APPENDIX A

NHES:2005 SCREENER, ECPP, ASPA, AND AE QUESTIONNAIRES
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S1. Hello, this is (INTERVIEWER) and I'm calling for the United States Department of Education about a national research study. Are you a member of this household and at least 18 years old?

* YES .........................................................................................1 (GO TO S5)
NO...........................................................................................2 (GO TO S2)
PROBABLE BUSINESS ................................................................3 (GO TO S5)
GO TO RESULT........................................................................GT

S2. 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 S3)
GO TO RESULT........................................................................GT

S3. May I please speak with the male or female head of this household?

* PERSON ON PHONE.......................................................1 (GO TO S5)
OTHER PERSON, AVAILABLE................................................2 (GO TO S4)
OTHER PERSON, NOT AVAILABLE.........................................3 (GO TO RESULT, CALLBACK APPT.)
GO TO RESULT........................................................................GT

S4. Hello, this is (INTERVIEWER) and I'm calling for the United States Department of Education about a national research study. Are you a head of this household?

* YES .........................................................................................1 (GO TO S5)
NO...........................................................................................2 (GO TO S3)
GO TO RESULT........................................................................GT

S5. Is this phone number used for...

* Home use.................................................................4 (CONTINUE)
Home and business use, or ......................................................5 (CONTINUE)
Business use only? ................................................................6 (GO TO THANK1)
GO TO RESULT........................................................................GT

SCRN_15. The U.S. Department of Education is conducting a voluntary and confidential study about 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 case are read to the respondent by the interviewer. Those shown in upper case are not read.
Variables designated by /R appear only on the restricted-use data file. Those designated by * do not appear on either the public-use or the restricted-use 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 S16.

Else, if SCRN_15 NE 1 (household does not have children) and household is not designated for adult enumeration (HHADLT=-1), go to S25.

S6. 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/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>Is this (person/child) male or female?</th>
<th>How old [are you/Is (he/she)]?</th>
<th>SCREENER RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>SEX1-SEX(n)</td>
<td>AGE1-AGE(n)</td>
<td>*</td>
</tr>
</tbody>
</table>

S6VERF1. I have listed (NUMBER) (people/children) in your household. 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

Ask S7 for each person age 3-19. 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)?

* YES ......................................................................................... 1
NO ......................................................................................... 2
If AGE=3 or 4, go to box after S9.
If AGE=5-15, ask S8.

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?

* YES .................................................................1 (GO TO S9)
   NO.................................................................2 (GO TO BOX AFTER S9)

S9. So (he/she) is being schooled at home instead of at school for at least some classes or subjects?

* YES .................................................................1 (GO TO S10)
   NO.................................................................2 (GO TO BOX)

If S7=1 (child/person is enrolled in school), go to S9.
Else, go to first box after S13.

S10. Is (CHILD) getting all of (his/her) instruction at home, or is (he/she) getting some at school and some at home?

* ALL AT HOME .................................................1 (GO TO S13)
   SOME AT SCHOOL & SOME AT HOME ...............2 (GO TO S11)

S11. How many hours each week does (CHILD) usually go to a school for instruction? Please do not include time spent in extracurricular activities.

* HOURS.................................................................□□ (GO TO BOX)

If S11 >= 9 hours, then set HOMSCFLG = 1
(attends a school for at least 9 hours per week).
Else, HOMSCFLG = -1.
Then, go to S13.
S12. What grade or year of school [are you/is (CHILD)] attending? [PROBE FOR T OR P: Is that before or after kindergarten?]

