INQ.002  (As I mentioned earlier,) You and {CHILD} (and {TWIN}) have been selected to take part in the Early Childhood Longitudinal Study 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.

CAPI INSTRUCTION: DISPLAY "AND (TWIN)" IF THERE IS MORE THAN ONE SAMPLED CHILD ASSOCIATED WITH THIS CASE. FOR "TWIN," DISPLAY THE NAME OF THE CHILD THAT WILL BE ASKED ABOUT SECOND.

PRESS ENTER TO CONTINUE.

BOX 0

CHECK ITEM INQ.005:
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED, CONTINUE WITH LOOP 1.
■ OTHERWISE, GO TO INQ.010.

LOOP 1:
■ ASK INQ.007 (BOX 0A) – CMQ.260 FOR THE EACH SAMPLED CHILD (TWIN) THAT IS PART OF THIS HOUSEHOLD.

BOX 0A

CHECK ITEM INQ.007:
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO INQ.015.
■ OTHERWISE, GO TO INQ.010.

INQ.010  ENTER THE RESPONDENT'S FIRST NAME.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

________________________________________________________
ENTER NAME

BOX 0B

CHECK ITEM INQ.012:
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT, CONTINUE WITH INQ.015.
■ OTHERWISE, GO TO INQ.020.
INQ.015 (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.

INQ.020 Before we begin the interview, I would like to verify some information about (CHILD).

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).

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

FIRST NAME: [___________________]
MIDDLE NAME: [___________________]
LAST NAME: [___________________]

INQ.030 Are there any other names (CHILD) goes by?

YES...................................................... 1
NO .................................................... 2 (INQ.050)
REFUSED ............................................... 7 (INQ.050)
DON'T KNOW ........................................... 9 (INQ.050)
INQ.040 What are those names?
PRESS ENTER IF NO MORE NAMES.

__________________________ ________________________
ENTER FIRST OTHER NAME
__________________________ ________________________
ENTER SECOND OTHER NAME
__________________________ ________________________
ENTER THIRD OTHER NAME

INQ.050 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: REFUSED AND DON'T KNOW ALLOWED. HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '7' (REFUSED) OR '9' (DON'T KNOW).

Current Info:  [GENDER]

<table>
<thead>
<tr>
<th>GENDER</th>
<th>COUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>MALE</td>
<td>1</td>
</tr>
<tr>
<td>FEMALE</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

INQ.060 (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: REFUSED AND DON'T KNOW ALLOWED. HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '7' (REFUSED) OR '9' (DON'T KNOW).
CAPI INSTRUCTION: IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE OF BIRTH IS REQUIRED. (REFUSED AND DON'T KNOW ARE ALLOWED.)
CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1-31 FOR DAY, 90-95 FOR YEAR (IF FIELD TEST), 91-96 FOR YEAR (IF MAIN STUDY).

Current Info:  [DATE OF BIRTH]

<table>
<thead>
<tr>
<th>ENTER DATE OF BIRTH (MONTH/DAY/YEAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED ................................</td>
</tr>
<tr>
<td>DON'T KNOW ................................</td>
</tr>
</tbody>
</table>
INQ.070

CHECK ITEM

IF ANY FIELD IN DATE OF BIRTH INQ.060=77 OR 99, GO TO INQ.090.
OTHERWISE, CONTINUE WITH INQ.080.

INQ.080

So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.060} years old. Is that correct?

CAPI INSTRUCTION: IF CODED '2' (NO), DISPLAY ERROR MESSAGE: 'IF AGE INCORRECT, CORRECT DATE OF BIRTH.'

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

INQ.090

How old is {CHILD}?

CAPI INSTRUCTION: RANGE CHECK 3-8.

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

INQ.095

CHECK ITEM

IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 2.
OTHERWISE, CONTINUE WITH INQ.100.

INQ.100

I have recorded that {CHILD}'s home address is:

{STREET ADDRESS1..}
{STREET ADDRESS2..}
{CITY..} {ST} {ZIP CODE..}

Is this correct?

CORRECT ADDRESS .................................. 1 (INQ.130)
SAME ADDRESS - MINOR
CORRECTIONS ...................................... 2
NEW ADDRESS ...................................... 3
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.

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

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

INQ.130

(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 home phone number?)

IF NO TELEPHONE, ENTER '000'.

CAPI INSTRUCTION: DISPLAY "I HAVE RECORDED … CORRECT?" IF A HOME PHONE NUMBER IS AVAILABLE FOR THIS CASE. OTHERWISE, 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 2

CHECK ITEM INQ.140:

■ GO TO SECTION PIQ (PARENT'S INVOLVEMENT WITH CHILD'S SCHOOL).
PIQ.020 First, I'd like to ask you about {CHILD}'s school. Did {CHILD}'s school or teacher send home information about any of the following when {CHILD} started kindergarten?

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

CAPI INSTRUCTION: DISPLAY BRACKETS [ ] AROUND FIRST PARAGRAPH [FIRST … KINDERGARTEN?] WHEN ON ITEMS B-D.

a. How to prepare {CHILD} for kindergarten? ................................

b. Topics or skills that are part of the kindergarten program? ...........

c. What to do if {CHILD} will be late or absent from school? ...........

d. How to get in touch with a teacher or school staff to discuss any concerns or questions about {CHILD}? .................................

PIQ.030 Have you met {CHILD}'s teacher yet?

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

PIQ.050 Did you [or {CHILD}'s parents] choose where to live so that {CHILD} could attend (his/her) current school?

YES............................................................. 1
NO ............................................................. 2
REFUSED .................................................... 7
DON'T KNOW ............................................. 9
PIQ.060 Is this (CHILD)'s regularly assigned school or a school that you [or (CHILD)'s parents] chose?

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

PIQ.070 Most schools have guidelines about when a child can start school based on his or her birth date.

Did you [or (CHILD)'s parents] enroll (CHILD) in kindergarten when (he/she) was old enough based on (his/her) birth date, or did you [or (CHILD)'s parents] wait until (he/she) was older?

WHEN OLD ENOUGH .................... 1
WAITED ..................................... 2
ENTERED EARLY .......................... 3
REFUSED .................................... 7
DON'T KNOW .............................. 9

PIQ.080 Is this (CHILD)'s first or second year of kindergarten?

FIRST ..................................... 1
SECOND ..................................... 2
THIRD OR MORE ......................... 3
REFUSED .................................... 7
DON'T KNOW .............................. 9

PIQ.090 Children sometimes have problems adjusting to kindergarten. On average, during the first two months of this school year …

{PROBE: Would you say more than once a week, once a week or less, or not at all?}

RESPONSES: 1 = MORE THAN ONCE A WEEK, 2 = ONCE A WEEK OR LESS, 3 = NOT AT ALL, 7 = REFUSED, 9 = DON'T KNOW

CAPI INSTRUCTION: DISPLAY BRACKETS [ ] AROUND FIRST PARAGRAPH [CHILDREN ... YEAR …] WHEN ON ITEMS B-F.

CAPI INSTRUCTION: DISPLAY THE PROBE WHEN ON ITEMS B-F. OTHERWISE, USE A NULL DISPLAY.

a. Did (CHILD) complain about school more than once a week, once a week or less, or not at all? ................................................
b. Was (CHILD) upset or reluctant to go to school? .........................
c. Did (he/she) pretend to be sick to stay home from school? ..............
d. Did (he/she) say good things about school? ................................
e. Did (CHILD) say (he/she) liked (his/her) teacher?...........................
f. Did (he/she) look forward to going to school? .............................
PIQ.110 Now I’m going to ask you how important you think it is for children to know or do certain things to be ready for kindergarten.

How important do you think it is that a child ...

(PROBE: Would you say it is essential, very important, somewhat important, not very important, or not important?)

CAPI INSTRUCTION: DISPLAY BRACKETS [ ] AROUND FIRST PARAGRAPH [NOW ... KINDERGARTEN.] WHEN ON ITEMS B-F.

CAPI INSTRUCTION: DISPLAY THE PROBE WHEN ON ITEMS B-F. OTHERWISE, USE A NULL DISPLAY.

RESPONSES: 1 = ESSENTIAL, 2 = VERY IMPORTANT, 3 = SOMEWHAT IMPORTANT, 4 = NOT VERY IMPORTANT, 5 = NOT IMPORTANT, 7 = REFUSED, 9 = DON'T KNOW

a. Can count to 20 or more? Would you say it is essential, very important, somewhat important, not very important, or not important? ................................ ................................ ................ __

b. Takes turns and shares? ................................ ............................... __

c. Is able to use pencils and paint brushes? ................................ ....... __

d. Sits still and pays attention? ................................ ........................... __

e. Knows most of the letters of the alphabet? ........................................ __

f. Communicates needs, wants, and thoughts verbally in (his/her) primary language? ..............................................................

HELP AVAILABLE

PIQ.120 How far in school do you expect {CHILD} to go? Would you say you expect {him/her} ...

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

CHECK ITEM PIQ.130:

GO TO SECTION FSQ (CURRENT FAMILY STRUCTURE).
FAMILY STRUCTURE - FSQ

BOX 1

CHECK ITEM FSQ.010:
- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 4.
- OTHERWISE, CONTINUE WITH FSQ.020.

FSQ.020

{Now I have a few questions about your household. We have listed that you and (CHILD) (and (TWIN)) currently live in this household. Please tell me the first 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.}

{ENTER LAST NAME OF (RESPONDENT/(NAME)).}

(How old (are you/is (NAME))?}

(ENTER AGE OF (NAME).}

(CODE IF OBVIOUS. OTHERWISE, ASK: (Are you/is (NAME)) male or female?)

(ENTER GENDER OF (NAME).}

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

(ENTER AGE AND GENDER OF RESPONDENT.)

{YOU WILL NEED TO ENTER THE NAME, AGE, AND GENDER OF EACH HOUSEHOLD MEMBER NAMED BEFORE LEAVING THE MATRIX.}

PRESS ENTER TO RECORD THE AGE AND GENDER OF THE RESPONDENT OR PRESS THE DOWN ARROW KEY TO ADD A HOUSEHOLD MEMBER.

{ENTER FIRST NAME OF HOUSEHOLD MEMBER OR PRESS ENTER ON A BLANK FIELD IF MATRIX IS COMPLETE.}

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>AGE</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>(Display Respondent First Name)</td>
<td>[Enter Respondent Last Name - 25]</td>
<td>[Enter Age - 3]</td>
</tr>
<tr>
<td>C</td>
<td>(Display Child First Name)</td>
<td>(Display Child Last Name)</td>
<td>(Display Age)</td>
</tr>
<tr>
<td></td>
<td>[Enter First Name - 20]</td>
<td>[Enter Last Name - 25]</td>
<td>[Enter Age - 3]</td>
</tr>
</tbody>
</table>

CAPI MATRIX INSTRUCTIONS:
1. DISPLAY THE RESPONDENT’S FIRST NAME IN THE FIRST ROW OF THE FIRST NAME COLUMN. DISPLAY “R” IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE RESPONDENT.
3. 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 name column for any person other than person number 1 (the respondent).

4. Display "You will need...before leaving the matrix." and "Press enter to record...a household member" whenever the cursor is positioned in the first name column for the respondent.

5. Display "Enter first name...if matrix is complete" whenever the cursor is positioned in the first name column for a row other than the respondent's.

6. Display "Probe: Anyone else (living in this household)?" whenever the cursor is positioned in the first name column for a row other than the first household member added after the child and/or twin.

7. Display "Enter last name of ([respondent]/[name])." whenever the cursor is positioned in the last name column. Display "([respondent])" when in last name column for the respondent's row. Display "([name])" when in last name column for a row other than the respondent's.

8. Display "How old [are you/is [name]]?" when the cursor is positioned in the age column. 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.

9. Display "Enter gender [name]." when in the age column.

10. Display "Code if obvious. Otherwise, ask: [are you/is [name]] male or female?" 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.

11. The interviewer can add up to 25 row entries.

12. The interviewer can move all around the matrix using the arrow keys.

13. Refused and Don't Know are allowed on the age and gender fields.

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

BOX 1A

CHECK ITEM FSQ.065
- If a person has been missed (FSQ.060=1), return to FSQ.020.
- Otherwise, continue with FSQ.110.

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

YES ........................................................... 1
NO ............................................................ 2 (BOX 2)
REFUSED .................................................... 7 (BOX 2)
DON'T KNOW ............................................... 9 (BOX 2)
FSQ.120  Who in the household is your spouse or partner?

SELECT NAME FROM ROSTER.

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

(Display Household Member Name)
(Display Household Member Name)
(Display Household Member Name)
(Display Household Member Name)

CAPI ROSTER INSTRUCTIONS:
1. ONLY DISPLAY HOUSEHOLD MEMBERS WHO ARE 16 YEARS OF AGE OR OLDER.
2. DO NOT DISPLAY THE RESPONDENT’S NAME.
3. DO NOT DISPLAY THE FOCAL CHILD’S NAME.
4. FLAG PERSON SELECTED AT FSQ.120 AS “RESPONDENT’S SPOUSE/PARTNER”.

BOX 2

ASK FSQ.130 - FSQ.180 FOR EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020 AND FSQ.070) WHO IS NOT THE FOCAL CHILD.

FSQ.130  What {is your/is {NAME}'s} relationship to {CHILD}?

HELP AVAILABLE

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ARE DISALLOWED FOR FSQ.130.

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

FSQ.140  {Are you/is {NAME}) {CHILD}'s ...

HELP AVAILABLE

Birth mother, ................................ .......... 1 (BOX 3)
Adoptive mother, ................................ .... 2 (BOX 3)
Step mother, or ................................ ....... 3 (BOX 3)
Foster mother or female guardian? ........... 4 (BOX 3)
REFUSED ................................ ............... 7 (BOX 3)
DON'T KNOW ................................ .......... 9 (BOX 3)
FSQ.150  {Are you/Is NAME} CHILD's ...

HELP AVAILABLE

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

FSQ.160  {Are you/Is NAME} CHILD's ...

HELP AVAILABLE

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

FSQ.170  {Are you/Is NAME} CHILD's ...

HELP AVAILABLE

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

FSQ.180  CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

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
BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN ................................ 2
FEMALE GUARDIAN ........................................ 3
MALE GUARDIAN .......................................... 4
DAUGHTER/SON OF CHILD'S PARENT'S PARTNER ........................................... 5
OTHER RELATIVE OF CHILD'S PARENT'S PARTNER .......................................... 6
OTHER NON-RELATIVE (SPECIFY) .............. 7
REFUSED ...................................................... 77
DON'T KNOW ............................................... 99
FSQ.190  {Are you/Is {NAME}} of Hispanic or Latino origin?}   HELP AVAILABLE

RESPONSES:  YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

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

CODE ALL THAT APPLY

RESPONSES:  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) = 6, REFUSED = 7, DON'T KNOW = 9

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>HISPANIC/LATINO ORIGIN</th>
<th>RACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Display HH Member Name)</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>(Display HH Member Name)</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>(Display HH Member Name)</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

CAPI ROSTER INSTRUCTIONS:  DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020 AND FSQ.070) 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.

FOR THE PILOT:  DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER.

CAPI MATRIX INSTRUCTIONS:
1.  THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE ROSTER INSTRUCTIONS ABOVE).
2.  DISPLAY "{ARE YOU/IS {NAME}} OF HISPANIC OR LATINO ORIGIN?" AND "1 = YES  2 = NO" WHEN CURSOR IS POSITIONED IN THE ORIGIN COLUMN OF THE MATRIX.
3.  DISPLAY "WHAT IS {YOUR/{NAME}’S} RACE?", "CODE ALL THAT APPLY", AND ANSWER CATEGORIES WHEN CURSOR IS POSITIONED IN THE RACE COLUMN OF THE MATRIX.
4.  REFUSED AND DON'T KNOW ARE ALLOWED FOR ORIGIN AND RACE.
5.  CURSOR WILL MOVE FROM ORIGIN COLUMN TO RACE COLUMN FOR SAME PERSON AND THEN WILL MOVE TO ORIGIN COLUMN FOR NEXT PERSON, ETC.  THE CURSOR WILL MOVE IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED.
6.  INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR.

CHECK ITEM FSQ.230:  
- GO TO SECTION HEQ (HOME ENVIRONMENT, ACTIVITIES AND COGNITIVE STIMULATION).
HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION - HEQ

HELP AVAILABLE

HEQ.010 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?)

RESPONSES: 1 = NOT AT ALL, 2 = ONCE OR TWICE, 3 = 3 TO 6 TIMES, 4 = EVERY DAY, 7 = REFUSED, 9 = DON'T KNOW

CAPI INSTRUCTION: DISPLAY BRACKETS [ ] AROUND FIRST PARAGRAPH [NOW ... (CHILD)?] WHEN ON ITEMS B-I.

CAPI INSTRUCTION: DISPLAY THE PROBE WHEN ON ITEMS B-I. OTHERWISE, USE A NULL DISPLAY.

a. Read books to (CHILD)? Would you say not at all, once or twice, 3-6 times, or every day? ................................ ................................ ___

b. Tell stories to (CHILD)? ................................ ................................ . ___

c. Sing songs with (CHILD)? ................................ ............................. ___

d. Help (CHILD) to do arts and crafts? ................................ ............... ___

e. Involve (CHILD) in household chores, like cooking, cleaning, setting the table, or caring for pets? ....................................................... ___

f. Play games or do puzzles with (CHILD)? ............................................... ___

g. Talk about nature or do science projects with (CHILD)? .................. ___

h. Build something or play with construction toys with (CHILD)? ......... ___

i. Play a sport or exercise together? ................................ .................. ___

BOX 1

CHECK ITEM HEQ.030:

■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO HEQ.060.

■ OTHERWISE, CONTINUE WITH HEQ.040.

HELP AVAILABLE

HEQ.040 About how many children's books (does (CHILD) have/are) in your home now, including library books? Please only include books that are for children.

CAPI INSTRUCTION: DISPLAY "DOES (CHILD) HAVE" IF ONLY ONE SAMPLED CHILD LINKED TO THIS PARENT CASE. OTHERWISE, DISPLAY "ARE".

CAPI INSTRUCTION: RANGE: 0-200.

|___|___|___|

ENTER # OF BOOKS
or

REFUSED ................................ .................. 777

DON'T KNOW ................................ ............. 999

HEQ-1
HEQ.050 About how many children's records, audio tapes, or CD's do you have at home, including any from the library? Please only include what you have for children.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

ENTER # OF RECORDS, TAPES, OR CDS
or
REFUSED ............................................. 777
DON'T KNOW ........................................... 999

HEQ.060 Now, please think about the past week. How often did (CHILD) look at picture books outside of school in the past week? Would you say ...

Never, ................................................. 1
Once or twice a week, ................................ 2
3 to 6 times a week, or ................................ 3
Every day? ............................................. 4
REFUSED .............................................. 7
DON'T KNOW ........................................... 9

HEQ.070 In the past week, how often did (CHILD) read to or pretend to read to (himself/herself) or to others outside of school? Would you say ...

