Hello, this is (INTERVIEWER) and I'm calling about a research study sponsored by the United States Department of Education. Are you a member of this household and at least 18 years old?

* YES......................................................................................... 1 (GO TO S4)
  NO .......................................................................................... 2 (GO TO S2)
  PROBABLE BUSINESS................................................................ 3 (GO TO S4)
  GO TO RESULT ...................................................................... GT

May I please speak with a household member who is at least 18 years old?

* AVAILABLE ............................................................................... 1 (GO TO S1)
  NOT AVAILABLE ........................................................................ 2 (GO TO RESULT, CALLBACK APPT.)
  THERE ARE NONE..................................................................... 3 (GO TO S3A)
  GO TO RESULT ...................................................................... GT

May I please speak with the male or female head of this household?

* PERSON ON PHONE .................................................................. 1 (GO TO S4)
  OTHER PERSON, AVAILABLE...................................................... 2 (GO TO S3B)
  OTHER PERSON, NOT AVAILABLE............................................... 3 (GO TO RESULT, CALLBACK APPT.)
  GO TO RESULT ...................................................................... GT

Hello, this is (INTERVIEWER) and I'm calling about a research study sponsored by the United States Department of Education. Are you a head of this household?

* YES......................................................................................... 1 (GO TO S4)
  NO .......................................................................................... 2 (GO TO S3A)
  GO TO RESULT ...................................................................... GT

Is this phone number used for...

* Home use,............................................................................. 1 (CONTINUE)
  Home and business use, or................................................... 2 (CONTINUE)
  Business use only? ............................................................... 3 (GO TO THANK1)
  GO TO RESULT ...................................................................... GT

The U.S. Department of Education is conducting a voluntary and confidential research study about the educational experiences of both children and adults. Are any of the people who normally live in your household age 15 or younger?

* YES......................................................................................... 1
  NO .......................................................................................... 2
  GO TO RESULT ...................................................................... GT

NOTE: Response categories shown in mixed upper and lower cases are read to the respondent by the interviewer. Those shown in uppercase are not read. Response categories in italics were added from "other, specify" responses.

Variables designated by /R appear on the restricted file only. Those designated by * do not appear on either the public or the restricted data files. They were used for administrative, verification, or coding purposes only.
If SCRN_15=1 (household has children) and household is designated for adult enumeration (HHADLT=1), go to S6 and enumerate all household members.

Else, if SCRN_15=1 (household has children) and household is not designated for adult enumeration (HHADLT=-1 or 2), go to S6 and enumerate household members age 15 or younger.

Else, if SCRN_15 NE 1 (household does not have children) and household is designated for adult enumeration (HHADLT=1 or 2), go to AINTRO.

Else, if SCRN_15 NE 1 (household does not have children) and household is not designated for adult enumeration (HHADLT=-1), go to S22.

S6. I have a few questions to see if someone in your household qualifies for the study. They take about 4 minutes. Please tell me only the first names and ages of all the (people/children age 15 or younger) who normally live in your household. Let’s start with (you/the oldest child).

<table>
<thead>
<tr>
<th>What is [(your/his or her) first name/the name of the next (person/child)]?</th>
<th>How old [are you/is (he/she)]?</th>
<th>Is this (person/child) male or female?</th>
<th>SCREENER RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGE1-AGE(n)</td>
<td>SEX1-SEX(n)</td>
<td></td>
<td>*</td>
</tr>
</tbody>
</table>

S6VERF1. [VERIFY THE NUMBER OF PEOPLE LISTED ON THE MATRIX.] Have we missed anyone (age 15 or younger) who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

* MATRIX CORRECT.................................................................................................................. 1
RETURN TO MATRIX.................................................................................................................... 2
GO TO RESULT ......................................................................................................................... GT

If the age of any household member is missing, show probe to ask if person is age 16 or older.
If person is age 16 or older, set flag AGE16=1.
Else, if person is age 15 or younger, set AGE16=2.

If AGE16 = 2, show probe to ask if person is age 2 or younger, 3- to 6-years-old, 7- to 11-years-old or 12 to 15 years old. Set flag AGE15=1, 2, 3 or 4, respectively, for ages 0-2, 3-6,7-11, or 12-15.

* The number of variables containing information on household members ranges from 1 to n and will be determined at the end of data collection by the largest household size.
Ask S7 for each person age 3–19 or (if AGE15=1, 2, 3 or 4) or if AGE16=1.
If all children are younger than 3, go to Child Sampling Point.

S7. [Are you/is (CHILD)] attending (or enrolled in) (school/nursery school, kindergarten, or school)?

SENROL1- YES................................................................................................. 1
SENROL(n) NO .................................................................................................. 2

If AGE=3 or 4, go to box after S8A.
If AGE=5–15, ask S8.
If age is missing and AGE15=1, 2, 3, or 4 go to box after S8A.

S8. [READ FIRST TIME: Some parents decide to educate their children at home rather than send them to school.] Is (CHILD) being schooled at home?

SHOMSC1- YES................................................................................................. 1 (GO TO S8A)
SHOMSC(n) NO .......................................................................................... 2 (GO TO BOX AFTER S8A)

S8A. So (he/she) is being schooled at home instead of at school for at least some classes or subjects?

* YES................................................................................................. 1 (GO TO S8B)
NO ........................................................................................................... 2 (AUTOCODE S8 = 2 AND GO TO BOX)

If S7=1 (child/person is enrolled in school), go to S9.
Else, go to first box after S10.

S8B. Is (CHILD) getting all of (his/her) instruction at home, or is (he/she) getting some at school and some at home?

SHOMEALL ALL AT HOME ............................................................................. 1 (GO TO S10)
SOME AT SCHOOL & SOME AT HOME ...................................................... 2 (GO TO S8C)

S8C. How many hours each week does (CHILD) usually go to a school for instruction? Please do not include time spent in extracurricular activities.

SHOMSCHR HOURS ....................................................................................... (GO TO BOX)

If S8C >= 9 hours, then set HOMSCFLG = 1 (attends a school for at least 9 hours per week).
Else, HOMSCFLG= -1.
Then, go to S10.
### S9. What grade or year of school [are you/is (CHILD)] attending?  
[PROBE FOR T OR P: Is that before or after kindergarten?]

<table>
<thead>
<tr>
<th>Grade/Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START</td>
<td>N</td>
</tr>
<tr>
<td>Transitional Kindergarten (BEFORE K)</td>
<td>T</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>K</td>
</tr>
<tr>
<td>Prefirst Grade (AFTER K)</td>
<td>P</td>
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<tr>
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<td>Second Grade</td>
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<td>Seventh Grade</td>
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<tr>
<td>Eighth Grade</td>
<td>8</td>
</tr>
<tr>
<td>Ninth Grade/Freshman in High School</td>
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<tr>
<td>Tenth Grade/Sophomore in High School</td>
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<tr>
<td>Eleventh Grade/Junior in High School</td>
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<tr>
<td>Twelfth Grade/Senior in High School</td>
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</tr>
<tr>
<td>Above Twelfth Grade</td>
<td>13</td>
</tr>
<tr>
<td>Ungraded/No Equivalent</td>
<td>U</td>
</tr>
<tr>
<td>Special Education</td>
<td>S</td>
</tr>
</tbody>
</table>

[IF T: In this interview, we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

### S10. (What grade would [you/(CHILD)] be in if (you/he/she) were attending a school with regular grades/What grade or year is (CHILD) attending?)  
[PROBE FOR T OR P: Is that before or after kindergarten?]

<table>
<thead>
<tr>
<th>Grade/Year</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START</td>
<td>N</td>
</tr>
<tr>
<td>Transitional Kindergarten (BEFORE K)</td>
<td>T</td>
</tr>
<tr>
<td>Kindergarten</td>
<td>K</td>
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<tr>
<td>Prefirst Grade (AFTER K)</td>
<td>P</td>
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<tr>
<td>First Grade</td>
<td>1</td>
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<td>Second Grade</td>
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<td>Eighth Grade</td>
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<tr>
<td>Ninth Grade/Freshman in High School</td>
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<tr>
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<tr>
<td>Above Twelfth Grade</td>
<td>13</td>
</tr>
<tr>
<td>Ungraded/No Equivalent</td>
<td>U</td>
</tr>
</tbody>
</table>

[IF T: In this interview, we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

---

After last child, go to next box.
Child Sampling Point:

All children age 7 and younger are eligible. Children age 8 and older who are enrolled in N,T,K,P, grades 1-8, ungraded elementary/secondary, special education, or home school are also eligible. Children age 9 and older who are not enrolled in N,T,K,P, grades 1-8, ungraded elementary/secondary, special education, or home school are ineligible.

Select child(ren) for ECPP and/or ASPA interviews.

If any children are selected, ask S11 and S12 for each sampled child. If two children are sampled, for 2nd child, ask if the most knowledgeable parent for 1st child is also most knowledgeable for 2nd child.
(If yes, copy name, age, and sex of parent respondent to 2nd child interview.)

If no children are selected, go to box before AINTRO.

S11. We would like to ask some questions about (CHILD)'s (care and) education. Who is the parent or guardian in this household who knows the most about (CHILD)'s (care and) education?

* What is (your/his/her) first name (and age)?

[IF CHILDREN ONLY HAVE BEEN ENUMERATED, RECORD FIRST NAME AND AGE AND VERIFY SEX OF PARENT INTERVIEW RESPONDENT.]

FIRST NAME_____________________________________  AGE____   SEX____ (          )

[IF ALL HOUSEHOLD MEMBERS HAVE BEEN ENUMERATED, DISPLAY HOUSEHOLD MEMBERS AGE 12 AND OLDER. RECORD PERSON NUMBER OF RESPONDENT FOR PARENT INTERVIEW.]

PERSON NUMBER ..............................................................□□

S12. What is [your/(PERSON)’s] relationship to (CHILD)? [VERIFY IF KNOWN]

RESRELN

MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) ......................... 1
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) ........................... 2
BROTHER, INCLUDING STEP, ADOPTED, AND FOSTER .......... 3
SISTER, INCLUDING STEP, ADOPTED, AND FOSTER ............... 4
GRANDMOTHER............................................................. 5
GRANDFATHER............................................................. 6
AUNT ............................................................................. 7
UNCLE .......................................................................... 8
Cousin ........................................................................... 9
OTHER RELATIVE .......................................................... 10
SPECIFY
NONRELATIVE .............................................................. 11
SPECIFY________________________________________________
After a respondent for each ECPP and/or ASPA interview is selected, go to next box.

If household is sampled for an AELL interview, go to AINTRO. Else, if children are selected for an ECPP and/or ASPA interview only, go to HHSELECT screen to select interview. Else, go to S22.

AINTRO. We are also interested in learning about the educational activities of adults.

If SCRN_15=1 (children age 15 and younger in household; all members have been enumerated), go to box before S17. Else if SCRN_15=2, ask S13.

S13. I have a few questions to see if someone in your household qualifies for the study. They take about 3 minutes. Please tell me only the first names and ages of all the people who normally live in your household. Let's start with you.

<table>
<thead>
<tr>
<th>What is (your first name/the first name of the next person)?</th>
<th>How old [are you/is (he/she)]?</th>
<th>Is this adult male or female?</th>
<th>SCREENER RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>*</td>
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<td>*</td>
</tr>
</tbody>
</table>

*Ask S14 for each person age 16-19 or if AGE16=1. If all persons in household are age 20 or older, go to S17.*

S14. [Are you/Is (PERSON)] attending (or enrolled in) school? Yes .............................................................................................................. 1 (GO TO S15)  
No ........................................................................................................... 2 (GO TO BOX AFTER S16)
### S15. What grade or year of school [are you/is (PERSON)] attending?

[PROBE FOR T OR P: Is that before or after kindergarten?]

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGRADE1-</td>
<td>NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START</td>
<td>N</td>
</tr>
<tr>
<td>SGRADE(n)</td>
<td>TRANSITIONAL KINDERGARTEN (BEFORE K)</td>
<td>T</td>
</tr>
<tr>
<td>SGRADE</td>
<td>KINDERGARTEN</td>
<td>K</td>
</tr>
<tr>
<td>SGRADE</td>
<td>PREFIRST GRADE (AFTER K)</td>
<td>P</td>
</tr>
<tr>
<td>SGRADE</td>
<td>FIRST GRADE</td>
<td>1</td>
</tr>
<tr>
<td>SGRADE</td>
<td>SECOND GRADE</td>
<td>2</td>
</tr>
<tr>
<td>SGRADE</td>
<td>THIRD GRADE</td>
<td>3</td>
</tr>
<tr>
<td>SGRADE</td>
<td>FOURTH GRADE</td>
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<td>SGRADE</td>
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<td>SGRADE</td>
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<td>SGRADE</td>
<td>SEVENTH GRADE</td>
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<td>EIGHTH GRADE</td>
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</tr>
<tr>
<td>SGRADE</td>
<td>NINTH GRADE/FRESHMAN IN HIGH SCHOOL</td>
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</tr>
<tr>
<td>SGRADE</td>
<td>TENTH GRADE/SOPHOMORE IN HIGH SCHOOL</td>
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<td>SGRADE</td>
<td>ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL</td>
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<tr>
<td>SGRADE</td>
<td>TWELFTH GRADE/SENIOR IN HIGH SCHOOL</td>
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</tr>
<tr>
<td>SGRADE</td>
<td>ABOVE TWELFTH GRADE</td>
<td>13</td>
</tr>
<tr>
<td>SGRADE</td>
<td>UNGRADED ELEMENTARY/SECONDARY</td>
<td>U</td>
</tr>
<tr>
<td>SGRADE</td>
<td>SPECIAL EDUCATION</td>
<td>S</td>
</tr>
</tbody>
</table>

[IF T: In this interview, we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

### S16. What grade would (you/PERSON) be in if (you/he/she) were attending a school with regular grades?

[PROBE FOR T OR P: Is that before or after kindergarten?]
If person is <16 years old or enrolled in grade 12 or below, ungraded elementary/secondary, or special education, he or she is ineligible for an AELL interview.

If person age ≥ 16 or AGE16=1, is enrolled in school (SENROL=1) and grade is above 12th grade (SGRADE=13 or SGRADEQ=13), autocode S18=1 (participant) and go to next person. Ask S17 and S18 for each person age ≥ 16.

S17. [Now I have a few questions about (you/you and the other person(s) in your household)].
[Do you/Does (ADULT)] have a high school diploma or its equivalent, such as a GED?

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

S18. During the past 12 months, [did you/did (PERSON)] take classes, courses, programs, workshops, or training of any kind for any reason?

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

After last adult, go to next box.

Adult Sampling Point:

Select adult for AELL interview. If an adult is selected, go to S19.

If no adult is selected, and no child was selected for an ECPP and/or ASPA interview, go to S22.

If no adult is selected and child(ren) were selected for an ECPP and/or ASPA interview, go to HHSELECT screen to select interview.

S19. Not counting the Reserves or National Guard, (are you/is PERSON) currently serving on active duty in the U.S. Armed Forces?

* YES......................................................................................... 1 (INELIGIBLE. GO TO BOX AFTER S21)
NO .......................................................................................... 2 (GO TO BOX)

Ask S20 if sampled adult is not the Screener respondent and is age 16-25. Else, go to box after S21.
S20. Is (PERSON) living at home, in student housing, or somewhere else?

