUARE BRACKETS.

6. DK AND RF ALLOWED AT ALL FIELDS. EMPTY IS ALLOWED FOR MINUTES, BUT NOT FOR HOURS.

7. USE THE FOLLOWING SKIP INSTRUCTIONS FOR DK OR RF AT HOUR FIELDS:

IF DK OR RF AT:	SKIP TO	ELSE
HEQ.070A HOUR FIELD	HEQ.070B	CONTINUE WITH MINUTE
HEQ.070B HOUR FIELD	HEQ.075	CONTINUE WITH MINUTE

8. HARD RANGE: 0 - 24 HOUR FOR FIELDS; 0 - 59 FOR MINUTE FIELDS. IF HOURS = 24, THEN MINUTES CANNOT EXCEED 0. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of hours exceeds 24! Please correct the entries."

HEQ.075   Are there family rules for {CHILD} about any of the following television-related activities?

		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

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 (BOX 3)
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)
REFUSED .... 7 (BOX 3)
DON'T KNOW .... 9 (BOX 3)

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

HEQ.092   Approximately, how much time is set aside every day for {CHILD} to do homework?

ENTER AMOUNT IN MINUTES. IF RESPONDENT GIVES TIME IN HOURS INSTEAD, ENTER "0" AND PRESS ENTER.

CAPI INSTRUCTION: HARD RANGE CHECK: 0-240 MINUTES.

|___|___|___|
ENTER MINUTES
   or
REFUSED 777
DON'T KNOW 999

BOX 2B

IF "0" WAS ENTERED AT HEQ.092, GO TO HEQ.092B. ELSE, GO TO HEQ.093.

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6

HEQ.092b.   [Approximately, how much time is set aside every day for {CHILD} to do homework?]

ENTER AMOUNT IN HOURS.

CAPI INSTRUCTION: HARD RANGE CHECK: 1-4 HOURS.

|___|
ENTER HOURS
        or
REFUSED 777
DON'T KNOW 999

HEQ.093   Does {CHILD) have someone who can help {him/her} with homework in reading, language arts, or spelling?

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

HEQ.095   During this school year, how often did someone help {CHILD} with {his/her} reading, language arts or spelling homework? 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)

SOURCE: NEW – ADAPTED FROM ECLS-K ROUND 5

HEQ.095b   Who usually helps {CHILD} with {his/her} reading, language arts, or spelling 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

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

```
YES ............................................................. 1  (HEQ.098)
NO ............................................................... 2  (BOX 3)
REFUSED .................................................... 7  (BOX 3)
DON'T KNOW ............................................... 9  (BOX 3)
```

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

```
Never, ......................................................... 1 (BOX 3)
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)
```

SOURCE: NEW – ADAPTED FROM ECLS-K ROUND 5

HEQ.099   Who usually 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
```

+---+
| **BOX 3** |
| |
| 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 typical week, 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 "WEEK" IN UNDERLINED TEXT.

4.   HARD RANGE CHECK: 0-7 DAYS.

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

HEQ.140   On weeknights during the school year, does {CHILD} usually go to bed at about the same time each night, or does {his/her} bedtime vary a lot from night to night?

                          HAS USUAL BEDTIME 1   (HEQ.145)
                          BEDTIME VARIES 2   (BOX 4)
                          REFUSED 7   (BOX 4)
                          DON'T KNOW 9   (BOX 4)

HEQ.145   About what time does {CHILD} usually go to bed?

               ENTER HOUR THEN MINUTE.

               CAPI INSTRUCTION: RANGE CHECK: LOWER RANGE: 1:00. UPPER RANGE: 12:59.

                          |___|___| - |___|___|
                           HOUR   MINUTE
                                or
                          REFUSED 77   (BOX 4)
                          DON'T KNOW 99   (BOX 4)

HEQ.150   [About what time does {CHILD} usually go to bed?]

               SELECT A.M. OR P.M.

                          A.M. 1
                          P.M. 2
                          REFUSED 7
                          DON'T KNOW 9

+---+
| **BOX 4** |
| |
| IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1), |
| CONTINUE WITH HEQ.400. OTHERWISE, GO TO HEQ.420. |
+---+

HEQ.400 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

SOURCE: NEW – ADAPTED FROM NHES FOR ECLS-K ROUND 6

HEQ.420 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 ALL	A FEW TIMES A MONTH	A FEW TIMES A WEEK	EVERY DAY	REF	DK
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

HEQ.421   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 ALL	ONCE	TWICE	THREE OR MORE TIMES	REF	DK
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

BOX 5
GO TO CFQ (CRITICAL FAMILY PROCESSES)

CRITICAL FAMILY PROCESSES – CFQ

BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren> 1 AND ChildNum = 1), CONTINUE WITH BOX 2. OTHERWISE, GO TO BOX 3.

BOX 2

IF FSQ.110=1 (Partner currently living in household), ask question CFQ.100. OTHERWISE, go to BOX 3

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

Would you say that your relationship is…

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

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

BOX 3

GO TO CCQ (CHILD CARE).

CHILD CARE – CCQ

BOX 1

- IF (NumberOfChildren=1) OR IF NumberOfChildren >1 AND ON CHILDNUM=1, GO TO CCQ.005.

- IF (NumberofChildren = 2) AND ON ChildNum = 2, CONTINUE WITH CCQ.003.

CCQ.003   Next, I'd like to talk with you about the child care arrangements you have for {TWIN}.

Does {TWIN} currently have the same child care arrangements as {CHILD} ?

```
                    YES ............................................  1   (BOX 9)
                    NO .............................................  2   (CCQ.010)
                    REFUSED ...................................  7   (CCQ.010)
                    DON'T KNOW  ...........................  9   (CCQ.010)
```

CCQ.005   I'd like to talk to you about all child care {CHILD} now receives on a regular basis before or after school from someone other than {you/{his/her} {parents/guardians}}. This does not include occasional baby-sitting or backup care providers.

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: FOR ALL DISPLAYS DEFINE "PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE, OR THERE IS NO PARENT IN THE HOUSEHOLD, DISPLAY "you", OTHERWISE DISPLAY "{his/her} {PARENTS/GUARDIANS}".

CAPI INSTRUCTION: DISPLAY "parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A PARENT FIGURE OR THE RELATIONSHIP IS DK OR RF, OTHERWISE DISPLAY "guardians".

Relative Care   **HELP AVAILABLE**

CCQ.010   Is {CHILD} now receiving care from a relative on a <u>regular basis before or after school</u>? This may include grandparents, brothers and sisters, or any relatives other than (you/{his/her} (parents/guardians)).

CAPI INSTRUCTION: DISPLAY "regular basis before or after school" IN UNDERLINED TEXT.

FOR ALL DISPLAYS DEFINE "PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE, OR THERE IS NO PARENT IN THE HOUSEHOLD, DISPLAY "you", OTHERWISE DISPLAY "{his/her} {PARENTS/GUARDIANS}".

CAPI INSTRUCTION: DISPLAY "parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A PARENT FIGURE OR THE RELATIONSHIP IS DK OR RF, OTHERWISE DISPLAY "guardians".

HELP TEXT:
Care from a relative: Record care or programs provided by someone other than the child's parents. In all cases, do not include care provided by a parent, even if they do not live in the household. (Do not include visitation with a separated or divorced parent who does not have custody.)

If **there is at least one parent in the household**, any relative living in the household is eligible to be counted as a care arrangement, if the care is provided on a regularly scheduled basis. Relatives outside the household may also be regular care providers.

If **neither parent lives in the household**, do not include care provided by guardians who live with the child (they are similar to parents).

Relative care arrangements may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

```
                YES ............................................................  1  (CCQ.060)
                NO ..............................................................  2  (CCQ.150)
                REFUSED ....................................................  7  (CCQ.150)
                DON'T KNOW ..............................................  9  (CCQ.150)
```

HELP AVAILABLE

CCQ.060   How many different <u>regular</u> care arrangements do you currently have with relatives before or after school?

HELP TEXT:
Regular Care Arrangements: Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

CAPI INSTRUCTION: DISPLAY "regular" IN UNDERLINED TEXT.

```
                ONE ...............................................................  1
                TWO ..............................................................  2
                THREE ...........................................................  3
                FOUR .............................................................  4
                FIVE OR MORE ...........................................  5
                REFUSED ....................................................  7
                DON'T KNOW ..............................................  9
```

CCQ.065   {Let's talk about the relative who provides the most care for {CHILD} now.} Who is the relative who cares for {CHILD} before or after school?

PROBE FOR RELATIONSHIP TO CHILD.

CAPI INSTRUCTION: DISPLAY "{Let's talk about the relative who provides the most care for {CHILD} now.}" IF CCQ.060 = 2, 3, 4, 5, 7, OR 9. OTHERWISE, USE A NULL DISPLAY.

```
                GRANDPARENT ...........................................  1
                AUNT.............................................................  2
                UNCLE ..........................................................  3
                BROTHER......................................................  4
                SISTER ..........................................................  5
                ANOTHER RELATIVE...................................  6
                REFUSED ....................................................  7
                DON'T KNOW ..............................................  9
```

CCQ.070   Is the care provided by {{CHILD}'s {RELATIVE}/ that relative} in your home or another home?

CAPI INSTRUCTION: DISPLAY "{CHILD}'S {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

```
                              OWN HOME ................................................   1
                              OTHER HOME ............................................   2
                              BOTH/VARIES ...........................................   3
                              REFUSED ..................................................   7
                              DON'T KNOW ............................................   9
```

CCQ.075   Does {CHILD} receive that care before school, after school, or on weekends?

CODE ALL THAT APPLY.