Never, ................................................. 1
Once or twice a week, ................................ 2
3 to 6 times a week, or ................................ 3
Every day? ............................................. 4
REFUSED .............................................. 7
DON'T KNOW ........................................... 9

HEQ.080 Now think about the year before (CHILD) started kindergarten. Did (CHILD) watch Sesame Street either at home or someplace else, at least once a week for a period of three months or more?

YES ......................................................... 1
NO .......................................................... 2
HAVE NO TV ........................................... 3
REFUSED .............................................. 7
DON'T KNOW ........................................... 9

**BOX 2**

CHECK ITEM HEQ.090:
- GO TO SECTION CFQ (CRITICAL FAMILY PROCESS).
CRITICAL FAMILY PROCESSES - CFQ

CFQ.010 Now I have some questions about relationships {CHILD} may have with other people. Is there any person {other than {yourself/the biological mother/the adoptive mother}} who is like a mother to {CHILD}?

CAPI INSTRUCTION: DISPLAY "OTHER THAN {YOURSELF/THE BIOLOGICAL MOTHER/THE ADOPTIVE MOTHER}" IF A MOTHER FIGURE IS THE RESPONDENT OR THERE IS A BIRTH/ADOPTIVE MOTHER IN THE HOUSEHOLD (FSQ.130 = 1 FOR THE PERSON FLAGGED AS THE RESPONDENT OR IF FSQ DOES NOT EQUAL 1 FOR THE RESPONDENT, THEN FSQ.140 = 1 OR 2 FOR AT LEAST ONE HOUSEHOLD MEMBER). OTHERWISE, USE A NULL DISPLAY.


YES ........................................................................... 1
NO ........................................................................... 2 (CFQ.030)
REFUSED ............................................................... 7 (CFQ.030)
DON'T KNOW ................................................................ 9 (CFQ.030)

CFQ.020 Who is this person?

CODE ALL THAT APPLY

GRANDMOTHER ......................................................... 1
BIOLOGICAL MOTHER (IF NOT RESPONDENT) ........... 2
STEPMOTHER (IF NOT RESPONDENT) ...................... 3
ADOPTIVE MOTHER (IF NOT RESPONDENT) .......... 4
FOSTER MOTHER (IF NOT RESPONDENT) ............... 5
RESPONDENT'S GIRLFRIEND/PARTNER ................. 6
TEACHER/COACH ......................................................... 7
CLERGY ..................................................................... 8
AUNT ......................................................................... 9
CHILD'S SIBLING .......................................................... 10
FRIEND OF FAMILY ..................................................... 11
BABYSITTER/NANNY/CAREGIVER ......................... 12
OTHER RELATIVE ......................................................... 13
OTHER NON-RELATIVE ............................................. 14
REFUSED ................................................................. 77
DON'T KNOW ............................................................ 99

CFQ-1
CFQ.030 Is there any person (other than (yourself/the biological father/the adoptive father)) who is like a father to (CHILD)?

CAPI INSTRUCTION: DISPLAY "OTHER THAN (YOURSELF/THE BIOLOGICAL FATHER/THE ADOPTIVE FATHER)" IF A FATHER FIGURE IS THE RESPONDENT OR THERE IS A BIRTH/ADOPTIVE FATHER IN THE HOUSEHOLD (FSQ.130 = 2 FOR THE PERSON FLAGGED AS THE RESPONDENT OR IF FSQ DOES NOT EQUAL 2 FOR THE RESPONDENT, THEN FSQ.150 = 1 OR 2 FOR AT LEAST ONE HOUSEHOLD MEMBER). OTHERWISE, USE A NULL DISPLAY.


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

CFQ.040 Who is this person?

CODE ALL THAT APPLY

GRANDFATHER ............................................... 1
BIOLOGICAL FATHER (IF SOMEONE ELSE IS PRIMARY FATHER FIGURE) ....................... 2
STEPFATHER ................................................ 3
ADOPTIVE FATHER ......................................... 4
FOSTER FATHER ............................................. 5
RESPONDENT'S BOYFRIEND/PARTNER .............. 6
TEACHER/COACH ............................................ 7
CLERGY .......................................................... 8
UNCLE ........................................................... 9
CHILD'S SIBLING ......................................... 10
FRIEND OF FAMILY ......................................... 11
BABYSITTER/NANNY/CAREGIVER .................... 12
OTHER RELATIVE ............................................ 13
OTHER NON-RELATIVE .................................... 14
REFUSED ...................................................... 77
DON'T KNOW ............................................... 99

BOX 1

CHECK ITEM CFQ.050:
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2 AND NO GRANDPARENTS WERE LIVING FOR CHILD 1 (CFQ.060 = 0, 7, OR 9 FOR CHILD 1), GO TO BOX 2.
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2 AND GRANDPARENTS WERE LIVING FOR CHILD 1 (CFQ.060 = 1, 2, 3, 4, OR 5 FOR CHILD 1), GO TO CFQ.070.
■ OTHERWISE, CONTINUE WITH CFQ.060.
CFQ.060 How many of (CHILD)'s grandparents are still living?

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0 (BOX 2)</td>
</tr>
<tr>
<td>One</td>
<td>1</td>
</tr>
<tr>
<td>Two</td>
<td>2</td>
</tr>
<tr>
<td>Three</td>
<td>3</td>
</tr>
<tr>
<td>Four</td>
<td>4</td>
</tr>
<tr>
<td>More than four</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>7 (BOX 2)</td>
</tr>
<tr>
<td>Don't know</td>
<td>9 (BOX 2)</td>
</tr>
</tbody>
</table>

CFQ.070 How many grandparents would you say (CHILD) has a close relationship with?

CAPI INSTRUCTION: EDIT: THE NUMBER CODED AT CFQ.070 MUST BE LESS THAN OR EQUAL TO THE NUMBER CODED AT CFQ.060.

<table>
<thead>
<tr>
<th>Option</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0</td>
</tr>
<tr>
<td>One</td>
<td>1</td>
</tr>
<tr>
<td>Two</td>
<td>2</td>
</tr>
<tr>
<td>Three</td>
<td>3</td>
</tr>
<tr>
<td>Four</td>
<td>4</td>
</tr>
<tr>
<td>More than four</td>
<td>5</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
</tr>
<tr>
<td>Don't know</td>
<td>9</td>
</tr>
</tbody>
</table>

BOX 2

CHECK ITEM CFQ.080:
- GO TO SECTION CCQ (CHILD CARE).
CHILD CARE - CCQ

BOX 0

CHECK ITEM CCQ.001:
- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, CONTINUE WITH CCQ.003.
- OTHERWISE, CONTINUE WITH CCQ.005.

CCQ.003 Next, I'd like to talk with you about the child care arrangements you have for {CHILD}, both for this year and last year.

Does {CHILD} currently have the same child care arrangements as {TWIN} and did (he/she) have the same child care arrangements as {TWIN} the year before (he/she) started kindergarten?

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

CCQ.005 I'd like to talk to you about all child care {CHILD} now receives on a regular basis 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 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

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

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

CCQ.015 Has {CHILD} ever received care from a relative on a regular basis?

HELP AVAILABLE

YES............................................................ 1
NO ............................................................. 2 (CCQ.115)
REFUSED .................................................... 7 (CCQ.115)
DON'T KNOW ............................................... 9 (CCQ.115)
CCQ.020 How old was (CHILD) in years and months when (he/she) first received care from any relative on a regular basis?

CAPI INSTRUCTION: RANGE CHECK 0-CURRENT AGE FOR YEARS, 0-24 FOR MONTHS. IF YEARS ARE GREATER THAN 0, THEN MONTHS MUST BE LESS THAN 12. IF YEARS EQUAL 0, THEN MONTHS MUST BE EQUAL TO OR GREATER THAN 0.

|___|___| AND |___|___|
ENTER YEAR ENTER MONTH

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

HELP AVAILABLE

CCQ.025 Did (CHILD) receive care from a relative on a regular basis the year before (he/she) started kindergarten?

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

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

HELP AVAILABLE

CCQ.030 How many different regular care arrangements did you have with relatives for (CHILD)'s care in the year before (he/she) started kindergarten?

ONE ....................................................... 1
TWO ....................................................... 2
THREE .................................................... 3
FOUR ..................................................... 4
REFUSED .................................................. 7
DON'T KNOW ............................................. 9

HELP AVAILABLE

CCQ.035 For the next few questions please think about the relative who provided the most care for (CHILD) the year before (he/she) started kindergarten. Was that care provided in your home or in another home?

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

HELP AVAILABLE

CCQ.040 How many days each week did (CHILD) receive care from (his/her) relative the year before (he/she) started kindergarten?

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

|___| ENTER # OF DAYS
or
REFUSED .................................................. 77
DON'T KNOW............................................. 99
CCQ.045  How many **hours** each **week** did (CHILD) receive care from (his/her) relative the **year before** (he/she) started kindergarten?

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

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

CCQ.050  For how long did (CHILD) receive care from (his/her) relative the **year before** (he/she) started kindergarten? Would you say …

One to two months, ................................. 1
Three to five months, ............................. 2
Six to eight months, or ......................... 3
Nine to twelve months? ......................... 4
REFUSED .................................................. 7
DON'T KNOW ............................................. 9

CCQ.051  Was there any charge or fee for the care (CHILD) received [the **year before** (he/she) started kindergarten] from this relative, paid either by you or someone else?

IF NECESSARY SAY, Please only think about the relative who provided the most care for (CHILD).

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

CCQ.052  Did any of the following people or organizations help to pay for this relative care provider to care for (CHILD) the **year before** (he/she) started kindergarten?

How about…

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

CAPI INSTRUCTION: FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (DID ANY … KINDERGARTEN) IN BRACKETS.

CAPI INSTRUCTION: IF D = 1 (YES), FOR THE FOLLOW-UP SPECIFY QUESTION, DISPLAY "WHO WAS THAT?" IN MIXED CASE AND IN GRAY.

a. A relative of (CHILD) outside your household who provided money *specifically* for that care? ..................................................__
b. A social service or welfare agency? ...........................................
c. An employer? ...........................................................................
d. Someone else? (SPECIFY) .......................................................__
CCQ.053 How much did your household pay this relative to care for {CHILD} the year before (he/she) started kindergarten? 

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, SKIP THE UNIT FIELD AND GO TO BOX 1.

CAPI INSTRUCTION: RANGE CHECK:  
WHEN UNIT IS PER HOUR: $.50 – 10.00 (HARD), 1.00 – 6.00 (SOFT);  
WHEN UNIT IS PER DAY: 1.00 – 50.00 (HARD), 1.00 – 10.00 (SOFT);  
WHEN UNIT IS PER WEEK: 5.00 – 200.00 (HARD), 10.00 – 100.00 (SOFT);  
WHEN UNIT IS PER MONTH: 20.00 – 400.00 (HARD), 40.00 – 240.00 (SOFT);  
WHEN UNIT IS PER YEAR: 240.00 – 4800.00 (HARD), 480.00 – 2000.00 (SOFT);  
WHEN UNIT IS OTHER: 0.00 – 4800.00 (HARD), .00 – 2000.00 (SOFT).

CAPI INSTRUCTION: EDIT: IF CCQ.051 = 1 AND ITEMS A-D AT CCQ.052 ALL = 2, THEN CCQ.053 CANNOT EQUAL ZERO.

$|___|___|___|___|.|___|___|
ENTER AMOUNT
or
REFUSED ................................ .................. 7
DON'T KNOW ................................ ............. 9

ENTER UNIT

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

CCQ.054 Was this amount for {CHILD} only or did it include other children in your household?

CHILD ONLY ............................................... 1 (BOX 1)
CHILD AND OTHER(S) ............................... 2
REFUSED .................................................. 7 (BOX 1)
DON'T KNOW .............................................. 9 (BOX 1)

CCQ.055 How many children was this amount for, including {CHILD}?

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

|___|___|
Enter # OF CHILDREN
or
REFUSED ................................................... 77
DON'T KNOW............................................... 99
CHECK ITEM CCQ.059:
- IF CHILD IS CURRENTLY RECEIVING CARE FROM A RELATIVE (CCQ.010 = 1), CONTINUE WITH CCQ.060.
- OTHERWISE, GO TO CCQ.115.

HELP AVAILABLE

CCQ.060  {Let's talk about your current care arrangements with relatives.} How many different regular care arrangements do you currently have with relatives?

CAPI INSTRUCTION: IF CCQ.025 = 1, DISPLAY THE SENTENCE "LET'S TALK ABOUT … WITH RELATIVES." OTHERWISE, USE A NULL DISPLAY.

ONE ................................................. 1
TWO.................................................. 2
THREE............................................... 3
FOUR............................................... 4
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}?

CAPI INSTRUCTION: IF CCQ.060 = 2, 3, OR 4, DISPLAY THE SENTENCE "LET'S TALK ABOUT … {CHILD} NOW." 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?

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

CCQ.085 How many days each week does {CHILD} receive care from {{his/her} {RELATIVE}/that relative}?

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

____|
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}?

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.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}?

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

____|____|
ENTER # OF CHILDREN
or
REFUSED ................................ 77
DON'T KNOW ................................ 99
CCQ.100 How many adults usually care for \( \text{CHILD} \) at the same time (at your home/at \{\{\text{his/her}\}\} (RELATIVE)'s/that relative's) home?  

CAPI INSTRUCTION: DISPLAY "AT YOUR HOME" IF CCQ.070 = 1. DISPLAY "AT \{\{\text{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.  

|___|___| ENTER # OF ADULTS  

or  

REFUSED ........................................... 77  

DON'T KNOW....................................... 99  

BOX 2  

CHECK ITEM CCQ.105:  

- IF ONLY ONE CURRENT REGULAR RELATIVE CARE ARRANGEMENT FOR \( \text{CHILD} \) (CCQ.060 = 1 OR 7 OR 9), GO TO CCQ.115.  

- OTHERWISE, CONTINUE WITH CCQ.110.  

CCQ.110 You said that \( \text{CHILD} \) was cared for by \{NUMBER\} other relatives on a regular basis. How many hours each week does \( \text{CHILD} \) receive care from these other relatives?  

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

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

|___|___| ENTER # OF HOURS  

or  

REFUSED ........................................... 77  

DON'T KNOW....................................... 99  

Non-Relative Care  

CCQ.115 Now I’d like to ask you about any care \( \text{CHILD} \) receives from nonrelatives in a private home, not including child care centers. Is \( \text{CHILD} \) now receiving care in a private home on a regular basis 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.  

|___|___| ENTER # OF HOURS  

or  

REFUSED ........................................... 77  

DON'T KNOW....................................... 99  

HELP AVAILABLE  

CCQ.120 Has \( \text{CHILD} \) ever received care in a private home from a nonrelative on a regular basis?  

HELP AVAILABLE  

|___|___| ENTER # OF HOURS  

or  

REFUSED ........................................... 77  

DON'T KNOW....................................... 99  

CCQ - 7
CCQ.125 How old was [CHILD] in years and months when [he/she] first received regular care in a private home from any nonrelative?

CAPI INSTRUCTION: RANGE CHECK 0-CURRENT AGE FOR YEARS, 0-24 FOR MONTHS. IF YEARS ARE GREATER THAN 0, THEN MONTHS MUST BE LESS THAN 12. IF YEARS EQUAL 0, THEN MONTHS MUST BE EQUAL TO OR GREATER THAN 0.

|___|___| AND |___|___|
ENTER YEAR ENTER MONTH

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

HELP AVAILABLE

CCQ.130 Did [CHILD] receive care from a nonrelative on a regular basis the year before [he/she] started kindergarten?

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

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

HELP AVAILABLE

CCQ.135 How many different regular care arrangements did you have with nonrelatives for [CHILD]'s care the year before [he/she] started kindergarten?

ONE .................................................. 1
TWO .................................................. 2
THREE ............................................... 3
FOUR ............................................... 4
REFUSED ........................................... 7
DON'T KNOW ..................................... 9

CCQ.140 For the next few questions please think about the nonrelative who provided the most care for [CHILD] the year before [he/she] started kindergarten. Was that care provided in your home or in another home?

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

CCQ.145 How many days each week did [CHILD] receive care from a nonrelative the year before [he/she] started kindergarten?

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

|___|
Enter # of days

or

REFUSED .......................................... 77
DON'T KNOW ..................................... 99
CCQ.150 How many **hours** each **week** did (CHILD) receive care from a nonrelative the **year before** (he/she) started kindergarten?

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

[___][___]
ENTER # OF HOURS
or
REFUSED ........................................ 77
DON'T KNOW .................................... 99

CCQ.155 For how long did (CHILD) receive care from the nonrelative the **year before** (he/she) started kindergarten? Would you say …

One to two months, ................................ 1
Three to five months, ............................. 2
Six to eight months, or .......................... 3
Nine to twelve months? ......................... 4
REFUSED ........................................... 7
DON'T KNOW .................................... 9

CCQ.156 Was there any charge or fee for the care (CHILD) received [the **year before** (he/she) started kindergarten] from this nonrelative, paid either by you or someone else?

**IF NECESSARY SAY,** Please only think about the nonrelative who provided the **most** care for (CHILD).

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

CCQ.157 Did any of the following people or organizations help to pay for this nonrelative care provider to care for (CHILD) the **year before** (he/she) started kindergarten?

How about…

**RESPONSES:** YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

**CAPI INSTRUCTION:** FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (DID ANY … KINDERGARTEN) IN BRACKETS.

**CAPI INSTRUCTION:** IF D = 1 (YES), FOR THE FOLLOW-UP SPECIFY QUESTION, DISPLAY "WHO WAS THAT?" IN MIXED CASE AND IN GRAY.

a. A relative of (CHILD) outside your household who provided money **specifically** for that care? ...................................................
b. A social service or welfare agency? ..........................................  
c. An employer? .................................................................  
d. Someone else? (SPECIFY) ...................................................
CCQ.158  How much did your household pay this nonrelative to care for {CHILD} the year before (he/she) started kindergarten?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, SKIP THE UNIT FIELD AND GO TO CCQ.159.

CAPI INSTRUCTION: RANGE CHECK:
WHEN UNIT IS PER HOUR: 1.00 – 10.00 (HARD), 1.00 – 6.00 (SOFT);
WHEN UNIT IS PER DAY: 3.00 – 100.00 (HARD), 10.00 – 40.00 (SOFT);
WHEN UNIT IS PER WEEK: 5.00 – 500.00 (HARD), 30.00 – 200.00 (SOFT);
WHEN UNIT IS PER MONTH: 30.00 – 2000.00 (HARD), 120.00 – 800.00 (SOFT);
WHEN UNIT IS PER YEAR: 360.00 – 20000.00 (HARD), 1400.00 – 5000.00 (SOFT);
WHEN UNIT IS OTHER: .00 – 20000.00 (HARD), .00 – 5000.00 (SOFT).

CAPI INSTRUCTION: EDIT: IF CCQ.156 = 1 AND ITEMS A-D AT CCQ.157 ALL = 2, THEN CCQ.158 CANNOT EQUAL ZERO.