*  
AT HOME................................................................. 1 (GO TO BOX AFTER S21)  
STUDENT HOUSING [This includes all housing owned, sponsored, or leased by the school such as a dormitory or fraternity or sorority house]......................................................... 2 (GO TO S21)  
OTHER PRIVATE HOME OR APARTMENT...................................... 3 (INELIGIBLE. GO TO BOX AFTER S21)  
INSTITUTION OR GROUP QUARTERS [THIS INCLUDES A JAIL OR DETENTION CENTER, MEDICAL FACILITY, REHABILITATION CENTER, MENTAL HEALTH FACILITY, MILITARY BARRACKS, OR GROUP FOSTER CARE.] ....................................................... 4 (INELIGIBLE. GO TO BOX AFTER S21)

S21. Would you please give me (his/her) last name and telephone number so that we can call (him/her) to do a brief interview about (his/her) educational activities?

*  
LAST NAME___________________________________________________  
PHONE_________________________________________________________

If selected adult is ineligible, and no child was selected for an ECPP and/or ASPA interview, go to S22.  
Else, go to HHSELECT screen to select interview.

S22. I have just a few more questions for statistical purposes. Do you...

HOWNHOME  
Own your home, ................................................................. 1  
Rent your home, or............................................................... 2  
Have some other arrangement?............................................. 3

S23. Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including cellular phones?

HOTHNUM  
YES................................................................. 1 (GO TO S25)  
NO................................................................. 2 (GO TO S26)  
NOT MY NUMBER ...................................................... 3 (GO TO S24)

S24. [INTERVIEWER: ASK FOR AND RECORD THE TELEPHONE NUMBER REACHED. RECORD REASON FOR REACHING DIFFERENT TELEPHONE NUMBER.]

*  
TELEPHONE NUMBER REACHED ________________________________  
AREA CODE CHANGE ............................................................. 1  
OTHER NUMBER IN HOUSEHOLD ................................................ 2  
ORIGINAL NUMBER IS THAT OF ANOTHER HOUSEHOLD AND NUMBER IS BEING FORWARDED TO THIS HOUSEHOLD ............... 3  
NEVER HEARD OF ORIGINAL NUMBER ..................................... 4  
OTHER [RECORD EXPLANATION IN COMMENTS]........................... 5
If \( S24 = 3 \), go to THANK2. Else, for cases where \( S23 = 3 \) (not number dialed), ask \( S23 \) again with new number.

**S25.** How many of these additional telephone numbers are for home use, not including cellular phones?

**HNUMUSE**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>(GO TO BOX)</th>
</tr>
</thead>
</table>

If \( S25 > 0 \) (other telephone numbers for home use), go to S27. Else, go to S26.

**S26.** Besides this phone number, do you have any telephone numbers in your household that are used for computer or fax lines?

* YES................................................................. 1 (GO TO S27)
  NO ................................................................. 2 (GO TO THANK2)

**S27.** How many of these additional telephone numbers are used for computer or fax lines?

* NUMBER ......................................................... (GO TO S28)

**S28.** Some households have telephone numbers that are used both for talking and for computer or fax lines. (Is the number/Are any of the numbers) used for (a) computer or fax line(s) ever answered for talking?

* YES................................................................. 1 (GO TO BOX)
  NO ................................................................. 2 (GO TO THANK2)

If \( S27 = 1 \) (only 1 other telephone number for computer or fax), autocode \( S29 = 1 \), and go to THANK2. Else, ask \( S29 \).

**S29.** How many computer or fax telephone numbers are also answered for talking?

* NUMBER ......................................................... (GO TO THANK2)

**THANK1.** Thank you, but we are only interviewing in private residences.

**THANK2.** Those are all the questions I have about your household. Thank you for your time.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>1</td>
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Early Childhood Program Participation Interview

(Final 5/2001)

INTRO. [IF R WAS NOT SCREENER R AND THIS IS THE FIRST OR ONLY INTERVIEW FOR R: Hello, this is (INTERVIEWER). I'm calling for the U.S. Department of Education. We are conducting a voluntary and confidential national study about the educational experiences of children.]

I'd like to talk with you now about (CHILD). The interview is estimated to take (20/15) minutes or less.

Demographic Characteristics

PA1. First, I'd like to confirm (CHILD)'s age. In what month and year was (he/she) born?

MONTH □□□□ YEAR □□□□

<table>
<thead>
<tr>
<th>CDOBMM</th>
<th>MONTH</th>
<th>CDOBYY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2</td>
<td>FEBRUARY</td>
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<td>12</td>
<td>DECEMBER</td>
</tr>
</tbody>
</table>

Calculate AGE2000 = child's age on December 31, 2000. Calculate current age for display in PA2. If current age does not match screener age or birth month is current month, ask PA2. Else, go to box after PA2.

PA2. That would mean that (CHILD) [is (AGE)/turns (AGE) this month]. Is that right?

* YES .................................................................................. 1 (GO TO BOX)
NO ................................................................................... 2 (RETURN TO PA1)

If child was born after December 31, 2000 or AGE2000 > 15, go to CLOSE1. Else, go to PA3.

PA3. Is (CHILD)... [IF R GIVES ETHNICITY (E.G., HISPANIC), PROBE FOR RACE.
IF NO RACE OR MORE THAN 1 RACE GIVEN, CODE 91.]

CRACE

White, ................................................................. 1 (GO TO PA4)
Black, ................................................................. 2 (GO TO PA4)
American Indian or Alaskan Native, ......................... 3 (GO TO PA4)
Asian or Pacific Islander, or ................................ 4 (GO TO PA4)
Some other race? ................................................. 91 (GO TO PA3OV)

NOTE: Response categories shown in mixed upper and lower cases are read to the respondent by the interviewer. Those shown in uppercase are not read. Response categories in italics were added from “other, specify” responses.

Variables designated by /R appear on the restricted file only. Those designated by * do not appear on either the public or the restricted data files. They were used for administrative, verification, or coding purposes only.
PA30V. [CODE RESPONSE IF PA3=91]

COTHRAE

HISPANIC/LATINO/MEXICAN/SPANISH/ PUERTO RICAN ............................................................... 1 (AUTOCODE PA4=1 AND GO TO PA5)
MORE THAN ONE RACE/BIRACIAL/MULTIRACIAL .................... 2 (GO TO PA4)
OTHER ............................................................................ 91 (GO TO PA4)

COTHRAROS/R

SPECIFY

PA4. Is (he/she) of Hispanic origin?

CHISPAN

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

PA5. Was (CHILD) born in...

CBORNUS

One of the 50 states or the District of Columbia, ............ 1 (GO TO BOX AFTER PA50V)
One of the U.S. territories [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS], ............................................ 2 (GO TO PA50V)
CTERROS/R

SPECIFY

Or some other country .................................................... 3 (GO TO PA50V)
CCONTOS/R

SPECIFY

PA50V. How old was (CHILD) when (he/she) first moved to the (United States/50 states or the District of Columbia)? [ROUND MONTHS OR FRACTIONS UP TO NEAREST YEAR.]

CMOVEAGE

AGE ..........................................................................

If AGE2000 >= 2, ask PA6. Else, go to box before PA7.

PA6. What language does (CHILD) speak most at home?

CSPEAK

ENGLISH ........................................................................... 1
SPANISH ........................................................................... 2
ENGLISH AND SPANISH EQUALLY ......................................... 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ...................... 4
CHILD DOESN'T SPEAK ....................................................... 5
ANOTHER LANGUAGE ....................................................... 91

CSPEAKOS/R

SPECIFY

If this is interview for CHILD2, go to RELINTRO. Else, if this is interview for CHILD1, go to PA7.
PA7. [SCREENER WAS COMPLETED ON (DATE)]
Now I'd like to ask about all the people who live in your household with (CHILD). First, I need to verify the names and ages of all the people (you told me about earlier/ who are already listed on my computer screen).

<table>
<thead>
<tr>
<th>[What is (your first name/the first name of the next person?)]</th>
<th>[How old (are you/is (he/she))?]</th>
<th>[Is this person male or female?]</th>
<th>D TO DELETE</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>AGE1-AGE(n)</td>
<td>SEX1-SEX(n)</td>
<td>*</td>
</tr>
</tbody>
</table>

* If adult in household was sampled for adult interview, go to PA7VER2. Else if no adult was sampled, go to PA7VER1.

PA7VER1. [AFTER VERIFICATION COMPLETE]
Now, please tell me the first names and ages of all other people who normally live in your household.

PA7VER2. [VERIFY THE NUMBER OF HOUSEHOLD MEMBERS LISTED ON THE MATRIX.]
Have we missed anyone else who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

* MATRIX CORRECT ......................................................... 1
RETURN TO MATRIX...................................................... 2
GO TO RESULT............................................................ 3

RELINTRO. Now I'd like to ask how all the people in your household are related to (CHILD).

If the respondent is the child's mother/father, copy relationship from Screener into RELATION and ask PA9/PA10, then ask PA8 for every other household member. If respondent is not the child's mother/father, copy relationship from Screener into RELATION and ask PA8 for every other household member.

1 The number of variables containing information on household members ranges from 1 to n and will be determined at the end of data collection by the largest household size.
PA8. [FOR EACH HOUSEHOLD MEMBER EXCEPT RESPONDENT:]
How is (PERSON) related to (CHILD)?
[VERIFY IF KNOWN.]

RELATN1-
RELATN(n)
MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) ....................... 1 (GO TO PA9)
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) ....................... 2 (GO TO PA10)
BROTHER INCLUDING STEP, ADOPTED, AND FOSTER ......... 3 (GO TO BOX AFTER PA10)
SISTER INCLUDING STEP, ADOPTED, AND FOSTER .......... 4 (GO TO BOX AFTER PA10)
GRANDMOTHER .......................................................... 5 (GO TO BOX AFTER PA10)
GRANDFATHER ............................................................ 6 (GO TO BOX AFTER PA10)
AUNT ....................................................................... 7 (GO TO BOX AFTER PA10)
UNCLE ..................................................................... 8 (GO TO BOX AFTER PA10)
COUSIN .................................................................... 9 (GO TO BOX AFTER PA10)
OTHER RELATIVE ..................................................... 10 (GO TO BOX AFTER PA10)

RELTOS1/R-
RELTOS(n)/R
SPECIFY
NONRELATIVE ............................................................... 11 (GO TO BOX AFTER PA10)
SAME SEX PARENT ......................................................... 12 (GO TO BOX AFTER PA10)
SPECIFY

PA9. [Are you/Is (PERSON)] (CHILD)’s...

MOMTYPE
Birth mother, ................................................................. 1
Adoptive mother, ........................................................... 2
Stepmother, or ............................................................... 3
Foster mother? .............................................................. 4

PA10. [Are you/Is (PERSON)] (CHILD)’s...

DADTYPE
Birth father, ................................................................. 1
Adoptive father, ............................................................. 2
Stepfather, or ............................................................... 3
Foster father? .............................................................. 4

Set HHMOM:
1 = birth/adoptive mother in household. 2 = step or foster mother. 3 = no mom and no dad, female R. 4 = else.

Set HHDAD:
1 = birth/adoptive father in household. 2 = step or foster father. 3 = no mom and no dad, male R. 4 = else.
Current School Status

If ECPP/ASPA Interview respondent was also the Screener respondent, copy responses to PB1 through PB7, and then go to box after PB7.


PB1. Now I’d like to talk with you about (CHILD)’s school experiences. Is (CHILD) attending (or enrolled in) (school/preschool, kindergarten, or school)?

ENROLL

YES ................................................................. 1 (GO TO BOX)
NO ................................................................... 2 (GO TO BOX)

If AGE2000 >= 5, ask PB2. Else, if AGE2000 = 3 or 4 and PB1 = 1 (enrolled), go to PB6. Else, if AGE2000 = 3 or 4 and PB1 = 2 (not enrolled) go to box after PB7.

PB2. Some parents decide to educate their children at home rather than send them to school. Is (CHILD) being schooled at home?

HOMESCHL

YES ................................................................. 1 (GO TO PB3)
NO ................................................................... 2 (GO TO 2ND BOX AFTER PB5)

PB3. So (CHILD) is being schooled at home instead of at school for at least some classes or subjects?

* YES ................................................................. 1 (GO TO PB4)
NO ................................................................... 2 (AUTOCODE PB2= 2 AND GO TO 2ND BOX AFTER PB5)

PB4. Is (CHILD) getting all of (his/her) instruction at home, or is (he/she) getting some at school and some at home?

HOMEALL

ALL AT HOME ....................................................... 1 (GO TO PB7)
SOME AT SCHOOL & SOME AT HOME ......................... 2 (GO TO PB5)

PB5. How many hours each week does (CHILD) usually go to a school for instruction? Please do not include time spent in extracurricular activities.

HOMSCHR

HOURS ................................................................ (GO TO 1ST BOX BELOW)

If PB5 >= 9 hours, then set HOMSCFLG = 1 (attends a school for at least 9 hours per week). Else, HOMSCFLG = -1. Then, go to PB7.
If $PB1 = 1$ (enrolled) and ($PB2 \neq 1$ or $PB3 \neq 1$ (not in home school)), ask $PB6$. Else, if $AGE2000 = 5$ or $6$ and $PB1 = 2$ (not enrolled) and ($PB2 \neq 1$ or $PB3 \neq 1$ (not in home school)), go to box after $PB7$. Else, if $AGE2000 > 7$ and $PB1 = 2$ (not enrolled) and ($PB2 \neq 1$ or $PB3 \neq 1$ (not in home school)), go to CLOSE1.

PB6. What grade or year is (CHILD) attending?
[PROBE FOR T OR P: Is that before or after kindergarten?]

**GRADE**

- NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ..............N (GO TO FIRST BOX AFTER PB7)
- TRANSITIONAL KINDERGARTEN (BEFORE K) .........................T (GO TO FIRST BOX AFTER PB7)
- KINDERGARTEN .................................................................K (GO TO FIRST BOX AFTER PB7)
- PREFIRST GRADE (AFTER K) ..............................................P (GO TO FIRST BOX AFTER PB7)
- FIRST GRADE.................................................................1 (GO TO FIRST BOX AFTER PB7)
- SECOND GRADE ..............................................................2 (GO TO FIRST BOX AFTER PB7)
- THIRD GRADE .................................................................3 (GO TO FIRST BOX AFTER PB7)
- FOURTH GRADE ...............................................................4 (GO TO FIRST BOX AFTER PB7)
- FIFTH GRADE .................................................................5 (GO TO FIRST BOX AFTER PB7)
- SIXTH GRADE .................................................................6 (GO TO FIRST BOX AFTER PB7)
- SEVENTH GRADE ............................................................7 (GO TO FIRST BOX AFTER PB7)
- EIGHTH GRADE ...............................................................8 (GO TO FIRST BOX AFTER PB7)
- ABOVE EIGHTH GRADE .....................................................9 (GO TO CLOSE1)
- UNGRADED, NO EQUIVALENT ............................................U (GO TO PB7)
- SPECIAL EDUCATION ......................................................S (GO TO PB7)

[IF T: In this interview we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]

PB7. (What grade would (CHILD) be in if (he/she) were attending (school/a school with regular grades)/
What grade or year is (CHILD) attending)? [PROBE FOR T OR P: Is that before or after kindergarten?]

