

SPRING FIRST GRADE PARENT INTERVIEW

INTRODUCTION - INQ

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

(As I mentioned earlier), you and {{CHILD} {and TWIN}} have been selected to take part in the Early Childhood Longitudinal Study Kindergarten Cohort, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I now have some 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.

IF NEEDED, READ THE FOLLOWING:

The information you provide will be kept completely confidential and private as required by law.

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: DISPLAY "{and TWIN}" IF THERE IS A TWIN.

BOX 1A

IF COOPERATING HOUSEHOLD. CONTINUE WITH INQ.010. IF NEW HOUSEHOLD, GO TO INQ.011.

INQ.010

Last {fall/spring}, we spoke with {NAME OF RESPONDENT} who took part in the Early Childhood Longitudinal Study Kindergarten Cohort on {DATE OF SPRING INTERVIEW}. Am I talking to the same person?

CAPI INSTRUCTION: DISPLAY FIRST AND LAST OF RESPONDENT FROM PREVIOUS ROUND FAMILY ROSTER. USE THE NAME OF PERSONTYPE=R.

CAPI INSTRUCTION: DISALLOW DK AND RF.

CAPI INSTRUCTION: DISPLAY THE DATE OF PREVIOUS ROUND INTERVIEW. USE THE LATEST DATE COMPLETED. DISPLAY AS "MONTH XX, YEAR."

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

INQ.010a ENTER THE NUMBER NEXT TO THE PERSON ON THE HOUSEHOLD ROSTER WHO IS THE CURRENT ROUND RESPONDENT.

IF NAME NOT LISTED, ENTER 0.

CAPI INSTRUCTIONS:

1. DISPLAY THE UPDATED HOUSEHOLD ROSTER FROM THE PREVIOUS ROUND, USING THE SAME HOUSEHOLD ROSTER ON PAGE 3 OF THE ELECTRONIC FACE SHEET.
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 AT PREVIOUS ROUND FSQ.010.
3. IF ZERO IS ENTERED, GO TO INQ.011. OTHERWISE, GO TO BOX 1B.
4. DISALLOW DK AND RF.

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 BRIGHT WHITE.

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 CURRENT 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: IF COOPERATING HOUSEHOLDS: DISPLAY CHILD'S FIRST NAME FROM ROUND 3 IF IN SUBSAMPLE OR ROUND 2 IF NOT. OTHERWISE, USE CHILD'S NAME FROM FMS.

CAPI INSTRUCTION: IF COOPERATING HOUSEHOLDS: FOR CHILD'S FIRST, MIDDLE, AND LAST NAME, DISPLAY CHILD'S CORRECTED FULL NAME FROM PREVIOUS ROUND. OTHERWISE, USE CHILD'S FIRST, MIDDLE, AND LAST NAME FROM FMS.

CAPI INSTRUCTION: USE ROUND 3 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 1C

IF COOPERATING HOUSEHOLDS:
IF (NumberOfChildren = 1) OR IF (NumberOfChildren = 2 AND ChildNum = 1), GO TO INQ.020.
IF NEW HOUSEHOLDS, CONTINUE WITH INQ.016.

INQ.016

ASK IF NOT OBVIOUS: I have {CHILD} recorded as {male/female}. Is that correct?

MAKE CORRECTIONS TO GENDER BELOW OR PRESS ENTER TO ACCEPT CURRENT GENDER.

CAPI INSTRUCTION: IF COOPERATING HOUSEHOLDS: DISPLAY CORRECTED INFORMATION ABOUT CHILD'S GENDER FROM THE PREVIOUS ROUND. IF NEW HOUSEHOLD: USE CHILD'S GENDER FROM FMS.

MALE 1
FEMALE..... 2

BOX 2

- IF NumberOfChildren = 1 OR
IF NumberOfChildren = 2 AND ChildNum = 1, CONTINUE WITH INQ.017.
- IF NumberOfChildren = 2 AND ChildNum = 2, GO TO BOX 4.

INQ.017

{I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?/What is {CHILD}'s date of birth?}

{MAKE CORRECTIONS TO DATE OF BIRTH BELOW OR PRESS ENTER TO ACCEPT CURRENT DATE OF BIRTH.}

CAPI INSTRUCTION:

1. IF COOPERATING HOUSEHOLD, DISPLAY CORRECTED INFORMATION ABOUT CHILD'S DATE OF BIRTH FROM THE PREVIOUS ROUND. IF NEW HOUSEHOLD, USE DATE OF BIRTH FROM FMS.
2. REFUSED AND DON'T KNOW ALLOWED. HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL' DATA TO REFUSED OR DON'T KNOW.
3. IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE OF BIRTH IS REQUIRED (REFUSED AND DON'T KNOW IS NOT ALLOWED).
4. DISPLAY "I have recorded...is that correct?" AND "MAKE CORRECTIONS TO DATE OF BIRTH BELOW." IF A DATE OF BIRTH IS AVAILABLE FOR THE FOCAL CHILD FROM THE PREVIOUS ROUND OR FMS. OTHERWISE, DISPLAY "What is {CHILD}'s date of birth?"
5. RANGE CHECK: 1-12 FOR MONTH, 1-31 FOR DAY, AND 1991-1996 FOR YEAR.

BOX 2a

- IF ANY FIELD IN DATE OF BIRTH INQ.017=REFUSED OR DON'T KNOW, GO TO INQ.019.
- OTHERWISE, GO TO INQ.018.

INQ.018

So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.017} years old. Is that correct?

CAPI INSTRUCTION: IF NO, DK OR RF ENTERED, DISPLAY THIS MESSAGE, "IF AGE INCORRECT, CORRECT DATE OF BIRTH."

YES.....	1 (INQ.020)
NO.....	2
REFUSED.....	7
DON'T KNOW.....	9

INQ.019

How old is {CHILD}?

CAPI INSTRUCTION: RANGE CHECK 3-8.

CAPI INSTRUCTION: IF DK OR RF ENTERED, DISPLAY THIS MESSAGE, "You must enter an age for the child if date of birth is missing. If the respondent doesn't know the age, ask for his/her best guess. If the respondent refuses to provide an age, enter your best guess or a '7' if you can't guess the child's age."

|_|
AGE

INQ.020

{In the last interview, we/We} recorded that {CHILD}'s home address was:

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

Is this still correct?

CAPI INSTRUCTION: IF COOPERATING RESPONDENT, USE PREVIOUS ROUND INQ ADDRESS. OTHERWISE, USE ADDRESS IN FMS.

CAPI INSTRUCTION: IF COOPERATING RESPONDENT, DISPLAY "In the last interview, we... ." OTHERWISE, DISPLAY "We... ."

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: DISPLAY "I have recorded ... correct?: IF A PHONE NUMBER IS AVAILABLE, DISPLAY CORRECTED PHONE NUMBER FROM PREVIOUS ROUND. IF PREVIOUS ROUND 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 AT ALL FIELDS.)

Current Info: [TELEPHONE NUMBER]

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|

ENTER TELEPHONE NUMBER

or

REFUSED 7

DON'T KNOW 9

BOX 4

- IF NEW HOUSEHOLD, GO TO SPQ.
- OTHERWISE, GO TO PIQ.

SUPPLEMENTARY ITEMS – SPQ

BOX 0A

IF FRESHENED CASES, CONTINUE WITH BOX 0B. IF PREVIOUS ROUND NONRESPONSE CASES. GO TO BOX 1.

BOX 0B

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 and ChildNum = 1), CONTINUE WITH SPQ.001. OTHERWISE, GO TO BOX 1.

SPQ.001 Was {CHILD} enrolled in kindergarten in the United States in the fall term of the 1998 - 1999 school year?

- YES..... 1 (BOX 7)
- NO..... 2 (SPQ.003)
- REFUSED 7 (SPQ.003)
- DON'T KNOW 9 (SPQ.003)

SPQ.003 Why was {CHILD} not enrolled in kindergarten in the fall term of the 1998 - 1999 school year?

CODE ALL THAT APPLY.

- DID NOT ATTEND KINDERGARTEN..... 1 (BOX 1)
- ENROLLED IN FIRST GRADE AND
RETAINED..... 2 (BOX 1)
- PROMOTED FROM KINDERGARTEN TO
FIRST GRADE IN THE CURRENT
SCHOOL YEAR..... 3 (BOX 1)
- WAS HOME-SCHOOLED LAST YEAR 4 (BOX 1)
- OUT OF COUNTRY - MILITARY FAMILY 5 (BOX 1)
- OUT OF COUNTRY- IMMIGRANT FAMILY .. 6 (BOX 1)
- OTHER (SPECIFY)..... 91 (SPQ.003OS)
- REFUSED 7 (BOX 1)
- DON'T KNOW 9 (BOX 1)

SPQ.003OS [Why was {CHILD} not enrolled in kindergarten in the fall term of the 1998 - 1999 school year?]

SPECIFY REASONS.

BOX 1

- IF (NumberOfChildren >1 and ChildNum=2), GO TO SPQ.005.
- IF (NumberOfChildren=1) OR
IF (NumberOfChildren >1 and ChildNum=1), GO TO SPQ.010.

SPQ.005

Next, I'd like to talk with you about the child care arrangements you had for {CHILD} last year. Did {CHILD} have the same child care arrangements as {TWIN} the year before {he/she} started kindergarten?

- YES 1 (SPQ.060)
- NO 2 (SPQ.010)
- REFUSED 7 (SPQ.060)
- DON'T KNOW 9 (SPQ.060)

SPQ.010

HELP AVAILABLE

Did {CHILD} receive care from a relative on a **regular basis {the year before {he/she} started kindergarten/in 1998}**?

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

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.

CAPI INSTRUCTION: DISPLAY 'REGULAR BASIS THE YEAR BEFORE' IN BRIGHT WHITE. DISPLAY "in 1998" IF SPQ.003 = 1, 2, 3, OR 4. ELSE DISPLAY "the year before {he/she} started kindergarten."

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

SPQ.020

HELP AVAILABLE

Did {CHILD} receive care from a nonrelative on a **regular basis {the year before {he/she} started kindergarten/in 1998}**?

PROBE: This refers to care received from nonrelatives in a private home, including home child care providers, regular sitters, or neighbors. However, this does not include child care centers.

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

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.

CAPI INSTRUCTION: DISPLAY 'REGULAR BASIS THE YEAR BEFORE' IN BRIGHT WHITE. DISPLAY "in 1998" IF SPQ.003 = 1, 2, 3, OR 4. ELSE DISPLAY "the year before {he/she} started kindergarten."

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SPQ.030

HELP AVAILABLE

Head Start is a federally sponsored preschool program primarily for children from low-income families. Did {CHILD} attend Head Start **{the year before {he/she} started kindergarten/in 1998}**?

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN. DISPLAY "in 1998" IF SPQ.003 = 1, 2, 3, OR 4. ELSE DISPLAY "the year before {he/she} started kindergarten."

HELP TEXT:

Head Start: Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children (i.e., children from low-income families). Children who participate are usually 3 to 5 years old. Head Start may be offered in a school, community center, a church facility, or anywhere a nursery school may be offered.

Rarely, you may find a case in which a respondent reports that the child is in "home Head Start," that is, he/she participates in Head Start in his/her own home. Generally, this involves the parent acting as the child's teacher, supplemented by occasional home visits by a Head Start teacher and perhaps some occasional group activities at a central location.

CAPI INSTRUCTION: DISPLAY 'THE YEAR BEFORE' IN BRIGHT WHITE. DISPLAY "in 1998" IF SPQ.003 = 1, 2, 3, OR 4. ELSE DISPLAY "the year before {he/she} started kindergarten."

YES	1
NO	2
REFUSED	7
DON'T KNOW	9

SPQ.040

HELP AVAILABLE

Did {CHILD} attend a day care center, nursery school or preschool on a **regular basis {the year before {he/she} started kindergarten/in 1998}**?

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

HELP TEXT:

Center-based Programs: Include any type of formal program such as nursery school, prekindergarten, preschool or a day care center. These programs may have names like "KinderCare Learning Center," or "Children's Academy."

Center-based programs may or may not have a charge or fee.

Head Start, though sometimes viewed as a center type care arrangement, is not included here. There is a separate category for Head Start.

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.

CAPI INSTRUCTION: DISPLAY 'A REGULAR BASIS THE YEAR BEFORE' IN BRIGHT WHITE. DISPLAY "in 1998" IF SPQ.003 = 1, 2, 3, OR 4. ELSE DISPLAY "the year before {he/she} started kindergarten."

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

SPQ.060 Now I have some questions about {CHILD}'s health. How much did {CHILD} weigh when {he/she} was born?

ENTER POUNDS.

CAPI INSTRUCTIONS: HARD RANGE: 1-13 FOR POUNDS.

|_|_|
 ENTER POUNDS
 OR

REFUSED 77 (BOX 2)
 DON'T KNOW 99 (BOX 2)

SPQ.065 [How much did {CHILD} weigh when {he/she} was born?]