$|___|___|___|___|___|_|___|___|
ENTER AMOUNT
or
REFUSED ................................ .................. 7
DON'T KNOW ................................ ............. 9

ENTER UNIT

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

CCQ.159  Was this amount for {CHILD} only or did it include other children in your household?

CHILD ONLY ............................................... 1 (BOX 3)
CHILD AND OTHER(S) ......................... 2
REFUSED ............................................... 7 (BOX 3)
DON'T KNOW ............................................. 9 (BOX 3)

CCQ.160  How many children was this amount for, including {CHILD}? 

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

|___|___|___|___|
ENTER # OF CHILDREN
or
REFUSED ............................................... 77
DON'T KNOW............................................. 99
CHECK ITEM CCQ.164:

- IF CHILD IS NOT CURRENTLY RECEIVING CARE FROM A NON-RELATIVE (CCQ.115 = 2 OR 7 OR 9), GO TO CCQ.210.
- OTHERWISE, CONTINUE WITH CCQ.165.

HELP AVAILABLE

CCQ.165 (Let's talk about your current care arrangements with nonrelatives.) How many different regular care arrangements do you currently have with nonrelatives?

CAPI INSTRUCTION: IF CCQ.130 = 1, DISPLAY THE SENTENCE "LET'S TALK ABOUT … WITH NONRELATIVES." OTHERWISE, USE A NULL DISPLAY.

ONE .......................................................... 1
TWO........................................................... 2
THREE ......................................................... 3
FOUR .......................................................... 4
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?

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?

YES........................................................... 1
NO ............................................................ 2 (BOX 4)
REFUSED ................................................... 7 (BOX 4)
DON'T KNOW ............................................. 9 (BOX 4)
CCQ.185 How many **days** each week does (CHILD) receive care from that person?

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?

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)?


| ••• | 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/THAT) HOME" IF CCQ.170 = 1 OR 2. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "YOUR" IF CCQ.170 = 1. DISPLAY "THAT" IF CCQ.170 = 2.

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

| • | ENTER # OF ADULTS
| or | REFUSED ........................................ 77
|    | DON'T KNOW .................................. 99

BOX 4

CHECK ITEM CCQ.202:

- IF ONLY ONE CURRENT REGULAR NON-RELATIVE CARE ARRANGEMENT FOR CHILD (CCQ.165 = 1 OR 7 OR 9), GO TO CCQ.210.
- OTHERWISE, CONTINUE WITH CCQ.205.
CCQ.205 You said that {CHILD} was cared for by {NUMBER} other nonrelatives on a regular basis. How many hours each week does {CHILD} receive care from 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: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

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

**Head Start**

**HELP AVAILABLE**

CCQ.210 Head Start is a federally sponsored preschool program primarily for children from low-income families. Has {CHILD} ever attended Head Start?

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

CCQ.215 Did {CHILD} attend Head Start the year before {he/she} started kindergarten?

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

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

CCQ.216 I would now like to make sure I have complete information on the Head Start Center {CHILD} attended. I have a computerized directory to help me find the address of the center.

First, what is the name of the Head Start center that {CHILD} attended.

IF HOME-BASED HEAD START, ASK FOR NAME OF CENTER THAT IS CONNECTED WITH HOME-BASED CARE.

TO ACTIVATE LOOKUP, BEGIN TO TYPE IN THE STATE ABBREVIATION AND THE CENTER NAME WITH NO SPACE.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

|___|___|___|___|___|___|___|___|
| HEAD START ID |
BOX 4A

CHECK ITEM CCQ.217:
- IF A HEAD START ID IS SELECTED, CONTINUE WITH CCQ.218.
- OTHERWISE, GO TO CCQ.220.

CCQ.218 YOU HAVE SELECTED:

(Display Center Name)
(Display Center Address)
(Display Center City, State, Zip)
(Display Center Phone)
(Display Center Director)

CAPI INSTRUCTION: IF CODED '3' DISPLAY ERROR MESSAGE TO RETURN TO LOOKUP (CCQ.216).

ACCEPT CENTER AS SHOWN ...................... 1 (CCQ.245)
ACCEPT CENTER BUT MAKE CHANGES... 2
WRONG CENTER, GO BACK LOOKUP....... 3

CCQ.220 (Since I was not able to find that center in my directory, I have just a few questions about that center.)

What is the name of the Head Start center that {CHILD} attended?

IF HOME-BASED HEAD START, ASK FOR NAME OF CENTER THAT IS CONNECTED WITH HOME-BASED CARE.

CAPI INSTRUCTION: DISPLAY "SINCE … CENTER." IF NO HEAD START CENTER WAS SELECTED AT CCQ.216.

ENTER NAME OF CENTER

CCQ.225 (MAKE CORRECTIONS BELOW OR PRESS ENTER TO ACCEPT CURRENT DATA.)

What is the name of the Head Start center director?

IF R DOESN'T KNOW NAME OF CENTER DIRECTOR, ASK FOR NAME OF HEAD START TEACHER.

CAPI INSTRUCTION: DISPLAY "MAKE … DATA." IF CCQ.218 IS CODED '2.' OTHERWISE USE A NULL DISPLAY.

ENTER NAME OF DIRECTOR
CCQ.230  
(MAKE CORRECTIONS BELOW OR PRESS ENTER TO ACCEPT CURRENT DATA.)

What is the address of the Head Start center?

CAPI INSTRUCTION: DISPLAY "MAKE ... DATA." IF CCQ.218 IS CODED '2.' OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "HELP AVAILABLE" WHEN ON STATE ENTRY FIELD.

MAILING ADDRESS ________________________________________________

____________________________________

CITY ____________________  STATE ______  ZIP ______________

AREA CODE AND TELEPHONE NUMBER (______) _____________________________

CCQ.240 Where was the Head Start program located? For example, was it in its own building, a school, in a church or synagogue, your home or another home, or some other place?

ITS OWN BUILDING................................ ................................ ............. 1
A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL............. 2
A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL ........... 3
A COLLEGE OR UNIVERSITY.............................................................. 4
A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP ............ 5
RESPONDENT'S HOME................................ ................................ ....... 6
ANOTHER HOME................................ ................................ ............. 7
A COMMUNITY CENTER ................................................................. 8
A PUBLIC LIBRARY ................................ ................................ .......... 9
MORE THAN ONE PLACE ................................ ................................ ... 10
SOME OTHER PLACE ................................ ................................ ......... 11
REFUSED ......................................................................................... 77
DON'T KNOW.................................................................................... 99

CCQ.245 On the days that {CHILD} went to Head Start, did {he/she} go for a full-day or a part-day?

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE LAST YEAR IN HEAD START.

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

CCQ.250 How many days each week did (CHILD) go to the Head Start program?

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE LAST YEAR IN HEAD START.

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

[ ]
ENTER # OF DAYS
or
REFUSED ................................................................. 77
DON'T KNOW............................................................... 99

CCQ - 15
CCQ.251 How many hours each week did (CHILD) go to the Head Start program?

If respondent says schedule changed, answer for the last year in Head Start.


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

HELP AVAILABLE

CCQ.252 How many children were usually in (CHILD)'s room or group, at the same time, at the Head Start program, counting (CHILD)?


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

HELP AVAILABLE

CCQ.253 How many adults were usually in (CHILD)'s room or group, at the same time, at the Head Start program?

CAPI instruction: Soft range check 1-5. Hard range check 1-10.

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

CCQ.254 Was there any charge or fee for the Head Start program, paid either by you or someone else?

YES ...................................................... 1
NO ........................................................ 2 (CCQ.259)
REFUSED .............................................. 7 (CCQ.259)
DON'T KNOW .......................................... 9 (CCQ.259)
CCQ.255 Did any of the following people or organizations help to pay for (CHILD) to go to Head Start?

How about…

RESPONSES:  YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

CAPI INSTRUCTION: FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (DID ANY … KINDERGARTEN) IN BRACKETS.

CAPI INSTRUCTION: IF D = 1 (YES), FOR THE FOLLOW-UP SPECIFY QUESTION, DISPLAY "WHO WAS THAT?" IN MIXED CASE AND IN GRAY.

a. A relative of (CHILD) outside your household who provided money specifically for Head Start? ................................ __________

b. A social service or welfare agency? ................................ __________

c. An employer? ................................................................________

d. Someone else? (SPECIFY) ................................ __________

CCQ.256 How much did your household pay for (CHILD) to go to the Head Start program?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, SKIP THE UNIT FIELD AND GO TO CCQ.259.

CAPI INSTRUCTION: RANGE CHECK:
WHEN UNIT IS PER HOUR: .00 – 10.00 (HARD), .00 – 6.00 (SOFT);
WHEN UNIT IS PER DAY: .00 – 40.00 (HARD), .00 – 10.00 (SOFT);
WHEN UNIT IS PER WEEK: .00 – 100.00 (HARD), .00 – 60.00 (SOFT);
WHEN UNIT IS PER MONTH: .00 – 400.00 (HARD), .00 – 240.00 (SOFT);
WHEN UNIT IS PER YEAR: 0.00 – 4800.00 (HARD), .00 – 2000.00 (SOFT);
WHEN UNIT IS OTHER: 0.00 – 4800.00 (HARD), .00 – 2000.00 (SOFT).

CAPI INSTRUCTION: EDIT: IF CCQ.254 = 1 AND ITEMS A-D AT CCQ.255 ALL = 2, THEN CCQ.256 CANNOT EQUAL ZERO.

$|____|____|____|____|____|____|
ENTER AMOUNT
or
REFUSED ................................................. 7
DON'T KNOW ............................................. 9

ENTER UNIT

PER HOUR................................................. 1
PER DAY.................................................. 2
PER WEEK................................................. 3
PER MONTH............................................. 4
PER YEAR................................................. 5
OTHER (SPECIFY).................................... 6
REFUSED .................................................. 7
DON'T KNOW ............................................. 9
CCQ.257 Was this amount for (CHILD) only or did it include other children in your household?

- CHILD ONLY ............................................. 1 (CCQ.259)
- CHILD AND OTHER(S) ................................. 2
- REFUSED .................................................. 7 (CCQ.259)
- DON'T KNOW ............................................. 9 (CCQ.259)

CCQ.258 How many children was this amount for, including (CHILD)??

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

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

CCQ.259 How old was (CHILD) in years and months when {he/she} first attended any Head Start program?

CAPI INSTRUCTION: SOFT RANGE CHECK 3-5 FOR YEARS. HARD RANGE CHECK 2-CURRENT AGE [MAXIMUM OF 6] FOR YEARS, 0-11 FOR MONTHS.

|___|___| AND |___|___|
ENTER YEAR ENTER MONTH
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?

- YES..................................................................... 1 (CCQ.275)
- NO ...................................................................... 2
- REFUSED .......................................................... 7
- DON'T KNOW..................................................... 9

HELP AVAILABLE

CCQ.265 (Other than Head Start, has/Has) (CHILD) ever attended a day care center, nursery school, preschool, prekindergarten, or before or after school program at a school or in a center on a regular basis?

CAPI INSTRUCTION: DISPLAY "OTHER THAN HEAD START, HAS" IF CCQ.210 = 1. OTHERWISE, DISPLAY "HAS".

- YES..................................................................... 1
- NO ...................................................................... 2 (BOX 8)
- REFUSED .......................................................... 7 (BOX 8)
- DON'T KNOW..................................................... 9 (BOX 8)
CCQ.275 How old was \( \text{CHILD} \) in years and months when \( \text{he/she} \) first attended any day care center, nursery school, preschool, prekindergarten, or before or after school program on a regular basis?

**CAPI INSTRUCTION:** RANGE CHECK 0-CURRENT AGE FOR YEARS, 0-24 FOR MONTHS. IF YEARS ARE GREATER THAN 0, THEN MONTHS MUST BE LESS THAN 12. IF YEARS EQUAL 0, THEN MONTHS MUST BE GREATER THAN 0.

<table>
<thead>
<tr>
<th></th>
<th>ENTER YEAR</th>
<th>ENTER MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>...............................................</td>
<td>77</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>...............................................</td>
<td>99</td>
</tr>
</tbody>
</table>

CCQ.280 Did \( \text{CHILD} \) attend a day care center, nursery school, preschool or prekindergarten program on a regular basis the year before \( \text{he/she} \) started kindergarten?

**THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.**

| YES | 1 |
| NO | 2 (BOX 5) |
| REFUSED | 7 (BOX 5) |
| DON'T KNOW | 9 (BOX 5) |

CCQ.285 How many different day care centers or before or after school programs did \( \text{CHILD} \) attend on a regular basis the year before \( \text{he/she} \) started kindergarten?

**CAPI INSTRUCTION:** SOFT RANGE CHECK 1-2. HARD RANGE CHECK 1-4.

| ENTER # OF DAY CARE CENTERS |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CCQ.290 What kind of program did \( \text{CHILD} \) attend the most?

| DAY CARE CENTER | 1 |
| NURSERY SCHOOL | 2 |
| PRESCHOOL | 3 |
| PREKINDERGARTEN PROGRAM | 4 |

**BOX 5**

**CHECK ITEM CCQ.295:**
- IF THE CHILD WAS NOT IN CENTER OR PROGRAM CARE LAST YEAR (CCQ.280 = 2, 7, OR 9), GO TO BOX 6.
- OTHERWISE, CONTINUE WITH CCQ.300.
CCQ.300  For the next few questions please think about the (PROGRAM TYPE) that (CHILD) attended the year before (he/she) started kindergarten.

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.
PRESS ENTER TO CONTINUE.
CAPI INSTRUCTION: FOR "PROGRAM TYPE", DISPLAY "DAY CARE CENTER" IF CCQ.290 = 1; DISPLAY "NURSERY SCHOOL" IF CCQ.290 = 2; DISPLAY "PRE-SCHOOL" IF CCQ.290 = 3; DISPLAY "PREKINDERGARTEN PROGRAM" IF CCQ.290 = 4.

CCQ.303  Was that program located in the school where (CHILD) now attends kindergarten?

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

CCQ.305  How many days each week did (CHILD) go to that program?

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.
CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

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

CCQ.310  How many hours each week did (CHILD) go to that program?

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.
CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

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

CCQ.315  For how long did (CHILD) receive care at that (PROGRAM TYPE)? Would you say …

One to two months, ........................................ 1
Three to five months, ..................................... 2
Six to eight months, or .................................. 3
Nine to twelve months? .................................. 4
REFUSED .................................................. 7
DON'T KNOW ............................................. 9
CCQ.316 Was there any charge or fee for the {PROGRAM TYPE} (CHILD) attended [the year before (he/she) started kindergarten], paid either by you or someone else?

CAPI INSTRUCTION: FOR "PROGRAM TYPE", DISPLAY "DAY CARE CENTER" IF CCQ.290 = 1; DISPLAY "NURSERY SCHOOL" IF CCQ.290 = 2; DISPLAY "PRESCHOOL" IF CCQ.290 = 3; DISPLAY "PREKINDERGARTEN PROGRAM" IF CCQ.290 = 4.

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

CCQ.317 Did any of the following people or organizations help to pay for (CHILD) to go to that program the year before (he/she) started kindergarten?

How about…

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

CAPI INSTRUCTION: FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (DID ANY … KINDERGARTEN) IN BRACKETS.

CAPI INSTRUCTION: IF D = 1 (YES), FOR THE FOLLOW-UP SPECIFY QUESTION, DISPLAY "WHO WAS THAT?" IN MIXED CASE AND IN GRAY.

a.  A relative of (CHILD) outside your household who provided money specifically for Head Start?..............................................

b. A social service or welfare agency?..............................................

c. An employer? ........................................................................

d. Someone else? (SPECIFY) .....................................................
CCQ.318 How much did your household pay for (CHILD) to go to the (PROGRAM TYPE) the year before (he/she) started kindergarten?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF ZERO ENTERED FOR AMOUNT, SKIP THE UNIT FIELD AND GO TO BOX 6.

CAPI INSTRUCTION: RANGE CHECK:
WHEN UNIT IS PER HOUR: 1.00 – 10.00 (HARD), 1.00 – 6.00 (SOFT);
WHEN UNIT IS PER DAY: 3.00 – 100.00 (HARD), 10.00 – 40.00 (SOFT);
WHEN UNIT IS PER WEEK: 5.00 – 500.00 (HARD), 30.00 – 200.00 (SOFT);
WHEN UNIT IS PER MONTH: 30.00 – 2000.00 (HARD), 120.00 – 800.00 (SOFT);
WHEN UNIT IS PER YEAR: 360.00 – 20000.00 (HARD), 1400.00 – 5000.00 (SOFT);
WHEN UNIT IS OTHER: .00 – 20000.00 (HARD), .00 – 5000.00 (SOFT).

CAPI INSTRUCTION: EDIT: IF CCQ.316 = 1 AND ITEMS A-D AT CCQ.317 ALL = 2, THEN CCQ.318 CANNOT EQUAL ZERO.

$|_|_|_|_|_|| ENTER AMOUNT
or
REFUSED .................................................. 7
DON'T KNOW ............................................... 9

ENTER UNIT

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

CCQ.319 Was this amount for (CHILD) only or did it include other children in your household?

CHILD ONLY ............................................. 1 (BOX 6)
CHILD AND OTHER(S) .............................. 2
REFUSED .................................................. 7 (BOX 6)
DON'T KNOW ............................................... 9 (BOX 6)

CCQ.320 How many children was this amount for, including (CHILD)?

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

|_|_|_| ENTER # OF CHILDREN
or
REFUSED .................................................. 77
DON'T KNOW ............................................... 99
CHECK ITEM CCQ.324:
- IF CHILD IS NOT CURRENTLY IN CENTER OR PROGRAM CARE (CCQ.260 = 2 OR 7 OR 9), GO TO BOX 8.
- OTHERWISE, CONTINUE WITH CCQ.325.

CCQ.325  (Let's talk about your current care arrangements with day care centers or before or after school programs.) How many different day care centers or before or after school programs does (CHILD) currently go to?

CAPI INSTRUCTION:  SOFT RANGE CHECK 1-2.  HARD RANGE CHECK 1-4.

CAPI INSTRUCTION:  IF CCQ.280 = 1, DISPLAY THE SENTENCE "LET'S TALK ABOUT ... SCHOOL PROGRAMS." OTHERWISE, USE A NULL DISPLAY.

[ ]
ENTER # OF DAY CARE CENTERS
or
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 kindergarten?

CAPI INSTRUCTION:  IF CCQ.325 > 2 DISPLAY THE SENTENCE "LET'S TALK ABOUT ... TIME NOW." 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?

YES ..................................................... 1
NO ......................................................... 2 (BOX 7)
REFUSED ............................................... 7 (BOX 7)
DON'T KNOW .......................................... 9 (BOX 7)
CCQ.350  How many **days** each week does {CHILD} go to that program?