**GRADEEQ**

- NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ..............N (GO TO BOX)
- TRANSITIONAL KINDERGARTEN (BEFORE K) .........................T (GO TO BOX)
- KINDERGARTEN .................................................................K (GO TO BOX)
- PREFIRST GRADE (AFTER K) ..............................................P (GO TO BOX)
- FIRST GRADE.................................................................1 (GO TO BOX)
- SECOND GRADE ..............................................................2 (GO TO BOX)
- THIRD GRADE .................................................................3 (GO TO BOX)
- FOURTH GRADE ...............................................................4 (GO TO BOX)
- FIFTH GRADE .................................................................5 (GO TO BOX)
- SIXTH GRADE .................................................................6 (GO TO BOX)
- SEVENTH GRADE ............................................................7 (GO TO BOX)
- EIGHTH GRADE ...............................................................8 (GO TO BOX)
- ABOVE EIGHTH GRADE .....................................................9 (GO TO CLOSE1)
- UNGRADED, NO EQUIVALENT ............................................U (GO TO BOX)

[IF T: In this interview we will be referring to that as "kindergarten."
IF P: In this interview, we will be referring to that as "prefirst grade."]
Set PATH:

\[ I = \text{AGE2000} = 0, 1, 2 \text{ (Infants/Toddlers)} \]

\[ N = [(\text{AGE2000} \geq 3 \text{ and } \text{AGE2000} \leq 6) \text{ and } \text{PB1} = 2 \text{ (not enrolled)} \text{ and } (\text{PB2} \text{ NE 1 (not in home school)} \text{ or } \text{PB3} \text{ NE 1})] \text{ or } [\text{PB6/PB7 (grade/equivalent)} = N] \text{ or } [\text{PB7 (grade equivalent)} = U, \text{ and } \text{AGE2000} = 3 \text{ or } 4] \text{ (Preschoolers)} \]

\[ S = [\text{PB6/PB7 (grade/equivalent)} = T, K, P \text{ (kindergarten)} \text{ or } 1, 2, 3, 4, 5, 6, 7, \text{ or } 8 \text{ and } (\text{PB2} \text{ NE 1 or } \text{PB3} \text{ NE 1 (not in home school)})] \text{ or } [\text{PB7 (grade equivalent)} = U \text{ and } \text{AGE2000} \geq 5 \text{ and } \leq 15 \text{ and } (\text{PB2} \text{ NE 1 or } \text{PB3} \text{ NE 1 (not in home school)})] \text{ (School-age)} \]

\[ H = \text{AGE2000} \geq 5 \text{ and } (\text{PB2} = 1 \text{ and } \text{PB3} = 1 \text{ (home school)}) \text{ and } \text{PB7 (grade equivalent)} \text{ NE N (Home schoolers)} \]

If PATH = I or N, go to ECPP interview EDINTRO. If PATH = S, go to ASPA interview, SD1. If PATH = H, go to ASPA interview, SC1.
Early Childhood Care and Programs

EDINTRO.

[FIRST PRESCHOOL INTERVIEW OR CALLBACK.]

[I’d like to talk with you about different types of child care (CHILD) may now receive on a regular basis from someone other than (you or) (his/her) parents (or guardians). This includes regular care and early childhood programs, whether or not there is a charge or fee, but not occasional babysitting.]

[SECOND PRESCHOOL INTERVIEW]

[Now let’s talk about any care (CHILD) receives from relatives.]

Relative Care

ED1. Is (CHILD) now receiving care from a relative other than a parent on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?

RCNOW

YES.................................................................1 (GO TO ED3)
NO .............................................................................2 (GO TO ED2)

ED2. Has (CHILD) ever received care from a relative on a regular basis?

RCEVER

YES.................................................................1 (GO TO ED3)
NO .............................................................................2 (GO TO REINTRO)

ED3. How old was (CHILD) in years and months when (he/she) first received care from any relative on a regular basis?

RCAGEYR

YEARS (   ) MONTHS (   )

RCAGEMO

If ED1 = 2 (no relative care), go to EEINTRO. Else, go to ED4.

ED4. Do you currently have more than one regular care arrangement with relatives for (CHILD)?

* 

YES.................................................................1 (GO TO ED4OV)
NO .............................................................................2 (GO TO BOX AFTER ED4OV)

ED4OV. How many different regular care arrangements do you have with relatives?

* [CODE 1 NOT USED.]

TWO.................................................................2
THREE.............................................................3
FOUR OR MORE..............................................4
Ask ED5 through ED27OV for each relative who provides care for child.

ED5. [Let's start with the relative who provides the most care./Now let's talk about the next relative who cares for (CHILD).]
[Is the relative who cares for (CHILD) (his/her).../Is that (CHILD)'s....]

**RCTYPE1-2**
- Grandmother ...................................................................1 (GO TO ED5OV)
- Grandfather .....................................................................2 (GO TO ED5OV)
- Aunt, ...............................................................................3 (GO TO ED5OV)
- Uncle, ..............................................................................4 (GO TO ED5OV)
- Brother,............................................................................5 (GO TO ED5OV)
- Sister, or ..........................................................................6 (GO TO ED5OV)
- Another relative? .............................................................7 (GO TO ED5OV)

NOW SAYS NO OTHER RELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]...........9 (GO TO EE1)

ED5OV. How old is (he/she/that person)?

**RCAGE1-4**
- YEARS........................................................................... □□

ED6. Is that care provided in your home or another home?

**RCPLACE1-4**
- OWN HOME........................................................................1 (GO TO ED7)
- OTHER HOME.....................................................................2 (GO TO ED8)
- BOTH/VARIES.....................................................................3 (GO TO ED8)

ED7. Does (CHILD)'s (RELATIVE) who provides this care live in your household?

**RCINHH1-4**
- YES...................................................................................1 (GO TO ED9)
- NO ....................................................................................2 (GO TO ED9)

ED8. How long does it usually take to go from your home to (his/her) (RELATIVE)'s home?

**RCHOMM1-4**
- MINUTES ...................................................................... □□

ED9. Is the care that (CHILD) receives from (his/her) (RELATIVE) regularly scheduled at least once each week?

**RCWEEK1-4**
- YES...................................................................................1 (GO TO ED11)
- NO ....................................................................................2 (GO TO ED10)

ED10. Does (CHILD)'s (RELATIVE) care for (him/her) on some other regularly scheduled basis, at least once each month?

**RCMONTH1-4**
- YES...................................................................................1 (GO TO ED13)
- NO ....................................................................................2 (GO TO BOX BEFORE ED28)

---

*Variable names ending 1 through 4 have been reserved for characteristics of care arrangements, assuming a maximum of four arrangements of a given type. The actual number will be determined at the end of data collection by the number of arrangements of a given type reported across all respondents.*
ED11. How many **days** each week does (CHILD) receive care from (his/her) (RELATIVE)?

   \[
   \begin{array}{c}
   \text{RCDAYS1} - \\
   \text{RCDAYS4}
   \end{array}
   \]

ED12. How many **hours** each week does (CHILD) receive care from (his/her) (RELATIVE)?

   \[
   \begin{array}{c}
   \text{RCHRS1} - \\
   \text{RCHRS4}
   \end{array}
   \]

   \text{If ED11 = 1 (relative care one day per week), go to ED17.}
   \text{Else, ask ED16.}

ED13. For how many **weeks** each **month** does (CHILD) receive care from (his/her) (RELATIVE)?

   \[
   \begin{array}{c}
   \text{RCWKMO1} - \\
   \text{RCWKMO4}
   \end{array}
   \]

ED14. During (that week/those weeks) for how many **days** each week does (CHILD) receive care from (his/her) (RELATIVE)?

   \[
   \begin{array}{c}
   \text{RCDAYWK1} - \\
   \text{RCDAYWK4}
   \end{array}
   \]

ED15. And during (that week/those weeks), how many **hours** each week does (CHILD) receive care from (his/her) (RELATIVE)?

   \[
   \begin{array}{c}
   \text{RCHRWK1} - \\
   \text{RCHRWK4}
   \end{array}
   \]

   (GO TO ED17)

ED16. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

   \[
   \begin{array}{c}
   \text{YES} - \text{1} \quad \text{NO} - \text{2}
   \end{array}
   \]

   (CORRECTION SCREEN)

ED17. How many children are usually cared for together, in the same group at the same time, by (CHILD)’s (RELATIVE), counting (CHILD)? [PROBE: IF R ANSWERS “IT VARIES”, ASK ABOUT THE MAJORITY OF TIME THE CHILD IS IN CARE.]

   \[
   \begin{array}{c}
   \text{RCKIDS1} - \\
   \text{RCKIDS4}
   \end{array}
   \]

ED18. Counting (CHILD)’s (RELATIVE), how many adults usually care for (him/her) at the same time during that care arrangement? [PROBE: IF R ANSWERS “IT VARIES”, ASK ABOUT THE MAJORITY OF TIME CHILD IS IN CARE.]

   \[
   \begin{array}{c}
   \text{RCADLTS1} - \\
   \text{RCADLTS4}
   \end{array}
   \]
ED19. How old was (CHILD) in years and months when this particular regular care arrangement with (his/her) (RELATIVE) began?

RCSTRTM1-
RCSTRTM4
RCSTRTY1-
RCSTRTY4

YEARS ( ) MONTHS ( )

ED20. What language does (CHILD)'s (RELATIVE) speak most when caring for (him/her)?

RCSPEAK1-
RCSPEAK4

ANOHER LANGUAGE ....................................................... 91

RCSPKOS1/R-
RCSPKOS4/R

ED21. How similar are (CHILD)'s (RELATIVE)'s beliefs about how to raise children to your own? Would you say...

RCBELIE1-
RCBELIE4

ED22. Some care providers have rules about when they will care for a sick child, or whether they will take a sick child at all. Does (CHILD)'s (RELATIVE) have rules about caring for (CHILD) when (he/she) is sick?

RCSICK1-
RCSICK4

ED23. In an average month, how many days would you say that (CHILD)'s (RELATIVE) cancels this care arrangement because (CHILD)'s (RELATIVE) is sick, has an appointment, or for another similar reason?

RCCANCE1-
RCCANCE4

CATI to calculate number of days per month. Number given in ED23 must be less than number of days per month in care.

ED24. Is there any charge or fee for the care (CHILD) receives from (his/her) (RELATIVE), paid either by you or some other person or agency?

RCFEE1-
RCFEE4

(GO TO ED25) (GO TO BOX AFTER ED27OV)
ED25. Do any of the following people or organizations help to pay for (CHILD)'s (RELATIVE) to care for (him/her)? How about ...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A relative of (CHILD)'s outside your household who provides money specifically for that care, not including general child support?</td>
<td>1</td>
</tr>
<tr>
<td>b. A social service, welfare, or child care agency?</td>
<td>1</td>
</tr>
<tr>
<td>c. An employer, not including a tax-free spending account for child care?</td>
<td>1</td>
</tr>
<tr>
<td>d. Someone else?</td>
<td>1</td>
</tr>
</tbody>
</table>

Who is that?

ED26. How much does your household pay for (CHILD'S) (RELATIVE) to care for (him/her)? [IF NOTHING, ENTER ZERO.]

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>UNIT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER HOUR</td>
<td>................................. 1</td>
</tr>
<tr>
<td>PER DAY</td>
<td>.................................................. 2</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>.................................................. 3</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>.................................................. 4</td>
</tr>
<tr>
<td>PER YEAR</td>
<td>.................................................. 5</td>
</tr>
<tr>
<td>BIWEEKLY</td>
<td>.......................... 6</td>
</tr>
<tr>
<td>OTHER</td>
<td>.......................... 91</td>
</tr>
</tbody>
</table>

If ED26 = zero or NUMKID15 (number of children in the household age 15 or younger) = 1, go to box after ED27OV. Else, ask ED27.

ED27. Is this amount for (CHILD) only or does it include other children in your household?

<table>
<thead>
<tr>
<th>CHILD ONLY</th>
<th>CHILD AND OTHER(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(GO TO BOX AFTER ED27OV)</td>
</tr>
<tr>
<td>2</td>
<td>(GO TO ED27OV)</td>
</tr>
</tbody>
</table>

ED27OV. How many children is this amount for, including (CHILD)?

<table>
<thead>
<tr>
<th>NUMBER OF CHILDREN</th>
</tr>
</thead>
</table>

If ED4 = 2 (one relative arrangement), ask ED28. Else, if ED4OV => 2 (more than one relative arrangement), return to ED5 until the number of arrangements in ED4OV are completed, then ask ED28.

ED28. Does (CHILD) have another care arrangement with a relative on a regular basis?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>(GO TO ED5)</td>
</tr>
<tr>
<td>2</td>
<td>(GO TO EEINTRO)</td>
</tr>
</tbody>
</table>

* Response categories in italics were added from “other, specify” responses.
Nonrelative Care

EEINTRO.

[FIRST PRESCHOOL INTERVIEW OR CALLBACK.]

[Now let’s talk about any care (CHILD) receives from someone not related to (him/her), either in your home or someone else’s. This includes home child care providers or neighbors, but not day care centers or preschools.]

[SECOND PRESCHOOL INTERVIEW.]

[Now let’s talk about any care (CHILD) receives from people who are not related to (him/her), not including daycare centers or preschools.]

EE1. Is (CHILD) now receiving care in your home or another home on a regular basis from someone who is not related to (him/her)?

NCKNOW
YES.................................................................1 (GO TO EE3)
NO .................................................................2 (GO TO EE2)

EE2. Has (CHILD) ever received care in a private home from a nonrelative on a regular basis?

NCEVER
YES.................................................................1 (GO TO EE3)
NO .................................................................2 (GO TO EGINTRO)

EE3. How old was (CHILD) in years and months when (he/she) first received regular care in a private home from any nonrelative?

NCAGEYR
YEARS ( ) MONTHS ( )

NCAGEMO

If EE1 = 2 (no relative care), go to EGINTRO.
Else, go to EE4.

EE4. Do you currently have more than one regular care arrangement with a nonrelative for (CHILD)?

* YES.................................................................1 (GO TO EE4OV)
NO .................................................................2 (GO TO BOX AFTER EE4OV)

EE4OV. How many different regular care arrangements do you have with nonrelatives?

* [CODE 1 NOT USED]
TWO.................................................................2
THREE...............................................................3
FOUR OR MORE..............................................4

Ask EE5 through EE31OV for each nonrelative who cares for child.
EE5. [Let's start with the nonrelative who provides the most care./Now let's talk about the next care provider.] Is that care provided in your own home or in another home?

NCPLACE1-OWN HOME ........................................................................ 1 (GO TO EE6)
NCPLACE4-OTHER HOME .................................................................. 2 (GO TO EE7)
BOTH/VarIES ............................................................................. 3 (GO TO EE7)
N ow SAYs NO OTHER NONRELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] ........ 9 (GO TO EGINTRO)

EE6. Does this person who cares for (CHILD) live in your household?

NCINHH1-YE S ............................................................................. 1 (GO TO EE8)
NCINHH4-N O ............................................................................. 2 (GO TO EE8)

EE7. How long does it usually take to go from your home to that person's home?

NCHOMM1-M INUTES ........................................................................
NCHOMM4

EE8. Is the care that (CHILD) receives from that person regularly scheduled at least once each week?