ENTER OUNCES.

CAPI INSTRUCTIONS: HARD RANGE: 0-16 FOR OUNCES.

|_|_|
 ENTER OUNCES
 OR

REFUSED 77 (BOX 2)
 DON'T KNOW 99 (BOX 2)

<p>BOX 2</p> <ul style="list-style-type: none"> ■ IF REFUSED OR DON'T KNOW FOR THE NUMBER OF POUNDS (SPQ.060=DK OR REFUSED) <p>OR</p> <ul style="list-style-type: none"> ■ IF THE NUMBER OF POUNDS IS 5 AND REFUSED OR DON'T KNOW FOR THE NUMBER OF OUNCES (SPQ.060= 5) AND (SPQ.065=DK OR REFUSED), CONTINUE WITH SPQ.070. ■ OTHERWISE, GO TO BOX 3.

SPQ.070 When {he/she} was born, did {CHILD} weigh more than 5 1/2 pounds?

YES 1 (BOX 3)
 NO 2 (SPQ.080)
 REFUSED 7 (SPQ.080)
 DON'T KNOW 9 (SPQ.080)

SPQ.080 Did {he/she} weigh more than 3 pounds?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

BOX 3

- IF (NumberOfChildren=1) OR
IF (NumberOfChildren >1 and ChildNum=1), CONTINUE WITH SPQ.090.
- IF (NumberOfChildren >1 and ChildNum=2), GO TO SPQ.110.

SPQ.090 Was {CHILD} born more than two weeks before {he/she} was due?

YES 1 (SPQ.100)
NO 2 (SPQ.110)
REFUSED 7 (SPQ.110)
DON'T KNOW 9 (SPQ.110)

SPQ.100 How many days or weeks early was {he/she}?

ENTER NUMBER.

CAPI INSTRUCTION: RANGE CHECKS: 15-31 IF DAYS IS THE UNIT; 3-16 IF WEEKS IS THE UNIT.

 |_|_|_|
 ENTER NUMBER
 OR
REFUSED 77 (SPQ.110)
DON'T KNOW 99 (SPQ.110)

SPQ.105 [How many days or weeks early was {he/she}??]

ENTER UNIT.

CAPI INSTRUCTION: RANGE CHECKS: 15-31 IF DAYS IS THE UNIT; 3-16 IF WEEKS IS THE UNIT.

WEEKS 1
DAYS 2
REFUSED 7
DON'T KNOW 9

SPQ.110 Prior to kindergarten, did {CHILD} ever receive therapy services or take part in a program for children with disabilities?

CHILDREN WITH DISABILITIES INCLUDE THOSE WITH DEVELOPMENTAL DELAYS, COMMUNICATION IMPAIRMENTS, OR SPECIAL HEALTH CARE NEEDS.

YES 1 (SPQ.120A)
NO 2 (BOX 5)
REFUSED 7 (BOX 5)
DON'T KNOW 9 (BOX 5)

SPQ.120A

HELP AVAILABLE

I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.

Speech or language therapy?

HELP TEXT:

Speech or language therapy: Therapy involving the evaluation or treatment of the student's speech or language abilities. Impairments to speech can include one or more of the following: articulation errors (includes omitting words, substituting words, or distorting sounds), inappropriate voice (including pitch, loudness, or voice quality), or abnormal fluency (including, abnormal rate of speaking, speech interruptions, repetitions of sounds, words, phrases or sentences). Impairments to language can include improper use of phonemes, syntax, or semantics. Language impairments can also stem from improper practical use of language. Therapy includes special techniques to overcome speech or language limitations. Therapy should be provided only by a teacher of the speech or language impaired who is certified by the state, or by a certified Speech and Language Therapist/Pathologist.

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

SPQ.120B

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Occupational therapy?

HELP TEXT

Occupational therapy: Therapy involving the evaluation or treatment of the student's level of independence in daily living activities. The goal of occupational therapy is to promote maximum independence in daily living. Therapy can include the use of work, play, or self-care activities to improve functional ability, promote health, prevent injury or further disability. Therapy should be provided only by a therapist who has been certified by the American Occupational Therapy Association or by an occupational therapy assistant who provides therapy under the supervision of a certified occupational therapist.

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

SPQ.120C

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Physical therapy?

HELP TEXT:

Physical therapy: Therapy involving the evaluation or treatment of health problems resulting from injury or disease. It is also sometimes called physiotherapy. Physical therapists assess joint motion, muscle strength and endurance, how well the heart and lungs work, and how well children can do activities required for daily living. Treatment includes therapeutic exercise, cardiovascular endurance training, and training in activities of daily living, as well as the use of massage, light, cold, heat, electricity, and mechanical devices to treat physical disorders. Physical therapy does not include the use of X-ray technology. Therapy should be provided only by a therapist who has been state-certified to provide such services.

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

SPQ.120D

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Vision services?

HELP TEXT:

Vision services: Therapy combines health and education professions to improve the student's independence in daily living and access to educational materials. Health professionals include ophthalmologists and optometrists. Ophthalmologists are medical doctors who specialize in medical and surgical care of the eyes and visual system. Optometrists are health service providers who evaluate vision conditions such as nearsightedness, farsightedness, astigmatism, and presbyopia. They test the student's ability to focus and coordinate the eyes, judge depth, and see colors accurately. They prescribe eyeglasses, contact lenses, low vision aids, and vision therapy. Teachers of the visually impaired are state-certified to teach students who are visually impaired or blind.

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

SPQ.120E

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Social work services?

HELP TEXT:

Social work services: Services that provide support to students and their families to meet individual human needs. Particular attention is devoted to the needs and empowerment of students and their families who are disadvantaged, vulnerable, or at risk. Social workers strive to focus on the well being of the student and his/her family in the context of their school and community. Social workers attend to the environmental forces that create, contribute to, and address problems of daily living. Services should be provided only by a social worker who has been certified by the state to provide such services.

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

SPQ.120F

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Psychological services?

HELP TEXT:

Psychological services: Services that involve the assessment of academic skills and learning aptitudes, personality and emotional development, social skills and school climates, and eligibility for special education. Treatment involves one-on-one interaction with students or parents to resolve personal conflicts and problems in learning and adjustment, psychological counseling for students and parents, social skills training, and assistance through separation and loss. Within school systems, psychological services are typically provided by certified school psychologists. However, assessment and treatment can be extended to the health community and include services provided by clinical psychologists, psychiatric social workers, or psychiatrists (who are medical doctors).

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

SPQ.120G

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Home visits?

HELP TEXT:

Home visits: Refer to formal visits to the homes of students by a certified health or education professional. Home visits can involve therapy or education services. Home visits are typically made by teachers of preschool or kindergarten age students with disabilities, occupational or physical therapists, school social workers, school psychologists, or regular classroom teachers.

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

SPQ.120H

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Parent support or training?

HELP TEXT:

Parent support or training: Refer to assistance provided by the schools to parents who have students with unique educational needs, such as the student with a disability. Parent support ranges from the provision of information or referral to assistance in accessing community services for their child. Parent training can involve learning to use special instructional techniques, assistive devices (such as low vision aids) or other equipment needed by their child, or general understanding of the unique educational needs of their child.

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

SPQ.120I

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Special class with other children some or all of whom also had special needs?

HELP TEXT:

Special class with other children some or all of whom also had special needs: Refers to a classroom with a smaller number of students than found in the regular classroom. Students in special classes have unique learning needs often resulting from a disability or limited English proficiency. All students in such classrooms require individual attention to their educational needs.

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

SPQ.120J

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Private tutoring or schooling for learning problems?

HELP TEXT:

Private tutoring or schooling for learning problems: Refer to education or training associated with a specific learning problem or need. The term "private" suggests either that there is a cost associated with the service or education is not sanctioned by the public school system. Individuals, organizations, or businesses in school, home, or community settings can provide private tutoring designed to improve the student's educational achievement, typically in math or reading. Special schools are available to students with particular needs such as emotional problems, learning disabilities, blindness, or deafness. Such schools charge parents for their child's education. However, the education of students with disabilities may be subsidized by their home school district if the district cannot provide a similar appropriate education.

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

BOX 4A
<ul style="list-style-type: none"> ■ IF CHILD DOES NOT HAVE DIFFICULTY SEEING (SPQ.107=2, DK, REFUSED) OR CHILD'S VISION PROBLEM IS CORRECTABLE WITH GLASSES (SPQ.108=1), GO TO BOX 4B. ■ OTHERWISE< CONTINUE WITH SPQ.120K.

SPQ.120K

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Instruction in Braille?

HELP TEXT:

Instruction in Braille: Braille is a touch system of reading using as the basic graphic symbol a cell composed of six dots, two dots wide and three dots high. The dots are "read" by running the hand over the paper rather than looking at it. Sixty-three possible dot combinations of the cell form the basis of the Braille code, and numerous rules govern the usage of the code. Learners who are totally blind, near-blind, and with profound low vision need mastery of reading Braille since it is likely their only means of gaining access to educational information in print form. Reading in Braille is a system of reading that differs in many significant ways from reading in print. Teachers receive special training to teach Braille.

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

BOX 4B
IF CHILD DOES NOT HAVE DIFFICULTY HEARING (SPQ.109=2, DK, OR REFUSED), GO TO SPQ.130A.
OTHERWISE, GO TO SPQ.120L.

SPQ.120L

HELP AVAILABLE

[For each service, please tell me if {CHILD} or your family ever received this service prior to kindergarten to help with {CHILD}'s special needs.]

Instruction in sign language, Cued speech, ASL, TOCO?

HELP TEXT:

Instruction in sign language, Cued speech, ASL, TOCO: Refers to various manual methods that replace the use of speech only as a means of communication. Manual communication is a system of teaching individuals with hearing impairments that makes use of sign language and fingerspelling. Sign language is a general term for using the hands to form words and phrases. There are many forms of sign language, including American Sign Language (ASL), Signed English, Sign Exact English (SEE), etc. Cued Speech uses hand signals to symbolize sounds. TOCO refers to total communication. TOCO employs a combination of oral and manual approaches to communication and includes speech, sign language, lip-reading, natural gestures, fingerspelling, residual hearing, reading and writing.

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

SPQ.130A

How old was {CHILD} when {this service/the earliest of these services} began?

ENTER YEARS.

CAPI INSTRUCTION: DISPLAY 'THIS SERVICE' IF ONLY ONE ITEM CODED 1 (YES) FOR SPQ.120A-L OR IF SPQ.110=1 AND EVERY ITEM AT SPQ.120=2, DON'T KNOW, OR REFUSED. OTHERWISE, DISPLAY 'THE EARLIEST OF THESE SERVICES.'

CAPI INSTRUCTION: RANGE CHECK: 0-CURRENT AGE, USING AGE AT INQ.018. IF NO DATA AT INQ.018, USE AGE AT INQ.019.

CAPI INSTRUCTION: IF NUMBER OF YEARS = AGE AT INQ.018 OR INQ.019, GO TO BOX 5. OTHERWISE, CONTINUE WITH SPQ.130B.

ENTER YEARS
OR

REFUSED	77 (BOX 5)
DON'T KNOW	99 (BOX 5)

SPQ.130B

[How old was {CHILD} when {this service/the earliest of these services} began?]

ENTER MONTHS.

CAPI INSTRUCTION: DISPLAY 'THIS SERVICE' IF ONLY ONE ITEM CODED 1 (YES) FOR SPQ.120A-L OR IF SPQ.110=1 AND EVERY ITEM AT SPQ.120=2, DON'T KNOW, OR REFUSED. OTHERWISE, DISPLAY 'THE EARLIEST OF THESE SERVICES.'

CAPI INSTRUCTION: RANGE CHECK: 0-24 MONTHS IF SPQ.130A = 0; 1-11 MONTHS IF SPQ.130A ≥ 1.

ENTER MONTHS
OR

REFUSED	77
DON'T KNOW	99

BOX 5

- IF (NumberOfChildren =1) OR
IF (NumberOfChildren >1 and ChildNum=1), GO TO SPQ.150.
- IF (NumberOfChildren >1 and ChildNum=2), GO TO BOX 6.

SPQ.150 When {CHILD} was born, were {his/her} biological mother and biological father married?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

SPQ.155

HELP AVAILABLE

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

HELP TEXT:

Regularly: A language, other than English, that is spoken on a regular basis (that is, occurring at least weekly) by at least one household member.

YES 1 (SPQ.157)
NO 2 (SPQ.160)
REFUSED 7 (SPQ.160)
DON'T KNOW 9 (SPQ.160)

SPQ.157

HELP AVAILABLE

What is the **primary** language spoken in your home?

HELP TEXT:

Primary language: The language spoken the most of the time by most of the household members.

CODE '15' IF RESPONDENT CAN'T CHOOSE A PRIMARY LANGUAGE.

CAPI INSTRUCTION: DISPLAY 'PRIMARY' IN BRIGHT WHITE.