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: 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.

|_____|
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.

|_____|
ENTER # OF ADULTS
or
REFUSED ................................................ 77
DON'T KNOW ........................................ 99

BOX 7

CHECK ITEM CCQ.370:
- IF ONLY ONE CURRENT REGULAR CENTER OR PROGRAM CARE ARRANGEMENT FOR CHILD (CCQ.325 = 1 OR 77 OR 99), GO TO BOX 8.
- OTHERWISE, CONTINUE WITH CCQ.375.
CCQ.375 You said that (CHILD) attended (NUMBER) other day care centers or before or after school programs on a regular basis. How many **hours** each **week** does (CHILD) attend these programs?

CAPI INSTRUCTION: FOR "(NUMBER)", DISPLAY THE NUMBER ENTERED AT CCQ.325-1.

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

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

BOX 8

CHECK ITEM CCQ.380:
- GO TO SECTION CHQ (CHILD'S HEALTH AND WELL-BEING).
Now I have some questions about (CHILD)'s health. How much did (CHILD) weigh when (he/she) was born?

CAPI INSTRUCTION: RANGE CHECK: 1-13 FOR POUNDS, 0-16 FOR OUNCES.

|___|___| AND |___|_ __|
ENTER POUNDS ENTER OUNCES

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

CHECK ITEM CHQ.007:
- IF REFUSED OR DON'T KNOW FOR THE NUMBER OF POUNDS (CHQ.005 = 77 OR 99 FOR NUMBER OF POUNDS)
- OR
- IF THE NUMBER OF POUNDS IS 5 AND REFUSED OR DON'T KNOW FOR THE NUMBER OF OUNCES (CHQ.005 = 5 FOR POUNDS AND 77 OR 99 FOR OUNCES),
  CONTINUE WITH CHQ.010.
- OTHERWISE, GO TO BOX 1.

When (he/she) was born, did (CHILD) weigh more than 5 1/2 pounds?

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

Did (he/she) weigh more than 3 pounds?

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

CHECK ITEM CHQ.020:
- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO CHQ.095.
- OTHERWISE, CONTINUE WITH CHQ.025.
CHQ.025  Was (CHILD) born more than two weeks before (he/she) was due?

YES .................................................. 1
NO .................................................... 2 (CHQ.035)
REFUSED ........................................... 7 (CHQ.035)
DON'T KNOW ...................................... 9 (CHQ.035)

CHQ.030  How many days or weeks early was (he/she)?

CAPI INSTRUCTION: RANGE CHECK:  1-31 IF DAYS IS THE UNIT; 1-16 IF WEEKS IS THE UNIT.

<table>
<thead>
<tr>
<th></th>
<th>ENTER NUMBER</th>
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<tbody>
<tr>
<td></td>
<td>REFUSED ....</td>
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<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

ENTER UNIT

WEEKS ........................................... 1
DAYS ............................................ 2
REFUSED ........................................ 7
DON'T KNOW .................................... 9

CHQ.035  Was (CHILD) a twin, triplet, or other child born as part of a multiple birth?

IF HIGHER-ORDER MULTIPLE BIRTH, CODE NUMBER OF CHILDREN BORN TOGETHER, EVEN IF
ONE OR MORE WAS STILLBORN OR DIED SHORTLY AFTER BIRTH.

NO ................................................. 1 (CHQ.095)
YES, A TWIN .................................... 2
YES, A TRIPLET .................................. 3
YES, MULTIPLE BIRTH (4 OR MORE) .......... 4
REFUSED ......................................... 7 (CHQ.095)
DON'T KNOW ..................................... 9 (CHQ.095)

CHQ.040  CODE WITHOUT ASKING IF ALREADY KNOWN. OTHERWISE ASK:

{Is (CHILD)’s twin living?/Are all the other children born in the multiple birth still living?}

CAPI INSTRUCTIONS: DISPLAY "IS (CHILD)’S TWIN LIVING?" IF CHQ.035 = 2. OTHERWISE, DISPLAY
"ARE ALL THE OTHER CHILDREN BORN IN THE MULTIPLE BIRTH STILL LIVING?"

YES, TWIN IS LIVING (OR ALL OTHER CHILDREN ARE LIVING) .......... 1
NO, TWIN DIED (OR ALL OTHER CHILDREN DIED) .......................... 2 (CHQ.070)
[FOR HIGHER-ORDER MULTIPLE BIRTHS ONLY] ONE OR MORE DIED, OTHERS ARE LIVING ..................... 3
REFUSED ........................................... 7
DON'T KNOW ....................................... 9
CHQ.045  (Does (CHILD)'s twin/Do they) live in this household?

CAPI INSTRUCTIONS: DISPLAY "DOES (CHILD)'S TWIN" IF CHQ.035 = 2. OTHERWISE, DISPLAY "DO THEY".

| Lives Here ................................................. | 1 |
| Lives Elsewhere ........................................... | 2 |
| Some Live Here/Some Live Elsewhere ....................... | 3 |
| Refused ...................................................... | 7 |
| Don't Know .................................................. | 9 |

CHQ.050  (What is (CHILD)'s twin's name?/What are the names of the other children born with (CHILD) {who are living}?)

CAPI INSTRUCTIONS: DISPLAY "WHAT IS (CHILD)'S TWIN'S NAME?" IF CHQ.035 = 2. OTHERWISE, DISPLAY "WHAT ARE THE NAMES OF THE OTHER CHILDREN BORN WITH (CHILD) {WHO ARE LIVING}?"

CAPI INSTRUCTIONS: DISPLAY "WHO ARE LIVING" IF CHQ.040 = 3, 7, OR 9. OTHERWISE, USE A NULL DISPLAY.

ENTER CHILD NAME 1 _______________
ENTER CHILD NAME 2 _______________
ENTER CHILD NAME 3 _______________

BOX 2

CHECK ITEM CHQ.055:
■ IF THE OTHER TWIN (OTHER CHILDREN) LIVES IN THIS HOUSEHOLD (CHQ.045=1), GO TO CHQ.070.
■ OTHERWISE, CONTINUE WITH CHQ.060.

CHQ.060  CODE IF OBVIOUS, OTHERWISE ASK:

Is (EACH CHILD NAMED IN CHQ.050) a boy or a girl?

RESPONSES: 1 = BOY, 2 = GIRL, 7 = REFUSED, 9 = DON'T KNOW.

<table>
<thead>
<tr>
<th>GENDER</th>
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<tbody>
<tr>
<td>(CHILD 1)</td>
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<td>(CHILD 2)</td>
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<td>(CHILD 3)</td>
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<tr>
<td>(CHILD 4)</td>
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</tbody>
</table>
CHQ.070  

{{Are/Were} {CHILD} and {{TWIN's NAME}/{CHILD}'s twin}} identical twins or fraternal (non-identical) twins?/{{Is/Was} {CHILD} identical to any of the other children born with {CHILD}?}

CAPI INSTRUCTIONS: DISPLAY "{{ARE/WERE} {CHILD} AND {{TWIN'S NAME}/{CHILD}'S TWIN} IDENTICAL TWINS OR FRATERNAL (NON-IDENTICAL) TWINS?" IF CHQ.035 = 2. OTHERWISE, DISPLAY "{IS/WAS} {CHILD} IDENTICAL TO ANY OF THE OTHER CHILDREN BORN WITH {CHILD}?"

CAPI INSTRUCTIONS: DISPLAY "ARE" AND "IS" IF CHQ.040 = 1, 3, 7, OR 9. OTHERWISE, DISPLAY "WERE" AND "WAS".

CAPI INSTRUCTIONS: DISPLAY "{{TWIN'S NAME}}" (THE NAME COLLECTED AT CHQ.050) IF CHQ.040 = 1, 7 OR 9. OTHERWISE, DISPLAY "{{CHILD}'S TWIN}".

IDENTICAL.............................................. 1
FRATERNAL ............................................. 2
MULTIPLE BIRTH CONTAINING AN IDENTICAL TWIN PAIR OF WHICH {CHILD} IS ONE............................... 3
MULTIPLE BIRTH WITH NO IDENTICAL TWIN PAIR, OR {CHILD} IS NOT ONE OF THE IDENTICAL TWINS ...................... 4
REFUSED ................................................ 7
DON'T KNOW.......................................... 9

CHQ.075  Which one was born first?

FOCAL CHILD............................................. 1
TWIN (OR OTHER CHILD IN MULTIPLE BIRTH)............................... 2
REFUSED ................................................ 7
DON'T KNOW.......................................... 9

CHQ.080  Which one weighed {more/the most} at birth?

CAPI INSTRUCTION: DISPLAY "MORE" IF CHQ.035 = 2. OTHERWISE, DISPLAY "THE MOST".

FOCAL CHILD............................................. 1
TWIN (OR OTHER CHILD IN MULTIPLE BIRTH)............................... 2
BOTH WEIGHED ABOUT THE SAME .......... 3
REFUSED ................................................ 7
DON'T KNOW.......................................... 9

CHQ.085  Apart from being a {twin/part of a multiple birth}, were there any complications in {CHILD}'s birth or delivery?

CAPI INSTRUCTIONS: DISPLAY "TWIN", IF CHQ.035 = 2. OTHERWISE, DISPLAY "PART OF A MULTIPLE BIRTH".

YES.................................................. 1
NO .................................................... 2 (CHQ.095)
REFUSED ............................................ 7 (CHQ.095)
DON'T KNOW ........................................ 9 (CHQ.095)
CHQ.090 What were the complications?

CODE ALL THAT APPLY

PREMATURE ........................................ 1
ANOXIA/BABY DIDN'T GET ENOUGH OXYGEN ........................................ 2
ECLAMPSIA/PRE-ECLAMPSIA/MOTHER'S HIGH BLOOD PRESSURE/TOXEMIA/ SWELLING......................................... 3
CESAREAN SECTION ................................ 4
RESPIRATORY DISTRESS SYNDROME .... 5
MECONIUM/BABY'S FECAL MATTER EXCRETED AT OR NEAR BIRTH .......... 6
FETAL DISTRESS ................................. 7
BREECH/MALPRESENTATION/BABY'S FEET CAME OUT FIRST ............ 8
PREMATURE RUPTURE OF MEMBRANE .. 9
DYSFUNCTIONAL LABOR ......................... 10
OTHER (SPECIFY) __________________

................................................................... 11
REFUSED ............................................ 77
DON'T KNOW........................................ 99

CHQ.095 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.100 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.105 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

CHECK ITEM CHQ.110:
- IF CHILD HAS PROBLEMS WITH PAYING ATTENTION (CHQ.100=3 OR 4)
- OR
  CHILD HAS PROBLEMS WITH LEARNING, THINKING AND SOLVING
  PROBLEMS (CHQ.105=3 OR 4),
  CONTINUE WITH CHQ.115.
- OTHERWISE, GO TO CHQ.140.

CHQ.115 Has (CHILD) been evaluated by a professional in response to (his/her) ability to pay attention or learn?

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

CHQ.120 Did you obtain a diagnosis of a problem from a professional?

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

CHQ.125 What was the diagnosis?

PROBE: What was the primary diagnosis?

- LEARNING DISABILITY ......................... 1
- ATTENTION DEFICIT DISORDER (ADD) .... 2
- DEVELOPMENTAL DELAY .................... 3
- DYSLEXIA .......................................... 4
- MENTAL RETARDATION ...................... 5
- OTHER (SPECIFY) ............................... 6

- REFUSED ............................................ 7
- DON'T KNOW ....................................... 9
CHQ.130 How old was {CHILD} when the first diagnosis of a problem was made?

CAPI INSTRUCTION: RANGE CHECK: 0-24 IF MONTHS IS THE UNIT; 0-CURRENT AGE IF YEARS IS THE UNIT.

CAPI INSTRUCTION: IF AGE = 0, SKIP THE UNIT FIELD AND GO TO CHQ.140.

<table>
<thead>
<tr>
<th></th>
<th>ENTER AGE</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>REFUSED</td>
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<td></td>
<td>DON'T KNOW</td>
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</table>

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<thead>
<tr>
<th></th>
<th>ENTER UNIT</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MONTHS</td>
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<tr>
<td></td>
<td>YEARS</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>

CHQ.135 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, 90-99 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.

<table>
<thead>
<tr>
<th></th>
<th>ENTER MONTH</th>
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<tbody>
<tr>
<td></td>
<td>AND</td>
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<tr>
<td></td>
<td>ENTER YEAR</td>
</tr>
<tr>
<td></td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td>DON'T KNOW</td>
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</tbody>
</table>

CHQ.140 Thinking about {CHILD}'s overall activity level, would you say {he/she} is …

<table>
<thead>
<tr>
<th></th>
<th>1 (CHQ.175)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less active than other children of {his/her} age,</td>
<td></td>
</tr>
<tr>
<td>About as active,</td>
<td></td>
</tr>
<tr>
<td>Slightly more active, or</td>
<td></td>
</tr>
<tr>
<td>A lot more active than other children of {his/her} age?</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (CHQ.175)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (CHQ.175)</td>
</tr>
</tbody>
</table>

CHQ.145 Do you have any concerns about {CHILD}'s overall activity level?

<table>
<thead>
<tr>
<th></th>
<th>1 (CHQ.175)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>2 (CHQ.175)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (CHQ.175)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (CHQ.175)</td>
</tr>
</tbody>
</table>
### CHQ.150 Has (CHILD) been evaluated by a professional in response to (his/her) overall activity level?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (CHQ.175)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (CHQ.175)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (CHQ.175)</td>
</tr>
</tbody>
</table>

### CHQ.155 Did you obtain a diagnosis of a problem from a professional?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2 (CHQ.175)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (CHQ.175)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9 (CHQ.175)</td>
</tr>
</tbody>
</table>

### CHQ.160 What was the diagnosis?

**PROBE:** What was the primary diagnosis?

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEARNING DISABILITY</td>
<td>1</td>
</tr>
<tr>
<td>ATTENTION DEFICIT DISORDER (ADD)</td>
<td>2</td>
</tr>
<tr>
<td>HYPERACTIVITY</td>
<td>3</td>
</tr>
<tr>
<td>DYSLEXIA</td>
<td>4</td>
</tr>
<tr>
<td>MENTAL RETARDATION</td>
<td>5</td>
</tr>
<tr>
<td>OTHER (SPECIFY)</td>
<td>6</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

### CHQ.165 How old was (CHILD) when the first diagnosis of a problem was made?

**CAPI INSTRUCTION:** RANGE CHECK: 0-24 IF MONTHS IS THE UNIT; 0-CURRENT AGE IF YEARS IS THE UNIT.

**CAPI INSTRUCTION:** IF AGE = 0, SKIP THE UNIT FIELD AND GO TO CHQ.175.

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
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<tbody>
<tr>
<td>ENTER AGE</td>
<td></td>
</tr>
<tr>
<td>REFUSED</td>
<td>77 (CHQ.175)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>99</td>
</tr>
</tbody>
</table>

**ENTER UNIT**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONTHS</td>
<td>1 (CHQ.175)</td>
</tr>
<tr>
<td>YEARS</td>
<td>2 (CHQ.175)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7 (CHQ.175)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>
CHQ.170 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, 90-99 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.

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<tbody>
<tr>
<td>ENTER MONTH</td>
<td>ENTER YEAR</td>
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</tbody>
</table>

REFUSED ................................... 777
DON'T KNOW................................ 999

CHQ.175 Does {CHILD} show good coordination in moving {his/her} arms and legs? Would you say {he/she} does this ...

IF RESPONDENT REPORTS DIFFERENTIALLY FOR ARMS OR LEGS OR FOR SIDES OF THE BODY, SAY: Answer for the part of the body your child has the most difficulty using.

IF CHILD HAS EPISODIC TROUBLE, SAY: Answer for what you consider a typical day.

Better than other children {his/her} age, ...... 1 (CHQ.200)
As well as other children, ....................... 2 (CHQ.200)
Slightly less well than other children, or....... 3
Much less well than other children? ............. 4
REFUSED ...................................... 7 (CHQ.200)
DON'T KNOW.................................. 9 (CHQ.200)

HELP AVAILABLE

CHQ.180 Has {CHILD} been evaluated by a professional in response to the use of {his/her} limbs?

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

CHQ.185 Did you obtain a diagnosis of a problem from a professional?

YES............................................ 1
NO ........................................... 2 (CHQ.200)
REFUSED .................................... 7 (CHQ.200)
DON'T KNOW.................................. 9 (CHQ.200)
CHQ.190 How old was {CHILD} when the first diagnosis of a problem was made?

CAPI INSTRUCTION: RANGE CHECK: 0-24 IF MONTHS IS THE UNIT; 0-CURRENT AGE IF YEARS IS THE UNIT.

CAPI INSTRUCTION: IF AGE = 0, SKIP THE UNIT FIELD AND GO TO CHQ.200.

|___|___|
ENTER AGE

REFUSED ................................ .................. 77 (CHQ.200)
DON'T KNOW ................................ .................. 99

ENTER UNIT

MONTHS ................................ .................... 1 (CHQ.200)
YEARS ................................ ....................... 2 (CHQ.200)
REFUSED ................................ .................. 7 (CHQ.200)
DON'T KNOW ................................ ............. 9

CHQ.195 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, 90-99 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.

|___|___| AND |___|___|___|
ENTER MONTH ENTER YEAR

REFUSED ................................ ................... 777
DON'T KNOW ................................ .............. 999

CHQ.200 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
As well as other children, ............................. 2
Slightly less well than other children, or....... 3 (CHQ.210)
Much less well than other children? ............. 4 (CHQ.210)
REFUSED ................................ .................. 7
DON'T KNOW................................................ 9
CHQ.205  When (CHILD) was younger, did (he/she) ever have unusual difficulty pronouncing words, communicating with, or understanding others?

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

HELP AVAILABLE

CHQ.210  Has (CHILD) been evaluated by a professional in response to (his/her) ability to communicate?

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

CHQ.215  Did you obtain a diagnosis of a problem from a professional?

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

CHQ.220  How old was (CHILD) when the first diagnosis of a problem was made?

CAPI INSTRUCTION: RANGE CHECK: 0-24 IF MONTHS IS THE UNIT; 0-CURRENT AGE IF YEARS IS THE UNIT.

CAPI INSTRUCTION: IF AGE = 0, SKIP THE UNIT FIELD AND GO TO CHQ.230.

| ___ | ___ |
ENTER AGE

REFUSED .................................................. 77 (CHQ.230)
DON'T KNOW ............................................ 99

ENTER UNIT

MONTHS .................................................... 1 (CHQ.230)
YEARS ..................................................... 2 (CHQ.230)
REFUSED .................................................. 7 (CHQ.230)
DON'T KNOW ............................................ 9
CHQ.225 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, 90-99 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.

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<td>ENTER MONTH</td>
<td>ENTER YEAR</td>
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</table>

REFUSED .......................................................... 777
DON'T KNOW.................................................... 999

CHQ.230 Does (CHILD) have difficulty hearing and understanding speech in a normal conversation?