NCWEEK1-Y E S ............................................................................. 1 (GO TO EE10)
NCWEEK4-NO ............................................................................. 2 (GO TO EE9)

EE9. Does that person care for (CHILD) on some other regularly scheduled basis, at least once each month?

NCMONTH1-YE S ............................................................................. 1 (GO TO EE12)
NCMONTH4-N O ............................................................................. 2 (GO TO BOX BEFORE EE32)

EE10. How many days each week does (CHILD) receive care from that person?

NC DAYS 1-DAYS ........................................................................
NC DAYS 4

EE11. How many hours each week does (CHILD) receive care from that person?

NCHRS1-HO UR S ........................................................................
NCHRS4

**If EE10 = 1 (nonrelative care only 1 day per week) ask EE16. Else, go to EE15.**

EE12. For how many weeks each month does (CHILD) receive care from that person?

NCWKMO1-WEE KS ........................................................................
NCWKMO4
EE13. During (that week/those weeks) for how many days each week does (CHILD) receive care from that person?

NCDAYWK1-
NCDAYWK4

EE14. And during (that week/those weeks), how many hours each week does (CHILD) receive care from that person?

NCHRWK1-
NCHRWK4

EE15. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

* YES...................................................................................1 (GO TO EE16)
NO ....................................................................................2 (CORRECTION SCREEN)

EE16. How many children are usually cared for together, in the same group at the same time, by that person, counting (CHILD)? [PROBE: IF R ANSWERS “IT VARIES”, ASK FOR THE MAJORITY OF TIME THE CHILD IS IN CARE.]

NCKIDS1-
NCKIDS4

EE17. Counting that person, how many adults usually care for (CHILD) at the same time during that care arrangement? [PROBE: IF R ANSWERS “IT VARIES”, ASK FOR THE MAJORITY OF TIME THE CHILD IS IN CARE.]

NCADLTS1-
NCADLTS4

EE18. How old was (CHILD) in years and months when this particular regular care arrangement with that person began?

NCSTRTY1-
NCSTRTY4

NCSTRTM1-
NCSTRTM4

EE19. Was this care provider someone you already knew?

NCALKNE1-
NCALKNE4
EE20. How did you learn about this person as a care provider for (CHILD)? [CODE ALL THAT APPLY.]

NCFRIEND1- NCFRIEND4 FRIENDS/NEIGHBORS/RELATIVES/COWORKERS ............... 1
NCLEMP1- NCLEMP4 PLACE OF EMPLOYMENT ............................................. 2
NCSCHOOL1- NCSCHOOL4 PUBLIC OR PRIVATE SCHOOL ............................... 3
NCCHURCH1- NCCHURCH4 CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP .... 4
NC_SOCWK1- NC_SOCWK4 WELFARE OR SOCIAL SERVICE CASEWORKERS .......... 5
NCADS1- NCADS4 NEWSPAPERS/ADVERTISEMENTS/YELLOW PAGES .................... 6
NCAGENCY1- NCAGENCY4 RESOURCE AND REFERRAL (R&R) AGENCY ................. 7
NCARE1- NCARE4 CHILD CARE PROVIDER OR AGENCY ................................. 8
NCNEW1- NCNEW4 R ALREADY KNEW PROVIDER ......................................... 9
NCCHILD1- NCCHILD4 PROVIDER CARED FOR ANOTHER CHILD OF R’S .......... 10
NCREFER1- NCREFER4 REFERENCE MATERIALS .......................................... 11
NC_BULLE1- NC_BULLE4 PUBLIC BULLETIN BOARDS/FLYERS/DROVE/WALKED BY ... 12
NCINTR1- NCINTR4 INTERNET ...................................................................... 13
NC_SOURC1- NC_SOURC4 OTHER ................................................................ 91
NCSOURC01/R- SPECIFY NCSOURC04/R

EE21. Is (CHILD)’s care provider of the same or a different race or ethnic background as (CHILD)?

NCRACE1- SAME .............................................................................. 1
NCRACE4 DIFFERENT ......................................................................... 2

EE22. Is (CHILD)’s care provider age 18 or older?

NCAGE1- YES ................................................................................... 1 (GO TO EE24)
NCAGE4 NO .................................................................................... 2 (GO TO EE23)

EE23. About how old is that person?

NCAGEYY1- YEARS ............................................................................. □□□
EE24. What language does (CHILD)'s care provider speak most when caring for (CHILD)?

NCSPEAK1- ENGLISH.................................................................1
NCSPEAK4 SPANISH..............................................................2
ANOTHER LANGUAGE .......................................................91
NCSPKOS1/R- SPECIFY
NCSPKOS4/R

EE25. How similar are that person's beliefs about raising children to your own? Would you say...

NCBELIE1- Very similar..........................................................1
NCBELIE4 Mostly similar......................................................2
Somewhat similar, or.........................................................3
Not too similar? .................................................................4

EE26. Some care providers have rules about when they will care for a sick child, or whether they will take a sick child at all. Does (CHILD)'s care provider have rules about caring for (CHILD) when (he/she) is sick?

NCSICK1- YES........................................................................1
NCSICK4 NO .......................................................................2

EE27. In an average month, how many days would you say that person cancels this care arrangement because that person is sick, has an appointment, or for another similar reason?

NCCANCE1- DAYS......................................................................
NCCANCE4

CATI to calculate number of days per month. Number given in EE27 must be less than number of days per month in care.

EE28. Is there any charge or fee for the care (CHILD) receives from that person, paid either by you or another person or agency?

NCFEE1- YES........................................................................1
NCFEE4 NO .......................................................................2

EE29. Do any of the following people or organizations help to pay for this care provider to care for (CHILD)?

How about...

YES NO

NCREL1- a. A relative of (CHILD) outside your household who
NCREL4 provides money specifically for that care, not
NCWELF1- including general child support?...............................1 2
NCWELF4
NCEMPL1- b. A social service, welfare, or child care agency? ..................1 2
NCEMPL4
NCOTHER1- c. An employer, not including a tax-free spending
NCOTHER4 account for child care?..............................................1 2
d. Someone else? .................................................................1 2
NCOTHER4
NCOTHEO1/R-
NCOTHEO4/R Who is that?__________________________________________
EE30. How much does your household pay this person to care for (CHILD)?
[IF NOTHING, ENTER ZERO.]

NCCOST1- AMOUNT $□□□□□
NCCOST4
UNIT:
NCUNIT1- PER HOUR ................................................................. 1
NCUNIT4 PER DAY......................................................................... 2
PER WEEK ................................................................................. 3
PER MONTH.............................................................................. 4
PER YEAR ................................................................................. 5
BIWEEKLY .............................................................................. 6
OTHER ..................................................................................... 91
NCCSTOS1/R- SPECIFY
NCCSTOS4/R

If EE30 = zero or NUMKID15 (number of children in the household age 15 or younger) = 1, go to box after EE31OV. Else, ask EE31.

EE31. Is this amount for (CHILD) only or does it include other children in your household?

NCCSTHH1- CHILD ONLY ............................................................. 1 (GO TO BOX AFTER EE31OV)
NCCSTHH4 CHILD AND OTHER(S).................................................. 2 (GO TO EE31OV)

EE31OV. How many children is this amount for, including (CHILD)?

NCCSTHN1- NUMBER....................................................................
NCCSTHN4

If EE4 = 2 (one nonrelative arrangement), ask EE32. Else, if EE4OV => 2 (more than one nonrelative arrangement), return to EE5 until the number of arrangements in EE4OV are completed, then ask EE32.

EE32. Does (CHILD) have another care arrangement in a private home with a nonrelative on a regular basis?

* YES.................................................................................... 1 (GO TO EE5)
NO ..................................................................................... 2 (GO TO EGINTRO)
Center-based Programs

EGINTRO.
Now let’s talk about any day care centers and early childhood programs (CHILD) attends.

EG1. Is (CHILD) now attending a day care center, preschool, prekindergarten, or (Early) Head Start program?

| CPNNOW | YES .............................................................................. 1 (GO TO EG3) |
|        | NO ............................................................................. 2 (GO TO EG2) |

EG2. Has (CHILD) ever gone to a day care center, preschool, prekindergarten or (Early) Head Start program?

| CPNEVER | YES ............................................................................ 1 (GO TO EG3) |
|         | NO ............................................................................ 2 (GO TO BOX AFTER EG32) |

EG3. How old was (CHILD) in years and months when (he/she) first went to any day care center, preschool, prekindergarten, or (Early) Head Start program?

| CPNAGEYR | YEARS ( ) MONTHS ( ) |
| CPNAGEMO | |

If EG1 = 2 (no center-based care), go to box after EG32. Else, ask EG4.

EG4. How many different day care centers, preschools, prekindergartens, or (Early) Head Start programs does (CHILD) currently go to?

* NUMBER ........................................................................... (GO TO BOX)

Ask EG5 through EG31OV for each program.
(Let's start with the program where (CHILD) spends the most time./Let's talk about the next program). Where is the program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

<table>
<thead>
<tr>
<th>Place</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own home</td>
<td>1</td>
<td>Go to EG9</td>
</tr>
<tr>
<td>Another home</td>
<td>2</td>
<td>Go to EG8</td>
</tr>
<tr>
<td>A church, synagogue, or other place of worship</td>
<td>3</td>
<td>Go to EG6</td>
</tr>
<tr>
<td>A public preschool or school (K-12)</td>
<td>4</td>
<td>Go to EG7</td>
</tr>
<tr>
<td>A private preschool or school (K-12)</td>
<td>5</td>
<td>Go to EG6</td>
</tr>
<tr>
<td>A college or university</td>
<td>6</td>
<td>Go to EG6</td>
</tr>
<tr>
<td>A community center</td>
<td>7</td>
<td>Go to EG6</td>
</tr>
<tr>
<td>A public library</td>
<td>8</td>
<td>Go to EG7</td>
</tr>
<tr>
<td>Its own building</td>
<td>9</td>
<td>Go to EG6</td>
</tr>
<tr>
<td>A place of employment or business</td>
<td>10</td>
<td>Go to EG6</td>
</tr>
<tr>
<td>More than one place</td>
<td>11</td>
<td>Go to EG5OV</td>
</tr>
<tr>
<td>Some other place</td>
<td>12</td>
<td>Go to EG5OV</td>
</tr>
<tr>
<td>Now says no other center-based arrangement</td>
<td>13</td>
<td>Go to box before EH1</td>
</tr>
</tbody>
</table>

(Where is that?/What are those places?)

<table>
<thead>
<tr>
<th>Place</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>List all places.</td>
<td></td>
</tr>
</tbody>
</table>

EG6. Is the program affiliated with your family's religion?

<table>
<thead>
<tr>
<th>Affiliation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

EG7. (Is that/Are any of those places) also the location of your job [or (his/her) (OTHER PARENT)’s job]?

<table>
<thead>
<tr>
<th>Location of Job</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

EG8. How long does it usually take to go from your home to that program?

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EG9. Does (CHILD) go to that program on a regularly scheduled basis at least once each week?

<table>
<thead>
<tr>
<th>Regularly Scheduled</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

EG10. Does (CHILD) go to that program on some other regularly scheduled basis at least once each month?

<table>
<thead>
<tr>
<th>Regularly Scheduled</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

EG11. How many days each week does (CHILD) go to that program?

<table>
<thead>
<tr>
<th>Days</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EG12. How many hours each week does (CHILD) go to that program?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If EG11 = 1 (center-based care 1 day per week), go to EG17.
Else, ask EG16.

EG13. For how many weeks each month does (CHILD) go that that program?

CPWKMO1-CPWKMO4

EG14. During (that week/those weeks), for how many days each week does (CHILD) go to that program?

CPDAYWK1-CPDAYWK4

EG15. And during (that week/those weeks), for how many hours each week does (CHILD) go to that program?

CPHRWK1-CPHRWK4

EG16. On the days that (CHILD) goes to the program, that would be about (HOURS) per day, on average. Is that right?

* YES................................................................................... 1 (GO TO EG17)

NO .................................................................................... 2 (CORRECTION SCREEN)

EG17. How many children are usually in (CHILD)'s room or group, at the same time, at that program, counting (CHILD)? [PROBE: IF R ANSWERS "IT VARIES", ASK ABOUT THE MAJORITY OF TIME CHILD IS IN CARE.]

CPKIDS1-CPKIDS4

EG18. How many adults are usually in (CHILD)'s room or group, at the same time, at that program? [PROBE: IF R ANSWERS "IT VARIES", ASK ABOUT THE MAJORITY OF TIME CHILD IS IN CARE.]

CPADLTS1-CPADLTS4

EG19. How old was (CHILD) in years and months when (he/she) started going to this particular program?

CPSTRTY1-CPSTRTY4

CPSTRTM1-CPSTRTM4

YEARS ( ) MONTHS ( )
EG20. How did you learn about that program for (CHILD)?
[CODE ALL THAT APPLY.]

CPFRIEN1-CPFRIEN4
CPFRIENDS/NEIGHBORS/RELATIVES/COWORKERS ...................................... 1
CPLEMP1-CPLEMP4
PLACE OF EMPLOYMENT ........................................................................... 2
CPSCHOO1-CPSCHOO4
PUBLIC OR PRIVATE SCHOOL ...................................................................... 3
CPCHURC1-CPCHURC4
CHURCH SYNAGOGUE, OR OTHER PLACE OF WORSHIP ..................... 4
CPSOCWK1-CPSOCWK4
WELFARE OR SOCIAL SERVICE CASEWORKERS .................................... 5
CPD1-CPD4
NEWSPAPERS/ADVERTISEMENTS/YELLOW PAGES .................................... 6
CPAGENCY1-CPAGENCY4
RESOURCE AND REFERRAL (R&R) AGENCY ................................ .......... 7
CPCARE1-CPCARE4
CHILD CARE AGENCY .............................................................................. 8
CPKNEW1-CPKNEW4
R ALREADY KNEW PROVIDER .................................................................. 9
CPCHILD1-CPCHILD4
ATTENDED BY ANOTHER CHILD OF R’S ............................................. 10
CPREFER1-CPREFER4
REFERENCE MATERIALS ....................................................................... 11
CPBULLE1-CPBULLE4
PUBLIC BULLETIN BOARDS/FLYERS/DROVE/WALKED BY ................ 12
CPINTER1-CPINTER4
INTERNET ............................................................................................... 13
CPSOURC1-CPSOURC4
OTHER ................................................................................................. 91
CPSOURO1/R-CPSOURO4/R
SPECIFY .................................................................................................. 91

EG21. Is (CHILD)’s main care provider or teacher at that program of the same or a different race or ethnic background as (CHILD)?

CPRACE1-CPRACE4
SAME ....................................................................................................... 1
DIFFERENT .............................................................................................. 2

EG22. What language does (CHILD)’s main care provider or teacher at that program speak most with (him/her)?

CPSPEAK1-CPSPEAK4
ENGLISH .................................................................................................. 1
SPANISH .................................................................................................. 2
ANOTHER LANGUAGE ............................................................................... 91
CPSPKOS1/R-CPSPKOS4/R
SPECIFY .................................................................................................. 91

EG23. How similar are (CHILD)’s main care provider or teacher’s beliefs about raising children to your own? Would you say...