ENGLISH 0
ARABIC 1
CHINESE 2
FILIPINO LANGUAGE 3
FRENCH 4
GERMAN 5
GREEK 6
ITALIAN 7
JAPANESE 8
KOREAN 9
POLISH 10
PORTUGUESE 11
SPANISH 12
VIETNAMESE 13
SOME OTHER LANGUAGE 14
(SPECIFY) _____

RESPONDENT CANNOT CHOOSE A
PRIMARY LANGUAGE 15
REFUSED 77
DON'T KNOW 99

BOX 5A

- IF CODED "14" AT SPQ.157, CONTINUE WITH SPQ 157OS.
- OTHERWISE, GO TO SPQ.160

SPQ.157OS [What is the **primary** language spoken in your home?]

SPECIFY LANGUAGE.

CAPI INSTRUCTION: DISPLAY "PRIMARY" IN BRIGHT WHITE.

SPQ.160 Next, I have a few questions about {CHILD}'s background. Was {CHILD} born in this country, that is, in any of the fifty states or the District of Columbia?

- YES..... 1 (SPQ.200)
- NO..... 2 (SPQ.170)
- REFUSED..... 7 (SPQ.200)
- DON'T KNOW 9 (SPQ.200)

SPQ.170 In what country or territory was {CHILD} 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 COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

BOX 5B

IF SPQ.170 = 0 (NOT ON LIST), CONTINUE WITH SPQ.170OS. OTHERWISE, GO TO SPQ.180.

SPQ.170OS [In what country was {CHILD} born?]

SPECIFY COUNTRY.

SPQ.180 In what year did {CHILD} come to the United States to stay?

CAPI INSTRUCTION: RANGE CHECK: THE YEAR CHILD CAME TO U.S. CANNOT BE EARLIER THAN CHILD'S YEAR OF BIRTH OR LATER THAN THE CURRENT YEAR.

|_|_|_|_|

ENTER YEAR

OR

REFUSED7777

DON'T KNOW9999

SPQ.190 Is {CHILD} a U.S. citizen?

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

SPQ.200

HELP AVAILABLE

Between {CHILD}'s birth and {when {he/she} entered kindergarten/in 1998}, did {CHILD}'s mother work outside the home for pay?

HELP TEXT:

Work 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 leaves 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.

CAPI INSTRUCTION: DISPLAY "in 1998" IF SPQ.003 = 1, 2, 3, OR 4. ELSE DISPLAY "when {he/she} entered kindergarten."

- YES 1
- NO 2
- NO MOTHER IN HOUSEHOLD..... 3
- REFUSED 7
- DON'T KNOW 9

SPQ.210

HELP AVAILABLE

When {CHILD}'s mother was pregnant with {CHILD}, did she receive any WIC benefits?

HELP TEXT:

WIC: This program provides food assistance and nutritional screening to low-income pregnancy and postpartum women and their infants, as well as to low-income children up to age 5. WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. WIC benefits can include food, checks, and/or vouchers.

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

SPQ.220

HELP AVAILABLE

Did {CHILD} receive any WIC benefits as an infant or child?

HELP TEXT:

WIC: This program provides food assistance and nutritional screening to low-income pregnancy and postpartum women and their infants, as well as to low-income children up to age 5. WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. WIC benefits can include food, checks, and/or vouchers.

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

SPQ.270

How old was {CHILD}'s biological mother when she gave birth to {CHILD}?

CAPI INSTRUCTION: RANGE CHECK: 12-55 FOR AGE IN YEARS.

 |_|_|_|
ENTER AGE IN YEARS
OR
REFUSED 77
DON'T KNOW 99

BOX 6
GO TO PIQ (PARENT'S INVOLVEMENT WITH CHILD'S SCHOOL).

BOX 7
GO TO CMQ.

PARENT INVOLVEMENT - PIQ

BOX 1

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

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

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

BOX 2

- IF (NumberOfChildren = 2 AND ChildNum = 2), AND PIQ.005=1, DK, OR RF, GO TO BOX 10.
- OTHERWISE, CONTINUE WITH PIQ.010.

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

YES..... 1 (PIQ.015)
NO..... 2 (BOX 4)
REFUSED..... 7 (BOX 4)
DON'T KNOW..... 9 (BOX 4)

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

CODE ALL THAT APPLY.

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
OTHER (SPECIFY) _____ 91
REFUSED..... 77
DON'T KNOW..... 99

BOX 3

- IF PIQ.015 = 6, CONTINUE WITH PIQ.015OS. OTHERWISE, GO TO BOX 4.

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

SPECIFY REASON.

BOX 4

- IF (NumberOfChildren = 1) OR IF (NumberOfChildren = 2 AND ChildNum = 1), CONTINUE WITH PIQ.020.
- IF (NumberOfChildren = 2 AND ChildNum = 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.030

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.030 For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.

[PROBE: Would you say {CHILD}'s school does this very well just O.K., or doesn't do this at all?]

CAPI INSTRUCTION: WHEN ON B-D, DISPLAY "PROBE:at all?" IN SQUARE BRACKETS.

	<u>DOES THIS VERY WELL</u>	<u>JUST O.K.</u>	<u>DOESN'T DO THIS AT ALL</u>	<u>RF</u>	<u>DK</u>
a. The school lets you know between report cards how {CHILD} is doing in school. Would you say {CHILD}'s school does this very well, just O.K., or doesn't do this at all?	1	2	3	7	9
b. The school helps you understand what children at {CHILD}'s age are like.	1	2	3	7	9
c. The school makes you aware of chances to volunteer at the school.	1	2	3	7	9
d. The school provides workshops, materials, or advice about how to help {CHILD} learn at home.	1	2	3	7	9

PIQ.040 About how many parents of children in {CHILD}'s {or {TWIN}'s} class do you talk with regularly, either in person or on the phone?

CAPI INSTRUCTIONS: DISPLAY {CHILD}'S IF ONLY ONE SAMPLED CHILD, OTHERWISE, DISPLAY {CHILD}'S {OR {TWIN}'S}.

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

_ _ _	
NUMBER OF PARENTS	
OR	
REFUSED	77
DON'T KNOW	99

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

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

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
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
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

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 BRIGHT WHITE.

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 in school, 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

PIQ.080 How many times was {CHILD} late for school during the past four weeks?

CAPI INSTRUCTION: HARD RANGE CHECK: 0-20 TIMES.

_ _ _	
NUMBER OF TIMES	
or	
REFUSED	77
DON'T KNOW	99

PIQ.090 Compared to other children in {CHILD}'s class, how well do you think {he/she} is doing in school this spring in **reading/ language arts**?

Do you think {he/she} is doing....

CAPI INSTRUCTION: DISPLAY "reading/language arts" IN BRIGHT WHITE.

Much worse,	1
A little worse,	2
About the same,	3
A little better, or	4
Much better?	5
REFUSED	7
DON'T KNOW	9

PIQ.100 Compared to other children in {CHILD}'s class, how well do you think {he/she} is doing in school this spring in **math**?

Do you think {he/she} is doing...

CAPI INSTRUCTION: DISPLAY "math" IN BRIGHT WHITE.

- Much worse,..... 1
- A little worse,..... 2
- About the same,..... 3
- A little better, or..... 4
- Much better?..... 5
- REFUSED..... 7
- DON'T KNOW..... 9

PIQ.110 How often does {CHILD} do homework at home? Would you say...

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

- Never 1 (BOX 10)
- Less that once a week 2 (PIQ.120)
- 1 to 2 times a week 3 (PIQ.120)
- 3 to 4 times a week, or..... 4 (PIQ.120)
- 5 or more times a week?..... 5 (PIQ.120)
- REFUSED..... 7 (BOX 10)
- DON'T KNOW..... 9 (BOX 10)

PIQ.120 During this school year, how often did you help {him/her} with {his/her} homework? Would you say...

CAPI INSTRUCTION: IF PIQ.110=2, PIQ.120 CANNOT EQUAL TO 3, 4, OR 5. IF PIQ.110=3, PIQ.120 CANNOT EQUAL TO 4 OR 5. IF PIQ.110=4, PIQ.120 CANNOT EQUAL TO 5. OTHERWISE, DISPLAY ERROR MESSAGE: "Child does homework at home {DISPLAY RESPONSE AT PIQ.110} but parent helped {him/her} with {his/her} homework {DISPLAY RESPONSE AT PIQ.120}."

- Never 1
- Less that once a week 2
- 1 to 2 times a week 3
- 3 to 4 times a week, or..... 4
- 5 or more times a week?..... 5
- REFUSED..... 7
- DON'T KNOW..... 9

BOX 10 GO TO FSQ.

FAMILY STRUCTURE – FSQ

BOX 1

- IF COOPERATING HOUSEHOLD:
IF (NumberOfChildren = 1) OR
IF (NumberOfChildren > 1 and ChildNum =1). CONTINUE WITH FSQ.010.
- OTHERWISE:
If (NumberOfChildren = 1) OR
IF (NumberOfChildren >1 AND ChildNum=1), GO TO FSQ.020.
- IF (NumberOfChildren >1 and ChildNum=2), GO TO BOX 7.

FSQ.010

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.

Does {NAME} **still** live in this household?

CAPI MATRIX INSTRUCTIONS:

1. DISPLAY 'STILL' IN BRIGHT WHITE.
2. DISPLAY THE COMPLETED HOUSEHOLD MATRIX FROM THE PREVIOUS ROUND INTERVIEW. THIS INCLUDES THE PERSON TYPE, FIRST NAME, LAST NAME, AGE, AND GENDER COLUMNS. THESE COLUMNS SHOULD BE PROTECTED, THAT IS, INFORMATION CANNOT BE CHANGED.

DISPLAY ONLY THOSE HOUSEHOLD MEMBERS WHO, AS INDICATED IN THE PREVIOUS ROUND INTERVIEW, 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 IN HH'. 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 IN HH' COLUMN FOR THE FIRST PERSON LISTED IN THE MATRIX.
5. DISPLAY BRACKETS [] AROUND THE FIRST TWO PARAGRAPHS WHENEVER IN THE 'STILL IN HH' COLUMN FOR SOMEONE OTHER THAN THE FIRST PERSON LISTED ON THE MATRIX. (THE FIRST TWO PARAGRAPHS SHOULD BE DISPLAYED WITHOUT THE BRACKETS WHEN YOU FIRST ARRIVE AT THIS QUESTION.)
6. ADD AS THE 7TH COLUMN TO THE MATRIX, 'WHY MOVE OUT' (FSQ.015).

7. IF THE 'STILL IN HH' COLUMN IS CODED 'NO', THE CURSOR SHOULD MOVE RIGHT TO THE 'WHY MOVE OUT' COLUMN. IF THE 'STILL IN HH' IS CODED 'YES', THE CURSOR SHOULD MOVE TO THE 'STILL IN HH' COLUMN FOR THE NEXT PERSON ON THE MATRIX (THE 'WHY MOVE OUT' COLUMN DOES NOT NEED TO BE COMPLETED IN THIS INSTANCE).
8. IF INQ.010 = 1 (SAME RESPONDENT AS PREVIOUS ROUND) AND FSQ.010 = 2 (NOT IN HH), DISPLAY ERROR MESSAGE: 'THIS PERSON CANNOT BE THE RESPONDENT AND BE NOT IN THE HOUSEHOLD.'
9. ADD AS THE 8TH COLUMN TO THE MATRIX, 'WHY MOVE OTHER' (FSQ.015OS).
10. ONCE THE MATRIX IS COMPLETE (AS APPLICABLE) MOVE TO THE NEXT ITEM FSQ.017.

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 'WHY MOVE OUT' COLUMN.
2. ONCE THIS ITEM IS CODED, THE CURSOR SHOULD MOVE TO THE 'STILL IN HH' 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
 SOME OTHER REASON (SPECIFY) _____ 91 (FSQ.015OS)
 DON'T KNOW 77
 REFUSED 99

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

ENTER OTHER REASON.

CAPI MATRIX INSTRUCTIONS.

1. DISPLAY 'WHY MOVE OTHER' AS THE 8TH COLUMN IN THE MATRIX.
2. DISPLAY THIS QUESTION WHENEVER IN THE 'WHY MOVE OTHER' COLUMN.
3. THIS COLUMN ONLY NEEDS TO BE COMPLETED IF CODE 5 IS SELECTED AS A REASON IN THE 'WHY MOVE OUT' COLUMN.

OTHER REASON

FSQ.017

Other than the people I just asked about, is there anyone **else** currently living in this household?

For example, anyone who has moved in and who also still lives here or any babies born since our last interview? Please do not include anyone staying here temporarily who usually lives somewhere else.

CAPI INSTRUCTION: DISPLAY 'else' IN BRIGHT WHITE.