```
                              BEFORE SCHOOL.......................................   1
                              AFTER SCHOOL..........................................   2
                              WEEKENDS.................................................   3
                              REFUSED ..................................................   7
                              DON'T KNOW  ............................................   9
```

HELP AVAILABLE

CCQ.080   Is the care that {CHILD} receives from {{his/her} {RELATIVE}/that relative} <u>regularly scheduled</u> at least once each week?

HELP TEXT:
Regularly Scheduled: Regularly scheduled at least once **each week** could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once **each week**.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" IN UNDERLINED TEXT.

```
                              YES .............................................................   1
                              NO...............................................................   2   (CCQ.115)
                              REFUSED ...................................................   7   (CCQ.115)
                              DON'T KNOW ............................................   9   (CCQ.115)
```

CCQ.085   How many <u>days</u> each week does {CHILD} receive care from {{his/her} {RELATIVE}/that relative} before or after school?

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: DISPLAY "days" IN UNDERLINED TEXT.

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

```
                           |___|
                           ENTER # OF DAYS
                              or
                           REFUSED ..................................................  77
                           DON'T KNOW .............................................  99
```

CCQ.090   How many <u>hours</u> each <u>week</u> does {CHILD} receive care from {{his/her} {RELATIVE}/that relative}?

               RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

               CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

               CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

               CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3,4, OR 5. OTHERWISE,
               DISPLAY "THAT RELATIVE."

               CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent IF CCQ.065 = 1; DISPLAY "aunt" IF
               CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister"
               IF CCQ.065 = 5.

```
                           |___|___|
                           ENTER # OF HOURS
                              or
                           REFUSED ..................................................  77
                           DON'T KNOW .............................................  99
```

CCQ.115   Is there any charge or fee for the care, paid either by you or someone else?

```
                           YES ............................................  1   (CCQ.120)
                           NO ...............................................  2   (BOX 4A)
                           REFUSED ....................................  7   (BOX 4A)
                           DON'T KNOW .............................  9   (BOX 4A)
```

CCQ.120   Do any of the following people or organizations help to pay for {CHILD'S}'s care? How about…

               CAPI INSTRUCTION: WHEN ON A DISPLAY "specifically" IN UNDERLINED TEXT.

               CAPI INSTRUCTION: FOR ITEMS B-C, DISPLAY "Do …. about …" IN SQUARE BRACKETS.

		YES	NO	REF	DK
a.	A relative of {CHILD} outside your household who provides money <u>specifically</u> for that care?	1	2	7	9
b.	A social service or welfare agency?	1	2	7	9
c.	An employer?	1	2	7	9

CCQ.125   How much does your household pay {(his/her) {RELATIVE}/that relative} to care for {CHILD}?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, GO TO CCQ130.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "THAT RELATIVE."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

CAPI INSTRUCTION: HARD RANGE CHECK: $0 – 9999.

CAPI INSTRUCTION: IF CCQ.115=1, AND CCQ.120, A – C ALL = 2, THEN CCQ.125 CANNOT EQUAL ZERO.

$ |__|__|__|__|
ENTER AMOUNT OF PAYMENT..................   (CCQ.128)
  OR
REFUSED 777777   (CCQ.130)
DON'T KNOW 999999   (CCQ.130)

CCQ.128   [How much does your household pay {(his/her) {RELATIVE} to care for {CHILD}?]

ENTER UNIT.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "THAT RELATIVE".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

PER HOUR..   1
PER DAY..   2
PER WEEK...   3
BIWEEKLY   4
PER MONTH..   5
PER YEAR   6
OTHER (SPECIFY)   91
REFUSED   7
DON'T KNOW   9

```
                          BOX 4

■   IF CCQ 128 = 91, CONTINUE WITH CCQ.128OS.  OTHERWISE, GO TO
    CCQ.130.
```

CCQ.128OS   [How much does your household pay {{his/her} {RELATIVE}/that relative} to care for {CHILD}?]

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "THAT RELATIVE".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "GRANDPARENT IF CCQ.065 = 1; DISPLAY "AUNT" IF CCQ.065 = 2; DISPLAY "UNCLE" IF CCQ.065 = 3; DISPLAY "BROTHER" IF CCQ.065 = 4; DISPLAY "SISTER" IF CCQ.065 = 5.

_____
SPECIFY UNIT

CCQ.130   Is this amount for {CHILD} only, or does it include other children in your household?

<div style="text-align:center">

CHILD ONLY .... 1(BOX 4A)
CHILD AND OTHERS .... 2(CCQ.135)
REFUSED .... 7(BOX 4A)
DON'T' KNOW... 9(BOX 4A))

</div>

CCQ.135   How many children is this amount for, including {CHILD}?

CAPI INSTRUCTION: HARD RANGE CHECK: 2-12. SOFT RANGE CHECK: 2-6

|__|__|
ENTER NUMBER OF CHILDREN.
  OR
REFUSED 77
DON'T KNOW 99

BOX 4A

- IF ONLY ONE CURRENT REGULAR RELATIVE CARE ARRANGEMENT FOR CHILD (CCQ.060 = 1, 7, or 9), GO TO CCQ.150.
- OTHERWISE, CONTINUE WITH CCQ.140.

CCQ.140   You said that {CHILD} was cared for by {NUMBER} other {relatives/relative} on a regular basis. How many <u>hours</u> each <u>week</u> does {CHILD} receive care from {these/this} other {relatives/relative}?

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.060 = 2; "2" IF CCQ.060 = 3; DISPLAY "3" IF CCQ.060 = 4. IF CCQ.060 = 5, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CCQ.060 = 2, DISPLAY "relative," "this" and "relative." OTHERWISE, DISPLAY "relatives", "these," and "relatives."

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

|___|___|
ENTER # OF HOURS
  OR
REFUSED 77
DON'T KNOW 99

Non-Relative Care

CCQ.150   {Now I'd like to ask you about any care {CHILD} receives from nonrelatives in a private home, not including child care centers.} Is {CHILD} <u>now</u> receiving care in a private home on a <u>regular basis before or after school</u> from someone who is not related to {him/her}? This includes home childcare providers, regular sitters or neighbors.

CAPI INSTRUCTION: DISPLAY "now" AND "regular basis before or after school" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "Now . . . centers" IF CCQ.010 = 1. OTHERWISE, USE A NULL DISPLAY.

HELP TEXT:
Care from a non-relative: Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home.

If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, IF the care is given on a regularly scheduled basis.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents).

Non-relative care arrangements or programs may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES	1	(CCQ.165)
NO	2	(CCQ.260)
REFUSED	7	(CCQ.260)
DON'T KNOW	9	(CCQ.260)