CPBELIE1-CPBELIE4
Very similar ............................................................................................. 1
Mostly similar .......................................................................................... 2
Somewhat similar, or ............................................................................... 3
Not too similar? ...................................................................................... 4
EG24. Does that program encourage parents to volunteer a certain number of hours each week or month?

CPPARHR1-YES...............................................................................................1
CPPARHR4-NO ..............................................................................................2

EG25. Have you (or another adult in your household) volunteered at (CHILD)’s program in the last month, that is, since (MONTH) (DAY)?

CPPARWR1-YES...............................................................................................1
CPPARWR4-NO ..............................................................................................2

EG26. Does that program provide any of the following services to (CHILD) or your family?

YES NO
CPTEST1-a. Hearing, speech, or vision testing?.........................1 2
CPTEST4-CPHYSE1-b. Physical examinations?..............................1 2
CPHYSE4-CPDENTA1-c. Dental examinations?.............................1 2
CPDENTA4-CPDISAB1-d. Formal testing for developmental
CPDISAB4 or learning problems? .................................................1 2
CPSICK1-e. Sick child care?.............................................................1 2
CPSICK4

EG27. Since September, how many times has (CHILD)’s main care provider or teacher at that program changed?

CPTEACH1-NO CHANGE ..................................................................................1
CPTEACH4-1-2 TIMES ......................................................................................2

EG28. Is there any charge or fee for this program, paid either by you or some other person or agency?

CPFEE1-YES...............................................................................................1 (GO TO EG29)
CPFEE4-NO ..............................................................................................2 (GO TO BOX AFTER EG31OV)

EG29. Do any of the following people or organizations help to pay for (CHILD) to go to that program? How about...

YES NO
CPREL1-a. A relative of (CHILD) outside your household who
CPREL4 provides money specifically for that program, not
including general child support?.................................................1 2
CPWELF1-b. A social service, welfare, or child care agency?..........1 2
CPWELF4-CPEMPL1-c. An employer, not including a tax-free spending
CPEMPL4 account for child care? ......................................................1 2
CPOTHER1-CPOTHER4 d. Someone else? ..........................................................1 2
CPOTHEO1/R-CPOTHEO4/R Who is that?________________________________________
EG30. How much does your household pay for (CHILD) to go to that program? [IF NOTHING, ENTER ZERO.]

**CPCOST1- CPCOST4**  
**AMOUNT $**********

**UNIT:**

**CPUNIT1- CPUNIT4**

- PER HOUR .............................. 1
- PER DAY ........................................ 2
- PER WEEK .................................... 3
- PER MONTH ................................ 4
- PER YEAR ................................... 5
- BIWEEKLY .................................. 6

**CPCSTOS1/R- CPCSTOS4/R**

**SPECIFY ____________________________**

If EG30 = zero or NUMKID15 (number of children in household age 15 or younger) = 1, go to box after EG31OV. Else, ask EG31.

EG31. Is this amount for (CHILD) only or does it include other children in your household?

**CPCSTHH1- CPCSTHH4**

- CHILD ONLY ........................................... 1  (GO TO BOX AFTER EG31OV)
- CHILD AND OTHER(S) ............................ 2  (GO TO EG31OV)

EG31OV. How many children is this amount for, including (CHILD)?

**CPCSTHN1- CPCSTHN4**

**NUMBER ........................................**

If EG4 = 1 (one center-based arrangement), ask EG32. Else, if EG4 >= 2 (two or more center-based arrangements), return to EG5 until the number of arrangements in EG4 are completed, then ask EG32.

EG32. Does (CHILD) go to another day care center, preschool, prekindergarten, or (Early) Head Start program?

*  

- YES .............................................. 1  (GO TO EG5)
- NO .............................................. 2  (GO TO BOX BEFORE EH1)


**Program Confirmation/Continuity and (Early) Head Start**

If ED1, EE1, and EG1 all = 2 (child has no current care arrangements), or arrangements do not occur at least once each week (ED9, EE8, EG9 = 2), go to EH4. Else, ask EH1 for all arrangements which occur at least once each week.

EH1. Now I'd like to confirm the child care [or early childhood program] arrangement(s) that (CHILD) has at least once each week.

I've recorded the following arrangement(s).

(ARRANGEMENT 1)...............................(LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 2)...............................(LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 3)...............................(LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 4)...............................(LOCATION; DAYS & HOURS/WEEK)
(ARRANGEMENT 5)...............................(LOCATION; DAYS & HOURS/WEEK)

[That's a total of (HOURS) hours each week. Is that right?]

* YES, CORRECT ..........................................................1 (GO TO EH2)
  NO, ADD ARRANGEMENT..................................................2 (CORRECTION SCREENS)
  NO, DELETE ARRANGEMENT ..............................................3 (CORRECTION SCREENS)
  NO, CHANGE INFORMATION.............................................4 (CORRECTION SCREENS)

EH2. (Early) Head Start is a federally sponsored preschool program primarily for children from low-income families. (Is this/Are any of these) care arrangement(s) (Early) Head Start?

PCANYHD

YES...................................................................................1 (GO TO EH3)
NO ...................................................................................2 (GO TO EH4)

EH3. [Which arrangement(s) (is/are) (Early) Head Start?]

PCHD1-
  PCHD5

(ARRANGEMENT 1)...............................(LOCATION; DAYS & HOURS/WEEK; COST)
(ARRANGEMENT 2)...............................(LOCATION; DAYS & HOURS/WEEK; COST)
(ARRANGEMENT 3)...............................(LOCATION; DAYS & HOURS/WEEK; COST)
(ARRANGEMENT 4)...............................(LOCATION; DAYS & HOURS/WEEK; COST)
(ARRANGEMENT 5)...............................(LOCATION; DAYS & HOURS/WEEK; COST)

ARRANGEMENT NUMBERS................................................. □□□ (GO TO BOX)

If cost for arrangement identified at EH3 NE -1, ask EH5. Else, go to EH6.

EH4. Just to check, has (CHILD) ever attended (Early) Head Start?

PCEVRHD

YES..........................................................1 (GO TO EH6)
NO ..........................................................2 (GO TO EH6)

* The correction screens permit the interviewer to: 1) correct the location and the number of days and hours for all arrangements, as well as correct the type of relative caregiver; 2) identify any duplicate arrangements so that one can be deleted; and 3) add an arrangement that was omitted. If another arrangement is added, the CATI system will cycle through the appropriate set of questions (i.e., relative, nonrelative, center) to collect relevant items.
EH5. (Early) Head Start is a federally funded program that usually has no cost for eligible participants. However, you mentioned that your household pays (COST/UNIT) for (ARRANGEMENT). What is this fee for?

PCHDCOST1-CHILD IS NOT HEAD START ELIGIBLE BUT IS ENROLLED
PCHDCOST5-IN A HEAD START PROGRAM.................................................1
FEE IS FOR DAYCARE BEFORE OR AFTER HEAD START ............2
NOW SAYS IT IS NOT A HEAD START PROGRAM ....................3
NOW SAYS THERE IS NO FEE ..................................................4
OTHER ..................................................................................91

PCHOS1/R-SPECIFY
PCHOS5/R

Ask EH5 for every Head Start Program for which there is a cost. Else, go to EH6.

EH6. (Other than the programs and care arrangements (he/she) has now,) since this past September, have you used any (other) child care arrangements or early childhood programs for (CHILD) on a regular basis?

* YES .............................................................................................1 (GO TO EH7)
NO ...............................................................................................2 (GO TO FIRST BOX BEFORE EI1)

EH7. How many child care arrangements or programs have you used for (CHILD) on a regular basis since this past September [, not counting the ones (he/she) has now]?

PCNUM NUMBER.........................................................................

EH8. (We will be talking about the 2 most recent of those arrangements or programs.) [Let's start with the most recent of those other arrangements or programs./Let's talk about the second most recent arrangement.] Who provided that care or program? Was it ...

PCWHO1-A relative such as a grandparent
PCWHO2-or a brother or sister;.................................................1 (GO TO EH9)
PCWHO1-A nonrelative such as a home child care provider or neighbor;
PCWHO2...............................................................2 (GO TO EH9)
PCWHO1-A day care center, nursery school, preschool,
PCWHO2or prekindergarten program; ......................................3 (GO TO EH10)
[NOT PATH I] A community recreation program, pool,
PCWHO2or supervised playground;..........................................4 (GO TO EH10)
PCWHO1-Or did you have some other arrangement? .............91 (GO TO EH10)
PCWHOOS1/R-SPECIFY
PCWHOOS2/R
EH9. Did that (relative/nonrelative) care for (CHILD) in your own home or in another home?

PCPLACE1- OWN HOME ................................................................. 1
PCPLACE2 OTHER HOME ........................................................... 2
PCPLACE3 BOTH/VARIES ............................................................. 3

EH10. When did that arrangement start and end? That is, in what month and year?  
[MUST HAVE ENDED SINCE THIS PAST SEPTEMBER.]

PCSTRTM1- START MONTH ||||  START YEAR |||||
PCSTRTM2
PCSTRTY1-  
PCSTRTY2

PCENDMM1- END MONTH |||  END YEAR |||||
PCENDMM2
PCENDDYY1-  
PCENDDYY2

EH11. What is the main reason that arrangement ended?  
[PROBE: IF MORE THAN ONE REASON: Which would you say was the main reason?]

PCREASO1- PROVIDER CLOSED/STopped PROVIDING CARE............... 1
PCREASO2 CHILD EXCEEDED AGE OF OLD ARRANGEMENT .............. 2
PCREASO3 CHILD REACHED AGE FOR NEW ARRANGEMENT .............. 3
PCREASO4 PARENT UNHAPPY WITH ARRANGEMENT ...................... 4
PCREASO5 CHILD UNHAPPY WITH ARRANGEMENT .......................... 5
PCREASO6 CAREPROVIDER WAS UNABLE TO CARE FOR CHILD’S  
SPECIAL NEEDS ................................................................. 6
PCREASO7 WANTED EDUCATIONAL ARRANGEMENT ....................... 7
PCREASO8 PREFERRED ARRANGEMENT BECAME AVAILABLE .......... 8
PCREASO9 COULD NO LONGER AFFORD CARE/ARRANGEMENT .......... 9
PCREASO10 PARENT CHANGED JOB OR SCHEDULE ........................ 10
PCREASO11 RESPONDENT/CHILD MOVED ................................... 11
PCREASO12 PARENT STOPPED WORKING/FINISHED SCHOOL ............ 12
PCREASO13 ARRANGEMENT WAS TEMPORARY/SEASONAL .............. 13
PCREASO14 TRANSPORTATION DIFFicultIES ................................. 14
PCREASO15 OTHER ..................................................................... 91
PCREASO1/R- SPECIFY  
PCREASO2/R

If EH7 = 1 (one other arrangement since September),  
go to box before EI1. Else, if EH7 = 2 (two or more  
arrangements since September), return to EH8 until the two  
most recent arrangements have been completed,  
then go to first box before EI1.
Perceptions of Quality/Factors in Parental Choice

If ED1, EE1, or EG1 = 1 (child currently participates in at least one arrangement), ask EI1. Else, go to EI3.

Primary child care arrangement = arrangement with greatest number of hours per week.

EI1. Now I’m going to read a list of characteristics of care arrangements and early childhood programs. Thinking about the quality of (CHILD)'s care [by (his/her)/or] (PRIMARY CHILD CARE ARRANGEMENT), please tell me how you would rate the following characteristics using the scale perfect, excellent, good, fair, or poor.

[RANDOM START FOR RESPONSE CATEGORIES]

<table>
<thead>
<tr>
<th></th>
<th>Perfect</th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPSECUR</td>
<td>(CHILD) feels safe and secure in care.</td>
<td>.........</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPWARM</td>
<td>b. The caregiver is warm and affectionate toward (him/her).</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPHEALTH</td>
<td>c. It's a healthy place for (him/her).</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPRESPECT</td>
<td>d. (CHILD) is treated with respect</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPSAFE</td>
<td>e. (He/She) is safe with this caregiver</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPSHARE</td>
<td>f. (He/She) gets a lot of individual attention</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPNEW</td>
<td>g. My caregiver and I share information</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPKNOW</td>
<td>h. My caregiver is open to new information and learning</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPDISCIP</td>
<td>i. My caregiver shows she or he knows a lot about children and their needs</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPLIKE</td>
<td>j. My caregiver handles discipline matters without being harsh</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPSUPP</td>
<td>k. (CHILD) likes the caregiver</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPCREAT</td>
<td>l. My caregiver is supportive of me as a parent</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPIINTRST</td>
<td>m. There are a lot of creative activities going on</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>PPHAPSEE</td>
<td>n. It is an interesting place for (CHILD)</td>
<td>......................................................</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

EI2. How much difficulty did you have finding the type of child care or early childhood program you wanted for (CHILD)? Would you say....

PPDIFCLT | A lot, ................................................................. | 1 | (GO TO EI5) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Some, .........................................................................</td>
<td>2</td>
<td>(GO TO EI5)</td>
</tr>
<tr>
<td></td>
<td>A little, ......................................................................</td>
<td>3</td>
<td>(GO TO EI5)</td>
</tr>
<tr>
<td></td>
<td>No difficulty, or................................................................</td>
<td>4</td>
<td>(GO TO EI5)</td>
</tr>
<tr>
<td></td>
<td>Have you not found the child care or program you wanted? ..................................................................</td>
<td>5</td>
<td>(GO TO EI5)</td>
</tr>
</tbody>
</table>
EI3. Some parents prefer to stay home to care for their children. Others choose to have care arrangements with someone other than a parent. If you could find high-quality, affordable child care by a relative, nonrelative, or in a daycare or preschool program, would you choose to place (CHILD) in one of these kinds of arrangements?

PACHOOSE

YES........................................................................................................1 (GO TO EI5)
NO .........................................................................................................2 (GO TO EI4)

EI4. What were your main reasons for choosing to have a parent care for (CHILD)?

[CODE ALL THAT APPLY.]

PPNOWORK 

PARENT DOES NOT WORK/FLEXIBLE SCHEDULE/
NO NEED FOR CARE .................................................................1

PPDAYCAR 

PARENT IS DAY CARE PROVIDER IN THE HOME ..................1

PPWORKHO 

PARENT WORKS OR STUDIES AT HOME .................................3

PPSPECIAL 

CHILD HAS SPECIAL NEEDS ..........................................................4

PPDEPEND 

PARENTS NEED TO CARE FOR OTHER DEPENDENTS AS WELL .................................................................5

PPBARR 

COST/AVAILABILITY/TRANSPORTATION .................................6

PPHMKR 

TO HELP WITH CHILD’S EDUCATION/HOMEWORK ..................7

PPCAREER 

PARENT PREFERS TO STAY AT HOME ....................................8

PPBEST 

PARENTAL CARE IS BEST FOR CHILD/DEVELOPMENT ...........9

PPRESPONSE 

PARENTS ARE RESPONSIBLE FOR CARE ........................................10

PPRELIG 

RELIGIOUS REASONS .................................................................11

PPSAFETY 

CHILD’S SAFETY/SECURITY/PARENT DOESN’T TRUST OTHERS .................................................................12

PPWANT 

PARENT WANTS TO BE WITH CHILD ...........................................13

PPOther 

OTHER ..............................................................................................91

PPOTHEOS/R 

SPECIFY __________________________________________________________

If only EI4-6=1 (cost/avail/trans) go to EI5. Else, go to EJINTRO.