- YES 1 (FSQ.020)
- NO 2 (BOX 1A)
- DON'T KNOW 7 (BOX 1A)
- REFUSED 9 (BOX 1A)

FSQ.020

{Now I have a few questions about your household. We have noted that you and {CHILD} {and {TWIN}} currently live in this household.} {Please tell me the names and ages of all the other people who normally live here. Please do not include anyone staying here temporarily who usually lives somewhere else.}

{PROBE: Anyone else (living in this household)?}

PRESS THE DOWN ARROW KEY TO ADD A HOUSEHOLD MEMBER.}

{ENTER FIRST NAME OF {NEW} HOUSEHOLD MEMBER OR PRESS ENTER ON A BLANK FIELD 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. IF COOPERATING HOUSEHOLD:
 - a. DISPLAY ALL HOUSEHOLD MEMBERS AND ASSOCIATED INFORMATION AS COLLECTED IN THE PREVIOUS ROUND OR UPDATED IN INQ (FOR THE CHILD AND PREVIOUS ROUND 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. IF NEW HOUSEHOLD:
 - a. DISPLAY THE RESPONDENTS FIRST AND LAST NAMES IN THE APPROPRIATE COLUMNS (COLLECTED AT INQ060/070). DISPLAY 'R' IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE RESPONDENT.
 - b. DISPLAY THE NAME OF THE FOCAL CHILD IN THE SECOND ROW OF THE FIRST AND LAST. NAME COLUMNS. 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. THIS ROW IS PROTECTED.
 - c. IF APPLICABLE DISPLAY THE NAME OF THE FOCAL CHILD'S TWIN IN THE THIRD ROW OF THE FIRST AND LAST NAME COLUMNS. DISPLAY 'T' IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE FOCAL CHILD'S TWIN. DISPLAY THE AGE AND GENDER OF THE TWIN IN THE APPROPRIATE COLUMNS OF THE THIRD ROW. THIS ROW IS PROTECTED.
 - d. DISPLAY THE FIRST PARAGRAPH "NOW...SOMEWHERE ELSE." WHEN YOU FIRST ARRIVE AT FSQ.020. ALSO DISPLAY THIS PARAGRAPH IN BRACKETS [] WHENEVER YOU ARE IN THE FIRST NAME COLUMN FOR ANY PERSON OTHER THAN PERSON NUMBER 1 (THE RESPONDENT).
 - e. DISPLAY "YOU WILL NEED...THE MATRIX." AND "PRESS ENTER TO A HOUSEHOLD MEMBER" WHENEVER THE CURSOR IS POSITIONED IN THE FIRST NAME COLUMN FOR PERSON NUMBER 1.
 - f. DISPLAY "ENTER FIRST NAME...IF MATRIX IS COMPLETE." WHENEVER THE CURSOR IS POSITIONED IN THE FIRST NAME COLUMN FOR A ROW OTHER THAN PERSON NUMBER 1 (THE FIRST BLANK ROW AFTER CHILD/TWIN).
 - g. DISPLAY "PROBE... HOUSEHOLD?" WHENEVER THE CURSOR IS POSITIONED IN THE FIRST NAME COLUMN FOR SOME OTHER THAN PERSON NUMBER 1 OR THE FIRST HOUSEHOLD MEMBER ADDED AFTER THE CHILD/TWIN.

5. DISPLAY THE NAME OF THE FOCAL CHILD IN THE SECOND ROW OF THE FIRST NAME COLUMN.

 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.

6. IF INQ.010 = 1, THEN DISPLAY THE "R" NEXT TO THE NAME OF THE PREVIOUS ROUND'S RESPONDENT. DISPLAY THE NAME OF RESPONDENT OF THE PREVIOUS ROUND 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}.

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
- DON'T KNOW 7
- REFUSED 9

FSQ.045 IF HOUSEHOLD MATRIX IS COMPLETE, PRESS 1 AND ENTER TO CONTINUE.

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.

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
- DON'T KNOW 7
- REFUSED 9

BOX 1A
<ul style="list-style-type: none"> ■ IF INQ.010 = 1, GO TO FSQ.110. ■ OTHERWISE, CONTINUE WITH FSQ.070.

FSQ.070 CODE THE RESPONDENT.

ENTER THE NUMBER THAT IS NEXT TO THE NAME OF THE PERSON WHO IS THE RESPONDENT.

CAPI INSTRUCTION: FLAG THE PERSON SELECTED AS THE RESPONDENT FOR THE CURRENT ROUND. THE 'R' IN THE PERSON TYPE COLUMN OF THE HOUSEHOLD MATRIX SHOULD ONLY SHOW UP FOR THE PERSON SELECTED HERE.

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.

- {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

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

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

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

ENTER THE NUMBER NEXT TO THE NAME OF THE 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 COOPERATING HOUSEHOLD:

- IF FSQ.017=1, GO TO BOX 3.
- IF FSQ.017=2, RF, DK, GO TO BOX 4A.

ELSE, GO TO BOX 3.

BOX 3

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. IF COOPERATING HOUSEHOLD, DO NOT ASK ABOUT HOUSEHOLD MEMBERS ENUMERATED IN A PREVIOUS ROUND.

FSQ.130

HELP AVAILABLE

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

{CODE RELATIONSHIP OF NEW HOUSEHOLD MEMBERS ONLY.}

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:

1. IF COOPERATING HOUSEHOLD:
 - 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.
 - d. DISPLAY "CODE RELATIONSHIP...ONLY."
2. IF NEW HOUSEHOLD:
 - a. DISPLAY ALL NAMES COLLECTED AT FSQ.020.
 - b. THE CURSOR SHOULD BEGIN IN THE COLUMN FOR THE RELATIONSHIP OF THE RESPONDENT TO THE CHILD.

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 4)
BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN	6 (BOX 4)
GRANDMOTHER	7 (BOX 4)
GRANDFATHER	8 (BOX 4)
AUNT	9 (BOX 4)
UNCLE	10 (BOX 4)
COUSIN	11 (BOX 4)
OTHER RELATIVE	12 (BOX 4)
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 4)
Adoptive mother,	2 (BOX 4)
Step mother, or	3 (BOX 4)
Foster mother or female guardian?	4 (BOX 4)
DON'T KNOW	7 (BOX 4)
REFUSED	9 (BOX 4)

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

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

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

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.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 1 (GIRLFRIEND), FLAG RESPONSE TO FSQ.130 AS CODE 5.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 2 (BOYFRIEND), FLAG RESPONSE TO FSQ.130 AS CODE 6.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 3 (FEMALE GUARDIAN), FLAG RESPONSE TO FSQ.130 AS CODE 1 AND RESPONSE TO FSQ.140 AS CODE 4.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 4 (MALE GUARDIAN), FLAG RESPONSE TO FSQ.130 AS CODE 2 AND RESPONSE TO FSQ.150 AS CODE 4.

- GIRLFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN 1 (BOX 4)
- BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN 2 (BOX 4)
- FEMALE GUARDIAN..... 3 (BOX 4)
- MALE GUARDIAN 4 (BOX 4)
- DAUGHTER/SON OF {CHILD}'S PARENT'S PARTNER 5 (BOX 4)
- OTHER RELATIVE OF {CHILD}'S PARENT'S PARTNER 6 (FSQ.181)
- SPECIFY _____
- DON'T KNOW 7 (BOX 4)
- REFUSED 9 (BOX 4)

FSQ.181

SPECIFY OTHER NON-RELATIVE.

OTHER NON-RELATIVE

BOX 4

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 4A.

BOX 4A

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 4B.

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 FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130), OR FATHER FIGURE (CODE '2' AT FSQ.130).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), DISPLAY IN COLUMN 1 THE FOCAL CHILD, 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: IF COOPERATING HOUSEHOLD, 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.)

IF NEW HOUSEHOLD, ASK ABOUT HISPANIC ORIGIN AND RACE FOR THE FOCAL CHILD, RESPONDENT. MOTHER AND FATHER FIGURES. IF NO MOTHER OR FATHER FIGURES, THEN ASK ABOUT THE FOCAL CHILD. THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (IF ANY).

THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD.

YES	1
NO	2
DON'T KNOW	7
REFUSED	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 FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130), OR FATHER FIGURE (CODE '2' AT FSQ.130).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), DISPLAY IN COLUMN 1 THE FOCAL CHILD, 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 '6' (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: IF COOPERATING HOUSEHOLD, 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.)

IF NEW HOUSEHOLD: ASK ABOUT HISPANIC ORIGIN AND RACE FOR THE FOCAL CHILD, RESPONDENT. MOTHER AND FATHER FIGURES. IF NO MOTHER OR FATHER FIGURES, THEN ASK ABOUT THE FOCAL CHILD. THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (IF ANY).

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)
- DON'T KNOW 7
- REFUSED 9

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

ENTER OTHER-SPECIFY TEXT.

OTHER RACE

BOX 4B

END LOOP 2.

- ASK FSQ.190 – FSQ.198 FOR NEXT MOTHER, FATHER FIGURE, OR RESPONDENT OR RESPONDENT'S SPOUSE (IF NO MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) WHOSE ETHNICITY OR RACE DATA IS MISSING.
- IF NO NEXT PERSON, CONTINUE WITH FSQ.210.

FSQ.210 Now I have a few questions about {CHILD}'s ethnicity and race. Is {CHILD} a member of the Spanish/Hispanic/Latino group?

- YES..... 1 (FSQ.215)
- NO..... 2 (FSQ.220)
- REFUSED..... 7 (FSQ.220)
- DON'T KNOW 9 (FSQ.220)

FSQ.215 Which of the following Spanish/Hispanic/Latino groups best describes {CHILD}'s origin? Is {he/she}...

- Mexican, Mexican American or Chicano, 1
- Puerto Rican, 2
- Cuban, or 3
- Other Spanish/Hispanic/Latino group? 4
- REFUSED 7
- DON'T KNOW 9

FSQ.220 Is {CHILD} a member of an Asian group?

YES.....	1 (FSQ.225)
NO.....	2 (FSQ.230)
REFUSED.....	7 (FSQ.230)
DON'T KNOW.....	9 (FSQ.230)

FSQ.225 Which of the following Asian groups best describes {CHILD}'s origin? Is {he/she}...

Asian Indian,	1
Chinese,.....	2
Filipino,.....	3
Japanese,	4
Korean,	5
Vietnamese,	6
Hmong, or	7
Other Asian?	8
REFUSED.....	77
DON'T KNOW.....	99

FSQ.230 Is {CHILD} a member of a Pacific Islander group?

YES.....	1 (FSQ.235)
NO.....	2 (BOX 5)
REFUSED.....	7 (FSQ.240)
DON'T KNOW.....	9 (FSQ.240)

FSQ.235 Which of the following Pacific Islander group best describes {CHILD}'s origin? Is {he/she}...

Native Hawaiian,	1
Guamanian or Chamorro,	2
Samoan, or	3
Other Pacific Islander?	4
REFUSED.....	7
DON'T KNOW.....	9

BOX 5

ASK FSQ.240 – FSQ.280 ABOUT NEXT MOTHER OR FATHER IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S PARTNER IF NO MOTHER OR FATHER FIGURES.

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 COUNTRY LOOKUP FILE. ALLOW 3 SPACE IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

BOX 5A

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 smaller than person's age. Please correct one of the entries."

_ _	
AGE	
or	
REFUSED	77
DON'T KNOW	99

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

YES	1
NO	2
DON'T KNOW	7
REFUSED	9

BOX 5B

IF LOOPING ON A MOTHER FIGURE, CONTINUE WITH FSQ.270. OTHERWISE, GO TO BOX 6.

FSQ.270 Did {you/{NAME}} attend school outside the United States?

CAPI INSTRUCTION: DISPLAY "you" IF THE RESPONDENT (PERSONTYPE = R) IS THE CHILD'S MOTHER FIGURE (FSQ.130 = 1). OTHERWISE, DISPLAY "{NAME}," USING THE PERSON'S NAME FROM THE CURRENT ROUND HOUSEHOLD ROSTER.

YES	1 (FSQ.280)
NO	2 (BOX 7)
REFUSED	7 (BOX 7)
DON'T KNOW	9 (BOX 7)

FSQ.280

How many years of school {have/has} {you/{CHILD}'s mother} completed outside of the United States?

CAPI INSTRUCTION: DISPLAY "have you" IF THE RESPONDENT (PERSONTYPE = R) IS THE CHILD'S MOTHER FIGURE (FSQ.130 = 1). OTHERWISE, DISPLAY "has {CHILD}'s mother."

CAPI INSTRUCTION: RANGE CHECK: 0 – 30 YEARS.

_ _	
ENTER NUMBER OF YEARS	
or	
REFUSED	77
DON'T KNOW	99

BOX 6

END LOOP 2.

- ASK FSQ.240-FSQ.280 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S PARTNER IF NO MOTHER OR FATHER FIGURES.
- IF NO NEXT PERSON, GO TO FSQ.300.

FSQ.300

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

SEE ATTACHED FOR FILL SPECIFICATIONS.