CCQ.165   How many different <u>regular</u> care arrangements <u>before or after school</u> do you <u>currently</u> have with nonrelatives?

CAPI INSTRUCTION: DISPLAY "regular," "before or after school," and "currently" in UNDERLINED TEXT.

HELP TEXT: **Regular Care Arrangements:** Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

ONE	1
TWO	2
THREE	3
FOUR	4
FIVE OR MORE	5
REFUSED	7
DON'T KNOW	9

CCQ.170   {Let's talk about the nonrelative who provides the most care for {CHILD} now.} Is that care provided in your home or another home?

CAPI INSTRUCTION: DISPLAY "Let's talk about the nonrelative who provides the most care for {CHILD} now.} IF CCQ.165 = 2, 3, 4, 5, 7, OR 9. OTHERWISE, USE A NULL DISPLAY.

OWN HOME	1
OTHER HOME	2
BOTH/VARIES	3
REFUSED	7
DON'T KNOW	9

CCQ.175   Does {CHILD} receive that care before school, after school, or on weekends?

CODE ALL THAT APPLY.

BEFORE SCHOOL..	1
AFTER SCHOOL..	2
WEEKENDS...	3
REFUSED	7
DON'T KNOW	9

HELP AVAILABLE

CCQ.180   Is the care that {CHILD} receives from that person <u>regularly scheduled</u> at least once each week?

HELP TEXT:
Regularly Scheduled: Regularly scheduled at least once **each week** could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once **each week**.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" IN UNDERLINED TEXT.

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

CCQ.185   How many <u>days</u> each week does {CHILD} receive care from that person before or after school?

CAPI INSTRUCTION: DISPLAY "days" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

|___|
ENTER # OF DAYS
   or

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

CCQ.190   How many <u>hours</u> each <u>week</u> does {CHILD} receive care from that person?

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

|___|___|
ENTER # OF HOURS
   OR

REFUSED	77
DON'T KNOW	99

CCQ.210   Is there any charge or fee for the care, paid either by you or someone else?

                        YES 1 (CCQ.215)
                        NO .... 2 (BOX 7)
                        REFUSED .... 7 (BOX 7)
                        DON'T KNOW .... 9 (BOX 7)

CCQ.215   Do any of the following people or organizations help to pay for {CHILD'S}'s care? How about…

           CAPI INSTRUCTION: WHEN ON ITEMS B-D, DISPLAY "DO ….about …." IN SQUARE BRACKETS.

           CAPI INSTRUCTION: WHEN ON A, DISPLAY " specifically" IN UNDERLINED TEXT.

		YES	NO	REF	DK
a.	A relative of {CHILD} outside your household who provides money specifically for that care?	1	2	7	9
b.	A social service or welfare agency?	1	2	7	9
c.	An employer?	1	2	7	9

CCQ.220   How much does your household pay this nonrelative to care for {CHILD}?

           IF NONE, ENTER ZERO.

           CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, GO TO CCQ.230. IF GET DOLLAR, CONTINUE WITH CCQ.225. OTHERWISE, GO TO CCQ.230.

           CAPI INSTRUCTION: EDIT: IF CCQ.210 = 1 AND ITEMS A-C AT CCQ.215 ALL = 2, THEN CCQ.220 CANNOT EQUAL ZERO.

           CAPI INSTRUCTION: HARD RANGE CHECK: $0 – 9999.

                        $ |__|__|__|__|
                        ENTER AMOUNT ....   (CCQ.225)
                          OR
                        REFUSED 77777   (CCQ.230)
                        DON'T KNOW 99999   (CCQ.230)

CCQ.225   [How much does your household pay this nonrelative to care for {CHILD?}

           ENTER UNIT

                        PER HOUR... 1
                        PER DAY.. 2
                        PER WEEK... 3
                        BIWEEKLY 4
                        PER MONTH.. 5
                        PER YEAR 6
                        OTHER (SPECIFY)_____ 91
                        REFUSED 7
                        DON'T KNOW 9

+---+
| BOX 6 |
| |
| ■ IF CCQ.225 = 91, CONTINUE WITH CCQ.2250S. OTHERWISE, GO TO CCQ.230. |
+---+

CCQ.225OS   [How much does your household pay this nonrelative to care for {CHILD}?]
              SPECIFY UNIT.

CCQ.230   Is this amount for {CHILD} only, or does it include other children in your household?

                                        CHILD ONLY .... 1 (BOX 7)
                                        CHILD AND OTHERS 2 (CCQ.240)
                                        REFUSED .... 7 (BOX 7)
                                        DON'T' KNOW.. 9 (BOX 7)

CCQ.240   How many children is this amount for, including {CHILD}?

              CAPI INSTRUCTION: HARD RANGE CHECK: 2-12; SOFT RANGE CHECK: 2-6.
                                        |__|__|
                                        ENTER NUMBER OF CHILDREN
                                        OR
                                        REFUSED 77
                                        DON'T KNOW 99

┌───┐
│   **BOX 7**   │
│   │
│ ■ IF ONLY ONE CURRENT REGULAR NON-RELATIVE CARE ARRANGEMENT   │
│   FOR CHILD (CCQ 165 = 1, 7, OR 9), GO TO CCQ.260.   │
│ ■ OTHERWISE, CONTINUE WITH CCQ.250.   │
└───┘

CCQ.250   You said that {CHILD} was cared for by {NUMBER} other {nonrelative/nonrelatives} on a regular basis.
              How many <u>hours</u> each <u>week</u> does {CHILD} receive care from {this nonrelative/these nonrelatives}?

              CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.165 = 2; DISPLAY "2" IF CCQ.165 = 3;
              DISPLAY "3" IF CCQ.165 = 4.

              CAPI INSTRUCTION: IF CCQ.165 = 2, DISPLAY "nonrelative" AND "this nonrelative." OTHERWISE,
              DISPLAY "nonrelatives" AND "these nonrelatives."

              CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

                                        |___|___|
                                        ENTER # OF HOURS
                                          OR
                                        REFUSED 77
                                        DON'T KNOW 99

Day Care Center/Before- or After-School Program

CCQ.260   Is {CHILD} now attending a day care center or a before or after school program at a school or in a center on a regular basis?

CAPI INSTRUCTION: DISPLAY "now"" and "regular basis" in UNDERLINED TEXT.

HELP TEXT:
Day Care Center: Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES	1	(CCQ.325)
NO	2	(CCQ.410)
REFUSED	7	(CCQ.410)
DON'T KNOW	9	(CCQ.410)

CCQ.325   How many different day care centers or before or after school programs does {CHILD} currently go to?

CAPI INSTRUCTION: DISPLAY "currently" IN UNDERLINED TEXT.

ONE	1
TWO	2
THREE	3
FOUR	4
FIVE OR MORE	5
REFUSED	7
DON'T KNOW	9

CCQ.330   {Let's talk about the program where {CHILD} spends the most time now.} Is that program located in the school where {CHILD} attends fifth grade (or the grade {he/she} attends now)?

CAPI INSTRUCTION: DISPLAY "now" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY {Let's talk about the program where {CHILD} spends the most time now.} IF CCQ.325 = 2, 3, 4, 5, 7, OR 9. OTHERWISE, USE A NULL DISPLAY.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

CCQ.335   Does {CHILD} go to that program before school, after school, or on weekends?

CODE ALL THAT APPLY.

BEFORE SCHOOL	1
AFTER SCHOOL	2
WEEKENDS	3
REFUSED	7
DON'T KNOW	9

CCQ.340   Does {CHILD} go to that program on a <u>regularly scheduled</u> basis at least once <u>each</u> week?

HELP TEXT:
Regularly Scheduled: Regularly scheduled at least once **each week** could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once **each week**.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" and "each" IN UNDERLINED TEXT.