EI5. I'm going to read some things that people look for in selecting child care arrangements or early childhood programs for their children. For each one, please tell me if you think it is very important, somewhat important, or not too important in selecting a care arrangement for (CHILD). How about...

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

[RANDOM START FOR RESPONSE CATEGORIES]

PPSICK 

a. A place where children will be cared for when they are sick. 1 2 3

PPCONV 

b. A place close to your home ...................................................... 1 2 3

PPCOST 

c. A reasonable cost ................................................................. 1 2 3

PPKIDS 

d. A small number of children in the same class or group ........ 1 2 3

PPENGL 

e. A caregiver or teacher who speaks English with your child.. 1 2 3

PPFLEX 

f. A caregiver who provides flexible hours to fit your schedule 1 2 3

PPBELIEF 

g. A caregiver who shares your beliefs about raising children . 1 2 3

PPRACE 

h. A caregiver of the same racial or ethnic background as (CHILD) .................................................................1 2 3

If PA6 =2 or 91 (does not speak English mostly or equally with another language at home), ask EI5j.
Else go to box after EI5j.
Training and Support for Families of Preschoolers

EJ1. Since last September, have you (or (CHILD)'s (mother/stepmother/foster mother/father/stepfather/foster father/grandmother/grandfather/aunt/uncle/cousin) (or (the) other adult(s) in your household)) gone to...

a. Any support groups to help with parenting? .................. 1 2
b. A parenting class? ............................................... 1 2

SFATTGRP
SFATTCLS
Home Activities

EKINTRO. Now I'd like to talk with you about (CHILD)'s activities with family members in the past week.

EK1. How many times have you or someone in your family read to (CHILD) in the past week? Would you say...

<table>
<thead>
<tr>
<th>FOREADTO</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all, .................................1</td>
<td>(GO TO BOX AFTER EK2)</td>
</tr>
<tr>
<td>Once or twice, .................................2</td>
<td>(GO TO EK2)</td>
</tr>
<tr>
<td>3 or more times, or .................................3</td>
<td>(GO TO EK2)</td>
</tr>
<tr>
<td>Every day? .................................4</td>
<td>(GO TO EK2)</td>
</tr>
</tbody>
</table>

EK2. About how many minutes (on each of those days/each day) do you or someone in your family read to (him/her)?

[IF TIME PER DAY VARIES, ASK FOR AVERAGE TIME PER DAY.]

<table>
<thead>
<tr>
<th>FORDDAY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MINUTES .............................................</td>
<td></td>
</tr>
</tbody>
</table>

If PATH = I, and AGE2000 = 2, go to ELINTRO. Else, if PATH = N, ask EK 3. Else, go to PTINTRO

EK3. In the past week, has anyone in your family done the following things with (CHILD)?

[IF YES: Would you say one or two times, or three or more?]

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>1-2 TIMES</th>
<th>3+ TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOSTORY</td>
<td>a. Told (him/her) a story? .........................1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FOWORDS</td>
<td>b. Taught (him/her) letters, words, or numbers? .........................1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FOMUSIC</td>
<td>c. Taught (CHILD) songs or music? .........................1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>FOCRAFTS</td>
<td>d. Worked on arts and crafts with (him/her)? .........................1</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

EK4. In the past month, have you or someone in your family visited a library with (CHILD)?

<table>
<thead>
<tr>
<th>FOLIBRAY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
Emerging Literacy and Numeracy

ELINTRO. These next questions are about things that different children do at different ages. These things may or may not be true for (CHILD).

EL1. Can (CHILD) identify the colors red, yellow, blue, and green by name? Would you say...

DPCOLOR
- All of them, ................................................................. 1
- Some of them, or......................................................... 2
- None of them? ............................................................ 3

EL2. Can (he/she) recognize...

DPLETTER
- All of the letters of the alphabet, .................................. 1
- Most of them, ............................................................... 2
- Some of them, or......................................................... 3
- None of them? ............................................................ 4

EL3. How high can (CHILD) count? Would you say...

DPCOUNT
- Not at all, ...................................................................... 1
- Up to five, .................................................................... 2
- Up to ten, ..................................................................... 3
- Up to twenty, ............................................................... 4
- Up to fifty, or .............................................................. 5
- Up to 100 or more? .................................................... 6

EL4. Can (CHILD) write (his/her) first name, even if some of the letters are backwards?

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

EL5. Is (CHILD) able to read story books on (his/her) own now?

HASTORY
- YES ............................................................................... 1 (GO TO EL6)
- NO .................................................................................. 2 (GO TO EL7)

EL6. Does (CHILD) actually read the words written in the book, or does (he/she) look at the book and pretend to read?

HAWORDS
- READS THE WRITTEN WORDS......................................... 1 (GO TO PTINTRO)
- PRETENDS TO READ......................................................... 2 (GO TO EL8)
- DOES BOTH ...................................................................... 3 (GO TO PTINTRO)

EL7. Although (CHILD) doesn't yet read story books on (his/her) own, does (he/she) ever look at a book with pictures and pretend to read?

HAPRETND
- YES ............................................................................... 1 (GO TO EL8)
- NO .................................................................................. 2 (GO TO PTINTRO)

EL8. When (he/she) pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

HACONECT
- SOUNDS LIKE CONNECTED STORY.................................. 1
- TELLS WHAT'S IN EACH PICTURE................................. 2
- DOES BOTH ................................................................. 3
**Health and Disability**

PTINTRO. Now I have a few questions about (CHILD)’s health.

*If PATH = I, N ask PT1. Else, go to box after PT2.*

PT1. Has a doctor or other health professional ever told you that (CHILD) was developmentally delayed?

**HDDELAY**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
</tbody>
</table>

PT2. About how long has it been since (CHILD) last saw a medical doctor or other health professional for a checkup, shots, or other routine care? Would you say…

**HNDOCWHN**

<table>
<thead>
<tr>
<th>Less than 1 year</th>
<th>1 year, but less than 2 years</th>
<th>2 years or more</th>
<th>CHILD HAS NEVER BEEN SEEN BY A MEDICAL DOCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
<td>☐ 4</td>
</tr>
</tbody>
</table>

*If PATH = N ask PT3. Else, go to box after PT4.*

PT3. Has (CHILD) ever been to a dentist or dental hygienist for dental care?

**HNDNTIST**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
</tr>
</tbody>
</table>

*GO TO PT4* (GO TO BOX AFTER PT4)

PT4. About how long has it been since (CHILD) last saw a dentist or dental hygienist for dental care? [PROBE USING CATEGORIES.]

**HNDNTWHN**

<table>
<thead>
<tr>
<th>LESS THAN 1 YEAR</th>
<th>1 YEAR, BUT LESS THAN 2 YEARS</th>
<th>2 YEARS OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>

*If PATH = I, go to PT7. Else, ask PT5.*

PT5. Does (CHILD) have any of the following disabilities? [RANDOM START; KEEP h LAST.]

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☒ 2</td>
</tr>
</tbody>
</table>

**HDLEARN**

<table>
<thead>
<tr>
<th>a. A specific learning disability?</th>
<th>☐ 1</th>
<th>☒ 2</th>
</tr>
</thead>
</table>

**HDDRRETARD**

<table>
<thead>
<tr>
<th>b. Mental retardation?</th>
<th>☐ 1</th>
<th>☒ 2</th>
</tr>
</thead>
</table>

**HDSPEECH**

<table>
<thead>
<tr>
<th>c. A speech impairment?</th>
<th>☐ 1</th>
<th>☒ 2</th>
</tr>
</thead>
</table>

**HDDISTRB**

<table>
<thead>
<tr>
<th>d. A serious emotional disturbance?</th>
<th>☐ 1</th>
<th>☒ 2</th>
</tr>
</thead>
</table>

**HDDEAFIM**

<table>
<thead>
<tr>
<th>e. Deafness or another hearing impairment?</th>
<th>☐ 1</th>
<th>☒ 2</th>
</tr>
</thead>
</table>

**HDBLNDIM**

<table>
<thead>
<tr>
<th>f. Blindness or another visual impairment?</th>
<th>☐ 1</th>
<th>☒ 2</th>
</tr>
</thead>
</table>

**HDORTH**

<table>
<thead>
<tr>
<th>g. An orthopedic impairment?</th>
<th>☐ 1</th>
<th>☒ 2</th>
</tr>
</thead>
</table>

**HDOTHER**

| h. Another health impairment lasting 6 months or more? | ☐ 1 | ☒ 2 |

...
PT6. Does (child) have...

**HD AUTISM**
- a. Autism? ..........................................................1 2

**HD ADD**
- b. Attention deficit disorder, ADD, or ADHD? ..........1 2

*If any PT5a-h = 1, or PT6, a or b = 1, go to PT8. Else, go to box before PUINTRO.*

PT7. Does (CHILD) have any of the following disabilities?

[Random Start; Keep e Last.]

**HD DEAFIM**
- a. Deafness or another hearing impairment? ..............1 2

**HD BLNDIM**
- b. Blindness or another visual impairment? ...............1 2

**HD ORTHO**
- c. An orthopedic impairment? ..................................1 2

**HD DEVELO**
- d. Severe developmental delay? ...............................1 2

**HD OTHER**
- e. Another health impairment lasting 6
  months or more? ..................................................1 2

*If any PT7a-e = 1, go to PT8. Else, go to box before PUINTRO.*

PT8. Is (CHILD) receiving services for (his/her) (disability/disabilities) ...

**HDSCHL**
- a. From your local school district? ..........................1 2

**HD GOVT**
- b. From a state or local health or social
  service agency? ....................................................1 2

**HDOCTOR**
- c. From a doctor or clinic? [Includes Other Health Care
  Providers If Volunteered] ........................................1 2

**HDSOURCE**
- d. From some other source? ....................................1 2

**HDS SOURCES/R**
- What is that? .........................................................

*If any PT8a, b, c, or d = 1, ask PT9. Else, go to box before PUINTRO.*

PT9. Are any of these services provided through an Individualized (Family Service Plan, or IFSP/
Educational Program, or IEP)?

**HNIFSP**
- YES ........................................................................1
  - NO ........................................................................2

*If path = N, S, or H, ask PT10. Else, if path = I, go to box before PUINTRO.*

PT10. (Does/Do) (CHILD)'s (disability/disabilities) affect (his/her) ability to learn?

**HDAFFECT**
- YES ........................................................................1
  - NO ........................................................................2
**Parent/Guardian Characteristics**

**Mother Items**

Ask questions PU18, PU22, PU23, PU26-PU38, and PV17, PV21, PV22, PV25 and PV26 for each sampled child. But, ask all other parent/guardian characteristics (PUINTRO through PV24) only once per mother/father in the household.

If HHMOM = 1, 2, or 3 (mother or female guardian), go to PUINTRO. Else, if HHMOM = 4 (no mother/female guardian), go to box before PVINTRO.

**PUINTRO.** These next questions are about (you/(CHILD)'s (mother/stepmother/foster mother) (father/stepfather/foster father)). (Let's start with (you/(CHILD)'s mother)).

**PU1.** [Are you/Is (CHILD)'s (mother/stepmother/foster mother)] currently...

- **MOMSTAT**
  - Married, ................................................................. 1 (GO TO PU3)
  - Separated, .............................................................. 3 (GO TO BOX)
  - Divorced, ............................................................... 4 (GO TO BOX)
  - Widowed, or ........................................................... 5 (GO TO BOX)
  - Never married? ....................................................... 6 (GO TO BOX)

If any HH member other than mother is age 16 or older ask PU1OV. Else go to PU3.

**PU1OV.** (Are you/Is she) currently living with a partner?

- **MOMLIVW**
  - YES ............................................................................. 1 (GO TO BOX)
  - NO ................................................................................ 2 (GO TO PU3)

If HHMOM = 1 or 2 and HHDAD = 1 or 2 (child's mother and father live in the household), autocode PU2 =1, and go to PU3. Else ask PU2.

**PU2.** Is (your/(CHILD)'s (mother's/stepmother's/foster mother's) partner's relationship to (CHILD) like that of a parent?

- **MOMPART**
  - YES ............................................................................. 1
  - NO ................................................................................ 2

**PU3.** How old (were you/was (CHILD)'s (mother/stepmother/foster mother) when (you/she) first became a mother, stepmother, or guardian to any child?

- **MOMNEW**
  - YEARS OF AGE ........................................................... □□
PU4. What was the first language (you/(CHILD)'s (mother/stepmother/foster mother)) learned to speak?

MOMLANG

<table>
<thead>
<tr>
<th>Language Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
</tr>
<tr>
<td>SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>ENGLISH AND SPANISH EQUALLY</td>
<td>3</td>
</tr>
<tr>
<td>ENGLISH AND ANOTHER LANGUAGE EQUALLY</td>
<td>4</td>
</tr>
<tr>
<td>SPECIFY</td>
<td>91</td>
</tr>
</tbody>
</table>

MOMLANOS/R

SPECIFY

PU5. What language (do you/does (CHILD)'s (mother/stepmother/foster mother)) speak most at home now?

MOMSPEAK

<table>
<thead>
<tr>
<th>Language Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td>1</td>
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<tr>
<td>SPANISH</td>
<td>2</td>
</tr>
<tr>
<td>ENGLISH AND SPANISH EQUALLY</td>
<td>3</td>
</tr>
<tr>
<td>ENGLISH AND ANOTHER LANGUAGE EQUALLY</td>
<td>4</td>
</tr>
<tr>
<td>SPECIFY</td>
<td>91</td>
</tr>
</tbody>
</table>

MOMSPEOS/R

SPECIFY

PU6. [Were you/Was (CHILD)'s mother] born in...

MOMBORN

<table>
<thead>
<tr>
<th>Location Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the 50 states or the District of Columbia</td>
<td>1</td>
</tr>
<tr>
<td>One of the U.S. territories, [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS]</td>
<td>2</td>
</tr>
<tr>
<td>Or some other country?</td>
<td>3</td>
</tr>
</tbody>
</table>

MOMTEROS/R

SPECIFY

MOMCONOS/R

SPECIFY

PU6OV. How old (were you/was she) when (you/she) first moved to the (United States/50 states or the District of Columbia)?

MOMUSAGE

AGE

PU7. What is the highest grade or year of school that (you/(CHILD)'s (mother/stepmother/foster mother)) completed?

MOMGRADE

<table>
<thead>
<tr>
<th>Grade Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP TO 8TH GRADE</td>
<td>1</td>
</tr>
<tr>
<td>9TH TO 11TH GRADE</td>
<td>2</td>
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<tr>
<td>12TH GRADE BUT NO DIPLOMA</td>
<td>3</td>
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<tr>
<td>HIGH SCHOOL DIPLOMA/EQUIVALENT</td>
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</tr>
<tr>
<td>VOC/TECH PROGRAM AFTER HIGH SCHOOL</td>
<td>5</td>
</tr>
<tr>
<td>VOC/TECH DIPLOMA AFTER HIGH SCHOOL</td>
<td>6</td>
</tr>
<tr>
<td>SOME COLLEGE BUT NO DEGREE</td>
<td>7</td>
</tr>
<tr>
<td>ASSOCIATE’S DEGREE (AA, AS)</td>
<td>8</td>
</tr>
<tr>
<td>BACHELOR’S DEGREE (BA, BS)</td>
<td>9</td>
</tr>
<tr>
<td>GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE ...</td>
<td>10</td>
</tr>
<tr>
<td>MASTER’S DEGREE (MA, MS)</td>
<td>11</td>
</tr>
<tr>
<td>DOCTORATE DEGREE (PHD, EDD)</td>
<td>12</td>
</tr>
<tr>
<td>PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)</td>
<td>13</td>
</tr>
</tbody>
</table>

MOMGRAD1

MOMGRAD2

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)

(ENTER GRADE, GO TO PU8)
PU7OV. Did (you/she) earn a vocational or technical diploma after leaving high school?