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

BOX 7

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 FSQ140=1 or 2 OR FSQ150=1 or 2 for the person flagged as the respondent for YES	BioMolnHH FSQ140=1 for at least one HH member (not the R) for YES	BioFalnHH FSQ150=1 for at least one HH member (not the R) for YES	AdopMolnHH FSQ140=2 for at least one HH member (not the R) for YES	AdopFalnHH FSQ150=2 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

FSQ-17

HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION – HEQ

BOX 1

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

HEQ.010

HELP AVAILABLE

Now I'd like to talk with you about {CHILD}'s activities with family members. In a typical **week**, how often do you or any other family member do the following things with {CHILD}?

{PROBE: Would you say not at all, once or twice, 3-6 times, or every day?}

HELP TEXT:

FAMILY MEMBER: A family member refers to any person who lives in the child's household and any relative of the child living outside the child's household.

Tell stories: Story-telling is different from reading. Stories include fairy tales, family stories, or any type of story that is not read.

Sing Songs with child: Include times that a family member sings to or with the child. This may include teaching the child songs, singing along with tapes or to the radio, or singing while playing musical instruments.

Help child with arts and crafts: Arts and crafts may include making seasonal decorations, making cutouts or drawing pictures, painting or finger-painting, whittling wood, etc. It also includes helping the child with arts and crafts projects assigned by school, but done at home.

Involve child in household chores: Chores not mentioned can also satisfy this item.

Play games or do puzzles: Includes indoor "quiet" games like board games or puzzles, or more active indoor games like Ping-Pong.

Talk about nature or do science projects: Talking about nature could include answering any questions the child may have about trees, weather, etc. or watching a television program or video about nature together and then discussing it. Science projects include any type of project designed to show the child how the world works, such as understanding how plants grow, studying rocks, using flashlights to create shadows, or mixing paints to create different colors.

Build something or play with construction toys: This would include activities that the child does with family members, such as making a tent, constructing a toy car, building a doghouse, and using Lincoln logs, Brio, or other construction toys or tools.

Play a sport or exercise together: This includes calisthenics, riding bicycles, rollerblading, individual or team sports, games like hide-and-go-seek, or other outdoor activities where activity or exercise is involved. Do not include times when the child does the sport or activity by himself.

Read books: Include only times family members have read books to the child. Do not include times when the child reads or looks at books by him or herself.

CAPI INSTRUCTION:

1. WHEN ON B-J. DISPLAY "PROBE.....everyday?" OTHERWISE, USE A NULL DISPLAY.
2. DISPLAY "NOW {CHILD}?" IN SQUARE BRACKETS WHEN ON B-J.
3. IF HEQ.010j = 2, 3, OR 4, CONTINUE WITH HEQ.015. OTHERWISE, GO TO BOX 3.

	NOT AT ALL	ONCE OR TWICE	3-6 TIMES	EVERY DAY	REF	DK
a. Tell stories to {CHILD}? Would you say not at all, once or twice, 3-6 times, or every day?.....	1	2	3	4	7	9
b. Sing songs with {CHILD}?	1	2	3	4	7	9
c. Help {CHILD} to do arts and crafts?	1	2	3	4	7	9
d. Involve {CHILD} in household chores, like cooking, cleaning, setting the table, or caring for pets?	1	2	3	4	7	9
e. Play games or do puzzles with {CHILD}?	1	2	3	4	7	9
f. Talk about nature or do science projects with {CHILD}?	1	2	3	4	7	9

	NOT AT ALL	ONCE OR TWICE	3-6 TIMES	EVERY DAY	REF	DK
g. Build something or play with construction toys with {CHILD}?	1	2	3	4	7	9
h. Play a sport or exercise together?	1	2	3	4	7	9
i. Practice reading, writing or working with numbers?	1	2	3	4	7	9
j. Read books to {CHILD}?	1	2	3	4	7	9

HEQ.015 Generally, how long is {CHILD} read to at each of these times?

CAPI INSTRUCTION: HARD RANGE CHECK: 1-60 MINUTES.

ENTER MINUTES
 or
 REFUSED..... 77
 DON'T KNOW 99

BOX 3

IF (NumberOfChildren = 1) OR IF (NumberOfChildren > 1 AND ChildNum = 1),
CONTINUE WITH HEQ.020. OTHERWISE, GO TO HEQ.030.

HELP AVAILABLE

HEQ.020 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
 REFUSED7777
 DON'T KNOW9999

HEQ.022. Do you have a library card?

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

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 **month**, 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 BRIGHT WHITE.

- YES..... 1 (HEQ.030)
- 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 BRIGHT WHITE.

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

HEQ.030 In the past **week**, how often did {CHILD} read to (himself/herself) or to others outside of school?

Would you say ...

CAPI INSTRUCTION: DISPLAY "WEEK" IN BRIGHT WHITE.

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

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

- YES..... 1 (HEQ.045)
- NO 2 (HEQ.060)
- REFUSED..... 7 (HEQ.060)
- DON'T KNOW 9 (HEQ.060)

HEQ.045 In an average week, how often does {CHILD} use the computer? Would you say...

- Never 1 (HEQ.060)
- One or twice a week 2 (HEQ.050)
- Three to six times a week, or 3 (HEQ.050)
- Every day? 4 (HEQ.050)
- REFUSED..... 7 (HEQ.060)
- DON'T KNOW 9 (HEQ.060)

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

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

HEQ.060 Outside of school hours, has {CHILD} ever participated in:

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

HEQ.063 Is {CHILD} tutored on a regular basis, by someone other than you or a family member, in a specific subject, such as reading, math, science, or a foreign language?

- YES..... 1 (HEQ.065)
- NO 2 (HEQ.070a)
- REFUSED..... 7 (HEQ.070a)
- DON'T KNOW 9 (HEQ.070a)

HEQ.065 What is {CHILD} tutored in?

CODE ALL THAT APPLY.

PROBE: Anything else?

- READING..... 1 (HEQ.070a)
- MATH..... 2 (HEQ.070a)
- SCIENCE 3 (HEQ.070a)
- FOREIGN LANGUAGE..... 4 (HEQ.070a)
- OTHER (SPECIFY)..... 91 (HEQ.065OS)
- REFUSED..... 7 (HEQ.070a)
- DON'T KNOW 9 (HEQ.070a)

HEQ.065OS [What is {CHILD} tutored in?]

SPECIFY SUBJECT.

HELP AVAILABLE

HEQ.070 I'm going to read some statements about things that may occur in your family. In a typical **week**, please tell me the number of days ...

- 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 AND D. DISPLAY THE FOLLOWING HELP TEXT: "Regular means generally around the same time."
- 2. WHEN ON B-D. DISPLAY "I'm going... days" IN SQUARE BRACKETS.
- 3. DISPLAY "WEEK" IN BRIGHT WHITE.
- 4. HARD RANGE CHECK: 0-7 DAYS.

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

HEQ.080 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.085)
 BEDTIME VARIES..... 2 (BOX 4)
 REFUSED..... 7 (BOX 4)
 DON'T KNOW 9 (BOX 4)

HEQ.085 About what time does {CHILD} usually go to bed?

ENTER HOUR: MINUTE.

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

|__|__| - |__|__|
 HOUR MINUTE
 or
 REFUSED..... 77 (HEQ.090)
 DON'T KNOW 99 (HEQ.090)

HEQ.087 [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.090. OTHERWISE, GO TO BOX 5.

HEQ.090

Now, I have some questions 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

BOX 5

GO TO SSQ (SOCIAL SKILLS, PROBLEM BEHAVIORS, AND APPROACHES TOWARD LEARNING).

CRITICAL FAMILY PROCESSES – CFQ

BOX 1

IF (NumberOfChildren = 1) OR IF (NumberOfChildren> 1 AND ChildNum = 1),
CONTINUE WITH CFQ.010. OTHERWISE, GO TO BOX 2.

CFQ.010 Next, I have a few questions about your family. How often did you attend religious services in the past year? Would you say....

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

BOX 1A

IF FSQ.110=1, CONTINUE WITH CFQ.015. OTHERWISE, GO TO CFQ.020.

CFQ.015 How about {NAME OF SPOUSE/PARTNER}? How often did {he/she} attend religious services in the past year? Would you say....

CAPI INSTRUCTION: FOR "NAME OF SPOUSE/PARTNER," DISPLAY THE NAME OF THE PERSON FLAGGED AT FSQ.120. FOR SPOUSE'S GENDER, DISPLAY "he" IF THE PERSON IS CODED 1 (MALE) AT FSQ.040, OR "she" IF CODED 2 (FEMALE).

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

CFQ.020 Now I'm going to read some statements. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.

{PROBE: Would you say it is never true for you, sometimes true for your, or always true for you?}

CAPI INSTRUCTION: DISPLAY "PROBE you" IF ON B-F.

	<u>NEVER TRUE</u>	<u>SOMETIMES TRUE</u>	<u>ALWAYS TRUE</u>	<u>REF</u>	<u>DK</u>
a. If I need to do an errand, I can easily find someone to watch {CHILD}. Would you say it is never true for you, sometimes true for you, or always true for you?	1	2	3	7	9
b. If I need a ride to get {CHILD} to the doctor, friends or family will help me	1	2	3	7	9
c. If {CHILD} is sick, friends or family will call or come by to check on how things are going ...	1	2	3	7	9
d. If {CHILD} is having problems at school, there is a friend, relative, or neighbor I can talk it over with.....	1	2	3	7	9
e. If I have an emergency and need cash, family or friends will loan it to me.....	1	2	3	7	9
f. If I have troubles or need advice, I have someone I can talk to	1	2	3	7	9

BOX 2

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 {CHILD}.

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

- 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: IF RESPONDENT IS A MOTHER OR FATHER FIGURE (FSQ.130 = 1 OR 2 FOR THE PERSON FLAGGED AS THE RESPONDENT) OR THERE IS NO MOTHER OR FATHER FIGURE IN THE HOUSEHOLD (NO RU MEMBER WITH A CODE OF 1 OR 2 AT FSQ.130), DISPLAY "YOU". OTHERWISE, DISPLAY "{HIS/HER {PARENTS/GUARDIANS}}".

CAPI INSTRUCTION: DISPLAY "PARENTS" IF AT LEAST ONE RU MEMBER, WHO IS NOT FLAGGED AS THE RESPONDENT, IS A MOTHER OR FATHER (FSQ.140 = 1, 2, 3, 7, OR 9 OR FSQ.150 = 1, 2, 3, 7, OR 9). OTHERWISE, DISPLAY GUARDIANS.

Relative Care

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "regular basis before or after school" IN BRIGHT WHITE.

CAPI INSTRUCTION: IF RESPONDENT IS A MOTHER OR FATHER FIGURE (FSQ.130 = 1 OR 2 FOR THE PERSON FLAGGED AS THE RESPONDENT) OR THERE IS NO MOTHER OR FATHER FIGURE IN THE HOUSEHOLD (NO RU MEMBER WITH A CODE OF 1 OR 2 AT FSQ.130), DISPLAY "YOU". OTHERWISE, DISPLAY "{HIS/HER {PARENTS/GUARDIANS}}".

CAPI INSTRUCTION: DISPLAY "PARENTS" IF AT LEAST ONE RU MEMBER, WHO IS NOT FLAGGED AS THE RESPONDENT, IS A MOTHER OR FATHER (FSQ.140 = 1, 2, 3, 7, OR 9 OR FSQ.150 = 1, 2, 3, 7, OR 9). 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 **regular** 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 BRIGHT WHITE.

- 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 provided the most care for {CHILD} during the summer.}" 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} **regularly scheduled** 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 BRIGHT WHITE.

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

CCQ.085 How many **days** 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 BRIGHT WHITE.

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 **hours** each **week** 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 BRIGHT WHITE.

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

HELP AVAILABLE

CCQ.095 How many **children** are usually cared for together, in the same group at the same time, by {{CHILD}'s {RELATIVE}/that relative}, counting {CHILD}?

HELP TEXT:

Enter the number of children usually cared for in the same group, at the same time by the relative, provider or teacher at the arrangement or program.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-10.

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

CAPI INSTRUCTION: DISPLAY "CHILDREN" IN BRIGHT WHITE.

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

CCQ.100 How many **adults** usually care for {CHILD} at the same time {at your home/at {{his/her} {RELATIVE}'s/that relative's} home)?

HELP TEXT:

Record the number of adults who actually care for the child at the same time, not the total number of adults present at the home or location. The number of adults at programs typically includes teachers, teacher aides, childcare assistants, or volunteers. Aides, assistants, or volunteers who are under age 18 may be included. Likewise, relative and nonrelative care providers who are under age 18 (for example, a teenage sibling, aunt, or neighbor), should also be counted as adults if they are providing care. If the number of adults varies, probe for the usual number.

CAPI INSTRUCTION: DISPLAY "AT YOUR HOME." IF CCQ.070 = 1. DISPLAY "AT {his/her} {RELATIVE}'s/THAT RELATIVE'S} HOME" IF CCQ.070 = 2. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: SOFT RANGE CHECK: 1-4. HARD RANGE CHECK: 1-8.