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

CHQ.235 Have you had (CHILD)'s hearing evaluated by a professional? HELP AVAILABLE

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

BOX 4

CHECK ITEM CHQ.240:

- IF CHILD HAS NO DIFFICULTY UNDERSTANDING SPEECH (CHQ.230=2, 7, OR 9), GO TO CHQ.285.
- IF CHILD HAS DIFFICULTY UNDERSTANDING SPEECH (CHQ.230=1) AND CHILD HAS NOT HAD HEARING EVALUATED (CHQ.235=2, 7, OR 9), GO TO CHQ.260
- OTHERWISE, CONTINUE WITH CHQ.245.

CHQ.245 Did you obtain a diagnosis of a problem from a professional?

YES .............................................................. 1
NO .............................................................. 2 (CHQ.285)
REFUSED .......................................................... 7 (CHQ.285)
DON'T KNOW....................................................... 9 (CHQ.285)
CHQ.250  How old was {CHILD} when the first diagnosis of a problem was made?

CAPI INSTRUCTION: RANGE CHECK: 0-24 IF MONTHS IS THE UNIT; 0-CURRENT AGE IF YEARS IS
THE UNIT.

CAPI INSTRUCTION: IF AGE = 0, SKIP THE UNIT FIELD AND GO TO CHQ.260.

|___|___| ENTER AGE

REFUSED .................................................. 77 (CHQ.260)
DON'T KNOW .............................................. 99

ENTER UNIT

MONTHS ..................................................... 1 (CHQ.260)
YEARS ....................................................... 2 (CHQ.260)
REFUSED ..................................................... 7 (CHQ.260)
DON'T KNOW ............................................... 9

CHQ.255  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, 90-99 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.

|___|___| AND |___|___|___|___| ENTER MONTH ENTER YEAR

REFUSED ................................................... 777
DON'T KNOW .............................................. 999

CHQ.260  Which of the following best describes {CHILD}'s hearing loss? Is (he/she) ...

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

CHQ.265  Does {CHILD} usually wear a hearing aid?

YES .............................................................. 1
NO ............................................................... 2
REFUSED ........................................................... 7
DON'T KNOW ...................................................... 9
CHQ.270  Does (CHILD) have cochlear implants?  

HELP AVAILABLE

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**BOX 5**

CHECK ITEM CHQ.275:

- IF CHILD DOES NOT WEAR HEARING AID (CHQ.265=2, 7, OR 9) AND DOES NOT HAVE COCHLEAR IMPLANTS (CHQ.270=2, 7, OR 9), GO TO CHQ.285.
- OTHERWISE, CONTINUE WITH CHQ.280.

CHQ.280  What is the effect of the device on (CHILD)’s ability to hear and understand speech in normal conversations? Does it ...

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatly improve (his/her) hearing</td>
<td>1</td>
</tr>
<tr>
<td>Somewhat improve (his/her) hearing</td>
<td>2</td>
</tr>
<tr>
<td>Minimally improve (his/her) hearing</td>
<td>3</td>
</tr>
<tr>
<td>Does it not improve (his/her) hearing?</td>
<td>4</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

CHQ.285  Now I want to ask you about (CHILD)’s vision. Does (CHILD) have difficulty seeing objects in the distance or letters on paper?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

CHQ.290  Has (CHILD)’s vision been evaluated by a professional?  

HELP AVAILABLE

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
</tr>
</tbody>
</table>

**BOX 6**

CHECK ITEM CHQ.295:

- IF CHILD HAS NO DIFFICULTY SEEING (CHQ.285=2, 7, OR 9), GO TO CHQ.325.
- IF CHILD HAS DIFFICULTY SEEING (CHQ.285=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.305 How old was {CHILD} when the first diagnosis of a problem was made?

CAPI INSTRUCTION: RANGE CHECK: 0-24 IF MONTHS IS THE UNIT; 0-CURRENT AGE IF YEARS IS THE UNIT.

CAPI INSTRUCTION: IF AGE = 0, SKIP THE UNIT FIELD AND GO TO CHQ.315.

|___|___|
ENTER AGE

REFUSED .................................................. 77 (CHQ.315)
DON'T KNOW ............................................. 99

ENTER UNIT

MONTHS .................................................. 1 (CHQ.315)
YEARS ..................................................... 2 (CHQ.315)
REFUSED .................................................. 7 (CHQ.315)
DON'T KNOW ............................................. 9

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, 90-99 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.

|___|___| AND |___|___|___|
ENTER MONTH ENTER YEAR

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.

- 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.326 Did (CHILD) ever have frequent or repeated ear infections?  

IF NECESSARY SAY: Consider 3 or more ear infections in a 12 month time period as frequent or repeated.

- YES ................................................................................... 1
- NO ................................................................................... 2 (CHQ.330)
- REFUSED ............................................................................ 7 (CHQ.330)
- DON'T KNOW ....................................................................... 9 (CHQ.330)

CHQ.327 Did (CHILD) have frequent or repeated ear infections in the last 12 months?  

IF NECESSARY SAY: Consider 3 or more ear infections in the last 12 months as frequent or repeated.

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

CHQ-16
CHECK ITEM CHQ.355:

- IF CHILD DOES NOT HAVE ANY DISABILITIES AND HIS OR HER HEALTH IS GOOD TO EXCELLENT, THAT IS:
  - CHQ.095=1, 2, 7, 9 (INDEPENDENCE)
  - AND
  - CHQ.100=1, 2, 7, 9 (ATTENTION)
  - AND
  - CHQ.105=1, 2, 7, 9 (THINK/LEARN/SOLVE)
  - AND
  - CHQ.140=1, 2, 3, 7, 9 (HYPERACTIVE)
  - AND
  - CHQ.175=1, 2, 7, 9 (COORDINATION)
  - AND
  - CHQ.200=1, 2, 7, 9 (COMMUNICATION)
  - AND
  - CHQ.230=2, 7, 9 (HEARING)
  - AND
  - CHQ.285=2, 7, 9 (VISION)
  - AND
  - CHQ.325=1, 2, 7, 9 (BEHAVIOR)
  - AND
  - CHQ.330=1, 2, 3, 7, 9 (HEALTH)

  Go to BOX 11.

- OTHERWISE, CONTINUE WITH CHQ.340.

CHQ.340 Prior to 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 (BOX 10)
REFUSED ......................................................... 7 (BOX 10)
DON'T KNOW...................................................... 9 (BOX 10)
CHQ.345  I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.

RESPONSES: 1=YES, 2=NO, 7=REFUSED, 9=DON'T KNOW

CAPI INSTRUCTION: DISPLAY BRACKETS [ ] AROUND FIRST PARAGRAPH [I'm ... special needs.] WHEN ON ITEMS B-L.

HELP AVAILABLE

a. Speech or language therapy? ...........................................................

b. Occupational therapy? ............................................................... 

c. Physical therapy? ................................................................. 

d. Vision services? ........................................................................... 

e. Social work services? .................................................................

f. Psychological services? ............................................................... 

g. Home visits? .............................................................................

h. Parent support or training? ........................................................

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

j. Private tutoring or schooling for learning problems? .....................


BOX 8

CHECK ITEM CHQ.360:

■ IF CHILD DOES NOT HAVE DIFFICULTY SEEING (CHQ.285=2, 7, 9) OR
CHILD’S VISION PROBLEM IS CORRECTABLE WITH GLASSES (CHQ.315=1),
GO TO BOX 9.

■ OTHERWISE, CONTINUE WITH CHQ.345 (LETTER K).

k. Instruction in Braille? .................................................................


BOX 9

CHECK ITEM CHQ.367:

■ IF CHILD DOES NOT HAVE DIFFICULTY HEARING (CHQ.230=2, 7, 9),
GO TO CHQ.375.

■ OTHERWISE, CONTINUE WITH CHQ.345 (LETTER L).

l. Instruction in sign language, Cued Speech, ASL, TOCO? ............


CHQ-18
CHQ.375  How old was \{CHILD\} when \{this service/the earliest of these services\} began?

CAPI INSTRUCTION:  DISPLAY "THIS SERVICE" IF ONLY ONE ITEM CODED 1 (YES) FOR CHQ.345/LETTERS A-M) OR IF CHQ.340 = 1 AND EVERY ITEM AT CHQ.345 = 2, 7, OR 9. OTHERWISE, DISPLAY "THE EARLIEST OF THESE SERVICES."

CAPI INSTRUCTION:  RANGE CHECK:  0-24 IF MONTHS IS THE UNIT; 0-CURRENT AGE IF YEARS IS THE UNIT.

CAPI INSTRUCTION:  IF AGE = 0, SKIP THE UNIT FIELD AND GO TO CHQ.385.

|___|___| ENTER AGE

REFUSED ................................ .................. 77 (CHQ.385)
DON'T KNOW ................................ ............. 99

ENTER UNIT

MONTHS ................................ .................... 1 (CHQ.385)
YEARS ................................ ....................... 2 (CHQ.385)
REFUSED ................................ .................. 7 (CHQ.385)
DON'T KNOW ................................ ............. 9

CHQ.380  What is the month and year when {{CHILD} first received {NAME OF SINGLE SERVICE}/the first of these services began}?

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

CAPI INSTRUCTION:  DISPLAY "{CHILD} FIRST RECEIVED {NAME OF SINGLE SERVICE}" IF ONLY ONE ITEM CODED 1 (YES) FOR CHQ.345/LETTERS A-M) OR IF CHQ.340 = 1 AND EVERY ITEM AT CHQ.345 = 2, 7, OR 9. OTHERWISE, DISPLAY "THE FIRST OF THESE SERVICES BEGAN."


CAPI INSTRUCTION:  RANGE CHECK:  1-12 FOR MONTH, 90-99 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.

|___|___| AND |___|___|___|___|
ENTER MONTH ENTER YEAR

REFUSED ................................ ................... 777
DON'T KNOW ................................ .............. 999
CHQ.385  Is {CHILD} still receiving {this service/any of these services}?

CAPI INSTRUCTION: DISPLAY "THIS SERVICE" IF ONLY ONE ITEM CODED 1 (YES) FOR CHQ.345/LETTERS A-M) OR IF CHQ.340 = 1 AND EVERY ITEM AT CHQ.345 = 2, 7, OR 9. OTHERWISE, DISPLAY "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 {{CHILD} last received {NAME OF SINGLE SERVICE}/the last of these services was received}?

CAPI INSTRUCTION: DISPLAY "{CHILD} LAST RECEIVED {NAME OF SINGLE SERVICE}" IF ONLY ONE ITEM CODED 1 (YES) FOR CHQ.345/LETTERS A-M) OR IF CHQ.340 = 1 AND EVERY ITEM AT CHQ.345 = 2, 7, OR 9. OTHERWISE, DISPLAY "THE LAST OF THESE SERVICES WAS RECEIVED."


CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 90-99 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.

|___|___| AND |___|___|___|___|
ENTER MONTH ENTER YEAR

REFUSED ....................................................777
DON'T KNOW .................................................999

CHQ.400  Overall, how helpful {are/were} the special services your child or family {is receiving/received}?

CAPI INSTRUCTION: DISPLAY "ARE" AND "IS RECEIVING" IF CHQ.385 = 1. OTHERWISE DISPLAY "WERE" AND "RECEIVED".

Very helpful............................................... 1
Helpful ...................................................... 2
Not helpful, or ............................................ 3
Not at all helpful? ...................................... 4
REFUSED ..................................................... 7
DON'T KNOW ................................................. 9
BOX 10

CHECK ITEM CHQ.405:
- IF CHILD HAS SIGNIFICANT DIFFICULTY WITH ARMS AND LEGS (CHQ.175=4) AND HAS RECEIVED A DIAGNOSIS OF A PROBLEM FROM A PROFESSIONAL (CHQ.185=1)
  OR
  CHILD HAS SIGNIFICANT DIFFICULTY WITH COMMUNICATION (CHQ.200=4) AND HAS RECEIVED A DIAGNOSIS OF A PROBLEM FROM A PROFESSIONAL (CHQ.215=1),
  CONTINUE WITH CHQ.410.
- OTHERWISE, GO TO BOX 11.

CHQ.410 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 11

CHECK ITEM CHQ.415:
- GO TO SECTION MHQ (PARENT MARITAL HISTORY).
MHQ.005
CHECK ITEM MHQ.005:
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 5.
■ OTHERWISE, CONTINUE WITH MHQ.010.

MHQ.010
Next are a few questions about {your/CHILD’s parents’} marital history.

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: DISPLAY "YOUR" IF A MOTHER OR FATHER FIGURE IS THE RESPONDENT (FSQ.130 = 1 OR 2 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE 1 OR 2 AT FSQ.130). OTHERWISE, DISPLAY "{CHILD}’S PARENTS".
CHECK ITEM MHQ.015:
1. IF RESPONDENT IS BIOLOGICAL PARENT (FSQ.140 = 1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) AND
   NO OTHER PARENT IS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ OR ‘2’ AT FSQ.130 - OTHER THAN THE RESPONDENT) OR
   SECOND PARENT IS NONBIOLOGICAL PARENT (FSQ.130 = 1 OR 2 BUT FSQ.140 IS NOT CODED ‘1’ AND FSQ.150 IS NOT CODED ‘1’ OR FSQ.130 = 5 OR 6 FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT), GO TO MHQ.040.
2. IF RESPONDENT IS NOT A BIOLOGICAL PARENT, BUT ONE BIOLOGICAL PARENT IS IN HOUSEHOLD (FSQ.140 = 1 OR FSQ.150 = 1 FOR A HOUSEHOLD MEMBER WHO IS NOT FLAGGED AS THE RESPONDENT) AND
   RESPONDENT IS NOT SOMEONE WHO COULD BE A PARTNER TO HIM/HER (FSQ.130 IS NOT CODED ‘1’, ‘2’, ‘5’, OR ‘6’ FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT), GO TO MHQ.060.
3. IF RESPONDENT IS NOT A BIOLOGICAL PARENT, BUT ONE BIOLOGICAL PARENT IS IN HOUSEHOLD (FSQ.140 = 1 OR FSQ.150 = 1 FOR A HOUSEHOLD MEMBER WHO IS NOT FLAGGED AS THE RESPONDENT) AND
   RESPONDENT IS A NONBIOLOGICAL PARENT OR SPOUSE/PARTNER OF RESIDENT BIOLOGICAL PARENT (FSQ.130 = 1 OR 2 BUT FSQ.140 IS NOT CODED ‘1’ AND FSQ.150 IS NOT CODED ‘1’ OR FSQ.130 = 5 OR 6 FOR THE HOUSEHOLD MEMBER WHO IS FLAGGED AS THE RESPONDENT), GO TO MHQ.080.
4. IF NO BIOLOGICAL PARENTS ARE IN HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE ‘1’ AT FSQ.140 OR WITH A CODE ‘1’ AT FSQ.150), GO TO MHQ.100.
5. IF THERE ARE TWO BIOLOGICAL PARENTS IN THE HOUSEHOLD AND THE RESPONDENT IS ONE OF THEM (FSQ.140 = 1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT AND ANOTHER HOUSEHOLD MEMBER), CONTINUE WITH MHQ.020.

MHQ.020 Are you legally married to (CHILD)’s biological (father/mother)?


YES................................................................. 1
NO .............................................................. 2 (MHQ.030)
REFUSED ..................................................... 7 (MHQ.030)
DON’T KNOW ............................................... 9 (MHQ.030)
MHQ.025  When did you get married?

THIS REFERS TO RESPONDENT'S CURRENT MARRIAGE.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

|___|___| AND |___|___|___|___| (MHQ.165)
ENTER MONTH ENTER YEAR

REFUSED .................................................777 (MHQ.165)
DON'T KNOW .............................................999 (MHQ.165)

MHQ.030  Are you and (CHILD)'s biological (father/mother) currently living together in a marriage-like relationship?


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

MHQ.035  When did you and (CHILD)'s biological (father/mother) begin living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.


|___|___| AND |___|___|___|___| (MHQ.165)
ENTER MONTH ENTER YEAR

REFUSED .................................................777 (MHQ.165)
DON'T KNOW .............................................999 (MHQ.165)

MHQ.040  Are you legally married to someone who is not (CHILD)'s biological (father/mother) at the present time?


YES .......................................................... 1 (MHQ.050)
NO ............................................................ 2
REFUSED .................................................... 7
DON'T KNOW ............................................... 9
MHQ.045 Are you currently living in a marriage-like relationship with someone who is not (CHILD)'s biological (father/mother)?


YES .......................................................... 1 (MHQ.055)
NO .......................................................... 2 (MHQ.125)
REFUSED ................................................... 7 (MHQ.125)
DON'T KNOW .............................................. 9 (MHQ.125)

MHQ.050 When did your current marriage begin?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

ENTER MONTH ENTER YEAR (MHQ.125)

REFUSED ................................................... 777 (MHQ.125)
DON'T KNOW .............................................. 999 (MHQ.125)

MHQ.055 When did you and this person begin living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

ENTER MONTH ENTER YEAR (MHQ.125)

REFUSED ................................................... 777 (MHQ.125)
DON'T KNOW .............................................. 999 (MHQ.125)

MHQ.060 Are (CHILD)'s biological parents legally married?

YES .......................................................... 1
NO .......................................................... 2 (MHQ.070)
REFUSED ................................................... 7 (MHQ.070)
DON'T KNOW .............................................. 9 (MHQ.070)

MHQ.065 When did their marriage begin?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

ENTER MONTH ENTER YEAR (MHQ.165)

REFUSED ................................................... 777 (MHQ.165)
DON'T KNOW .............................................. 999 (MHQ.165)
MHQ.070 Are (CHILD)'s biological parents currently living together in a marriage-like relationship?

YES................................................. 1
NO .................................................... 2 (MHQ.125)
REFUSED ............................................. 7 (MHQ.125)
DON'T KNOW ...................................... 9 (MHQ.125)

MHQ.075 When did (CHILD)'s biological parents begin living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

ENTER MONTH ENTER YEAR (MHQ.165)

REFUSED ..............................................777 (MHQ.165)
DON'T KNOW ........................................999 (MHQ.165)

MHQ.080 Are you and (CHILD)'s biological parent legally married?

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

MHQ.085 When did you get married?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

ENTER MONTH ENTER YEAR (MHQ.125)

REFUSED ..............................................777 (MHQ.125)
DON'T KNOW ........................................999 (MHQ.125)

MHQ.090 Are you and (CHILD)'s biological (father/mother) living together in a marriage-like relationship?

CAPI INSTRUCTION: DISPLAY "FATHER" IF A MOTHER FIGURE/PARTNER IS THE RESPONDENT (FSQ.130 = 1 OR 5 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). DISPLAY "MOTHER" IF A FATHER FIGURE/PARTNER IS THE RESPONDENT (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

YES................................................. 1
NO .................................................... 2 (MHQ.125)
REFUSED ............................................. 7 (MHQ.125)
DON'T KNOW ...................................... 9 (MHQ.125)
MHQ.095 When did you first start living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

|__|__|__|__| AND |__|__|__|__| (MHQ.125)
ENTER MONTH ENTER YEAR

REFUSED ................................ 777 (MHQ.125)
DON'T KNOW ................................ 999 (MHQ.125)

MHQ.100 Are you legally married?