```
YES ............................................................    1
NO ..............................................................    2   (CCQ.370)
REFUSED ....................................................    7   (CCQ.370)
DON'T KNOW ..............................................    9   (CCQ.370)
```

CCQ.350   How many <u>days</u> each week does {CHILD} go to that program?

CAPI INSTRUCTION: DISPLAY "days" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

```
|___|
ENTER # OF DAYS
   or
REFUSED ....................................................   77
DON'T KNOW ..............................................   99
```

CCQ.355   Other than regular school hours, how many <u>hours</u> each <u>week</u> does {CHILD} go to that program?

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

```
|___|___|
ENTER # OF HOURS
   OR
REFUSED ....................................................   77
DON'T KNOW ..............................................   99
```

CCQ.370   How many meals or snacks per day does {CHILD} receive in total at all the day care centers or the before or after school programs {he/she} attends?

CAPI INSTRUCTION: HARD RANGE CHECK: 0-5.

```
|___|
ENTER NUMBER OF MEALS
   OR
REFUSED ....................................................    7
DON'T KNOW ..............................................    9
```

CCQ.380   Is there any charge or fee for the program, paid either by you or someone else?

```
YES ............................................................    1   (CCQ.385)
NO ..............................................................    2   (BOX 8B)
REFUSED ....................................................    7   (BOX 8B)
DON'T KNOW ..............................................    9   (BOX 8B)
```

CCQ.385   Do any of the following people or organizations help to pay for {CHILD'S}'s care? How about…

CAPI INSTRUCTION: WHEN ON ITEMS B-D, DISPLAY "Do … about …" in SQUARE BRACKETS.

CAPI INSTRUCTION: WHEN ON A, DISPLAY "Specifically" in UNDERLINED TEXT.

		YES	NO	REF	DK
a.	A relative of {CHILD} outside your household who provides money specifically for that care?	1	2	7	9
b.	A social service or welfare agency?	1	2	7	9
c.	An employer?	1	2	7	9

CCQ.390   How much does your household pay the day care center to care for {CHILD}?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, GO TO BOX 8B.

CAPI INSTRUCTION: IF GET DOLLAR, CONTINUE WITH CCQ.393. OTHERWISE, GO TO CCQ.395.

CAPI INSTRUCTION: EDIT: IF CCQ.380 = 1 AND ITEMS A-C AT CCQ.385 ALL = 2, THEN CCQ.390 CANNOT EQUAL ZERO.

CAP INSTRUCTION: HARD RANGE CHECK: $0 – 9999.

$ |__|__|__|__|
ENTER AMOUNT OF PAYMENT...................   (CCQ.393)
OR
REFUSED 777777   (CCQ.395)
DON'T KNOW 999999   (CCQ.395)

CCQ.393   [How much does your household pay the day care center to care for {CHILD}?]

ENTER UNIT.

PER HOUR..   1
PER DAY...   2
PER WEEK..   3
BIWEEKLY   4
PER MONTH..   5
PER YEAR   6
OTHER (SPECIFY)_____   91
REFUSED   7
DON'T KNOW   9

BOX 8A

- IF CCQ.393 = 91, CONTINUE WITH CCQ.393OS. OTHERWISE, GO TO CCQ.395.

CCQ.393OS   [How much does your household pay the day care center to care for {CHILD}?]

_____
SPECIFY UNIT

CCQ.395   Is this amount for {CHILD} only, or does it include other children in your household?

                            CHILD ONLY   1   (BOX 8B)
                            CHILD AND OTHERS   2   (CCQ.400)
                            REFUSED   7   (BOX 8B)
                            DON'T KNOW   9   (BOX 8B)

CCQ.400   How many children is this amount for, including {CHILD}?

           CAPI INSTRUCTION: HARD RANGE CHECK: 2-12; SOFT RANGE CHECK: 2-6.

                            |_|_|
                            ENTER NUMBER OF CHILDREN
                              OR
                            REFUSED   77
                            DON'T KNOW   99

┌───┐
│   **BOX 8B**   │
│   │
│   ■   IF CCQ.325 = 1, RF, OR DK, GO TO CCQ.410. OTHERWISE, CONTINUE WITH │
│   CCQ.403.   │
└───┘

CCQ.403   You said that {CHILD} attended {NUMBER} other day care {center/centers} or before or after school
           {program/programs} on a regular basis. How many hours each week does {CHILD} attend {this
           program/these programs}?

           CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.325 = 2; DISPLAY "2" IF CCQ.325 = 3;
           DISPLAY "3" IF CCQ.325 = 4. IF CCQ.325 = 5, USE A NULL DISPLAY.

           CAPI INSTRUCTION: IF CCQ.325 = 2, DISPLAY "center," "program" AND "this program."
           OTHERWISE, DISPLAY "centers," "programs" AND "these programs."

           CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

           CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

                            |___|___|
                            ENTER # OF HOURS
                              OR
                            REFUSED   77
                            DON'T KNOW   99

CCQ.410   Sometimes children spend time caring for themselves, either at home or somewhere else, without an
           adult or older child responsible for them. Does {CHILD} spend time caring for {himself/herself} on a
           regular basis before or after school?

                            YES   1   (CCQ.420)
                            NO..   2   (BOX 9)
                            REFUSED   7   (BOX 9)
                            DON'T KNOW   9   (BOX 9)

CCQ.420   How many <u>hours</u> per <u>week</u> does {CHILD} take care of (himself/herself)?

CAPI INSTRUCTIONS:

1.   DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

2.   SOFT RANGE CHECK : 0 – 25. HARD RANGE CHECK: 0-70 HOURS.

|___|
ENTER # HOURS
   OR
REFUSED 77
DON'T KNOW 99

BOX 9

GO TO SECTION DWQ.

DISCIPLINE, WARMTH, AND EMOTIONAL SUPPORTIVENESS - DWQ

BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1), GO TO DWQ.100.
IF (NumberOfChildren > 1 and CHILDNUM=2, GO TO BOX 2.

DWQ.100   Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you spanked {CHILD} in the past week?

ENTER -1 IF RESPONDENT VOLUNTEERS THAT {CHILD} IS NEVER SPANKED.

CAPI INSTRUCTION: SOFT RANGE CHECK: -1 to 15 spankings. HARD RANGE CHECK -1 to 95.

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

DWQ.110   Most children get angry with their parents from time to time. If {CHILD} got so angry that (he/she) hit you, what would you do? Would you…

PROBE IF NECESSARY: Anything else?

CODE ALL THAT APPLY.

Spank (him/her).	1
Have (him/her) take a time out, ...	2
Hit (him/her) back, ...	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

BOX 2

GO TO SECTION .

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 <u>IS</u> 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 <u>IS</u> 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. IF NRQ.100 = 5 (PARENT DECEASED) IN ROUNDS 4 OR 5 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 7.

- 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}?

<div style="margin-left:3em;">

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

</div>

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.

<div style="margin-left:6em;">

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 7)
PARENT IS DECEASED .... 5 (BOX 7)
NO CONTACT SINCE ADOPTION .... 6 (BOX 7)
NO ADOPTIVE (MOTHER/FATHER)............ 7 (BOX 7)
REFUSED .... 77 (BOX 7)
DON'T KNOW .... 99 (BOX 7)

</div>

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 NRQ120. 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 sport 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

NRQ.252   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

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

BOX 7

ASK NRQ.100 TO NRQ.253 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 COQ.

COUNTRY OF ORIGIN FOR NON-RESIDENT BIOLOGICAL PARENTS: COQ

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 6.
- IF NumberOfChildren >1 AND ChildNum = 2; GO TO BOX 6.
- OTHERWISE, CONTINUE WITH BOX 2.

BOX 2

- ASK COQ.005 – COQ.015 IF NO HOUSEHOLD MEMBER IS A BIRTH MOTHER.
- OTHERWISE, GO TO BOX 4.

COQ.005   Earlier we asked about where people in your household were born. Now, we'd like to ask about {CHILD}'s biological mother. In what country was {his/her} biological mother born?

IF R SAYS THAT THE MOTHER IS DECEASED, SAY: I'm sorry to hear that. We understand that it may be hard to talk about those who are no longer living. The only questions that I'll be asking about this parent are where she was from and, if it was not the U.S., whether she was an American citizen.

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT 'NOT ON LIST' IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAPI INSTRUCTION: DISPLAY "IF…SAY:" IN LIGHT BLUE AND DISPLAY "I'm…citizen." IN BLACK.

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

BOX 3

IF COQ.005 = 0 (NOT ON LIST), CONTINUE WITH COQ.005OS.
IF COQ.005 = 1, 5, 98, 152, 195, 217, 249, DK, OR RF, GO TO BOX 4.
OTHERWISE, CONTINUE WITH COQ.010.

COQ.005OS   [In what country was {his/her} biological mother born?]

SPECIFY COUNTRY.

_____

COQ.010   How old was {CHILD'}'s biological mother when she first moved to the United States?

            CAPI INSTRUCTION: RANGE CHECK: 0 – 75 YEARS OLD.

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

COQ.015   Is she a United States citizen?

                                        YES   1
                                        NO   2
                                        REFUSED   7
                                        DON'T KNOW   9

            ┌───┐
            │   **BOX 4**   │
            │   │
            │   ■   ASK COQ.020 – COQ.030 IF NO HOUSEHOLD MEMBER IS A BIRTH FATHER. │
            │   ■   OTHERWISE, GO TO BOX 6.   │
            └───┘

COQ.020   {Earlier we asked about where people in your household were born.}   Now, we'd like to ask about
            {CHILD}'s biological father. In what country was {his/her} biological father born?

            IF R SAYS THAT THE FATHER IS DECEASED, SAY: I'm sorry to hear that. We understand that it may
            be hard to talk about those who are no longer living. The only questions that I'll be asking about this
            parent are where he was from and, if it was not the U.S., whether he was an American citizen.

            TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON
            THE LIST, HIGHLIGHT 'NOT ON LIST' IN THE LOOKUP FILE AND PRESS ENTER.

            USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

            CAPI INSTRUCTION: DISPLAY "Earlier…born." IF COQ.005 WAS NOT ASKED.

            CAPI INSTRUCTION: DISPLAY "IF…SAY:" IN LIGHT BLUE AND DISPLAY "I'm…citizen." IN BLACK.

            CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE
            FIELD FOR ENTERING RESPONSE CODES.

            ┌───┐
            │   **BOX 5**   │
            │   │
            │   IF COQ.020 = 0 (NOT ON LIST), CONTINUE WITH COQ.020OS.   │
            │   IF COQ.020 = 1, 5, 98, 152, 195, 217, 249, DK, OR RF, GO TO BOX 6. │
            │   OTHERWISE, CONTINUE WITH COQ.025.   │
            └───┘

COQ.020OS   [In what country was {his/her} biological father born?]

            SPECIFY COUNTRY.

            _____

COQ.025   How old was {CHILD'}'s biological father when he first moved to the United States?

CAPI INSTRUCTION: RANGE CHECK: 0 – 75 YEARS OLD.

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

COQ.030   Is he a United States citizen?

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

+--+
| **BOX 6** |
| |
| GO TO SECTION CHQ. |
+--+

CHILD HEALTH AND WELL BEING: CHQ

BOX 1

ASK CHQ.010 – CHQ.730 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 children of the same age.

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

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

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

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

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

Better than other children {his/her} age, ...	1
As well as other children,...............................	2
Slightly less well than other children, or	3
Much less well than other children?	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)
```

HELP AVAILABLE

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.

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... 6
MENTAL RETARDATION 7
OTHER (SPECIFY)_____ 91
_____
REFUSED 77
DON'T KNOW 99

BOX 3

IF CHQ.060 = 91, CONTINUE WITH CHQ.060OS. OTHERWISE, GO TO CHQ.075.

CHQ.060OS   [What was the diagnosis?]

SPECIFY DIAGNOSIS.

_____

CHQ.075   In what year was the diagnosis made?

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

CAPI INSTRUCTION: RANGE CHECK: 1990-2004 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.

|___|___|___|___|
ENTER YEAR..   (CHQ.080)
  OR
REFUSED 7777 (CHQ.080)
DON'T KNOW 9999 (CHQ.076)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.076   Was the diagnosis made before 2002?

YES 1 (CHQ.077)
NO.. 2 (CHQ.080)
REFUSED 7 (CHQ.080)
DON'T KNOW 9 (CHQ.077)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.077   Was the diagnosis made before (CHILD) entered elementary school?

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 children of {his/her} age, ... 1
About as active, ... 2 (CHQ.150)
Slightly more active, or... 3
A lot more active than other children of {his/her} age? 4
REFUSED 7 (CHQ150)
DON'T KNOW 9 (CHQ150)

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)
```

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)
```

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.

               _____

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

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

               CAPI INSTRUCTION: RANGE CHECK: 1990-2004 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.

```
                    |___|___|___|___|
                    ENTER YEAR...............................................        (CHQ.150)
                      OR
                    REFUSED .................................................... 7777   (CHQ.150)
                    DON'T KNOW ............................................. 9999   (CHQ.136)
```

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.136   Was the diagnosis made before 2002?

```
                              YES ............................................................  1  (CHQ.137)
                              NO ..............................................................  2  (CHQ.150)
                              REFUSED ...................................................  7  (CHQ.150)
                              DON'T KNOW ..............................................  9  (CHQ.137)
```

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.137   Was the diagnosis made before (CHILD) entered elementary school?

```
                              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 children {his/her} age, .......  1  (CHQ.270)
                              As well as other children, ............................  2  (CHQ.270)
                              Slightly less well than other children, or.........  3  (CHQ.160)
                              Much less well than other children?..............  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)
```

CHQ.185   In what year was the diagnosis made?