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 "ADULTS" IN BRIGHT WHITE.

```

|_|
ENTER # OF ADULTS
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 BRIGHT WHITE.

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

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
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.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
<p>■ IF CCQ 128 = 91, CONTINUE WITH CCQ.128OS. OTHERWISE, GO TO CCQ.130.</p>

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?

CHILD ONLY1(CCQ.150)
CHILD AND OTHERS.....2(CCQ-135)
REFUSED.....7(CCQ-150)
DON'T KNOW9(CCQ-150)

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 **hours** each **week** 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 BRIGHT WHITE.

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

HELP AVAILABLE

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} **now** receiving care in a private home on a **regular basis before or after school** from someone who is not related to {him/her} (including care provided before or after school)? This includes home child care providers, regular sitters or neighbors.

CAPI INSTRUCTION: DISPLAY "now" AND "regular basis before or after school" IN BRIGHT WHITE.

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)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "regular," "before or after school," and "currently" in BRIGHT WHITE.

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 provided 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 **regularly scheduled** 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 BRIGHT WHITE.

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

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

CAPI INSTRUCTION: DISPLAY "days" IN BRIGHT WHITE.

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 **hours** each **week** does {CHILD} receive care from that person?

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN BRIGHT WHITE.

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

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

HELP AVAILABLE

CCQ.195 How many **children** are usually cared for together, in the same group at the same time, by that person, counting {CHILD}?

CAPI INSTRUCTION: SOFT RANGE CHECK 1-8. HARD RANGE CHECK 1-15.

CAPI INSTRUCTION: DISPLAY "CHILDREN" IN BRIGHT WHITE.

HELP TEXT: Enter the number of children usually cared for in the same group, at the same time by the relative, provider or teacher at the arrangement or program.

|_|_|
ENTER # OF CHILDREN
or
REFUSED..... 77
DON'T KNOW 99

HELP AVAILABLE

CCQ.200 How many **adults** usually care for {CHILD} at the same time {at {your/that} home}?

CAPI INSTRUCTION: DISPLAY "AT YOUR HOME" IF CCQ.170 = 1. DISPLAY "AT THAT HOME" IF CCQ.170 = 2. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-4. HARD RANGE CHECK 1-8.

CAPI INSTRUCTION: DISPLAY "adults" IN BRIGHT WHITE.

HELP TEXT: Record the number of adults who actually care for the child at the same time, not the total number of adults present at the home or location. The number of adults at programs typically includes teachers, teacher aides, childcare assistants, or volunteers. Aides, assistants, or volunteers who are under age 18 may be included. Likewise, relative and nonrelative care providers who are under age 18 (for example, a teenage sibling, aunt, or neighbor), should also be counted as adults if they are providing care. If the number of adults varies, probe for the usual number.

|_|
ENTER # OF ADULTS
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 "DOabout" IN SQUARE BRACKETS.

CAPI INSTRUCTION: WHEN ON A, DISPLAY " specifically" IN BRIGHT WHITE.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
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.158 CANNOT EQUAL ZERO.

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

\$ |_|_|_|_|
 ENTER AMOUNT (CCQ.225)
 OR
 REFUSED.....77777 (CCQ.230)
 DON'T KNOW99999 (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 (CCQ.250)
- CHILD AND OTHERS..... 2 (CCQ.240)
- REFUSED..... 7 (CCQ.250)
- DON'T KNOW 9 (CCQ.250)

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 **hours** each **week** 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

HELP AVAILABLE

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 BRIGHT WHITE.

HELP TEXT:

Day Care Center: Includes any type of formal program that may have names like "Children's Academy," or "Early Learning Center."

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 BRIGHT WHITE.

- ONE 1
- TWO 2
- THREE..... 3
- FOUR..... 4
- FIVE OR MORE 5
- REFUSED..... 77
- DON'T KNOW 99

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 first grade?

CAPI INSTRUCTION: DISPLAY "now" IN BRIGHT WHITE.

CAPI INSTRUCTION: DISPLAY {Let's talk about the program where {CHILD} spends the most time now.} IF CCQ.325 = 2, 3, 4, 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

HELP AVAILABLE

CCQ.340 Does {CHILD} go to that program on a **regularly scheduled** basis 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" and "each" IN BRIGHT WHITE.

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

CCQ.350 How many **days** each week does {CHILD} go to that program?

CAPI INSTRUCTION: DISPLAY "days" IN BRIGHT WHITE.

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 **hours** each **week** does {CHILD} go to that program?

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN BRIGHT WHITE.

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

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

HELP AVAILABLE

CCQ.360 How many **children** are usually in {CHILD}'s room or group, at the same time, at that program?

CAPI INSTRUCTION: SOFT RANGE CHECK: 5-25. HARD RANGE CHECK: 1-40.

CAPI INSTRUCTION: DISPLAY "CHILDREN" IN BRIGHT WHITE.

HELP TEXT: Enter the number of children usually cared for in the same group, at the same time by the relative, provider or teacher at the arrangement or program. For center-based programs, enter the number of children usually in the child's room or group at the same time at the program, NOT the number in the whole program or center. If the number of children varies, probe for the number of children usually cared for together.

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

HELP AVAILABLE

CCQ.365 How many **adults** are usually in {CHILD}'s room or group, at the same time, at that program?

CAPI INSTRUCTION: SOFT RANGE CHECK: 1-5. HARD RANGE CHECK: 1-10.

CAPI INSTRUCTION: DISPLAY "ADULTS" IN BRIGHT WHITE.

HELP TEXT: Record the number of adults who actually care for the child at the same time, not the total number of adults present at the home or location. The number of adults at programs typically includes teachers, teacher aides, childcare assistants, or volunteers. Aides, assistants, or volunteers who are under age 18 may be included. Likewise, relative and nonrelative care providers who are under age 18 (for example, a teenage sibling, aunt, or neighbor), should also be counted as adults if they are providing care. If the number of adults varies, probe for the usual number.

|_|_|
ENTER # OF ADULTS
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 BRIGHT WHITE.

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
b. 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 KNOW999999 (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 ONLY1(BOX 8B)
- CHILD AND OTHERS.....2(CCQ.400)
- REFUSED.....7(BOX 8B)
- DON'T KNOW9(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 BRIGHT WHITE.

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

Does {CHILD} care for {himself/herself} at least once each week?

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

BOX 9

GO TO SECTION NRQ (NON-RESIDENT PARENT).

NON-RESIDENT PARENT QUESTIONS - NRQ

BOX 1

- IF **BOTH** BIOLOGICAL PARENTS (CODED '1' AT FSQ.140 FOR AT LEAST ONE HOUSEHOLD MEMBER **AND** CODED '1' AT FSQ.150 FOR AT LEAST ONE HOUSEHOLD MEMBER) 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.
DETERMINING LOOPING ELIGIBILITY:
 1. BIOLOGICAL MOTHER: NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140.
 2. ADOPTIVE MOTHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD, BUT ADOPTIVE FATHER IS IN THE HOUSEHOLD (THAT IS, THERE IS NO HOUSEHOLD MEMBER WITH A CODE '1' OR '2' AT FSQ.140, BUT AT LEAST ONE HOUSEHOLD MEMBER WITH A CODE '2' AT FSQ.150).
 3. BIOLOGICAL FATHER: NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150.
 4. ADOPTIVE FATHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD, BUT ADOPTIVE MOTHER IS IN THE HOUSEHOLD (THAT IS, THERE IS NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150, BUT AT LEAST ONE HOUSEHOLD MEMBER WITH A CODE '2' AT FSQ.140).

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}?

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

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 FSQ140 = 1, DISPLAY BIOLOGICAL MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF FSQ150 = 1, DISPLAY BIOLOGICAL FATHER FOR THE PARTICULAR LOOP R IS ON.

IF FSQ140 = 2, DISPLAY ADOPTIVE MOTHER FOR THE PARTICULAR LOOP R IS ON.

IF FSQ150 = 2, DISPLAY ADOPTIVE FATHER FOR THE PARTICULAR LOOP R IS ON.

DISPLAY '[WE...HELPFUL]' IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ140 OR FSQ150). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'FOR ADOPTIVE PARENTS' IF THE RESPONDENT IS AN ADOPTIVE PARENT (FSQ140 OR FSQ150 IS CODED '2' FOR THE PERSON FLAGGED AS THE RESPONDENT).

- Less than one month, 1 (NRQ.110)
- More than a month but less than a year, 2 (NRQ.120)
- More than a year, or..... 3 (BOX 6)
- 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)

NRQ.110

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

CAPI INSTRUCTIONS:

IF FSQ140 = 1, DISPLAY BIOLOGICAL MOTHER.

IF FSQ150 = 1, DISPLAY BIOLOGICAL FATHER.

IF FSQ140 = 2, DISPLAY ADOPTIVE MOTHER.

IF FSQ150 = 2, DISPLAY ADOPTIVE FATHER.

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 September 1999, has {CHILD}'s {biological/adoptive} {mother/father}...

CAPI INSTRUCTIONS:
IF FSQ140 = 1, DISPLAY BIOLOGICAL MOTHER.
IF FSQ150 = 1, DISPLAY BIOLOGICAL FATHER.
IF FSQ140 = 2, DISPLAY ADOPTIVE MOTHER.
IF FSQ150 = 2, DISPLAY ADOPTIVE FATHER.

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

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
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	8
c. Attended a school or class event, such as a play or sport event or science fair?	1	2	7	9
d. Acted as a volunteer 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 FSQ140 = 1, DISPLAY BIOLOGICAL MOTHER.
IF FSQ150 = 1, DISPLAY BIOLOGICAL FATHER.
IF FSQ140 = 2, DISPLAY ADOPTIVE MOTHER.
IF FSQ150 = 2, DISPLAY ADOPTIVE FATHER.

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.251 Does {CHILD}'s {biological/adoptive} {mother/father} live in the same state or a different state than {CHILD}?

CAPI INSTRUCTIONS:
IF FSQ140 = 1, DISPLAY BIOLOGICAL MOTHER.
IF FSQ150 = 1, DISPLAY BIOLOGICAL FATHER.
IF FSQ140 = 2, DISPLAY ADOPTIVE MOTHER.
IF FSQ150 = 2, DISPLAY ADOPTIVE FATHER.

SAME STATE	1
DIFFERENT STATE	2
REFUSED.....	7
DON'T KNOW	9

BOX 6

■ IF LOOPING ON NON-RESIDENT BIOLOGICAL FATHER, CONTINUE WITH NRQ.255. OTHERWISE, GO TO BOX 7.

NRQ.255

Last year, did {CHILD}'s biological father sign the application for {CHILD}'s birth certificate or sign a statement that legally says he is {CHILD}'s biological father?

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

BOX 7

ASK NRQ100 TO NRQ251 FOR THE NEXT NON-RESIDENTIAL PARENT, IF NO NEXT NON-RESIDENTIAL PARENT, GO TO BOX 8.

BOX 8

IF NRQ100=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 NRQ261.

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, has {CHILD} 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 FRQ (FAMILY RULES).

FAMILY RULES - FRQ

BOX 1

- IF (NumberOfChildren = 1) OR (NumberOfChildren > 1 AND ChildNum = 1), CONTINUE WITH FRQ.010.
- IF (NumberOfChildren > 1) AND ChildNum = 2: IF FRQ.010 = 1 FOR ChildNum = 1, CONTINUE WITH FRQ.020. OTHERWISE, GO TO BOX 2.

FRQ.010 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 and video tapes, but not games like NINTENDO.

Do you have a television at home?

- YES..... 1 (FRQ.020)
- NO 2 (FRQ.050)
- REFUSED..... 3 (FRQ.050)
- DON'T KNOW..... 4 (FRQ.050)

FRQ.020 On any given weekday, how many hours of television or video tapes on average does {CHILD} watch **at home**? How about...

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

CAPI INSTRUCTIONS:

- 1. DISPLAY "at home" IN BRIGHT WHITE.
- 2. DISPLAY THE FOLLOWING MATRIX IN THE RESPONSE FIELD:

	HOURS	MINUTES
Before 8:00 am		
Between 8:00 a.m. and 3:00 p.m.		
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 FRQ.020B-D OR, OR ANY OF THE MINUTE FIELDS, DISPLAY 'During the week....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
FRQ.020A HOUR FIELD	FRQ.020B	CONTINUE WITH MINUTE
FRQ.020B HOUR FIELD	FRQ.020C	CONTINUE WITH MINUTE
FRQ.020C HOUR FIELD	FRQ.020D	CONTINUE WITH MINUTE
FRQ.020D HOUR FIELD	FRQ.030	CONTINUE WITH MINUTE

8. HARD RANGE: 0 - 6 FOR HOURS; 0 - 59 FOR MINUTES. THE TOTAL OF THE FOUR TIME FRAMES SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of hours exceeds 24! Please correct the entries." THEN MOVE CURSOR TO THE HOUR FIELD OF FRQ.020a.