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

MHQ.105 When did you get married?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

|__|__|__|__| AND |__|__|__|__| (MHQ.120)
ENTER MONTH ENTER YEAR

REFUSED ........................................... 777 (MHQ.120)
DON'T KNOW ....................................... 999 (MHQ.120)

MHQ.110 Are you living with someone in a marriage-like relationship?

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

MHQ.115 When did you begin living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

|__|__|__|__| AND |__|__|__|__| (MHQ.125)
ENTER MONTH ENTER YEAR

REFUSED ........................................... 777
DON'T KNOW ....................................... 999
MHQ.120 (Next are a few questions about (CHILD)'s biological parents. 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.)

To the best of your knowledge, are (CHILD)'s biological parents currently legally married to each other?

CAPI INSTRUCTION: DISPLAY "[NEXT ARE .... BE HELPFUL]" IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140 OR FSQ.150. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "FOR ADOPTIVE PARENTS" IF THE RESPONDENT IS AN ADOPTIVE PARENT (FSQ.140 OR FSQ.150 IS CODED '2' FOR THE PERSON FLAGGED AS THE RESPONDENT).

YES ................................ ............................. 1 (MHQ.130)
NO ................................ .............................. 2
REFUSED ................................ ................... 7
DON'T KNOW .............................. 9

MHQ.125 [To the best of your knowledge] (Have you/Has (CHILD)'s biological (mother/father)) EVER been married to (CHILD)'s biological (father/mother)?

CAPI INSTRUCTION: DISPLAY "HAVE YOU" IF THE RESPONDENT IS A BIOLOGICAL MOTHER OR BIOLOGICAL FATHER (FSQ.140 =1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "HAS (CHILD)'S BIOLOGICAL (MOTHER/FATHER)".

DISPLAY "MOTHER" AND "FATHER" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "FATHER" AND "MOTHER".

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

MHQ.130 [To the best of your knowledge] When did that marriage begin?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

ENTER MONTH ENTER YEAR

REFUSED ................................ ................... 777
DON'T KNOW .............................. 999

BOX 2A

CHECK ITEM MHQ.133:
• IF BIOLOGICAL PARENTS CURRENTLY MARRIED (MHQ.120 = 1), GO TO BOX 3.
• OTHERWISE, CONTINUE WITH MHQ.135.
MHQ.135 [To the best of your knowledge] Did that marriage end in…

Legal separation, .............................................. 1
Divorce, or .................................................... 2
Death? ......................................................... 3
REFUSED .................................................... 7
DON'T KNOW ............................................. 9

BOX 3

CHECK ITEM MHQ.140:
- IF RESPONDENT IS THE BIOLOGICAL MOTHER OR FATHER, OR THE BIOLOGICAL MOTHER OR FATHER IS IN THE HOUSEHOLD, GO TO MHQ.160.
- OTHERWISE, CONTINUE WITH MHQ.145.

MHQ.145 [To the best of your knowledge] When did {CHILD} stop living in a household with at least one biological parent?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 10-98 FOR YEAR.

| | AND | | | | (MHQ.165)
ENTER MONTH ENTER YEAR

REFUSED .................................................... 777 (MHQ.165)
DON'T KNOW ............................................. 999 (MHQ.165)

MHQ.150 [To the best of your knowledge] Since {CHILD} was born, have {you/CHILD}'s biological {mother/father} and {CHILD}'s biological {father/mother} ever lived together in a marriage-like relationship?

CAPI INSTRUCTION: DISPLAY "YOU" IF THE RESPONDENT IS A BIOLOGICAL MOTHER OR BIOLOGICAL FATHER (FSQ.140 = 1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "{CHILD}'S BIOLOGICAL {MOTHER/FATHER}". DISPLAY "MOTHER" AND "FATHER" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "FATHER" AND "MOTHER".

YES ..................................................................... 1
NO ..................................................................... 2 (MHQ.165)
REFUSED .................................................... 7 (MHQ.165)
DON'T KNOW ............................................. 9 (MHQ.165)
MHQ.155  [To the best of your knowledge] When did (you/(CHILD)’s biological (mother/father)) and (CHILD)’s biological (father/mother) first live together in the same household?

CAPI INSTRUCTION: RANGE CHECK:  1-12 FOR MONTH; 10-98 FOR YEAR.

CAPI INSTRUCTION:  DISPLAY "YOU" IF THE RESPONDENT IS A BIOLOGICAL MOTHER OR BIOLOGICAL FATHER (FSQ.140 =1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "[CHILD]’S BIOLOGICAL (MOTHER/FATHER)". DISPLAY "MOTHER" AND "FATHER" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "FATHER" AND "MOTHER".

|___|___| AND |___|___|___|___|
| ENTER MONTH | ENTER YEAR |

REFUSED ................................ ................... 777
DON'T KNOW ................................ ............. 999

MHQ.160  [To the best of your knowledge] When did (you/(CHILD)’s biological (mother/father)) and (CHILD)’s biological (father/mother) last live together?

CAPI INSTRUCTION: RANGE CHECK:  1-12 FOR MONTH; 10-98 FOR YEAR.

CAPI INSTRUCTION:  DATE RECORDED AT MHQ.160 MUST BE AFTER DATE RECORDED AT MHQ.155 OR MHQ.130.

CAPI INSTRUCTION:  DISPLAY "YOU" IF THE RESPONDENT IS A BIOLOGICAL MOTHER OR BIOLOGICAL FATHER (FSQ.140 =1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "[CHILD]’S BIOLOGICAL (MOTHER/FATHER)". DISPLAY "MOTHER" AND "FATHER" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "FATHER" AND "MOTHER".

|___|___| AND |___|___|___|___|
| ENTER MONTH | ENTER YEAR |

REFUSED ................................ ................... 777
DON'T KNOW ................................ ............. 999
MHQ.165  How old {were you/was (CHILD)’s biological mother} when {you/she} gave birth for the first time?

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

CAPI INSTRUCTION: DISPLAY "WERE YOU" AND "YOU" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "WAS (CHILD)’S BIOLOGICAL MOTHER" AND "SHE".

|___|___|
ENTER AGE IN YEARS

or

REFUSED .................................................. 77
DON’T KNOW .................................................. 99

BOX 5

CHECK ITEM MHQ.185:
■ GO TO SECTION ALQ (CHILD ALWAYS LIVED WITH PERSON).
(I now have just a few questions about the past living arrangements of your household.)

How long has {CHILD} lived with {you/(NAME)}?

ALWAYS CODE ‘88’ IF RESPONDENT REPORTS ‘ALL OF {CHILD’S} LIFE’ OR ‘{CHILD} HAS ALWAYS LIVED WITH {YOU/(NAME)}’.

CAPI INSTRUCTION: DISPLAY “I NOW HAVE JUST A FEW QUESTIONS ABOUT THE PAST LIVING ARRANGEMENTS OF YOUR HOUSEHOLD” WHEN THE CURSOR IS POSITIONED ON THE FIRST ROW ENTRY OF THE MATRIX. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "YOU" WHEN CURSOR IS POSITIONED ON THE ROW FOR THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: RANGE CHECK: 0-8 FOR YEARS, 0-12 FOR MONTHS.

CAPI INSTRUCTION: EDIT: THE YEARS AND MONTHS ENTERED SHOULD BE LESS THAN OR EQUAL TO THE AGE (IN YEAR AND MONTHS) OF THE CHILD.

CAPI INSTRUCTION: EDIT: IF YEARS = 0, THEN MONTHS MUST BE GREATER THAN ZERO.

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>YEARS</th>
<th>MONTHS</th>
</tr>
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<tbody>
<tr>
<td>{Display HH Member Name}</td>
<td></td>
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<tr>
<td>{Display HH Member Name}</td>
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<tr>
<td>{Display HH Member Name}</td>
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</table>

CAPI ROSTER INSTRUCTION: DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020 AND FSQ.070) WHO IS THE RESPONDENT, MOTHER FIGURE (CODE ‘1’ AT FSQ.130), FATHER FIGURE (CODE ‘2’ AT FSQ.130), OR PARTNER OF CHILD’S PARENT (CODE ‘5’ OR ‘6’ 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 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 OR A PARTNER, DISPLAY HIS/HER NAME ONCE.

CAPI MATRIX INSTRUCTIONS:

1. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE ROSTER INSTRUCTIONS ABOVE).
2. REFUSED (77) AND DON’T KNOW (99) ARE ALLOWED FOR YEARS AND/OR MONTHS.
3. CURSOR WILL MOVE FROM YEARS COLUMN TO MONTHS COLUMN FOR SAME PERSON AND THEN WILL MOVE TO YEARS COLUMN FOR NEXT PERSON, ETC. THE CURSOR WILL MOVE IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED. NOTE: CODE ‘88’ IS ONLY ALLOWED IN THE YEARS COLUMN. IF CODE ‘88’ IS USED IN THE YEARS COLUMN, THE CURSOR SHOULD SKIP OVER THE MONTHS COLUMN AND MOVE DIRECTLY TO THE YEARS COLUMN FOR THE NEXT PERSON.
4. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR.
HISTORICAL ROSTER - HRQ

BOX 1

CHECK ITEM HRQ.010:
- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO HRQ.130.
- OTHERWISE, CONTINUE WITH BOX 2.

BOX 2

CHECK ITEM HRQ.020:
- IF THERE IS NO BIRTH MOTHER (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ AT FSQ.140) OR NO BIRTH FATHER (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ AT FSQ.150) CURRENTLY LIVING IN THE HOUSEHOLD, CONTINUE WITH BOX 3.
- OTHERWISE, GO TO HRQ.130.

BOX 3

LOOP 1
- ASK HRQ.030-HRQ.120 ONE TIME FOR EACH BIRTH MOTHER (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ AT FSQ.140) AND/OR BIRTH FATHER (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ AT FSQ.150) WHO IS NOT CURRENTLY LIVING IN THE HOUSEHOLD.

HRQ.030 I'd like to ask you a few questions about {CHILD}'s biological {mother/father}. Is {CHILD}'s biological {mother/father} currently living?

[[IF NECESSARY SAY:  Again, any information you can provide will be helpful.]]

CODE ‘3’ IF RESPONDENT VOLUNTEERS DON'T KNOW WHO BIOLOGICAL {MOTHER/FATHER} IS.

CAPI INSTRUCTION: DISPLAY "MOTHER" IF LOOPING ON BIRTH MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ AT FSQ.140). DISPLAY "FATHER" IF LOOPING ON BIRTH FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ AT FSQ.150).

CAPI INSTRUCTION: DISPLAY "[IF NECESSARY .... BE HELPFUL.]

YES ................................ ............................. 1
NO ................................ .............................. 2
DON'T KNOW WHO BIOLOGICAL {MOTHER/FATHER} IS.............................. 3 (BOX 6)
REFUSED ................................ ................... 7
DON'T KNOW ................................. 9
HRQ.040 What is/was CHILD's biological mother's/father's date of birth?

ONLY MONTH AND YEAR IS NECESSARY.

CAPI INSTRUCTION: RANGE CHECK 1-12 FOR MONTH, 20-82 FOR YEAR.

CAPI INSTRUCTION: DISPLAY "is" IF BIOLOGICAL PARENT CURRENTLY BEING ASKED ABOUT IS NOT DECEASED (HRQ.030 = 1, 7, OR 9). OTHERWISE, DISPLAY "was".

|___|___| AND |___|___|___|___|
ENTER MONTH ENTER YEAR

REFUSED .................................................. 777
DON'T KNOW ............................................. 999

BOX 4

CHECK ITEM HRQ.050:
- IF A YEAR IS ENTERED AT HRQ.040 AND BIOLOGICAL PARENT IS DECEASED (HRQ.030=2), GO TO HRQ.080.
- IF A YEAR IS ENTERED AT HRQ.040 AND BIOLOGICAL PARENT IS NOT DECEASED (HRQ.030=1, 7, 9), GO TO HRQ.090.
- OTHERWISE, CONTINUE WITH HRQ.060.

HRQ.060 How old is/was CHILD's biological mother/father when he/she died?

CAPI INSTRUCTION: DISPLAY "IS" IF BIOLOGICAL PARENT (CURRENTLY BEING ASKED ABOUT) IS NOT DECEASED (HRQ.030=1, 7, 9). OTHERWISE, DISPLAY "WAS".

CAPI INSTRUCTION: DISPLAY "WHEN HE/SHE DIED" IF BIOLOGICAL PARENT (CURRENTLY BEING ASKED) ABOUT IS DECEASED (HRQ.030=2). OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: RANGE CHECK 12-90.

|___|___|
Enter AGE IN YEARS
REFUSED .................................................. 777
DON'T KNOW ............................................. 999

BOX 5

CHECK ITEM HRQ.070:
- IF BIOLOGICAL PARENT IS DECEASED (HRQ.030=2), CONTINUE WITH HRQ.080.
- OTHERWISE, GO TO HRQ.090.
HRQ.080 What is (CHILD)'s biological (mother's/father's) date of death?

ONLY MONTH AND YEAR IS NECESSARY.

CAPI INSTRUCTION: RANGE CHECK FOR MOTHER'S DATE OF DEATH: 1-12 FOR MONTH, 90-98 FOR YEAR.

CAPI INSTRUCTION: EDIT FOR MOTHER'S DATE OF DEATH: DATE OF DEATH MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTH DATE.

CAPI INSTRUCTION: SOFT RANGE CHECK FOR FATHER'S DATE OF DEATH: 1-12 FOR MONTH, 89-98 FOR YEAR. HARD RANGE CHECK FOR FATHER'S DATE OF DEATH: 80-98 FOR YEAR.

CAPI INSTRUCTION: EDIT FOR FATHER'S DATE OF DEATH: DATE OF DEATH MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTH DATE MINUS 10 MONTHS. HOWEVER, DO NOT FORCE THE INTERVIEWER TO ADJUDICATE A RESPONSE OUT OF RANGE, JUST REQUIRE THAT THE INTERVIEWER VERIFY THE RESPONSE AND RE-ENTER IT.

|___|___| AND |___|___|___|___|
ENTER MONTH ENTER YEAR

REFUSED ....................................................777
DON'T KNOW ..................................................999

HRQ.090 (Is/Was) (he/she) of Hispanic or Latino origin? HELP AVAILABLE

{[IF NECESSARY SAY:  Again, any information you can provide will be helpful.]}]

CAPI INSTRUCTION: DISPLAY "[IF NECESSARY .... BE HELPFUL.]" IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140 OR FSQ.150. OTHERWISE, USE A NULL DISPLAY.

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

HRQ.100 What (is/was) (his/her) race? HELP AVAILABLE

CODE ALL THAT APPLY.

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) ____________ 6

REFUSED .....................................................7
DON'T KNOW ................................................9
HRQ.110 To the best of your knowledge, {has/did} {CHILD} ever {lived/live} with {his/her} biological {mother/father}? 

{[IF NECESSARY SAY: Again, any information you can provide will be helpful.]} 

{CODE '3' IF RESPONDENT VOLUNTEERS FATHER WAS DECEASED BEFORE CHILD WAS BORN.} 

CAPI INSTRUCTION: DISPLAY "HAS" AND "LIVED" IF BIOLOGICAL PARENT CURRENTLY BEING ASKED ABOUT IS NOT DECEASED (HRQ.030=1, 7, 9). OTHERWISE, DISPLAY "DID" AND "LIVE". 

CAPI INSTRUCTION: DISPLAY "CODE '3' IF ... WAS BORN" AND "FATHER DECEASED ... 3 (BOX 6)" IF CURRENTLY ASKING ABOUT THE BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD. 

CAPI INSTRUCTION: DISPLAY "[IF NECESSARY .... BE HELPFUL.]" IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140 OR FSQ.150. OTHERWISE, USE A NULL DISPLAY. 

YES.......................................................... 1 
NO .......................................................... 2 (BOX 6) 
{FATHER DECEASED BEFORE 
CHILD BORN............................................. 3 (BOX 6)) 
REFUSED ............................................... 7 (BOX 6) 
DON'T KNOW ......................................... 9 (BOX 6) 

HRQ.120 When did {CHILD}'s {mother/father} last live in the same household as {CHILD}? 

CAPI INSTRUCTION: RANGE CHECK 1-12 FOR MONTH, 90-99 FOR YEAR. 

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

|___|___| AND |___|___|___|___| 
ENTER MONTH ENTER YEAR 

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

END LOOP 1

ASK HRQ.030-HRQ.120 FOR NEXT BIRTH MOTHER/FATHER NOT LIVING IN THE HOUSEHOLD. 

IF NO NEXT BIRTH MOTHER/FATHER, CONTINUE WITH HRQ.130.
HRQ.130 {Besides (CHILD)'s biological {mother/father/parents}, are/Are} there any {other} adults, 18 years or older at the time, who do not currently live with (CHILD) who have lived with (him/her) in the past for at least four months?

CAPI INSTRUCTION: DISPLAY "BESIDES (CHILD)'S BIOLOGICAL {MOTHER/FATHER/PARENTS}, ARE" IF THERE IS A BIRTH MOTHER OR FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD THAT WAS ASKED ABOUT IN LOOP 1. OTHERWISE, DISPLAY "ARE".

CAPI INSTRUCTION: DISPLAY "MOTHER" IF ONLY A BIRTH MOTHER WAS ASKED ABOUT IN LOOP 1. DISPLAY "FATHER" IF ONLY A BIRTH FATHER WAS ASKED ABOUT IN LOOP 1. OTHERWISE, DISPLAY "PARENTS".

CAPI INSTRUCTION: DISPLAY "OTHER" IF THERE IS A BIRTH MOTHER OR FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD THAT WAS ASKED ABOUT IN LOOP 1. OTHERWISE, USE A NULL DISPLAY.

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

HRQ.140 {Besides (CHILD)'s biological {mother/father/parents}, how/How} many adults, 18 years or older at the time, once lived with (CHILD) for at least four months, but no longer do?

IF NECESSARY, SAY: Can you give me your best estimate?

CAPI INSTRUCTION: RANGE CHECK 1-20.

[ 00 ]
ENTER # OF ADULTS
REFUSED ................................ ................... 77
DON'T KNOW ................................ ............. 99

HRQ.150 How {were the other {NUMBER} adults/was the other person} related to (CHILD)?

CODE ALL THAT APPLY.

CAPI INSTRUCTION: DISPLAY "WERE THE OTHER {NUMBER} ADULTS" IF HRQ.140 DOES NOT EQUAL 1, 77, OR 99. OTHERWISE DISPLAY "WAS THE OTHER PERSON".

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY THE TWO DIGIT NUMBER RECORDED AT HRQ.140.