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

               CAPI INSTRUCTION: RANGE CHECK: 1990-2004 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.

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

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.186   Was the diagnosis made before 2002?

                              YES   1   (CHQ.187)
                              NO   2   (CHQ.190)
                              REFUSED   7   (CHQ.190)
                              DON'T KNOW   9   (CHQ.187)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.187   Was the diagnosis made before (CHILD) entered elementary school?

                              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)

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

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

           CAPI INSTRUCTION: RANGE CHECK: 1990-2004.

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

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

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.226   Was the diagnosis made before 2002?

                                    YES 1 (CHQ.227)
                                    NO.. 2 (CHQ.230)
                                    REFUSED 7 (CHQ.230)
                                    DON'T KNOW 9 (CHQ.227)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.227   Was the diagnosis made before (CHILD) entered elementary school?

                                    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

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)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

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

                 CAPI INSTRUCTION: RANGE CHECK: 1990-2004.

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

                    |___|___|___|___|
                    ENTER YEAR..   (CHQ.254)
                      OR
                    REFUSED 7777 (CHQ.254)
                    DON'T KNOW 9999 (CHQ.252)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.252   Was it before 2002?

                    YES   1   (CHQ.253)
                    NO   2   (CHQ.254)
                    REFUSED   7   (CHQ.254)
                    DON'T KNOW   9   (CHQ.253)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.253   Was it before (CHILD) entered elementary school?

                    YES   1
                    NO   2
                    REFUSED   7
                    DON'T KNOW   9

SOURCE: NEW FOR ROUND 6– OSEP

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 it 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)

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

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

CAPI INSTRUCTION: RANGE CHECK: 1990-2004.

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

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

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.314   Was the diagnosis made before 2002?

YES 1 (CHQ.315)
NO 2 (CHQ.316)
REFUSED 7 (CHQ.316)
DON'T KNOW 9 (CHQ.315)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.315   Was the diagnosis made before (CHILD) entered elementary school?

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 children and adults ...

Better than other children {his/her} age, ...   1   (CHQ.350)
As well as other children,...............................   2   (CHQ.350)
Slightly less well than other children, or.........   3
Much less well than other children?..............   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 children and adults?

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

HELP AVAILABLE

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

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

```
┌─────────────────────────────────────────────────────────────────────┐
│                            BOX 7                                       │
│                                                                        │
│  IF CHQ.337 = 91, CONTINUE WITH CHQ.337OS.  OTHERWISE, GO TO CHQ.345.  │
└─────────────────────────────────────────────────────────────────────┘
```

CHQ.337OS   [What was the diagnosis?]

                 SPECIFY DIAGNOSIS.

                 _____

CHQ.345   In what year was the diagnosis made?'

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

                 CAPI INSTRUCTION: RANGE CHECK: 1990-2004 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.

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

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.346   Was the diagnosis made before 2002?

                                YES 1 (CHQ.347)
                                NO.. 2 (CHQ.350)
                                REFUSED 7 (CHQ.350)
                                DON'T KNOW 9 (CHQ.347)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.347   Was the diagnosis made before (CHILD) entered elementary school?

                                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.500)
                                REFUSED 7 (CHQ.500)
                                DON'T KNOW 9 (CHQ.500)

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.500)
REFUSED ....................................................   7   (CHQ.500)
DON'T KNOW .............................................   9   (CHQ.500)
```

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

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

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.

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
OTHER DEPRESSIVE DISORDER	8
OTHER (SPECIFY)_____	91
REFUSED	77
DON'T KNOW	99

BOX 8

IF CHQ.365 = 91, CONTINUE WITH CHQ.365OS. OTHERWISE, GO TO CHQ.375.

CHQ.365OS   [What was the diagnosis?]

SPECIFY DIAGNOSIS.

_____

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

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

CAPI INSTRUCTION: RANGE CHECK: 1990-2004 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.

|___|___|___|___|
ENTER YEAR... (CHQ.500)
     OR
REFUSED 7777 (CHQ.500)
DON'T KNOW 9999 (CHQ.376)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.376   Was the diagnosis made before 2002?

YES	1	(CHQ.377)
NO	2	(CHQ.500)
REFUSED	7	(CHQ.500)
DON'T KNOW	9	(CHQ.377)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.377   Was the diagnosis made before (CHILD) entered elementary school?

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: 1990-2004 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.

                              |___|___|___|___|
                              ENTER YEAR...   (CHQ.540)
                                 OR
                              REFUSED 7777 (CHQ.540)
                              DON'T KNOW 9999 (CHQ.536)

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

CHQ.536   Were the last of the services received before 2002?

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

SOURCE: NEW – WRITTEN FOR ECLS-K ROUND 6 BASED ON OSEP REQUEST

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)

SOURCE: BOX 9A AND CHQ546 NEW FOR ROUND 6– OSEP

BOX 9A

IF P2SPECND (CHQ.160 IN ROUND 2) = 1 OR P5SPECND (CHQ.545 IN ROUND 5) = 1 (CHILD HAD SERVICES FOR SPECIAL NEEDS OR WAS IN SPECIAL EDUCATION PROGRAM IN ROUNDS 2 OR 5), 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

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 {he/she}…]

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.690)
45		
REFUSED	7	(CHQ.690)
DON'T KNOW	9	(CHQ.690)

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

                                            YES   1
                                            NO   2
                                            REFUSED   7
                                            DON'T KNOW   9

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

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

               CAPI INSTRUCTIONS: DISPLAY "spring 1999" IF THE HOUSEHOLD LAST RESPONDED IN ROUND
               2. CAPI INSTRUCTIONS: DISPLAY "fall 1999" IF THE HOUSEHOLD LAST RESPONDED IN ROUND
               3. DISPLAY "spring 2000" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 4. DISPLAY "spring
               2002" IF THE HOUSEHOLD LAST RESPONDED IN ROUND 5.

                                            |___|___|
                                            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 CHQ.700. OTHERWISE, ASK CHQ.695f.

f.	No health insurance?	1	2	7	9

CHQ.700 Now I want to ask you about {CHILD}'s physical activities. Compared with other (boys/girls/children) (his/her/{CHILD}'s) age, how physically active is {CHILD} during structured activities like sports or activities at (day care or) school? Is (he/she/{CHILD})…

CAPI INSTRUCTION: DISPLAY 'boys' AND 'his' IF CHILD IS MALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, IF GENDER IS MISSING IN THE PRELOAD, DISPLAY "children," "{CHILD}," and "{CHILD}'s.""
CAPI INSTRUCTION: DISPLAY 'girls' AND 'her' IF CHILD IS FEMALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, IF GENDER IS MISSING IN THE PRELOAD, DISPLAY ""children," "{CHILD}," and "{CHILD}'s".
. CAPI INSTRUCTION: DISPLAY "day care or" IF CCQ.260=1 (YES ATTEND DAYCARE OR BEFORE AND AFTER SCHOOL PROGRAM)

More physically active than other (boys/girls/children) 1
Less physically active than other (boys/girls/children), or ... 2
About the same as other (boys/girls/children) 3
REFUSED 7
DON'T KNOW 9

CHQ.705　　　　How about during free time?

PROBE: Is (he/she/{CHILD}) more physically active, less physically active, or about the same as other (boys/girls/children)?

CAPI INSTRUCTION:　　DISPLAY 'BOYS' AND 'HIS' IF CHILD IS MALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, IF GENDER IS MISSING IN THE PRELOAD, DISPLAY "{CHILD}" and "children."

CAPI INSTRUCTION:　　DISPLAY 'GIRLS' AND 'HER' IF CHILD IS FEMALE ACCORDING TO PRELOAD IF GENDER IS NOT MISSING IN THE PRELOAD. ELSE, IF GENDER IS MISSING IN THE PRELOAD, DISPLAY "{CHILD}" and "children."

More physically active than other (boys/girls/children) 1
Less physically active than other (boys/girls/children), or . 2
About the same as other (boys/girls/children)? 3
REFUSED 7
DON'T KNOW 9

CHQ.710　　　　Aerobic exercise makes the heart work very hard and makes people break out in a sweat. Compared to other (boys/girls) (his/her) age, how much aerobic exercise does (CHILD) get on a consistent basis?

Would you say …

More than other (boys/girls) 1
Less than other (boys/girls), or 2
About the same as other (boys/girls)? 3
REFUSED 7
DON'T KNOW 9

CHQ.715　　　　In a typical week, on how many days does (CHILD) get exercise that causes rapid breathing, perspiration, and a rapid heartbeat for 20 continuous minutes or more?

CAPI INSTRUCTION: HARD RANGE CHECK: 0-7

|___|
ENTER DAYS
　OR
REFUSED 7
DON'T KNOW 9

CHQ.720   In the last 12 months, did {CHILD} regularly get exercise through any of the following organizations?

CAPI INSTRUCTION: DISPLAY "HELP AVAILABLE" WHEN ON B. DISPLAY THE FOLLOWING HELP TEXT FOR B: "**A church or other place of worship**: This question refers to exercise or sports that were sponsored by a church or other place of worship."

CAPI INSTRUCTION: DISPLAY "In the last 12 months, did {CHILD} regularly get exercise through any of the following organizations?" IN SQUARE BRACKETS FOR B-G.

		YES	NO	REF	DK
a.	A public park or recreation center?	1	2	7	9
b.	A church or other place of worship?	1	2	7	9
c.	A sports team or league not affiliated with churches?	1	2	7	9
d.	YMCA, YWCA, or other similar organizations?	1	2	7	9
e.	A health club or private spa?	1	2	7	9
f.	Cub Scouts, Brownies, or other scouts?	1	2	7	9
g.	4-H or other farm clubs?	1	2	7	9

BOX 11A

IF ANY OF CHQ.720a TO CHQ.720g = 1, CONTINUE WITH CHQ.725. OTHERWISE, GO TO CHQ.730.

CHQ.725   What types of exercise or physical activity did {CHILD} get at the places you just mentioned?

HELP TEXT: **Group Sports**: e.g. baseball, basketball, and soccer.
Individual Sports: e.g. tennis, swimming, gymnastics.
Dance: e.g. tap, ballet, movement.
Recreational Sports/Outdoor Activities: e.g. biking, hiking.
Playground Activities: e.g. catch, jump rope, tag.
Calisthenics/General Exercising: e.g. jumping jacks.

CAPI INSTRUCTIONS: DISPLAY 'HELP AVAILABLE' IN UNDERLINED TEXT.
CAPI INSTRUCTIONS: DO NOT DISPLAY THE WORDS "HELP TEXT" ON THE HELP SCREEN

		YES	NO	REF	DK
a.	Group sports?	1	2	7	9
b.	Individual sports?	1	2	7	9
c.	Dance?	1	2	7	9
d.	Recreational Sports or outdoor activities?	1	2	7	9
e.	Martial Arts?	1	2	7	9
f.	Playground activities?	1	2	7	9
g.	Calisthenics or General exercising?	1	2	7	9
h.	Anything else? (SPECIFY)	1	2	7	9

BOX 11B

▪   IF CHQ. 725h=1, GO TO CHQ.726OS. ELSE, GO TO CHQ 730.

CHQ.726OS   [What types of exercise or physical activity did {CHILD} get at the places you just mentioned?]

SPECIFY ACTIVITY

_____

CHQ.730   Please listen to the following descriptions of two children. Child A prefers to spend {his/her} free time reading, playing video games, or watching TV. Child B prefers to spend {his/her} free time riding a bike, swimming, and playing sports. Is your child…

READ ALL RESPONSES

More like Child A, ... 1
More like Child B, or 2
Similar to both Child A and Child B? 3
REFUSED 7
DON'T KNOW 9

SOURCE: BOX 11c THROUGH CHQ800 NEW FOR ROUND 6– OSEP BASED ON SCAPI

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)] THEN ASK CHQ.740.
OTHERWISE, GO TO BOX 12.

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 (P6DGNATT NE 2 OR 3) AND (P6DGNACT NE 2, 3, OR 4) AND (P6DGNBEH NE 2, 3, OR 4).

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

CHQ.750   Is {he/she} taking….

CAPI INSTRUCTION: DISPLAY "Is {he/she} taking…" IN SQUARE BRACKETS FOR B-G.

		YES	NO	REF	DK
a.	Ritalin (METHYLPHENIDATE)?	1	2	7	9
b.	Adderall (AMPHETAMINE)?	1	2	7	9
c.	Dexedrine (DEXTRO-AMPHETAMINE)?	1	2	7	9
d.	Metadate (METHYLPHENIDATE)?	1	2	7	9
e.	Concerta (METHYLPHENIDATE)?..................	1	2	7	9
f.	Straterra (ATOMOXETINE)?	1	2	7	9
g.	Something else? (SPECIFY)	1	2	7	9