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

PU8. (Do you/Does she) have a high school diploma or its equivalent, such as a GED?

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

PU9. During the past week, did (you/(CHILD)’s (mother/stepmother/foster mother)) work at a job for pay or income?

MOMWORK
YES..........................................................................................1 (GO TO PU11)
NO...............................................................................................2 (GO TO PU10)
RETIRED..................................................................................3 (GO TO PU12)
DISABLED/UNABLE TO WORK..............................................4 (GO TO PU12)

PU10. (Were you/Was she) on leave or vacation from a job during the past week?

MOMLEAVE
YES..........................................................................................1 (GO TO PU11)
NO...............................................................................................2 (GO TO PU12)

PU11. About how many total hours per week (do you/does she) usually work for pay or income, counting all jobs?

[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

MOMHOURS
WEEKLY HOURS .................................................................

PU12. In the past 12 months, how many months (if any) (have you/has she) worked for pay or income?

MOMMTHS
MONTHS...........................................................................

PU13. (Have you/Has she) been actively looking for work in the past 4 weeks?

MOMLOOK
YES..........................................................................................1 (GO TO PU14)
NO...............................................................................................2 (GO TO PU15)
PU14. What (have you/has she) been doing in the past 4 weeks to find work? [CODE ALL THAT APPLY.]

MOMPUBL  CHECKED WITH PUBLIC EMPLOYMENT AGENCY.....................1
MOMPRIV  CHECKED WITH PRIVATE EMPLOYMENT AGENCY...................2
MOMEMPL  CHECKED WITH EMPLOYER DIRECTLY/
          SENT RESUME/FILLED OUT APPLICATIONS....................3
MOMREL   CHECKED WITH FRIENDS OR RELATIVES............................4
MOMANSAD PLACED OR ANSWERED ADS/SENT RESUME .........................5
MOMREAD  READ WANT ADS ....................................................6
MOMOTHER SOMETHING ELSE.........................................................91
MOMOTHOS/R SPECIFY___________________________________________

If PU14 = 1 through 5 (looking for work), go to PU16.
Else, ask PU15.

PU15. What (were you/was she) doing most of last week? Would you say...

MOMACTY  Keeping house or caring for children or
          other dependents, .........................................................1
          Going to school, ..............................................................2
          Retired, ............................................................................3
          Unable to work, or ...........................................................4
          Something else?............................................................91
MOMACTOS/R What was that?_______________________________________

If PU15 = 2, autocode PU16 = 1 and go to PU17. Else, ask PU16.

PU16. (Are you/is (CHILD)’s mother) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than at (your/her) regular job]?

MOMENROL  YES...................................................................................1 (GO TO PU17)
          NO ....................................................................................2 (GO TO BOX BEFORE PU18)

PU17. How many hours each week (do you/does she) attend school or training? [REFERS TO ACTUAL TIME, NOT CREDIT HOURS.]

MOMENHRS  WEEKLY HOURS ...........................................................□□

If PU9 = 1 or PU10 = 1 (working or on leave/vacation), ask
          PU18.
Else, go to box before PU22.

PU18. Have (CHILD)’s (child/before- and after-school) care needs influenced [your/(his/her) mother’s/stepmother’s/foster mother’s] choice of a job or work schedule in any way?

MOMCHOIC  YES...................................................................................1
          NO ....................................................................................2
Ask PU19, PU20, and PU21 only once per mother per household.

PU19. How easy is it for (you/(CHILD)’s mother/stepmother/foster mother) to leave work if (CHILD/one of your children/one of her children) gets sick or needs (you/her) unexpectedly? Would you say...

MOMLVEAS
[VERY] Easy........................................................................1
Somewhat easy.....................................................................2
Not very easy, or.............................................................3
Difficult?...........................................................................4

PU20. Does (your/(CHILD)’s mother’s/stepmother’s/foster mother’s) employer have a program that allows employees to put part of their pay -- before taxes -- into an account that can be used to pay for child care costs?

MOMACCT
YES...................................................................................1 (GO TO PU21)
NO ....................................................................................2 (GO TO BOX BEFORE PU24)
SELF-EMPLOYED................................................................3 (GO TO BOX BEFORE PU24)

PU21. (Do you/Does she) participate in this program to cover any child care costs?

MOMACUSE
YES...................................................................................1 (GO TO BOX BEFORE PU24)
NO ....................................................................................2 (GO TO BOX BEFORE PU24)

If ED1, EE1, EG1, SF1, SG1, SH1, or SI9 = 1 (participation in nonparental care/programs), go to box before PU24. Else, ask PU22.

PU22. Would (you/(CHILD)’s mother/stepmother/foster mother) be working outside of the home if (you/she) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

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

If PU16 NE 1, ask PU23. Else, go to box before PU24.

PU23. Would (you/(CHILD)’s mother/stepmother/foster mother) enter job training or school if (you/she) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

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

Ask PU24 and PU25 only once per household.

PU24. There is a federal income tax credit specifically for child care expenses called the Child and Dependent Care Tax Credit. Have you ever heard of it?

MOMTCRED
YES...................................................................................1 (GO TO PU25)
NO ....................................................................................2 (GO TO BOX BEFORE PU26)
PU25. Did or will anyone in your household claim this credit for child care costs on your tax return for 2000?

**MOMTCUSE**

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

If PU9 = 1 or PU10 = 1 or PU16 = 1 (mother/female guardian is employed for pay or attending school or training),
ask PU26 for each sampled child.
Else, go to box before PVINTRO.

PU26. [DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY]
When mothers are at work or school, children may be in school, in a care arrangement, with their
other parent, or somewhere else. What is (CHILD) usually doing or how is (he/she) usually cared for
during most of the hours when [you/(CHILD)’s mother/stepmother/foster mother] (are/is) at (work) (or)
(school or training)?

**MOMCARE**

ARRANGEMENT NUMBER................................................□□ (GO TO PU32)
IN SCHOOL [S PATH ONLY]...............................................21 (GO TO PU32)
MOTHER WORKS OR STUDIES AT HOME/CARES FOR CHILD
AT WORK OR SCHOOL.....................................................22 (GO TO PU32)
CARED FOR BY CHILD’S OTHER PARENT/
STEPPARENT/FOSTER PARENT (EXCEPT SAME SEX) .........23 (GO TO PU27)
MATERNITY LEAVE............................................................24 (GO TO PU32)
OTHER RELATIVE ARRANGEMENT NOT PREVIOUSLY
MENTIONED ...................................................................25 (GO TO PU28)
OTHER NONRELATIVE ARRANGEMENT NOT PREVIOUSLY
MENTIONED ..................................................................26 (GO TO PU29)
OTHER CENTER-BASED OR SCHOOL-BASED ARRANGEMENT
NOT PREVIOUSLY MENTIONED.........................................27 (GO TO PU29)
SELF-CARE ARRANGEMENT NOT PREVIOUSLY
MENTIONED ...................................................................28 (GO TO PU29)
SAME-SEX PARENT CARES FOR CHILD ...............................29 (GO TO PU32)
SOMETHING ELSE.............................................................91 (GO TO PU32)

**MOMCAROS/R**

SPECIFY ............................................................................

PU27. Does that parent live in (CHILD)’s household?

**MOMAHOUS**

YES...................................................................................1 (GO TO BOX BEFORE PU28)
NO ....................................................................................2 (GO TO PU32)

If PU27 = 1 and HHDAD not = 1 or 2 (no father enumerated but
father is said to live in HH), code interview a problem. Else, go
to PU32.

PU28. Is that relative (CHILD)’s...

**MOMARELA**

Grandmother, .................................................................1
Grandfather, .................................................................2
Aunt, ................................................................. ..........................3
Uncle, ................................................................. ..........................4
Brother, ................................................................. ..........................5
Sister, or ................................................................. ..........................6
Another relative? ................................................................. ..........................7
PU29. Is that arrangement regularly scheduled at least once each week (before or after school)?

**MOMAWEK**

YES.................................................................1 (GO TO PU30)
NO.................................................................2 (GO TO PU32)

PU30. How many days each week does (CHILD) participate in that arrangement (before or after school)?

**MOMADAYS**

DAYS...............................................................☐

PU31. How many hours each week does (CHILD) participate in that arrangement (before or after school)?

**MOMAHRS**

HOURS.............................................................☐☐

PU32. Does (that arrangement/the time (CHILD) is in school) cover all of the hours that [you/(CHILD)’s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)?

**MOMCAROT**

YES.................................................................1 (GO TO BOX BEFORE PVINTRO)
NO.................................................................2 (GO TO PU33)

PU33. [DISPLAY CARE ARRANGEMENTS/PROGRAMS, IF ANY] What is (CHILD) usually doing or how is (he/she) usually cared for during most of the other hours that [you/(CHILD)’s mother/stepmother/foster mother] (are/is) at (work) (or) (school or training)?

**MOMCARWH**

ARRANGEMENT NUMBER............................................☐☐ (GO TO BOX BEFORE PVINTRO)
IN SCHOOL [PATH = S ONLY] ........................................21 (GO TO BOX BEFORE PVINTRO)
MOTHER WORKS OR STUDIES AT HOME/CARES FOR CHILD AT WORK OR SCHOOL........................................22 (GO TO BOX BEFORE PVINTRO)
CARED FOR BY CHILD’S OTHER PARENT/ STEPPARENT/FOSTER PARENT (EXCEPT SAME SEX) ............23 (GO TO PU34)
MATERNITY LEAVE.....................................................24 (GO TO BOX BEFORE PVINTRO)
OTHER RELATIVE ARRANGEMENT NOT PREVIOUSLY MENTIONED ..........................................................25 (GO TO PU35)
OTHER NONRELATIVE ARRANGEMENT NOT PREVIOUSLY MENTIONED ..........................................................26 (GO TO PU36)
OTHER CENTER-BASED OR SCHOOL-BASED ARRANGEMENT NOT PREVIOUSLY MENTIONED ..........................................................27 (GO TO PU36)
SELF-CARE ARRANGEMENT NOT PREVIOUSLY MENTIONED ..........................................................28 (GO TO PU36)
SAME-SEX PARENT CARES FOR CHILD ..........................29 (GO TO BOX BEFORE PVINTRO)
SOMETHING ELSE....................................................91 (GO TO BOX BEFORE PVINTRO)

**MOMCWHOS/R**

SPECIFY ........................................................................

PU34. Does that parent live in (CHILD)’s household?

**MOMBHOUS**

YES.................................................................1 (GO TO BOX BEFORE PU35)
NO.................................................................2 (GO TO BOX BEFORE PVINTRO)

If PU34 = 1 and HHADAD not = 1 or 2 (no father enumerated but father is said to live in HH), code interview a problem. Else, go to PVINTRO.
PU35. Is that relative (CHILD)'s...

MOMBRELA
Grandmother, .........................................................1
Grandfather, ............................................................2
Aunt, .................................................................3
Uncle, .......................................................................4
Brother, ......................................................................5
Sister, or ..................................................................6
Another relative? .........................................................7

PU36. Is that arrangement regularly scheduled at least once each week (before or after school)?

MOMBWEEK
YES.................................................................1 (GO TO PU37)
NO .........................................................................2 (GO TO BOX BEFORE PVINTRO)

PU37. How many days each week does (CHILD) participate in that arrangement (before or after school)?

MOMBDAYS
DAYS........................................................................

PU38. How many hours each week does (CHILD) participate in that arrangement (before or after school)?

MOMBHRS
HOURS ..................................................................

Father Items

If HHDAD = 1, 2, or 3 (father or male guardian), go to PVINTRO.
Else, if HHDAD = 4 (no father or male guardian), go to box before PV25.

PVINTRO. Now I have some questions about (you/(CHILD)'s (father/stepfather/foster father)).

PV1. [Are you/Is (CHILD'S) (father/stepfather/foster father)] currently...

DADSTAT
Married, ......................................................................1 (GO TO Pv3)
Separated, ....................................................................2 (GO TO BOX)
Divorced, ....................................................................3 (GO TO BOX)
Widowed, or ..................................................................4 (GO TO BOX)
Never married? .............................................................5 (GO TO BOX)

If any HH member other than father is age 16 or older ask PV1OV.
Else go to PV3.
**PV1OV.** (Are you/Is he) currently living with a partner?

<table>
<thead>
<tr>
<th><strong>DADLIVW</strong></th>
<th><strong>1</strong> (GO TO BOX)</th>
<th><strong>2</strong> (GO TO PV3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*If HHMOM = 1 or 2 and HHDAD = 1 or 2 (child’s mother and father live in the household), autocode PV2 = 1, and go to PV3.
Else ask PV2.*

**PV2.** Is (that/(CHILD)’s (father’s/stepfather’s/foster father’s) partner’s relationship to (CHILD) like that of a parent?

<table>
<thead>
<tr>
<th><strong>DADPART</strong></th>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
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</tr>
</tbody>
</table>

**PV3.** What was the first language (you/(CHILD)’s (father/stepfather/foster father)) learned to speak?

<table>
<thead>
<tr>
<th><strong>DADLANG</strong></th>
<th><strong>1 (AUTO CODE PV4=1 AND GO TO PV5)</strong></th>
<th><strong>2 (GO TO PV4)</strong></th>
<th><strong>3 (GO TO PV4)</strong></th>
<th><strong>4 (GO TO PV4)</strong></th>
<th><strong>91 (GO TO PV4)</strong></th>
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</thead>
<tbody>
<tr>
<td>ENGLISH</td>
<td></td>
<td>SPANISH</td>
<td>ENGLISH AND SPANISH EQUALLY</td>
<td>ENGLISH AND ANOTHER LANGUAGE EQUALLY</td>
<td>ANOTHER LANGUAGE</td>
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</table>

<table>
<thead>
<tr>
<th><strong>DADLANOS/R</strong></th>
<th><strong>SPECIFY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIFY</td>
<td></td>
</tr>
</tbody>
</table>

**PV4.** What language (do you/does (CHILD)’s (father/stepfather/foster father)) speak most at home now?

<table>
<thead>
<tr>
<th><strong>DADSPEAK</strong></th>
<th><strong>1</strong></th>
<th><strong>2</strong></th>
<th><strong>3</strong></th>
<th><strong>4</strong></th>
<th><strong>5</strong></th>
<th><strong>91</strong></th>
</tr>
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<tr>
<td>ENGLISH</td>
<td></td>
<td></td>
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<tr>
<td>SPECIFY</td>
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<td></td>
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<tr>
<td>((ENGLISH AND) OTHER LANGUAGE SPECIFIED IN PV1 (EQUALLY))</td>
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<tr>
<td>ANOTHER LANGUAGE</td>
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<th><strong>SPECIFY</strong></th>
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</thead>
<tbody>
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<td>SPECIFY</td>
<td></td>
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</tbody>
</table>

**PV5.** (Were you/Was (CHILD)’s father) born in…

<table>
<thead>
<tr>
<th><strong>DADBORN</strong></th>
<th><strong>1 (GO TO PV6)</strong></th>
<th><strong>2 (GO TO PV5OV)</strong></th>
<th><strong>3 (GO TO PV5OV)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the 50 states or the District of Columbia</td>
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<tr>
<td>One of the U.S. territories, [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS]</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Or some other country</td>
<td></td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>DADTEROS/R</strong></th>
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<th><strong>SPECIFY</strong></th>
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<tbody>
<tr>
<td>SPECIFY</td>
<td></td>
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</tbody>
</table>
PV5OV. How old (were you/was he) when (you/he) first moved to the (United States/50 states or the District of Columbia)?