MOTHER FIGURE/FEMALE GUARDIAN ..... 1
FATHER FIGURE/MALE GUARDIAN ........ 2
GIRLFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN.............................. 3
BOYFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN.............................. 4
SISTER/BROTHER............................. 5
GRANDMOTHER/GRANDFATHER......... 6
OTHER RELATIVE .......................... 7
OTHER NON-RELATIVE ..................... 8
REFUSED ................................ 77
DON'T KNOW ................................ 99
CHECK ITEM HRQ.160:
- GO TO SECTION NRQ (NON-RESIDENT PARENT QUESTIONS).
NON-RESIDENT PARENT QUESTIONS - NRQ

BOX 1

CHECK ITEM NRQ.010:
- 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 5.
- 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

CHECK ITEM NRQ.020:
- IF ASKING ABOUT BIOLOGICAL MOTHER NOT IN HOUSEHOLD AND BIOLOGICAL MOTHER IS NOT LIVING OR RESPONDENT DOES NOT KNOW WHO THE BIOLOGICAL MOTHER IS (HRQ.030=2, 3, 7 OR 9 FOR THE BIOLOGICAL MOTHER), GO TO BOX 4.
- IF ASKING ABOUT BIOLOGICAL MOTHER NOT IN HOUSEHOLD AND BIOLOGICAL MOTHER IS STILL LIVING (HRQ.030=1 FOR THE BIOLOGICAL MOTHER), CONTINUE WITH BOX 3A FOR THE BIOLOGICAL MOTHER.
- IF ASKING ABOUT BIOLOGICAL FATHER NOT IN HOUSEHOLD AND BIOLOGICAL FATHER IS NOT LIVING OR RESPONDENT DOES NOT KNOW WHO THE BIOLOGICAL FATHER IS (HRQ.030=2, 3, 7, OR 9 FOR THE BIOLOGICAL FATHER), GO TO BOX 4.
- IF ASKING ABOUT BIOLOGICAL FATHER NOT IN HOUSEHOLD AND BIOLOGICAL FATHER IS STILL LIVING (HRQ.030=1 FOR BIOLOGICAL FATHER), CONTINUE WITH BOX 3A FOR THE BIOLOGICAL FATHER.
- OTHERWISE, GO TO NRQ.030.
CHECK ITEM NRQ.021:
- IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO
  HOUSEHOLD MEMBERS CODED ‘1’ AT FSQ.140 OR FSQ.150)
  AND
  THERE IS AT LEAST ONE ADOPTIVE PARENT IN THE HOUSEHOLD (AT
  LEAST ONE HOUSEHOLD MEMBER WITH A CODE ‘2’ AT FSQ.140 OR
  FSQ.150),
  CONTINUE WITH NRQ.022.
- OTHERWISE, GO TO NRQ.040.

NRQ.022 Has (CHILD) had any contact with (his/her) biological (mother/father) since (he/she) was adopted?

[[IF NECESSARY SAY: Again, any information you can provide will be helpful.]]

CAPI INSTRUCTION: DISPLAY "MOTHER" IF ASKING ABOUT THE NON-RESIDENT BIOLOGICAL MOTHER. DISPLAY "FATHER" IF ASKING ABOUT THE NON-RESIDENT BIOLOGICAL FATHER.

CAPI INSTRUCTION: DISPLAY "[IF NECESSARY ... BE HELPFUL.]" IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE ‘1’ AT FSQ.140 OR FSQ.150). OTHERWISE, USE A NULL DISPLAY.

<table>
<thead>
<tr>
<th>Answer</th>
<th>Code</th>
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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</table>

NRQ.030 You said before that {you/{NAME}} (are/is) (CHILD)’s adoptive (mother/father). Does (CHILD) have an adoptive (father/mother)?

CAPI INSTRUCTION: DISPLAY "YOU" AND "ARE" IF FSQ.140 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE FATHER) OR FSQ.150 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE MOTHER) FOR THE PERSON FLAGGED AS THE RESPONDENT. DISPLAY "[NAME]" AND "IS" IF FSQ.140 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE FATHER) OR FSQ.150 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE MOTHER) FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT.

CAPI INSTRUCTION: DISPLAY "MOTHER" AND "FATHER" IF ASKING ABOUT A NON-RESIDENT ADOPTIVE FATHER. DISPLAY "FATHER" AND "MOTHER" IF ASKING ABOUT A NON-RESIDENT ADOPTIVE MOTHER.

<table>
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<tr>
<th>Answer</th>
<th>Code</th>
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<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REFUSED</td>
<td>7</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>9</td>
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</tbody>
</table>
NRQ.040 The next questions are about {CHILD}'s contact with (his/her) {biological/adoptive} {father/mother}.

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 ...

{[IF NECESSARY SAY: Again, any information you can provide will be helpful.]} 

CAPI INSTRUCTION: DISPLAY "BIOLOGICAL" IF ASKING ABOUT A NON-RESIDENT BIOLOGICAL PARENT. DISPLAY "ADOPTIVE" IF ASKING ABOUT A NON-RESIDENT ADOPTIVE PARENT.

CAPI INSTRUCTION: DISPLAY "FATHER" IF ASKING ABOUT A NON-RESIDENT FATHER. DISPLAY "MOTHER" IF ASKING ABOUT A NON-RESIDENT MOTHER.

CAPI INSTRUCTION: DISPLAY "[IF NECESSARY ... BE HELPFUL.]" IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140 OR FSQ.150). OTHERWISE, USE A NULL DISPLAY.

Less than one month, ................................ 1
More than a month but less than a year, .......... 2 (BOX 4)
More than a year, or.................................. 3 (BOX 4)
No contact since birth or since (his/her) {father/mother} last lived with {CHILD}? ...... 4 (BOX 4)
REFUSED ............................................... 7 (BOX 4)
DON'T KNOW ........................................... 9 (BOX 4)

NRQ.050 How many days has {CHILD} seen (his/her) {biological/adoptive} {father/mother} in the past 4 weeks?

CAPI INSTRUCTION: RANGE CHECK 0-28.

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

END LOOP 1
- ASK BOX 3 - NRQ.050 FOR NEXT NON-RESIDENTIAL PARENT.
- IF NO NEXT NON-RESIDENTIAL PARENT, CONTINUE WITH BOX 5.

CHECK ITEM NRQ.070:
- GO TO SECTION PLQ (PRIMARY LANGUAGE(S) SPOKEN).
PRIMARY LANGUAGE(S) SPOKEN - PLQ

BOX 1

CHECK ITEM PLQ.010:
- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2 AND ONLY ENGLISH IS SPOKEN IN THE HOME (PLQ.020 = 2, 7, OR 9 FOR CHILD 1), GO TO BOX 3.
- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2 AND ANOTHER LANGUAGE, OTHER THAN ENGLISH, IS SPOKEN IN THE HOME (PLQ.020 = 1 FOR CHILD 1), GO TO PLQ.080.
- OTHERWISE, CONTINUE WITH PLQ.020.

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

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

PLQ.030 Is English also spoken in your home?

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

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

CODE ALL THAT APPLY

| ARABIC .................................. 1 | KOREAN .................................. 9 |
| CHINESE ................................ 2 | POLISH ................................ 10 |
| FILIPINO LANGUAGE ............ 3 | PORTUGUESE ...................... 11 |
| FRENCH ................................ 4 | SPANISH ................................ 12 |
| GERMAN ......................... 5 | VIETNAMESE ..................... 13 |
| GREEK ...................... 6 | SOME OTHER LANGUAGE ........ |
| ITALIAN ............... 7 | (SPECIFY) .................... 14 |
| JAPANESE ............. 8 | REFUSED ....................... 77 |
| DON'T KNOW ........... 99 |

BOX 2

CHECK ITEM PLQ.050:
- IF ONLY ONE LANGUAGE SPOKEN IN THE HOME (PLQ.030 = 2, 7, OR 9 AND ONLY ONE LANGUAGE IS CODED AT PLQ.040 OR PLQ.040 = 77 OR 99), GO TO PLQ.070.
- OTHERWISE, CONTINUE WITH PLQ.060.
PLQ.060  What is the primary language spoken in your home?  HELP AVAILABLE

CODE ‘15’ IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

ENGLISH........................................ 0  KOREAN........................................ 9
ARABIC.......................................... 1  POLISH.......................................... 10
CHINESE......................................... 2  PORTUGUESE................................. 11
FILIPINO LANGUAGE..................... 3  SPANISH.......................................... 12
FRENCH.......................................... 4  VIETNAMESE................................. 13
GERMAN.......................................... 5  SOME OTHER LANGUAGE
GREEK.......................................... 6  (SPECIFY)__________________________ 14
ITALIAN.......................................... 7  REFUSED........................................ 77
JAPANESE....................................... 8  DON’T KNOW................................. 99

PLQ.070  How well do you . . .  

RESPONSES:  VERY WELL = 1, PRETTY WELL = 2, NOT VERY WELL = 3, NOT WELL AT ALL = 4, REFUSED = 7, DON’T KNOW = 9

a.  Speak English? Would you say very well, pretty well, not very well, or not well at all? __________________________
b.  Read English? __________________________
c.  Write English? __________________________
d.  Understand someone speaking English? __________________________

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

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

PROBE:  We just need to know in general.

RESPONSES:  NEVER=1, SOMETIMES=2, OFTEN=3, VERY OFTEN=4, REFUSED=7, DON’T KNOW=9

<table>
<thead>
<tr>
<th>First Name</th>
<th>PLQ.083  {NAME} speaking to (CHILD)?</th>
<th>PLQ.090  (CHILD) speaking to (NAME)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Display HH Member Name)</td>
<td>_____</td>
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<td>(Display HH Member Name)</td>
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<tr>
<td>(Display HH Member Name)</td>
<td>_____</td>
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</tr>
</tbody>
</table>

CAPI ROSTER INSTRUCTION:  DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020 AND FSQ.070) WHO IS A MOTHER FIGURE (CODE ‘1’ AT FSQ.130), A FATHER FIGURE (CODE ‘2’ AT FSQ.130), OR A PARTNER OF CHILD’S PARENT (CODE ‘5’ OR ‘6’ 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 RESPONDENT AND THE RESPONDENT’S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).
CAPI MATRIX INSTRUCTIONS:

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

2. WHEN CURSOR IS POSITIONED IN THE SECOND COLUMN (PLQ.083), DISPLAY “HOW OFTEN (DO/DOES) {YOU/(NAME)} USE {NON-ENGLISH LANGUAGE}/A LANGUAGE OTHER THAN ENGLISH) IN SPEAKING TO {CHILD}? WOULD YOU SAY NEVER, SOMETIMES, OFTEN, OR VERY OFTEN?” AND “IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: ON AVERAGE, HOW OFTEN (DO/DOES) {YOU/(NAME)} USE ALL LANGUAGES, OTHER THAN ENGLISH, IN SPEAKING TO {CHILD}?" 

3. WHEN CURSOR IS POSITIONED IN THE THIRD COLUMN (PLQ.090), DISPLAY “HOW OFTEN DOES {CHILD} USE {{NON-ENGLISH LANGUAGE}/A LANGUAGE OTHER THAN ENGLISH} IN SPEAKING TO {YOU/(NAME)}? WOULD YOU SAY NEVER, SOMETIMES, OFTEN, OR VERY OFTEN?” AND “IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: ON AVERAGE, HOW OFTEN DOES {CHILD} USE ALL LANGUAGES, OTHER THAN ENGLISH, IN SPEAKING TO {YOU/(NAME)}.”

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

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

BOX 3

CHECK ITEM PLQ.100:
GO TO SECTION PEQ (PARENT EDUCATION AND HUMAN CAPITAL).
CHECK ITEM PEQ.010:

- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 6.
- OTHERWISE, CONTINUE WITH BOX 2.

**BOX 2**

**LOOP 1**

- ASK PEQ.020 - PEQ.080 FOR:
  - HOUSEHOLD MEMBERS
    1. ONE MOTHER FIGURE IN THE HOUSEHOLD (THE HOUSEHOLD MEMBER WITH THE LOWEST CODE AT FSQ.140)
    2. ONE FATHER FIGURE IN THE HOUSEHOLD (THE HOUSEHOLD MEMBER WITH THE LOWEST CODE AT FSQ.150)
  - OR IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE OF '1' OR '2' AT FSQ.130), THEN ASK FOR
    1. RESPONDENT
    2. RESPONDENT'S SPOUSE/PARTNER (THE HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY)
    3. ONE GIRLFRIEND/PARTNER OF CHILD'S PARENT (THE FIRST HOUSEHOLD MEMBER CODED '5' AT FSQ.130 OR '1' AT FSQ.180)
    4. ONE BOYFRIEND/PARTNER OF CHILD'S PARENT (THE FIRST HOUSEHOLD MEMBER CODED '6' AT FSQ.130 OR '2' AT FSQ.180)

  NOTE: LOOP 1 WILL BE ASKED A MINIMUM OF 1 TIME AND A MAXIMUM OF 4 TIMES FOR HOUSEHOLD MEMBERS. IF 1 HOUSEHOLD MEMBER QUALIFIES FOR MORE THAN 1 CATEGORY (E.G., RESPONDENT'S SPOUSE AND GIRLFRIEND OF PARENT) ONLY ASK LOOP 1 ONE TIME FOR THAT HOUSEHOLD MEMBER.

**NON-RESIDENT PARENTS**

1. NON-RESIDENT BIOLOGICAL MOTHER (IF HRQ.030=1 OR 2 FOR A BIOLOGICAL MOTHER)
2. NON-RESIDENT BIOLOGICAL FATHER (IF HRQ.030=1 OR 2 FOR A BIOLOGICAL FATHER)
3. NON-RESIDENT ADOPTIVE MOTHER OR FATHER (IF NRQ.030=1 FOR A NON-RESIDENT ADOPTIVE PARENT)

NOTE: LOOP 1 WILL BE ASKED A MINIMUM OF 0 TIMES AND A MAXIMUM OF 3 TIMES FOR NON-RESIDENT PARENTS.
Now I have a few questions about education and job training. What is/was the highest grade or year of school that you/NAME's biological/adoptive mother/father has/had completed?

([IF NECESSARY, SAY:  Again, any information you can provide will be helpful.])

1ST GRADE ................................................................. 1
2ND GRADE ..................................................................... 2
3RD GRADE .................................................................. 3
4TH GRADE .................................................................. 4
5TH GRADE .................................................................. 5
6TH GRADE .................................................................. 6
7TH GRADE .................................................................. 7
8TH GRADE .................................................................. 8
9TH GRADE .................................................................. 9
10TH GRADE ............................................................... 10
11TH GRADE ............................................................... 11
12TH GRADE BUT NO DIPLOMA .................................... 12
HIGH SCHOOL DIPLOMA/EQUIVALENT ...................... 13 (BOX 3)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA ........................................................... 14
VOC/TECH PROGRAM AFTER HIGH SCHOOL .................. 15
SOME COLLEGE BUT NO DEGREE .................................. 16
ASSOCIATE'S DEGREE ...................................................... 17 (BOX 3)
BACHELOR'S DEGREE ..................................................... 18 (BOX 3)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE ...... 19 (BOX 3)
MASTER'S DEGREE (MA, MS) ............................................ 20 (BOX 3)
DOCTORATE DEGREE (PHD, EDD) ................................. 21 (BOX 3)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE  
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ....... 22 (BOX 3)
REFUSED .................................................................. 77
DON'T KNOW ............................................................. 99
PEQ.030  (Do/Does/Did) (you/NAME)/(CHILD)’s (biological/adoptive) (mother/father) have a high school diploma or its equivalent, such as a GED?

CAPI INSTRUCTION: DISPLAY “DO” IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT THE RESPONDENT. DISPLAY “DID” IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT A NON-RESIDENT BIOLOGICAL PARENT AND HRQ.030=2 FOR THAT PARENT. OTHERWISE, DISPLAY “DOES”.

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

BOX 3

CHECK ITEM PEQ.040:
|  | IF ASKING ABOUT A NONRESIDENTIAL BIOLOGICAL/ADOPTIVE PARENT, GO TO BOX 4. |
|  | OTHERWISE, CONTINUE WITH PEQ.050. |

PEQ.050  (Are you/Is (NAME)) currently attending or enrolled in any courses from a school, college, or university?

YES .......................................................... 1
NO ............................................................ 2 (PEQ.070)
REFUSED ............................................................ 7 (PEQ.070)
DON’T KNOW ............................................................ 9 (PEQ.070)

HELP AVAILABLE

PEQ.060  (Are you/Is (NAME)) currently taking courses full-time or part-time?

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

HELP AVAILABLE

PEQ.070  (Are you/Is (NAME)) currently participating in a job-training or on-the-job-training program?

YES ............................................................. 1
NO .............................................................. 2 (BOX 4)
REFUSED ............................................................ 7 (BOX 4)
DON’T KNOW ............................................................ 9 (BOX 4)

PEQ.080  About how many hours a week (do/does) (you/NAME) spend in that program?

CAPI INSTRUCTION: RANGE CHECK 1-80.

|___|___|
ENTER HOURS PER WEEK

or

REFUSED ............................................................ 77
DON’T KNOW ............................................................ 99
END LOOP 1

- ASK PEQ.020 - PEQ.080 FOR NEXT PERSON.
- IF NO NEXT PERSON, CONTINUE WITH BOX 5.

BOX 5

CHECK ITEM PEQ.090:
- IF RESPONDENT IS THE BIOLOGICAL MOTHER OR FATHER AND HE/SHE DOES NOT HAVE AT LEAST A COLLEGE DEGREE BUT WAS IN HIGH SCHOOL (PEQ.020=9-17), CONTINUE WITH PEQ.100.
- IF THE RESPONDENT IS THE BIOLOGICAL MOTHER OR FATHER AND HE/SHE WAS NOT IN HIGH SCHOOL OR HE/SHE HAS A COLLEGE DEGREE OR MORE EDUCATION (PEQ.020=1-8, 18-22, 77, 99), GO TO PEQ.140.
- OTHERWISE, GO TO BOX 6.

PEQ.100 Now I have some questions about your high school education. What grades did you usually get in high school?

- MOSTLY A's (NUMERICAL AVERAGE OF 90-100).... 1
- MOSTLY A's AND B's (85-89) ............................ 2
- MOSTLY B's (80-84) ......................................... 3
- MOSTLY B's AND C's (75-79) ............................ 4
- MOSTLY C's (70-74) ......................................... 5
- MOSTLY C's AND D's (65-69) ............................ 6
- MOSTLY D's AND LOWER (64 AND BELOW) ........... 7
- NEVER IN HIGH SCHOOL ................................... 8 (PEQ.140)
- REFUSED ...................................................... 77
- DON'T KNOW .................................................. 99

PEQ.110 Was your high school program ...

HELP AVAILABLE

- Academic or college preparatory, .................... 1
- Commercial or business training, or ............... 2
- Vocational or technical? ............................... 3
- REFUSED ..................................................... 7
- DON'T KNOW .................................................. 9

PEQ.120 Now I have a list of high school mathematics and technical courses. As I read each one, please tell me whether you have taken that course in regular high school.