```
┌─────────────────────────────────────────────────────────────┐
│                        BOX 11D                              │
│                                                             │
│  ▪  IF CHQ. 750g = 1, GO TO CHQ.751OS.  ELSE, GO TO CHQ.760. │
└─────────────────────────────────────────────────────────────┘
```

CHQ.751OS   [Is {he/she} taking something else?]

SPECIFY MEDICATION

_____

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
More than 5 years?.. 5
REFUSED 7
DON'T KNOW 9

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 1999, 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 (BOX 12)
REFUSED .... 7 (BOX 12)
DON'T KNOW .... 9 (BOX 12)

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
REFUSED   7
DON'T KNOW   9

BOX 11E

- 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 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 (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

CHQ.791OS   [Did the family see…..]

SPECIFY OTHER PERSON FAMILY SAW

_____

CHQ.800   About how many times since spring 1999 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

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.220. OTHERWISE, GO TO BOX 2 .

PPQ.220   Now, I would like to ask you about your health. In general, would you say that your health is…

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

BOX 2
GO TO SECTION 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}, 2003.

PROBE: Was that often true, sometimes true, or never 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 "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}, 2003 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 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 5 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 2002, {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	(PEQ.050)
REFUSED	7	(PEQ.050)
DON'T KNOW	9	(PEQ.050)

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 5 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 not 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 beyond 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	(PEQ.030)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE...........	18	(PEQ.030)
MASTER'S DEGREE (MA, MS)	19	(PEQ.030)
DOCTORATE DEGREE (PHD, EDD)	20	(PEQ.030)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....................	21	(PEQ.030)
REFUSED	77	
DON'T KNOW	99	

REINTRODUCED IN ROUND 6 FROM ROUND 1: PEQ.021 (IN R1 WAS PEQ.030)

PEQ.021 {Do/Does} {you/{NAME}} have a high school diploma or its equivalent, such as a GED?

<div style="margin-left: 2em;">

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

</div>

PEQ.030 Are you/Is {NAME} currently attending or enrolled in any courses from a school, college, or university?

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON RESPONDENT (PERSONTYPE = R). OTHERWISE, DISPLAY "Is {NAME}" USING NAME OF MOTHER/FATHER FIGURE OR RESPONDENT'S SPOUSE FROM HH ROSTER.

<div style="margin-left: 2em;">

YES 1
NO 2 (PEQ.050)
REFUSED 7 (PEQ.050)
DON'T KNOW 9 (PEQ.050)

</div>

HELP AVAILABLE

PEQ.040 {Are you/Is {NAME}} currently taking courses full-time or part-time?

HELP TEXT:
Full-time: A person is considered to be attending school full-time if he or she is carrying a full load of class hours in a semester or quarter. This is typically 12 credit hours or more.

Part-time: A person is considered to be attending school part-time if he or she is carrying less than a full load of class hours in a semester or quarter. This is typically less than 12 credit hours.

<div style="margin-left: 2em;">

FULL-TIME 1
PART-TIME 2
REFUSED 7
DON'T KNOW 9

</div>

HELP AVAILABLE

PEQ.050 During the past 12 months {have you/has {NAME}} participated in a job-training or on-the-job-training program?

HELP TEXT: Job-training/On-the-job-training program: Job training includes activities that qualify someone to work in a particular occupation, such as a carpenter, a cook, or an electrician. Do not include 2-year colleges (A.A. degree), 4-year college degree (B.A.) or high school equivalency degrees (GED). On-the-job training includes activities at the work site to help the learner develop job-related skills while doing work at the same time. This also includes apprenticeships.

<div style="margin-left: 2em;">

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

</div>

PEQ.060   How many total hours in the past 12 months {have you/has NAME} spent in that program? Please include hours spent on homework for the training program.

CAPI INSTRUCTION: RANGE CHECK 1-200.

|___|___|___|
ENTER HOURS PER LAST 12 MONTHS
 OR
REFUSED 777
DON'T KNOW 999

BOX 3

LOOP 2.
- ASK PEQ.010 - PEQ.060 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 5. IF SO, WE WILL ONLY VERIFY EMPLOYMENT STATUS FROM ROUND 5 FOR THIS PERSON AND GO TO EMQ.010.

OTHERWISE, ASK EMQ.020 - EMQ.150 FOR EACH APPROPRIATE PERSON.

EMQ.010   Since our last interview in spring 2002, 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 5, 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 777   (BOX 2A)
                                        DON'T KNOW 999   (BOX 2A)

               +--+
               | BOX 2A |
               | |
               | IF EMQ.010=2, GO TO BOX 4A. |
               | |
               | OTHERWISE, GO TO BOX 4. |
               +--+

                                                                    HELP AVAILABLE

EMQ.060   {Have you/Has {NAME}} been actively looking for work in the past 4 weeks?

               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   (EMQ.080)
                                        REFUSED 7   (EMQ.080)
                                        DON'T KNOW 9   (EMQ.080)

EMQ.070   What {have you/has {NAME}} been doing **in the past 4 weeks** 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

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 "6" IS
ENTERED IN EMQ.070 BUT "91" IS NOT, GO TO EMQ.080. ELSE, IF "91" IS
ENTERED IN EMQ.070, CONTINUE WITH EMQ.070OS. OTHERWISE, GO TO
EMQ.080.

EMQ.070OS   [What {have you/has {NAME}} been doing **in the past 4 weeks** to find work?]

SPECIFY ACTIVITIES.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" in UNDERLINED TEXT

EMQ.080   What {were you/was {NAME}} doing most of **last week**? Would you say …

CAPI INSTRUCTION: DISPLAY "last week" in UNDERLINED TEXT.

Keeping house or caring for children, ... 1
Going to school, ... 2
Retired, ... 3
Unable to work, or   4
Something else? What was that?
  (SPECIFY) _____ 91
REFUSED 77
DON'T KNOW 99

BOX 2C

IF EMQ.080=91, CONTINUE WITH EMQ.080OS. OTHERWISE, GO TO BOX 3.

EMQ.080OS   [What {were you/was {NAME}} doing most of **last week**? Would you say …]

SPECIFY ACTIVITY.

CAPI INSTRUCTION: DISPLAY "last week" 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), REF, or DK, 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 is also known by {STATE TANF PROGRAM NAME} in {STATE}.

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
```

BOX 2A

IF WPQ.106=91, CONTINUE WITH WPQ.106OS. OTHERWISE, GO TO WPQ.110.