FRQ.030

How about on Saturday and Sunday? How many hours does {CHILD} watch television or video tapes at home on...

- a. Saturdays?
- b. Sundays?

CAPI INSTRUCTIONS:

1. DISPLAY "at home" IN BRIGHT WHITE.
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 FRQ.030B 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
FRQ.030A HOUR FIELD	FRQ.030B	CONTINUE WITH MINUTE
FRQ.030B HOUR FIELD	FRQ.040	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."

FRQ.040

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

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
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

FRQ.050

Now I am going to read some statements. Please tell me whether each statement is never true for you, sometimes true for you, often true for you, or very often true for you.

{PROBE: Would you say it's never true, sometimes true, often true, or very often true?}

CAPI INSTRUCTION: WHEN ON B-F. DISPLAY "NOW.... You" IN SQUARE BRACKETS.

CAPI INSTRUCTION: WHEN ON B-F. DISPLAY "PROBEfor you."

	<u>NEVER</u>	<u>SOMETIMES</u>	<u>OFTEN</u>	<u>VERY OFTEN</u>	<u>REF</u>	<u>DK</u>
a. Even if I am really busy, I make time to listen to {CHILD}. Would you say it's never true, sometimes true, often true, or very often true?	1	2	3	4	7	9
b. I discourage {CHILD} from talking about {his/her} worries because it upsets {him/her}.	1	2	3	4	7	9
c. I encourage {CHILD} to talk about {his/her} troubles.	1	2	3	4	7	9
d. I encourage {CHILD} to tell me about {his/her} friends and activities.	1	2	3	4	7	9
e. I encourage {CHILD} to express {his/her} opinions.	1	2	3	4	7	9
f. When I lose my patience with {CHILD}'s questions and demands, I just don't listen to {CHILD} anymore.	1	2	3	4	7	9

BOX 2
GO TO CHQ.

CHILD HEALTH AND WELL BEING: CHQ

BOX 1

ASK CHQ.010 – CHQ.4600S 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 answer on how {CHILD} compares to other children of the same age.

{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 3

- 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.

HELP AVAILABLE

CHQ.040 Has {CHILD} 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 BRIGHT YELLOW. DISPLAY "Pleaseonly" IN LIGHT GREY.

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 hyperactivity and short attention span.

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. The signs must be reported by adults in the child's environment, such as parents and teachers. Inattention means difficulty concentrating, easily distracted, 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 agemates in physical, mental, social/emotional, or speech development. It does not simply mean that the child talked somewhat later than some children 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
<hr/>	
REFUSED	77
DON'T KNOW	99

BOX 3A
 IF CHQ.060 = 91, CONTINUE WITH CHQ.060OS. OTHERWISE, GO TO CHQ.070.

CHQ.060OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

CHQ.070 What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

|_|_|

ENTER MONTH

OR

REFUSED.....777 (CHQ.075)

DON'T KNOW999 (CHQ.080)

CHQ.075 [What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

|_|_|_|_|
ENTER YEAR

OR

REFUSED.....7777

DON'T KNOW9999

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 (CHQ150)

About as active,..... 2 (CHQ150)

Slightly more active, or 3 (CHQ150)

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)

HELP AVAILABLE

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

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

CAPI INSTRUCTION: DISPLAY "IF ... SAY: " IN BRIGHT YELLOW. DISPLAY "Pleaseonly" IN LIGHT GREY.

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 hyperactivity and short attention span.

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. The signs must be reported by adults in the child's environment, such as parents and teachers. Inattention means difficulty concentrating, easily distracted, 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
<hr/>	
REFUSED.....	7
DON'T KNOW	9

BOX 3B
IF CHQ.120 = 91, CONTINUE WITH CHQ.120OS. OTHERWISE, GO TO CHQ.130.

CHQ.120OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

CHQ.130

What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

|_|_|_|
 ENTER MONTH
 OR
 REFUSED..... 77 (CHQ.135)
 DON'T KNOW 99 (CHQ.150)

CHQ.135

[What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

|_|_|_|_|_|
 ENTER YEAR
 OR
 REFUSED.....7777
 DON'T KNOW9999

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.

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} 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.180 What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?
 IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.
 CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.
 CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|_|_|
 ENTER MONTH
 OR
 REFUSED..... 77 (CHQ.185)
 DON'T KNOW..... 99 (CHQ.190)

CHQ.185 [What was the month and year when the diagnosis was made?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.
 CAPI INSTRUCTION: EDIT: MONTH AND YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|_|_|_|_|
 ENTER YEAR
 OR
 REFUSED.....7777
 DON'T KNOW9999

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 Have you had {CHILD}'s hearing 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.220

What was the month and year {CHILD}'s hearing was evaluated?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

|_|_|
 ENTER MONTH
 OR
 REFUSED..... 77 (CHQ.225)
 DON'T KNOW 99 (CHQ.230)

CHQ.225

[What was the month and year {CHILD}'s hearing was evaluated?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

|_|_|_|_|
 ENTER YEAR
 OR
 REFUSED.....7777
 DON'T KNOW9999

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

HELP AVAILABLE

CHQ.240

Does {CHILD} usually wear a hearing aid?

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 cochlear implants?

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
- NO 2
- REFUSED..... 7
- DON'T KNOW 9

BOX 4

- IF CHILD DOES NOT WEAR HEARING AID (CHQ.240=2,7, OR 9) AND DOES NOT HAVE 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 improve {his/her} hearing,..... 1
- Somewhat improve {his/her} hearing, 2
- Minimally improve {his/her} hearing, or 3
- Does it not improve {his/her} hearing? 4
- REFUSED 7
- DON'T KNOW 9

CHQ.270

Now I want to ask you about {CHILD}'s vision. 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 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.

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

BOX 5

- IF CHILD HAS DIFFICULTY SEEING (CHQ.270=1) AND CHILD HAS NOT HAD VISION EVALUATED (CHQ.290=2, 7, OR 9), GO TO CHQ.320.
- OTHERWISE, CONTINUE WITH CHQ.300.

CHQ.300 Did you obtain a diagnosis of a problem from a professional?

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

CHQ.310 What was the month and year when {CHILD}'s vision was evaluated?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

_ _ _	
ENTER MONTH	
OR	
REFUSED.....	777 (CHQ.313)
DON'T KNOW.....	999 (CHQ.315)

CHQ.313 [What was the month and year when {CHILD}'S vision was evaluated?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

_ _ _ _ _	
ENTER YEAR	
OR	
REFUSED.....	777
DON'T KNOW	999

CHQ.315 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 **best** eyesight allows {him/her} to see?

CAPI INSTRUCTION: DISPLAY "best" IN BRIGHT WHITE.

Print in children's story 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
- 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.330 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

BOX 5A

- IF CHILD HAS SIGNIFICANT DIFFICULTY WITH COMMUNICATION (CHQ.150=4) AND HAS RECEIVED A DIAGNOSIS OF A PROBLEM FROM A PROFESSIONAL (CHQ.170=1), CONTINUE WITH CHQ.335.
- OTHERWISE, GO TO BOX 6.

CHQ.335 Does {CHILD} currently use special equipment for children with special needs such as a wheelchair, communication board, or other assistive device?

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

BOX 6

- IF CHILD DOES NOT HAVE ANY DISABILITIES AND HIS OR HER HEALTH IS GOOD TO EXCELLENT, THAT IS:
CHQ.010=1, 2, 7, 9 (INDEPENDENCE)
AND
CHQ.020=1, 2, 7, 9 (ATTENTION)
AND
CHQ.030=1, 2, 7, 9 (THINK/LEARN/SOLVE)
AND
CHQ.080=1, 2, 3, 7, 9 (HYPERACTIVE)
AND
CHQ.150=1, 2, 7, 9 (COMMUNICATION)
AND
CHQ.190=2, 7, 9 (HEARING)
AND
CHQ.270=2, 7, 9 (VISION)
AND
CHQ.325=1, 2, 7, 9 (BEHAVIOR)
AND
CHQ.330=1, 2, 3, 7, 9 (HEALTH),
GO TO CHQ.410.
- OTHERWISE, CONTINUE WITH CHQ.340.

CHQ.340 During this school year, did {CHILD} ever receive therapy services or take part in a program for children with disabilities?

IF ASKED, CHILDREN WITH DISABILITIES INCLUDE CHILDREN WITH DEVELOPMENTAL DELAYS, COMMUNICATION IMPAIRMENTS, OR SPECIAL HEALTH CARE NEEDS.

- YES..... 1
- NO 2 (CHQ.410)
- REFUSED..... 7 (CHQ.410)
- DON'T KNOW..... 9 (CHQ.410)

CHQ.385 Is {CHILD} still receiving any of these services?

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

CHQ.390 What is the month and year when the last of these services was received?

IF R DOESN'T KNOW MONTH, ASK: DO YOU REMEMBER THE YEAR?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

- |_|_|
ENTER MONTH
OR
REFUSED..... 77 (CHQ.395)
DON'T KNOW 99 (CHQ.400)

CHQ.395 [What was month and year when the last of these services was received?]

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1990-2000 FOR YEAR.

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

- |_|_|_|_|
ENTER YEAR
OR
REFUSED.....7777
DON'T KNOW9999

CHQ.400 Overall, how helpful were the special services your child or family received?

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

CHQ.410 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.420 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.430 What kind 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...

	<u>YES</u>	<u>NO</u>	<u>REF</u>	<u>DK</u>
a. A private health insurance plan (from employer, workplace, or purchased directly or through a state or local government program or community program).....	1	2	7	9
b. Medicaid (or name of state programs)?	1	2	7	9
c. CHIP (Children's Health Insurance Program) (or name of state program)?	1	2	7	9
d. Military health care/VA/CHAMPUS/TRICARE/ CHAMP-VA?	1	2	7	9
e. Another government program (Indian Health Service, Medicare, State sponsored health plan)?	1	2	7	9
f. No health insurance?	1	2	7	9

BOX 8

■ GO TO 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 5.

BOX 2

LOOP 1.

IF COOPERATING HOUSEHOLD, ASK PEQ.010 TO PEQ.060 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S PARTNER IF NO MOTHER AND FATHER FIGURES.

IF NEW HOUSEHOLD, ASK PEQ.020 TO PEQ.060 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S PARTNER IF NO MOTHER AND FATHER FIGURES.

PEQ.010 {Now I have a few questions about education and job training.} Since our last interview, {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 FULL DISPLAY.

YES..... 1 (PEQ.020)
NO 2 (BOX 3)
REFUSED 7 (BOX 3)
DON'T KNOW 9 (BOX 3)

HELP AVAILABLE

PEQ.020 {What grade, diploma, or degree was that?}/{Now I have a few questions about education and job training.} {What is the highest grade or year of school that {you/{NAME}} {have/has} completed?

CAPI INSTRUCTIONS:

1. IF COOPERATING HOUSEHOLD, DISPLAY "What grade....was that?"
2. NEW HOUSEHOLDS: 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 both 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., EDD): 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
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	18
MASTER'S DEGREE (MA, MS).....	19
DOCTORATE DEGREE (PHD, EDD).....	20
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE	
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)	21
REFUSED.....	77
DON'T KNOW	99

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.

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

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 12 credit hours or more.

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

HELP AVAILABLE

PEQ.050 {Are you/Is {NAME} currently participating 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 degrees (B.A.) or high school equivalency degrees (GED). On-the-job training activities at the work site to help the learner develop job-related skills while doing work at the same time. This also includes apprenticeships.

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

PEQ.060 About how many hours a week {do/does} {you/NAME} spend in that program? Please include hours spent on homework for the training program.

CAPI INSTRUCTION: RANGE CHECK 1-80.

- |_|_|
- ENTER HOURS PER WEEK
- OR
- REFUSED777
- DON'T KNOW999

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 5.

BOX 5

GO TO SECTION EMQ (PARENT EMPLOYMENT).

PARENT EMPLOYMENT - EMQ

<p>BOX 1</p> <ul style="list-style-type: none"> ■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 5. ■ OTHERWISE, CONTINUE WITH BOX 2.
--

<p>BOX 2</p> <p>LOOP 1</p> <ul style="list-style-type: none"> ■ ASK EMQ.020 - EMQ.150 FOR RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER IF RESPONDENT IS A PARENT; OTHERWISE ASK FOR {CHILD}'S MOTHER/FATHER IF THEY ARE IN THE HOUSEHOLD; OR, IF NO PARENTS ARE IN THE HOUSEHOLD, ASK FOR RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER.