RESPONSES: TAKEN = 1, NOT TAKEN = 2, REFUSED = 7, DON'T KNOW = 9

a. Elementary Algebra or Algebra I? ............
b. Plane Geometry? ......................................
c. Business Math? ........................................
d. Intermediate Algebra or Algebra II? .......
BOX 5C

CHECK ITEM PEQ.130:
■ IF RESPONDENT HAS NOT TAKEN INTERMEDIATE ALGEBRA OR ALGEBRA II (PEQ.128 = 2, 7, OR 9 (LETTER D)), GO TO PEQ.140.
■ OTHERWISE, CONTINUE WITH PEQ.132 (LETTER E).

e. Trigonometry? ................................ __
f. Calculus? ................................ __
g. Physics? ................................ __

PEQ.140 What is the highest grade or year of regular school your father completed?

1ST GRADE ...................................................................................... 1
2ND GRADE ..................................................................................... 2
3RD GRADE ..................................................................................... 3
4TH GRADE ..................................................................................... 4
5TH GRADE ..................................................................................... 5
6TH GRADE ..................................................................................... 6
7TH GRADE ..................................................................................... 7
8TH GRADE ..................................................................................... 8
9TH GRADE ..................................................................................... 9
10TH GRADE ................................................................................... 10
11TH GRADE ................................................................................... 11
12TH GRADE BUT NO DIPLOMA .................................................. 12
HIGH SCHOOL DIPLOMA/EQUIVALENT ....................................... 13
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH
   DIPLOMA ..................................................................................... 14
VOC/TECH PROGRAM AFTER HIGH SCHOOL .................................. 15
SOME COLLEGE BUT NO DEGREE .............................................. 16
ASSOCIATE’S DEGREE ..................................................................... 17
BACHELOR’S DEGREE ..................................................................... 18
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE .......... 19
MASTER’S DEGREE (MA, MS) ......................................................... 20
DOCTORATE DEGREE (PHD, EDD) ................................................. 21
PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE
   (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ............... 22
REFUSED ......................................................................................... 77
DON’T KNOW ................................................................................ 99
What is the highest grade or year of regular school your mother completed?

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
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12TH GRADE BUT NO DIPLOMA ............................................................... 12
HIGH SCHOOL DIPLOMA/EQUIVALENT ................................................. 13
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA ................................................................. 14
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SOME COLLEGE BUT NO DEGREE ......................................................... 16
ASSOCIATE'S DEGREE ........................................................................... 17
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MASTER'S DEGREE (MA, MS) ................................................................. 20
DOCTORATE DEGREE (PHD, EDD) ......................................................... 21
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..................... 22
REFUSED ................................................................................................. 77
DON'T KNOW .......................................................................................... 99

**BOX 6**

- GO TO SECTION EMQ (PARENT EMPLOYMENT).
PARENT EMPLOYMENT - EMQ

BOX 1

CHECK ITEM EMQ.010:
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 7.
■ OTHERWISE, CONTINUE WITH BOX 2.

BOX 2

LOOP 1
■ 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
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 (EMQ.060)
NO ................................ .............................. 2 (EMQ.060)
REFUSED ................................ .................. 7 (EMQ.060)
DON'T KNOW ................................ ............. 9

EMQ.040 How many jobs {do you/does {NAME}) have now?

CAPI INSTRUCTION: RANGE CHECK 1-6.

ENTER # OF JOBS
or
REFUSED ................................ .................. 7
DON'T KNOW ................................ ............. 9

EMQ-1
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 KNOW ............................................. 999 (Box 4)

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

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

CHECKED WITH PUBLIC EMPLOYMENT AGENCY .................. 1 (EMQ.100)

CHECKED WITH PRIVATE EMPLOYMENT AGENCY ................. 2 (EMQ.100)

CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME .......... 3 (EMQ.100)

CHECKED WITH FRIENDS OR RELATIVES ......................... 4 (EMQ.100)

PLACED OR ANSWERED ADS/SENT RESUME ..................... 5 (EMQ.100)

READ WANT-ADS ............................................. 6

SOMETHING ELSE (SPECIFY) ................................... 7

REFUSED .................................................................... 77

DON'T KNOW .................................................. 99

EMQ.080 What (were you/was (NAME)) doing most of last week? Would you say …

Keeping house or caring for children, .............. 1

Going to school, .................................................. 2

Retired, ........................................................... 3

Unable to work, or ............................................. 4

Something else? What was that?

(SPECIFY) .......................................................... 5

REFUSED ....................................................... 7

DON'T KNOW ................................................. 9

BOX 3

CHECK ITEM EMQ.090:

n IF DOING SOMETHING ELSE IN THE PAST 4 WEEKS (EMQ.070 = 7),
CONTINUE WITH EMQ.100.

n OTHERWISE, 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

CHECK ITEM EMQ.110:
- 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 LOPPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{HE/SHE}".

ENTER EMPLOYER NAME

or

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
or
  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 LOOLED ON IS THE RESPONDENT. DISPLAY "IS" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOLED ON IS NOT THE RESPONDENT. DISPLAY "WERE" IF EMQ.060 = 1 AND PERSON CURRENTLY BEING LOOLED ON IS THE RESPONDENT. DISPLAY "WAS" IF EMQ.060 =1 AND PERSON CURRENTLY BEING LOOLED ON IS NOT THE RESPONDENT.

________________________________
ENTER JOB TITLE
or
  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
or
  REFUSED ................................................................. 7
  DON'T KNOW ............................................................. 9

**BOX 5**

**END LOOP 1**
- ASK EMQ.020 - EMQ.150 FOR NEXT PERSON.
- IF NO NEXT PERSON, CONTINUE WITH BOX 6.
CHECK ITEM EMQ.160:

- IF CHILD’S MOTHER (BIRTH, ADOPTIVE, STEP, FOSTER, GUARDIAN) LIVES IN THE HOUSEHOLD (FSQ.130 = 1 FOR AT LEAST ONE PERSON IN THE HOUSEHOLD), CONTINUE WITH EMQ.170.
- OTHERWISE, GO TO EMQ.180.

EMQ.170 Between (CHILD)’s birth and when (he/she) entered kindergarten, did {you/(CHILD)’s mother} work outside the home for pay?

CAPI INSTRUCTION: DISPLAY “YOU” IF FSQ.130 = 1 FOR THE PERSON FLAGGED AS THE RESPONDENT. OTHERWISE, DISPLAY “(CHILD)”S MOTHER”.

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

EMQ.180 Since (CHILD) was born, was there any time in which (his/her) family had serious financial problems or was unable to pay the monthly bills?

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

EMQ.190 During how many years or months since (he/she) was born has (CHILD)’s family had serious financial problems?

CAPI INSTRUCTION: RANGE CHECK: 1-12 IF UNIT IS MONTHS; 1-CURRENT AGE IF UNIT IS YEARS.


_______
Enter number

REFUSED ................................ .................. 77
DON’T KNOW ................................. 99

Enter unit

MONTH ................................ ...................... 1
YEAR ................................ ......................... 2
REFUSED ................................ .................. 7
DON’T KNOW ................................. 9
<table>
<thead>
<tr>
<th>BOX 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHECK ITEM EMQ.200:</strong></td>
</tr>
<tr>
<td>- GO TO SECTION WPQ (WELFARE AND OTHER PUBLIC TRANSFERS).</td>
</tr>
</tbody>
</table>
WELFARE AND OTHER PUBLIC TRANSFERS - WPQ

BOX 1

CHECK ITEM WPQ.010:
- IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 3.
- OTHERWISE, CONTINUE WITH BOX 2.

BOX 2

CHECK ITEM WPQ.020:
- IF RESPONDENT IS AN ADOPTIVE OR FOSTER PARENT (FSQ.140 = 2, 4, 7, 9 OR FSQ.150 = 2, 4, 7, 9 FOR THE PERSON FLAGGED AS THE RESPONDENT), GO TO WPQ.040.
- OTHERWISE, CONTINUE WITH WPQ.030.

HELP AVAILABLE

WPQ.030 When (you were/(CHILD)’s mother was) pregnant with (CHILD), did (you/she) receive any WIC benefits?

CAPI INSTRUCTION: DISPLAY “YOU WERE” AND “YOU” IF FSQ.140 = 1 FOR THE PERSON FLAGGED AS THE RESPONDENT. OTHERWISE DISPLAY “(CHILD)’S MOTHER WAS” AND “SHE”.

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

HELP AVAILABLE

WPQ.040 Did (CHILD) receive any WIC benefits as an infant or child?

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

HELP AVAILABLE

WPQ.050 In the past 12 months, have you or anyone in your household received Aid to Families with Dependent Children--sometimes called AFDC or ADC, Temporary Assistance for Needy Families, sometimes called TANF (or (STATE AFDC PROGRAM NAME))?

YES.......................................................... 1
NO .......................................................... 2 (WPQ.070)
REFUSED .................................................. 7 (WPQ.070)
DON’T KNOW ............................................. 9 (WPQ.070)
WPQ.060 During those 12 months, how long did [someone in] your household receive AFDC (or {STATE AFDC PROGRAM NAME})? Was it ...

One to two months, .................................. 1 (WPQ.080)
Three to five months, .............................. 2 (WPQ.080)
Six to eight months, or ............................ 3 (WPQ.080)
Nine to twelve months? ............................ 4 (WPQ.080)
REFUSED ............................................. 7 (WPQ.080)
DON'T KNOW ....................................... 9 (WPQ.080)

WPQ.070 Since {CHILD} was born, have you or anyone in your household ever received AFDC (or {STATE AFDC PROGRAM NAME})?

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

HELP AVAILABLE

WPQ.080 In the past 12 months, have you or anyone in your household received food stamps?

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

WPQ.090 During those 12 months, how long did [someone in] your household receive food stamps? Was it …

One to two months, .................................. 1 (BOX 3)
Three to five months, .............................. 2 (BOX 3)
Six to eight months, or ............................ 3 (BOX 3)
Nine to twelve months? ............................ 4 (BOX 3)
REFUSED ............................................. 7 (BOX 3)
DON'T KNOW ....................................... 9 (BOX 3)

WPQ.100 Since {CHILD} was born, have you or anyone in your household ever received food stamps?

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

BOX 3

CHECK ITEM WPQ.110:
- GO TO SECTION CMQ (CHILD MOBILITY AND PLANS TO MOVE).
CHILD MOBILITY AND PLANS TO MOVE - CMQ

CMQ.010 Since (CHILD) was born, how many different places has (he/she) lived for four months or more?

CAPI INSTRUCTION: RANGE CHECK 1-20.

|___|___| ENTER # OF PLACES

or

REFUSED ................................ 77

DON'T KNOW ................................ 99

BOX 1

CHECK ITEM CMQ.020:
■ IF CHILD ONLY LIVED AT ONE PLACE (CMQ.010=1, 77, 99), GO TO BOX 2.
■ OTHERWISE, CONTINUE WITH CMQ.030.

CMQ.030 How long has (CHILD) lived in (his/her) current residence?

CAPI INSTRUCTION: RANGE CHECK 0-8 FOR YEARS, 0-11 FOR MONTHS.

CAPI INSTRUCTION: EDIT: THE YEARS AND MONTHS ENTERED SHOULD BE LESS THAN OR EQUAL TO THE AGE (IN YEARS AND MONTHS) OF THE CHILD.

|___|___| AND |___|___|

ENTER YEARS ENTER MONTHS

or

REFUSED ................................ 77

DON'T KNOW ................................ 99

BOX 2

CHECK ITEM CMQ.040:
■ IF MORE THAN 1 SAMPLED CHILD TO BE ASKED ABOUT AND CURRENTLY ASKING ABOUT CHILD 2, GO TO BOX 4A.
■ OTHERWISE, CONTINUE WITH CMQ.070.

CMQ.070 Just to make sure I can reach you for the next interview, which will take place in the 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 cell phone number, where you can sometimes be reached?

YES ............................................. 1

NO ............................................... 2 (CMQ.100)

REFUSED ........................................ 7 (CMQ.100)

DON'T KNOW .................................. 9 (CMQ.100)

CMQ-1
CMQ.080  What is that telephone number?

[___|___|___] - [___|___|___] - [___|___|___]
ENTER TELEPHONE
or
REFUSED ................................................. 7 (CMQ.100)
DON'T KNOW .............................................. 9 (CMQ.100)

CMQ.090  Where is that telephone located?

OFFICE/PLACE OF BUSINESS .................... 1
RELATIVE (SPECIFY) .................. 2
NEIGHBOR (SPECIFY) ............... 3
FRIEND (SPECIFY) .................. 4
BEEPER NUMBER ...................... 5
CELL PHONE ....................... 6
OTHER (SPECIFY) .................. 7
REFUSED ................................................. 77
DON'T KNOW .............................................. 99

CMQ.100  Is there a relative or friend, who does not live in this household, who will always know how to get in touch with the family?

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

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

CMQ.110  What is the name, address, and telephone number of that person?  (HELP AVAILABLE)

PROBE:  What is this person's relationship to you?
CAPI INSTRUCTION:  DISPLAY "HELP AVAILABLE" WHEN ON STATE FIELD.

First Name:  ________________  Last Name:  ____________________
Street Address:  ________________________________________________
City:  ____________________  State:  ___________  Zip:  ____________
Phone:  (_____)__________________
Relationship:  ________________________________________________

CMQ.130  Besides (PERSON AT CMQ.110), is there another relative or friend, who does not live in this household, who will always know how to get in touch with the family?

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

YES ..................................................... 1
NO ..................................................... 2 (BOX 3)
REFUSED ................................................. 7 (BOX 3)
DON'T KNOW .............................................. 9 (BOX 3)
CMQ.140 What is the name, address, and telephone number of that person? (HELP AVAILABLE)

PROBE: What is this person’s relationship to you?
CAPI INSTRUCTION: DISPLAY "HELP AVAILABLE" WHEN ON STATE FIELD.

First Name: ______________________ Last Name: ______________________
Street Address: _____________________________________________________
____________________________________________________
City: ____________________ State: ___________ Zip: ____________
Phone: (_____)________________________
Relationship: ______________________________________________________

BOX 3

CHECK ITEM CMQ.160:
- IF FOCAL CHILD HAS AT LEAST ONE NON-RESIDENT PARENT WHO IS LIVING (HRQ.030=1 OR HRQ.030 WAS NOT ASKED) AND WHO THE CHILD HAS HAD CONTACT WITH (NRQ.040 = 1 OR 2 FOR THE NONRESIDENT PARENT WHO IS LIVING OR WHO HRQ.030 WAS NOT ASKED FOR), CONTINUE WITH CMQ.170.
- OTHERWISE, GO TO CMQ.190.

CMQ.170 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.}
{PROBE: What is the person’s relationship to {CHILD}?}

CAPI INSTRUCTION: DISPLAY "BIOLOGICAL" IF THE NONRESIDENT PARENT WHO IS LIVING AND WITH WHOM THE CHILD HAS HAD CONTACT IN THE LAST YEAR IS A BIOLOGICAL PARENT. OTHERWISE, DISPLAY "ADOPTIVE."

CAPI INSTRUCTION: DISPLAY "HELP AVAILABLE" WHEN ON STATE FIELD.

CAPI INSTRUCTION: DISPLAY "MOTHER" IF ONLY THE NONRESIDENT MOTHER IS LIVING AND HAS HAD CONTACT WITH THE CHILD. DISPLAY "FATHER" IF ONLY THE NONRESIDENT FATHER IS LIVING AND HAS HAD CONTACT WITH THE CHILD. DISPLAY "MOTHER OR FATHER" IF BOTH OF THE NONRESIDENT PARENTS ARE LIVING AND HAVE HAD CONTACT WITH THE CHILD.

CAPI INSTRUCTION: DISPLAY "IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview." WHEN ON FIRST NAME FIELD. OTHERWISE, USE A NULL DISPLAY FIELD.

CAPI INSTRUCTION: DISPLAY "PROBE: What is the person's relationship to {CHILD}?" WHEN ON RELATIONSHIP FIELD. OTHERWISE, USE A NULL DISPLAY.

First Name: ______________________ Last Name: ______________________
Street Address: _____________________________________________________
____________________________________________________
City: ____________________ State: ___________ Zip: ____________
Phone: (_____)________________________
Relationship: ______________________________________________________
CMQ.190 Do {you/(CHILD)’s parents/(CHILD)’s (mother/father)} plan to move to a new home before the (fall of 1998/spring of 1999)?

CAPI INSTRUCTION: Display “YOU” if the respondent is a mother or father figure (FSQ.130 = 1 or 2 for the person flagged as the respondent) or if there is no mother or father figure in the household (no household member with a 1 or 2 at FSQ.130). Display “[CHILD]’s PARENTS” if there are both a mother and a father figure in the household who are not the respondent (there are household members with a 1 and 2 at FSQ.130, but neither is the respondent). Display “[CHILD]’s [MOTHER/FATHER]” if there is only a mother or father figure in the household who is not the respondent (FSQ.130 = 1 or 2, but not for the person flagged as the respondent).

CAPI INSTRUCTION: Display “FALL OF 1998” for the field test. Display “SPRING OF 1999” for the main study.

YES ................................ ............................. 1
NO ................................ .............................. 2 (CMQ.230)
REFUSED ................................ ................... 7 (CMQ.230)
DON’T KNOW .......................... 9 (CMQ.230)

CMQ.200 What is address and telephone number where {you/(CHILD)’s parents/(CHILD)’s (mother/father)} plan to move?

CAPI INSTRUCTION: Display “HELP AVAILABLE” when on state field.

Street Address: __________________________________________________________
________________________________________________________
City: ______________________ State: ___________ Zip: ____________
Phone: (_____)__________________

CMQ.220 CODE IF OBVIOUS. OTHERWISE, ASK:

(Are/Is) {you/(CHILD)’s parents/(CHILD)’s (mother/father)} planning to move . . .

To a new state, ................................ ............ 1 (CMQ.240)
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

CMQ.230 Do {you/(CHILD)’s parents/(CHILD)’s (mother/father)} plan to transfer {CHILD} to a new school before the end of this school year?

YES ................................ ............................. 1
NO ................................ .............................. 2 (BOX 4A)
REFUSED ................................ ................... 7 (BOX 4A)
DON’T KNOW ................................ ............. 9 (BOX 4A)
CMQ.240 What school will {CHILD} attend for {first grade/kindergarten} in the (fall of 1998/spring of 1999)?

CAPI INSTRUCTION: DISPLAY "FIRST GRADE" AND "FALL OF 1998" FOR THE FIELD TEST. DISPLAY "KINDERGARTEN" AND "SPRING OF 1999" FOR THE MAIN STUDY.

CAPI INSTRUCTION: DISPLAY "HELP AVAILABLE" WHEN ON STATE FIELD.

School Name: __________________________________________
Street Address: _________________________________________
City: _______________ State: ___________ Zip: ___________
Phone: (_____)__________________

BOX 4A

END LOOP 1:
■ ASK INQ.007 – CMQ.240 FOR THE NEXT SAMPLED CHILD (TWIN) THAT IS PART OF THIS HOUSEHOLD.
■ IF NO NEXT SAMPLED CHILD, CONTINUE WITH CMQ.260.

CMQ.260 Thank you for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.

CMQ.263 WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?

TELEPHONE.................................................. 1
IN-PERSON................................................... 2

BOX 4

CHECK ITEM CMQ.270:
■ END OF PARENT INTERVIEW