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 **free** or **reduced price** 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 **free** or **reduced price** 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 PAQ (PARENT INCOME). |
+---+

PARENT INCOME AND ASSETS- PAQ

BOX 1
IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1, CONTINUE WITH PAQ.100. OTHERWISE, GO TO BOX 5.

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

BOX 3
ASK PAQ.120 IF (NUMBER IN HH = 1 AND PAQ.110 < 3) OR (NUMBER IN HH = 2, 3 AND PAQ.110 < 4) OR (NUMBER IN HH = 4 AND PAQ.110 < 5) OR (NUMBER IN HH = 5, 6 AND PAQ.110 < 6) OR (NUMBER IN HH = 7 AND PAQ.110 < 7) OR (NUMBER IN HH = 8 AND PAQ.110 < 8) OR (NUMBER IN HH g.e. 9 AND PAQ.110 < 9). ELSE, GO TO PAQ.135.

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 (BOX 5)
REFUSED .... 7 (BOX 5)
DON'T KNOW .... 9 (BOX 5)

PAQ.137 Approximately, how much does {CHILD}'s family pay in tuition per year?

CAPI INSTRUCTION: RANGE CHECK = 1-25,000 DOLLARS.

$ |___|___| , |___|___|___|
ENTER AMOUNT OF TUITION
    OR
REFUSED 777777
DON'T KNOW 999999

+---+
| **BOX 5** |
| |
| GO TO SECTION CMQ. |
+---+

CHILD MOBILITY AND PLANS TO MOVE – CMQ

BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1, CONTINUE WITH CMQ.010.
OTHERWISE, GO TO CMQ.600.

CMQ.010   Since the spring of 2002, 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 2002 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 BOX 3. 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

BOX 3

IF HAVE SECOND TELEPHONE NUMBER FROM PRELOAD AND THE RESPONDENT IN ROUND 6 IS THE SAME AS THE RESPONDENT IN ROUND 5 GO TO CMQ.100. OTHERWISE, CONTINUE WITH CMQ.060.

CMQ.060   Thank you very much for your answers. The participation in the study of persons like yourself has provided a wealth of information that researchers and policymakers use to learn about the factors that affect children's education. It has been so valuable that the U.S. Department of Education may continue the study. If so, we would like to be able to reach you and I'd like to ask some questions about how to find you.

Is there a second phone number, such as a work number, a friend or relative's number, or a beeper or cell phone number, where you can sometimes be reached?

             YES 1   (CMQ.140)
             NO 2   (BOX 4)
             REFUSED 7   (BOX 4)
             DON'T KNOW 9   (BOX 4)

CMQ.100   Thank you very much for your answers. The participation in the study of persons like yourself has provided a wealth of information that researchers and policymakers use to learn about the factors that affect children's education. It has been so valuable that the U.S. Department of Education may continue the study. If so, we would like to be able to reach you and I'd like to ask some questions about how to find you.

I have recorded {PHONE NUMBER} as a second phone number where you can sometimes be reached? Is this the right number?

CAPI INSTRUCTION: IF HAVE SECOND TELEPHONE NUMBER FROM PRELOAD, DISPLAY THIS SECOND PHONE NUMBER.

CAPI INSTRUCTION: IF ENTRY WAS MADE IN ROUND 5 CMQ.140, DISPLAY THIS AS THE SECOND PHONE NUMBER.

             YES 1   (BOX 4)
             NO 2   (CMQ.140)
             REFUSED 7   (BOX 4)
             DON'T KNOW 9   (BOX 4)

CMQ.140   What is that telephone number?

IF NO TELEPHONE, ENTER '000'.

ENTER {NEW} SECOND PHONE NUMBER, INCLUDING AREA CODE.

CAPI INSTRUCTION: DISPLAY 'NEW' IF CMQ.100=2. OTHERWISE, USE A NULL DISPLAY.

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: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

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

|__|__|__| – |__|__|__| –|__|__|__|__| _____
          SECOND TELEPHONE NUMBER   EXTENSION

CMQ.150   Where is that telephone located?

                                   OFFICE/PLACE OF BUSINESS .... 1 (BOX 4)
                                   RELATIVE (SPECIFY) _____ 2 (CMQ.155)
                                   NEIGHBOR (SPECIFY) _____ 3 (CMQ.155)
                                   FRIEND (SPECIFY) _____ 4 (CMQ.155)
                                   BEEPER NUMBER .... 5 (BOX 4)
                                   CELL PHONE .... 6 (BOX 4)
                                   OTHER (SPECIFY) _____ 91 (CMQ.155)
                                   REFUSED .... 77 (BOX 4)
                                   DON'T KNOW .... 99 (BOX 4)

CMQ.155   [Where is that telephone located?]

                 SPECIFY {RELATIVE / NEIGHBOR / FRIEND / OTHER}.

                 CAPI INSTRUCTIONS:

                 1.   DISPLAY 'RELATIVE' IF CMQ.150=2.

                 2.   DISPLAY 'NEIGHBOR' IF CMQ.150=3.

                 3.   DISPLAY 'FRIEND' IF CMQ.150=4.

                 4.   DISPLAY 'OTHER' IF CMQ.150 = 91.

┌───┐
│   **BOX 4**   │
│   │
│ IF THE RESPONDENT IN ROUND 6 IS THE SAME AS THE RESPONDENT IN   │
│ ROUND 5 AND PRELOAD HAS FIRST CONTACT NAME, PHONE NUMBER, AND   │
│ ADDRESS, GO TO CMQ.200.   │
│   │
│ ELSE, GO TO CMQ.205.   │
└───┘

CMQ.200   I have recorded that {NAME OF RELATIVE/FRIEND} at {PHONE NUMBER} on

                                   {STREET ADDRESS, LINE 1}
                                   {STREET ADDRESS, LINE 2}
                                   {CITY}, {STATE} {ZIP CODE}

                 will always know where you are if you move. Is this still true?

                 IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

                 CAPI INSTRUCTION: DISPLAY FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD.

                                   YES, NO CORRECTION NEEDED .... 1 (BOX 5)
                                   YES, MINOR CORRECTIONS NEEDED 2 (CMQ.210)
                                   NO 3 (CMQ.205)
                                   REFUSED .... 7 (BOX 5)
                                   DON'T KNOW .... 9 (BOX 5)

CMQ.205   Is there a relative or friend, who does not live in this household, who will always know where you are if you move?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

YES 1 (CMQ.210)
NO .... 2 (BOX 7)
REFUSED .... 7 (BOX 7)
DON'T KNOW .... 9 (BOX 7)

HELP AVAILABLE

CMQ.210   What is the name, address, and telephone number of that person?

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP OF PERSON TO RESPONDENT.

CAPI INSTRUCTIONS: IF ROUND 5 CMQ.200=2, DISPLAY FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD IN THE RESPONSE FIELDS.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS EXCEPT FIRST AND LAST NAME FIELD.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON STATE FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

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: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: WHEN ON THE RELATIONSHIP FIELD, DISPLAY "PROBE: What is this person's relationship to you?"

```
┌─────────────────────────────────────────────────────────────────────┐
│                            BOX 5                                     │
│                                                                     │
│ IF THE RESPONDENT IN ROUND 6 IS THE SAME AS THE RESPONDENT IN       │
│ ROUND 5 AND HAVE SECOND CONTACT NAME, PHONE NUMBER, AND             │
│ ADDRESS FROM PRELOAD, GO TO CMQ.300.                                │
│                                                                     │
│ ELSE, GO TO CMQ.305.                                                │
└─────────────────────────────────────────────────────────────────────┘
```

CMQ.300   I have also recorded that {NAME OF RELATIVE/FRIEND} at {PHONE NUMBER} on

                    {STREET ADDRESS, LINE 1}
                    {STREET ADDRESS, LINE 2}
                    {CITY}, {STATE} {ZIP CODE}

           will always know how where you are if you move. Is this still true?

           IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

           CAPI INSTRUCTION: DISPLAY SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS
           FROM PRELOAD.

                            YES, NO CORRECTION NEEDED .... 1 (BOX 7)
                            YES, MINOR CORRECTIONS NEEDED 2 (CMQ.310)
                            NO 3 (CMQ.305)
                            REFUSED 7 (CMQ.305)
                            DON'T KNOW 9 (CMQ.305)

CMQ.305   Besides {PERSON AT CMQ.210}, is there another relative or friend, who does not live in this household,
           who will always know where you are if you move?

           IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

                            YES 1 (CMQ.310)
                            NO .... 2 (BOX 7)
                            REFUSED .... 7 (BOX 7)
                            DON'T KNOW .... 9 (BOX 7)

CMQ.310   What is the name, address, and telephone number of that person?

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP OF PERSON TO RESPONDENT.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM PRELOAD IN THE RESPONSE FIELDS.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS EXCEPT FIRST AND LAST NAME FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON STATE FIELD.

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: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: WHEN ON RELATIONSHIP FIELD, DISPLAY "PROBE: What is this person's relationship to you?"