DADUSAGE AGE ..........................................................................

PV6. What is the highest grade or year of school that (you/(CHILD)'s (father/stepfather/foster father)) completed?

DADGRADE
UP TO 8TH GRADE ............................................................... 1 (ENTER GRADE, GO TO PV7)
9TH TO 11TH GRADE ............................................................. 2 (ENTER GRADE, GO TO PV7)
12TH GRADE BUT NO DIPLOMA ........................................... 3 (GO TO PV7)
HIGH SCHOOL DIPLOMA/EQUIVALENT ............................... 4 (GO TO PV8)
VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA ............................................. 5 (GO TO PV7)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL ...................... 6 (GO TO PV7)
SOME COLLEGE BUT NO DEGREE ....................................... 7 (GO TO PV6OV)
ASSOCIATE'S DEGREE (AA, AS) ......................................... 8 (GO TO PV7)
BACHELOR'S DEGREE (BA, BS) ........................................... 9 (GO TO PV8)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE... 10 (GO TO PV8)
MASTER'S DEGREE (MA, MS) ............................................ 11 (GO TO PV8)
DOCTORATE DEGREE (PHD, EDD) ...................................... 12 (GO TO PV8)
PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ........ 13 (GO TO PV8)

PV6OV. Did (you/he) earn a vocational or technical diploma after leaving high school?

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

PV7. (Do you/Does he) have a high school diploma or its equivalent, such as a GED?

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

PV8. During the past week, did (you/(CHILD)'s (father/stepfather/foster father)) work at a job for pay or income?

DADWORK YES ........................................................................... 1 (GO TO PV10)
NO .................................................................................... 2 (GO TO PV9)
RETIRED ............................................................................ 3 (GO TO PV9)
DISABLED/UNABLE TO WORK ........................................... 4 (GO TO PV11)

PV9. (Were you/Was he) on leave or vacation from a job during the past week?

DADLEAVE YES ........................................................................... 1 (GO TO PV10)
NO .................................................................................... 2 (GO TO PV11)

PV10. About how many total hours per week (do you/does he) usually work for pay or income, counting all jobs?
[IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

DADHOURS WEEKLY HOURS .................................................. □□
PV11. In the past 12 months, how many months (if any) (have you/has he) worked for pay or income?

DADMTHS

If PV8 or PV9 = 1 (working or on leave/vacation), go to PV15. If PV8 = 3, then autocode PV14 = 3, and go to PV15. If PV8 = 4, then autocode PV14 = 4, and go to PV15. Else, ask PV12.

PV12. (Have you/Has he) been actively looking for work in the past 4 weeks?

DADLOOK

YES...................................................................................1 (GO TO PV13)
NO ....................................................................................2 (GO TO PV14)

PV13. What (have you/has he) been doing in the past 4 weeks to find work?

[CODE ALL THAT APPLY.]

DADPUBL
CHECKED WITH PUBLIC EMPLOYMENT AGENCY.....................1
DADPRIV
CHECKED WITH PRIVATE EMPLOYMENT AGENCY...................2
DADEMPL
CHECKED WITH EMPLOYER DIRECTLY/ SENT RESUME/FILLED OUT APPLICATIONS.............................3
DADREL
CHECKED WITH FRIENDS OR RELATIVES..................................4
DADANSAD
PLACED OR ANSWERED ADS/SENT RESUME ........................5
DADREAD
READ WANT ADS .....................................................................6
DADOTHER
SOMETHING ELSE..................................................................91
DADOTHOS/R
SPECIFY................................................................................

If PV13 = 1 through 5 (looking for work), go to box before PV15. Else, ask PV14.

PV14. What (were you/was he) doing most of last week? Would you say...

DADACTY
Keeping house or caring for children or other dependents,....... 1
Going to school, .................................................................................. 2
Retired, .................................................................................................. 3
Unable to work, or ................................................................. 4
Something else?............................................................................... 91
DADACTOS/R
What was that?................................................................................

If PV14 = 2, then autocode PV15 = 1, and go to PV16. If PV14 = 1, go to PV17.

PV15. (Are you/is (CHILD)’s father) attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training [other than at (your/his) regular job]?

DADENROL
YES...................................................................................1 (GO TO PV16)
NO ....................................................................................2 (GO TO BOX BEFORE PV17)
PV16. How many hours each week (do you/does he) attend school or training? [REFERS TO ACTUAL TIME, NOT CREDIT HOURS]

DADENHRS

WEEKLY HOURS ...........................................................□□

If PV8 = 1 or PV9 = 1 (working or on leave/vacation), ask PV17. Else, go to box before PV21.

PV17. Have (CHILD)’s (child/before- and after-school) care needs influenced [your/(his/her) father’s/stepfather’s/foster father’s] choice of a job or work schedule in any way?

DADCHOIC

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

Ask PV18, PV19, and PV20 once per father per household.

PV18. How easy is it for (you/(CHILD)’s father/stepfather/foster father) to leave work if (CHILD/one of your children/one of his children) gets sick or needs (you/him) unexpectedly? Would you say...

DADLVEAS

[VERY] Easy, ................................................................. 1
Somewhat easy, ............................................................ 2
Not very easy, or .......................................................... 3
Difficult? ....................................................................... 4

PV19. Does (your/(CHILD)’s father’s/stepfather’s/foster father’s) employer have a program that allows employees to put part of their pay -- before taxes -- into an account that can be used to pay for child care costs?

DADACCT

YES ................................................................................... 1 (GO TO PV20)
NO .................................................................................... 2 (GO TO BOX BEFORE PV23)
SELF-EMPLOYED ............................................................ 3 (GO TO BOX BEFORE PV23)

PV20. (Do you/Does he) participate in this program to cover any child care costs?

DADACUSE

YES ................................................................................... 1 (GO TO BOX BEFORE PV23)
NO .................................................................................... 2 (GO TO BOX BEFORE PV23)

If ED1, EE1, EG1, SF1, SG1, SH1, or SI9 = 1 (participation in nonparental care/programs), go to box before PV23. Else, ask PV21.

PV21. Would (you/(CHILD)’s father/stepfather/foster father) be working outside of the home if (you/he) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

DADWLDWK

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

If PV15 NE 1, ask PV22. Else, go to box before PV23.
PV22. Would (you/(CHILD)’s father/stepfather/foster father) enter job training or school if (you/he) could find acceptable and affordable (child/before- and after-school) care for (CHILD)?

**DADWLSC**

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

*Ask PV23 and PV24 only once per household.*

PV23. There is a federal income tax credit specifically for child care expenses called the Child and Dependent Care Tax Credit. Have you ever heard of it?

**DADTCRED**

YES.................................................................1  (GO TO PV24)  
NO .................................................................2  (GO TO BOX BEFORE PV25)

PV24. Did or will anyone in your household claim this credit for child care costs on your tax return for 2000?

**DADTCUSE**

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

*If HHMOM = 2, 3, or, 4, ask PV25. Else, go to box before PV26.*

PV25. Does (CHILD)’s biological mother sometimes provide care for (him/her)?

**DADBIMOM**

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

*If HHDAD = 2, 3, or 4, ask PV26. Else, go to 1st box before PV27.*

PV26. Does (CHILD)’s biological father sometimes provide care for (him/her)?

**DADBIDAD**

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

*Ask PV27 once per household.*

*If (PU9 or PU10 =1) (mother worked or was on vacation last week) and/or if (PV8 or PV9 =1) (father worked or was on vacation last week), then ask PV27. Else go to PWINTRO.*

PV27. Some parents work because they have to for financial reasons, some work because it’s interesting and rewarding for them, and some work for both these reasons. Would (you/one parent/(CHILD)’s mother/(CHILD)’s father) stop working or work fewer hours to stay home with ((CHILD)/the children) if your family could afford it?

**PWRKHOME**

YES.................................................................1  
NO .................................................................2
Household Characteristics

The following questions are asked only once per household.

PWINTRO. Now, a few questions about your household.

PW1. Do you...

OWNHOME
- Own your home, ................................................................. 1
- Rent your home, or ............................................................... 2
- Have some other arrangement? ........................................... 3

PW2. Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including cellular phones?

OTHNUM
- YES ...................................................................................... 1 (GO TO PW4)
- NO ...................................................................................... 2 (GO TO PW5)
- NOT MY NUMBER ............................................................... 3 (GO TO PW3)

PW3. [INTERVIEWER: ASK FOR AND RECORD THE TELEPHONE NUMBER REACHED. RECORD REASON FOR REACHING DIFFERENT TELEPHONE NUMBER.]

* TELEPHONE NUMBER REACHED _______________________

- AREA CODE CHANGE ......................................................... 1
- OTHER NUMBER IN HOUSEHOLD ...................................... 2
- ORIGINAL NUMBER IS THAT OF ANOTHER HOUSEHOLD AND NUMBER IS BEING FORWARDED TO THIS HOUSEHOLD ............. 3
- NEVER HEARD OF ORIGINAL NUMBER ............................. 4
- OTHER [RECORD EXPLANATION IN COMMENTS] ................. 5

If PW3 = 3, go to Close2. Else, for cases where PW2 = 3 (not number dialed), ask PW2 again with new number.

PW4. How many of these additional telephone numbers are for home use, not including cellular phones?

HNUMUSE
- NUMBER ................................................................................ 0 (GO TO BOX)

If PW4 > 0 (other telephone numbers for home use), go to PW6. Else, go to PW5.
PW5. Besides this phone number, do you have any telephone numbers in your household that are used for computer or fax lines?

* 
YES.............................................................................................................. 1 (GO TO PW6)
NO ............................................................................................................. 2 (GO TO PW9)

PW6. How many of these additional telephone numbers are used for computer or fax lines?

* 
NUMBER..................................................................................................... (GO TO PW7)

PW7. Some households have telephone numbers that are used both for talking and for computer or fax lines. Is the number/Are any of the numbers used for (a) computer or fax line(s) ever answered for talking?

* 
YES............................................................................................................. 1 (GO TO BOX)
NO ............................................................................................................. 2 (GO TO PW9)

If PW6 = 1 (only 1 other telephone number for computer or fax),
autocode PW8= 1, and go to PW9. Else, ask PW8

PW8. How many computer or fax telephone numbers are also answered for talking?

* 
NUMBER.....................................................................................................

PW9. So that we can group households geographically, may I have your ZIP code?

HZIPCODE/R ZIP CODE.............................................................................

PW10. In the past 3 years, that is, since (DATE), has your family received benefits from Temporary Assistance to Needy Families or TANF, AFDC, or your state welfare program?

HAFDC3YR YES.................................................................................................... 1 (GO TO PW11)
NO ............................................................................................................. 2 (GO TO BOX BEFORE PW15)

PW11. Are you currently receiving benefits from TANF, AFDC, or your state welfare program?

HAFDCCUR YES....................................................................................................
NO .............................................................................................................

PW12. What month and year did you stop receiving benefits from your state welfare program or Temporary Assistance to Needy Families (TANF)?

HSTOPMM HSTOPYY

PW13. While you were receiving welfare benefits, did you receive money from the state government or welfare agency to help you pay for (child/before- or after-school) care costs (for any child)?

HGOVEVR YES....................................................................................................
NO .............................................................................................................
PW14. At any time since (MONTH, YEAR) have you received funds from the state government or welfare agency to help you pay for (child/before- or after-school) care costs (for any child)?

| HGOVSINC     | YES ................................................................................... 1 (GO TO BOX BEFORE PW15) | NO .................................................................................... 2 (GO TO PW16) |

If NUMKID15 = 1, and if all of SF25, SG25, SH33, ED24, EE28, and EG28 are not = 1, then skip PW15 and go to PW16. Else, ask PW15.

PW15. Is a state government or welfare agency currently helping you pay for any (child/before- or after-school) care costs (for any child)?

| HGOVCUR     | YES ................................................................................... 1 | NO .................................................................................... 2 |

PW16. In the past 12 months, has your family received benefits from any of the following programs? How about...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HWIC</td>
<td>a. Women, Infants, and Children, or WIC? .......................... 1</td>
</tr>
<tr>
<td>HFOODST</td>
<td>b. Food Stamps?.................................................................. 1</td>
</tr>
<tr>
<td>HMEDIC</td>
<td>c. Medicaid?......................................................................... 1</td>
</tr>
<tr>
<td>HCHIP</td>
<td>d. Child Health Insurance Program or CHIP? ...................... 1</td>
</tr>
</tbody>
</table>

PW17. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it...

| HINCMRNG | $25,000 or less, or................................................................. 1 (READ SET 1) | More than $25,000? ............................................................. 2 (GO TO PW18) |

PW18. Was it...

| HINCM50K | $50,000 or less, or................................................................. 1 (READ SET 2) | More than $50,000? ............................................................. 2 (READ SET 3) |

Was it...

| HINCOME | $5,000 or less........................................................................... 1 |
| $5,001 to $10,000 ................................................................. 2 |
| $10,001 to $15,000 ............................................................... 3 |
| $15,001 to $20,000, or......................................................... 4 |
| $20,001 to $25,000? .............................................................. 5 |

| [SET 2] | $25,001 to $30,000 .................................................................... 6 |
| $30,001 to $35,000 .................................................................. 7 |
| $35,001 to $40,000 ............................................................... 8 |
| $40,001 to $45,000, or......................................................... 9 |
| $45,001 to $50,000 .............................................................. 10 |

| [SET 3] | $50,001 to $60,000, ................................................................. 11 |
| $60,001 to $75,000, ............................................................. 12 |
| $75,001 to $100,000, or.................................................... 13 |
| Over $100,000?..................................................................... 14 |
Ask PW18OV if
(Number in HH = 2 and HINCOME <= 3) or
(Number in HH = 3 and HINCOME <= 3) or
(Number in HH = 4 and HINCOME <= 4) or
(Number in HH = 5 and HINCOME <= 5) or
(Number in HH = 6 and HINCOME <= 5) or
(Number in HH = 7 and HINCOME <= 6) or
(Number in HH = 8 and HINCOME <= 7) or
(Number in HH >= 9 and HINCOME <= 8).
Else, go to CLOSE2.

PW18OV. What was your total household income last year, to the nearest thousand?

HINCMEXT AMOUNT ............................................................................... $□□□□□□□□

CLOSE1. Thank you, but we are only asking about children in a specific age or grade range. Please hold on for a moment while I check to see if there is anyone else I need to ask you about or anyone else I need to speak with.

CLOSE2. Those are all the questions I have about (CHILD). Please hold on for a moment while I check to see if there is anyone else I need to ask about. [THANK Respondent]