--

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.

<input type="text"/>	
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 jobs?

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

CAPI INSTRUCTION: RANGE CHECK 1-80.

ENTER # OF WEEKLY HOURS (BOX 4)
OR
REFUSED.....777 (BOX 4)
DON'T KNOW999 (BOX 4)

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

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 BRIGHT WHITE.

CAPI INSTRUCTIONS:

IF ANY CATEGORY BETWEEN "1" AND "5" IS ENTERED BUT NEITHER "6" NOR "7" HAS BEEN ENTERED, GO TO EMQ.100.

IF "6" IS ENTERED BUT "7" IS NOT, GO TO EMQ.080.

IF "7" IS ENTERED, CONTINUE WITH EMQ.070OS.

IF DK OR RF, GO TO EMQ.080.

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) 7
REFUSED 77
DON'T KNOW 99

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 BRIGHT WHITE.

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

CAPI INSTRUCTION: DISPLAY "last week" in BRIGHT WHITE.

- 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 7
- DON'T KNOW 9

BOX 2A

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 BRIGHT WHITE.

BOX 3

- IF DOING SOMETHING ELSE IN THE PAST 4 WEEKS (EMQ.070 = 7), CONTINUE WITH EMQ.100.
- OTHERWISE, IF EMQ.070 ≠ 1,2,3,4, OR 5, 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 5.

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/is/were/was} {your/{NAME}'s} most important activities or duties on this job? What {do/does/did} {you/{NAME}} actually do at this job?

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.020 – 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 OTHERS 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 Aids to Families with Dependent Children, or AFDC.

HELP TEXT: TANF: is a government program that provides cash benefits to low-income families with children.

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.105 During those 12 months, how many months did your household receive TANF {or {STATE AFDC 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

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, a 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.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 BRIGHT WHITE.

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.220)
 NO 2 (BOX 3)
 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
DON'T KNOW..... 7 (PAQ.135)
REFUSED..... 9 (PAQ.135)

PAQ.110 Was it ...

CAPI INSTRUCTION: IF PAQ.120=1, DISPLAY SET 1. IF PAQ.120=2, DISPLAY SET 2.

[SET 1]

\$5,000 or less, 1
\$5,000 to \$10,000, 2
\$10,001 to \$15,000, 3
\$15,001 to \$20,000, or 4
\$20,001 to \$25,000? 5
DON'T KNOW 77
REFUSED 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
DON'T KNOW 77
REFUSED 99

BOX 3

ASK PAQ.120 IF
(NUMBER IN HH = 2 AND PAQ.110 ≤ 3) OR
(NUMBER IN HH = 3 AND PAQ.110 ≤ 3) OR
(NUMBER IN HH = 4 AND PAQ.110 ≤ 4) OR
(NUMBER IN HH = 5 AND PAQ.110 ≤ 4) OR
(NUMBER IN HH = 6 AND PAQ.110 ≤ 5) OR
(NUMBER IN HH = 7 AND PAQ.110 ≤ 5) OR
(NUMBER IN HH = 8 AND PAQ.110 ≤ 6) OR
(NUMBER IN HH = 9 AND PAQ.110 ≤ 7) OR

ELSE, GO TO PAQ.135

PAQ.120 What was your total household income last year, to the nearest thousand?

|_|_|_|_|,|_|_|_|_|.
TOTAL INCOME

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

PAQ.135 Is tuition paid for {CHILD}'s education?

YES..... 1 (PAQ.137)
NO 2 (PAQ.140)
REFUSED..... 7 (PAQ.140)
DON'T KNOW 9 (PAQ.140)

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 KNOW999999

PAQ.140 What is your current housing situation? Do you...

own your own house or condominium 1
rent your house or apartment..... 2
exchange services for housing 3
not pay for housing 4
live in temporary housing or a shelter, or..... 5
have another type of arrangement (Specify)? 6
REFUSED..... 7
DON'T KNOW..... 9

BOX 4
IF PAQ.140=6, CONTINUE WITH PAQ.140OS. OTHERWISE, GO TO BOX 5.

PAQ.140OS [What is your current housing situation?]

SPECIFY TYPE OF ARRANGEMENT.

CAPI INSTRUCTION: DK AND REF DISALLOWED.

BOX 5
GO TO SECTION CMQ.

CHILD MOBILITY AND PLANS TO MOVE – CMQ

BOX 0

IF SPQ.001 = 1, GO TO CMQ.700. OTHERWISE, CONTINUE WITH BOX 1.

BOX 1

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

CMQ.010 Since {CHILD} entered kindergarten, how many different places has {he/she} lived for four months or more?

CAPI INSTRUCTION: RANGE CHECK: 0 – 10 PLACES.

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

BOX 3

IF CMQ.010=1, RF, OR DK, GO TO BOX 5. 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 5

IF COOPERATING HOUSEHOLD, GO TO CMQ.100. OTHERWISE, CONTINUE WITH CMQ.060.

CMQ.060

Just to make sure I can reach you for the next interview, which will take place next spring, I'd like to ask a few 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 call phone number, where you can sometimes be reached?

- YES..... 1 (CMQ.140)
- NO 2 (BOX 6)
- REFUSED 7 (BOX 6)
- DON'T KNOW 9 (BOX 6)

CMQ.100

Just to make sure I can reach you for the next interview, which will take place next spring, I'd like to ask a few 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 PREVIOUS ROUND CMQ.100=1, DISPLAY THIS SECOND PHONE NUMBER.

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

- YES 1 (BOX 6)
- NO 2 (CMQ.140)
- REFUSED 7 (BOX 6)
- DON'T KNOW 9 (BOX 6)

CMQ.140

What is that telephone number?

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

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

CAPI INSTRUCTION: ADD A SEPARATE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: 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: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

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 6)
- RELATIVE (SPECIFY) 2 (CMQ.155)
- NEIGHBOR (SPECIFY) 3 (CMQ.155)
- FRIEND (SPECIFY) 4 (CMQ.155)
- BEEPER NUMBER 5 (BOX 6)
- CELL PHONE 6 (BOX 6)
- OTHER (SPECIFY) 7 (CMQ.155)
- REFUSED 77 (BOX 6)
- DON'T KNOW 99 (BOX 6)

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 = 7.

BOX 6

IF COOPERATING HOUSEHOLD: AND PREVIOUS ROUND CMQ.200 = 1 OR 2,
OR PREVIOUS ROUND CMQ.205 = 1, GO TO CMQ.200

IF NEW HOUSEHOLD, 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: IF PREVIOUS ROUND CMQ.200=1, DISPLAY THIS INFORMATION. IF PREVIOUS ROUND CMQ.210 – CMQ.280 HAVE ENTRIES, DISPLAY THIS INFORMATION.

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

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 / CORRECT / ENTER NEW} FIRST AND LAST NAME.

{ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 1

{ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 2

{ENTER / CORRECT / ENTER NEW} CITY.

{ENTER / CORRECT / ENTER NEW} STATE.

{ENTER / CORRECT / ENTER NEW} ZIP CODE.

{ENTER / CORRECT / ENTER NEW} PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

{ENTER / CORRECT / ENTER NEW} RELATIONSHIP OF PERSON TO RESPONDENT.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTIONS: IF PREVIOUS ROUND CMQ.200=2, DISPLAY THE OLD INFORMATION FROM PREVIOUS ROUND CMQ.210-280 IN THE RESPONSE FIELDS.

CAPI INSTRUCTIONS: IF CMQ.200=2, DISPLAY 'CORRECT'. IF CMQ.200=3, DISPLAY 'ENTER NEW'. OTHERWISE, DISPLAY 'ENTER'.

CAPI INSTRUCTIONS: IF CMQ.200=2, DISPLAY 'IF FIELD...INFORMATION'. OTHERWISE, USE A NULL DISPLAY.

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 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: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

CAPI INSTRUCTION: WHEN ON THE RELATIONSHIP FIELD, DISPLAY "PROBE: WHAT IS THIS PERSON'S RELATIONSHIP TO YOU?"

BOX 7

IF COOPERATING HOUSEHOLD AND PREVIOUS ROUND CMQ.300 = 1 OR 2,
OR PREVIOUS ROUND CMQ.305 = 1, GO TO CMQ.300.

IF NEW HOUSEHOLD:

- IF CMQ.205=2, DK, RF. GO TO BOX 9.
- OTHERWISE, 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: IF PREVIOUS ROUND CMQ.300=1, DISPLAY THIS INFORMATION. IF
PREVIOUS ROUND CMQ.310-380 HAVE ENTRIES, DISPLAY THIS INFORMATION.

YES, NO CORRECTION NEEDED 1 (BOX 9)
YES, MINOR CORRECTIONS NEEDED 2 (CMQ.310)
NO 3 (BOX 8)
REFUSED 7 (BOX 8)
DON'T KNOW 9 (BOX 8)

BOX 8

- IF CMQ.205=2, DK, RF, GO TO BOX 9.
- IF CMQ.205 WAS NOT ASKED, CONTINUE WITH 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 9)
REFUSED 7 (BOX 9)
DON'T KNOW 9 (BOX 9)

CMQ.310

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

{ENTER / CORRECT / ENTER NEW} FIRST AND LAST NAME.

{ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 1

{ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 2

{ENTER / CORRECT / ENTER NEW} CITY.

{ENTER / CORRECT / ENTER NEW} STATE.

{ENTER / CORRECT / ENTER NEW} ZIP CODE.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

{ENTER / CORRECT / ENTER NEW} PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

{ENTER / CORRECT / ENTER NEW} RELATIONSHIP OF PERSON TO RESPONDENT.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY THE OLD INFORMATION FROM PREVIOUS ROUND CMQ.310-380 IN THE RESPONSE FIELDS.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT'.

CAPI INSTRUCTION: IF CMQ.300=3, DISPLAY 'ENTER NEW'.

OTHERWISE, DISPLAY 'ENTER.'

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD...INFORMATION'.
OTHERWISE, USE A NULL DISPLAY.

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: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

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

BOX 9

IF COOPERATING HOUSEHOLD AND PREVIOUS ROUND CMQ.400-CMQ.470 IS COMPLETED, CONTINUE WITH CMQ.395.

OTHERWISE, GO TO BOX 10.

DEFINITION OF "COMPLETED" NON-RESIDENT PARENT INFORMATION: EITHER NAME + PHONE NUMBER OR NAME + CITY + STATE ARE COLLECTED IN PREVIOUS ROUND.

IF THE NON-RESIDENT PARENT ADDRESS COLLECTED IN PREVIOUS ROUND DOES NOT MEET THE DEFINITION OF "COMPLETE," THEN GO TO BOX 10.

CMQ.395

I have recorded {NAME OF NONRESIDENTIAL PARENT} at on 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 PREVIOUS ROUND CMQ.400-CMQ.470.

DISPLAY CITY, STATE, AND ZIP ON 1 LINE.

- YES – NO CORRECTIONS NEEDED 1 (CMQ.500)
- YES – MINOR CORRECTIONS NEEDED..... 2 (CMQ.400)
- NO 3 (BOX 10)
- INFORMATION ALREADY PROVIDED
IN PREVIOUS ITEMS 4 (CMQ.500)
- REFUSED..... 7 (CMQ.500)
- DON'T KNOW 9 (CMQ.500)

BOX 10

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 PARENT 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.

HELP AVAILABLE

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.

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP.

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' IF NRQ100=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 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: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

CMQ.500 Are you, or is someone else, planning to move to a new home with {CHILD} before {NEXT ROUND}?

- YES 1 (CMQ.510)
- NO 2 (BOX 11)
- REFUSED 7 (BOX 11)
- DON'T KNOW 9 (BOX 11)

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?]

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 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: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

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 11

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 {NEXT ROUND}?

CAPI INSTRUCTION: DISPLAY NAME OF THE SCHOOL CHILD CURRENTLY ATTENDS. IF NEW HOUSEHOLD, USE SCHOOL NAME FROM FMS. IF COOPERATING HOUSEHOLD, USE SCHOOL NAME FROM PREVIOUS ROUND. IF SCHOOL NAME IS NOT AVAILABLE FROM PREVIOUS ROUND, USE SCHOOL NAME FROM FMS.

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

BOX 12

- 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, GO TO CMQ.675.
- IF CMQ.600 = 2 AND CMQ.600 = 2 FOR ChildNum = 1, GO TO CMQ.605.
- IF CMQ.600 = 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 {NEXT ROUND}?

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 {NEXT ROUND}?

ENTER SCHOOL NAME.

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

ENTER STREET ADDRESS, LINE 1.

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

ENTER STREET ADDRESS, LINE 2.

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

ENTER CITY.

CMQ.650

HELP AVAILABLE

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

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 {NEXT ROUND}??]

ENTER ZIP CODE.

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

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

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

CAPI INSTRUCTION: 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: IF DK OR RF AT THE PHONE NUMBER FIELD, THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM.

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 12A
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 {last spring/our last interview}, how many times has {CHILD} changed from one school to another?

CAPI INSTRUCTION: DISPLAY "last interview" IF FALL-1ST GRADE SUBSAMPLE. OTHERWISE. DISPLAY "last spring."

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 13

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 14)
SPANISH 2 (BOX 14)
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 14

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 = 3 (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 = 3 (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.

PRESS ENTER TO CONTINUE.

CMQ.720 PRESS 1 AND ENTER TO SAVE AND EXIT THIS CASE.