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 7                                   │
│                                                                     │
│ IF THE FOCAL CHILD HAS AT LEAST ONE NON-RESIDENTIAL PARENT WHOM    │
│ THE CHILD HAS HAD CONTACT WITH (NRQ.100 = 1 OR 2 FOR AT LEAST ONE  │
│ NON-RESIDENTIAL PARENT) AND THE RESPONDENT IN ROUND 6 IS THE SAME  │
│ AS THE RESPONDENT IN ROUND 5 AND PRELOAD HAS COMPLETED NON-        │
│ RESIDENT PARENT INFORMATION (SEE DEFINITION BELOW), CONTINUE WITH  │
│ CMQ.395.                                                            │
│                                                                     │
│ OTHERWISE, GO TO BOX 8.                                             │
│                                                                     │
│ DEFINITION OF "COMPLETED" NON-RESIDENT PARENT INFORMATION:  EITHER │
│ (NAME + PHONE NUMBER) OR (NAME + CITY + STATE) ARE IN PRELOAD.     │
│ IF THE NON-RESIDENT PARENT ADDRESS IN PRELOAD DOES NOT MEET THE    │
│ DEFINITION OF "COMPLETE," THEN GO TO BOX 8.                        │
└─────────────────────────────────────────────────────────────────────┘
```

CMQ.395   I have recorded {NAME OF NONRESIDENTIAL PARENT} at {ADDRESS, PHONE NUMBER} is {CHILD}'s {RELATIONSHIP}. Is this information still correct?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

CAPI INSTRUCTIONS: DISPLAY THE NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP OF NON-RESIDENTIAL PARENT FROM PRELOAD.

DISPLAY CITY, STATE, AND ZIP ON 1 LINE.

<div style="margin-left:3em">

YES – NO CORRECTIONS NEEDED........... 1 (CMQ.500)
YES – MINOR CORRECTIONS NEEDED 2 (CMQ.400)
NO .... 3 (BOX 8)
INFORMATION ALREADY PROVIDED
   IN PREVIOUS ITEMS 4 (CMQ.500)
REFUSED 7 (CMQ.500)
DON'T KNOW 9 (CMQ.500)

</div>

```
┌─────────────────────────────────────────────────────────────────────┐
│                              BOX 8                                   │
│                                                                     │
│ IF FOCAL CHILD HAS AT LEAST ONE NON-RESIDENTIAL PARENT WHO THE     │
│ CHILD HAS HAD CONTACT WITH (NRQ.100=1 OR 2 FOR AT LEAST ONE NON-   │
│ RESIDENTIAL PARENT), CONTINUE WITH CMQ.400.                        │
│                                                                     │
│ OTHERWISE, GO TO CMQ.500.                                           │
│                                                                     │
│ IF CMQ.395 WAS NOT ASKED AND IF FOCAL CHILD HAS AT LEAST ONE NON-  │
│ RESIDENT PARENT WHO THE CHILD HAS HAD CONTACT WITH (NRQ.100 = 1 OR │
│ 2 FOR AT LEAST ONE NON-RESIDENT PARENT), CONTINUE WITH CMQ.400.    │
│                                                                     │
│ IF CMQ.395 = 3 (NO) AND THE FOCAL CHILD HAS AT LEAST TWO NON-      │
│ RESIDENT PARENTS WHO THE CHILD HAS HAD CONTACT WITH (NRQ.100 = 1   │
│ OR 2 FOR TWO-NON-RESIDENT PARENTS), ALSO CONTINUE WITH CMQ.400.    │
│                                                                     │
│ OTHERWISE, GO TO CMQ.500.                                           │
└─────────────────────────────────────────────────────────────────────┘
```

CMQ.400   What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP.

CAPI INSTRUCTIONS: IF CMQ395 = 2, DISPLAY NAME, PHONE NUMBER, ADDRESS, AND RELATIONSHIP OF NON-RESIDENTIAL PARENT FROM PRELOAD

CAPI INSTRUCTIONS: DISPLAY 'BIOLOGICAL MOTHER' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTIONS: DISPLAY '{OR} BIOLOGICAL FATHER] IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.
DISPLAY THE 'OR' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{OR} ADOPTIVE MOTHER' IFNRQ100=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.
DISPLAY THE 'OR' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{OR} ADOPTIVE FATHER' IF NRQ100=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.
DISPLAY THE 'OR' IF NRQ100=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON THE STATE FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

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: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CMQ.500   Are you, or is someone else, planning to move to a new home with {CHILD} in the near future?

YES 1 (CMQ.510)
NO .... 2 (BOX 9)
REFUSED .... 7 (BOX 9)
DON'T KNOW .... 9 (BOX 9)

CMQ.510   What is address and telephone number where {CHILD} will move?

ENTER STREET ADDRESS, LINE 1.

CMQ.520   [What is address and telephone number where {CHILD}'s will move?]

ENTER STREET ADDRESS, LINE 2.

CMQ.530   [What is address and telephone number where {CHILD} will move?]

ENTER CITY.

CMQ.540   **HELP AVAILABLE**

[What is address and telephone number where {CHILD} will move?]

ENTER STATE.

CAPI INSTRUCTION: DISPLAY STATE ABBREVIATIONS IN F1 HELP TEXT.

CMQ.550   [What is address and telephone number where {CHILD} will move?]

ENTER ZIP CODE.

CMQ.560   [What is address and telephone number where {CHILD} will move?]

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE NUMBER.

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: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CMQ.570   CODE IF OBVIOUS. OTHERWISE, ASK: Will {CHILD} move . . .

To a new state, ...	1
To a new city or town in the same state, or ...	2
To a new home in the same city or town?	3
REFUSED	7
DON'T KNOW	9

BOX 9

ASK CMQ.600 FOR EACH SAMPLED CHILD.

CMQ.600   My records indicate that {CHILD} currently attends {NAME OF SCHOOL}. Will {he/she} still be attending this school in spring 2005?

IF NO SCHOOL NAME APPEARS ON SCREEN, ENTER 2 FOR "NO".

CAPI INSTRUCTION: FROM PRELOAD, DISPLAY NAME OF THE SCHOOL CHILD CURRENTLY ATTENDS.

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

BOX 10

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren = 2 AND ChildNum = 1): IF CMQ.600 = 2, GO TO CMQ.610. OTHERWISE, GO TO CMQ.675.
- IF (NumberOfChildren = 2 AND ChildNum = 2): IF CMQ.600 = 1, DK, RF for ChildNum = 2, GO TO CMQ.675. ELSE, IF CMQ.600 = 2 for ChildNum = 2 AND (CMQ.600 = 2 FOR ChildNum = 1), GO TO CMQ.605. ELSE, IF CMQ.600 = 2 for ChildNum = 2 AND (CMQ.600 = 1, DK, RF FOR ChildNum = 1), GO TO CMQ.610.

CMQ.605   Will {CHILD 2} attend the same new school as {CHILD 1} in spring 2005?

YES	1	(CMQ.675)
NO	2	(CMQ.610)
REFUSED	7	(CMQ.675)
DON'T KNOW	9	(CMQ.675)

CMQ.610   What is the name, address, and telephone number of the school {CHILD} will attend in spring 2005?

ENTER SCHOOL NAME.

CMQ.620   [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2005?]

ENTER STREET ADDRESS, LINE 1.

CMQ.630   [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2005?]

ENTER STREET ADDRESS, LINE 2.

CMQ.640   [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2005?]

ENTER CITY.

CMQ.650   **HELP AVAILABLE**

[What is the name, address, and telephone number of the school {CHILD} will attend in spring 2005?]

ENTER STATE.

CAPI INSTRUCTION: DISPLAY STATE ABBREVIATIONS IN F1 HELP TEXT.

CMQ.660   [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2005?]

ENTER ZIP CODE.

CMQ.670   [What is the name, address, and telephone number of the school {CHILD} will attend in spring 2005?]

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

CAPI INSTRUCTION: DISPLAY EDIT MESSAGE IF PHONE NUMBER FIELD ENTRY = '000': "Does the school not have a telephone number or do they have one, but you don't know what it is?

IF SCHOOL HAS NO TELEPHONE NUMBER, LEAVE ANSWER AS '000'. IF SCHOOL HAS TELEPHONE NUMBER, BUT IT IS NOT KNOWN OR REFUSED, REPLACE '000' WITH F5 FOR "DON'T KNOW" OR F6 FOR "REFUSED."

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: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR ('000' AND ANSWER WAS CONFIRMED AS CORRECT WITH EDIT MESSAGE), THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CMQ.671   Is it a public or private school?

                                    PUBLIC 1 (CMQ.672)
                                    PRIVATE 2 (CMQ.673)
                                    REFUSED 7 (CMQ.675)
                                    DON'T KNOW 9 (CMQ.675)

CMQ.672   What is the name of the district this school is located in?

           SPECIFY SCHOOL DISTRICT.

           ┌───┐
           │   **BOX 11**   │
           │ GO TO CMQ.675.   │
           └───┘

CMQ.673   What type of private school is it?

           PROBE: Is it Catholic, another type of religious affiliation, or is it non-religious?

                                    CATHOLIC 1 (CMQ.674)
                                    ANOTHER TYPE OF RELIGIOUS
                                       AFFILIATION 2 (CMQ.675)
                                    NON-RELIGIOUS 3 (CMQ.675)
                                    REFUSED 7 (CMQ.675)
                                    DON'T KNOW 9 (CMQ.675)

CMQ.674   What is the name of the diocese?

           SPECIFY DIOCESE.

CMQ.675   Since spring 2002, 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.

ENTER 1 TO FINISH THE INTERVIEW.