* NURSERY/PRESCHOOL/PREKINDERTAGEN/HEAD START ........... N (GO TO 1ST BOX AFTER S13)
TRANSITIONAL KINDERGARTEN (BEFORE K) ....................... T (GO TO 1ST BOX AFTER S13)
KINDERGARTEN ................................................................. K (GO TO 1ST BOX AFTER S13)
PREFIRST GRADE (AFTER K) ............................................... P (GO TO 1ST BOX AFTER S13)
FIRST GRADE.................................................................1 (GO TO 1ST BOX AFTER S13)
SECOND GRADE ......................................................... 2 (GO TO 1ST BOX AFTER S13)
THIRD GRADE ..................................................................3 (GO TO 1ST BOX AFTER S13)
FOURTH GRADE ............................................................ 4 (GO TO 1ST BOX AFTER S13)
FIFTH GRADE ....................................................................5 (GO TO 1ST BOX AFTER S13)
SIXTH GRADE ...................................................................6 (GO TO 1ST BOX AFTER S13)
SEVENTH GRADE ............................................................7 (GO TO 1ST BOX AFTER S13)
EIGHTH GRADE ...................................................................8 (GO TO 1ST BOX AFTER S13)
NINTH GRADE/FRESHMAN IN HIGH SCHOOL .........................9 (GO TO 1ST BOX AFTER S13)
TENTH GRADE/SOPHOMORE IN HIGH SCHOOL .....................10 (GO TO 1ST BOX AFTER S13)
ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL ....................11 (GO TO 1ST BOX AFTER S13)
TWELFTH GRADE/SENIOR IN HIGH SCHOOL ......................12 (GO TO 1ST BOX AFTER S13)
ABOVE TWELFTH GRADE................................................13 (GO TO 1ST BOX AFTER S13)
UNGRADED ELEMENTARY/SECONDARY.............................. U (GO TO S13)
SPECIAL EDUCATION ...................................................... S (GO TO S13)

[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."]

S13. 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?]

* NURSERY/PRESCHOOL/PREKINDERTAGEN/HEAD START ........... N
TRANSITIONAL KINDERGARTEN (BEFORE K) ....................... T
KINDERGARTEN ................................................................. K
PREFIRST GRADE (AFTER K) ............................................... P
FIRST GRADE.................................................................1
SECOND GRADE ......................................................... 2
THIRD GRADE ..................................................................3
FOURTH GRADE ............................................................ 4
FIFTH GRADE ....................................................................5
SIXTH GRADE ...................................................................6
SEVENTH GRADE ............................................................7
EIGHTH GRADE ...................................................................8
NINTH GRADE/FRESHMAN IN HIGH SCHOOL .........................9
TENTH GRADE/SOPHOMORE IN HIGH SCHOOL .....................10
ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL ....................11
TWELFTH GRADE/SENIOR IN HIGH SCHOOL ......................12
ABOVE TWELFTH GRADE................................................13
UNGRADED/NO EQUIVALENT .............................................. U

[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."]
Child Sampling Point:

Children age 7 and younger are eligible. Children age 8 to 15 who are enrolled in N,T,K,P, grades 1-8, ungraded elementary/secondary, or special education are also eligible.

Children age 8 and older who are not enrolled in N,T,K,P, grades 1-8, ungraded elementary/secondary, or special education are ineligible.

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

If any children are selected, ask S14 and S15 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.

S14. 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.] [X IF SCR N RESP]

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 .............................................................. ☐ ☐
S15. 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

RESRELOS/R

SPECIFY _________________________________________
NONRELATIVE................................................................. 11
SPECIFY _________________________________________
SAME SEX PARENT.............................................................. 12
GIRLFRIEND OR PARTNER OF (CHILD)’S PARENT/ GUARDIAN ................................................................. 13
BOYFRIEND OR PARTNER OF (CHILD)’S PARENT/ GUARDIAN ................................................................. 14

After a respondent for each ECPP and/or ASPA interview is selected, go to next box.

If household is sampled for an AE 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 S25.
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 S20.
Else if SCRN_15=2, ask S16.

S16. We are also interested in learning about the educational activities of adults. I have a few questions to see if someone in your household qualifies for the study. They take about 2 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>Is this adult male or female?</th>
<th>How old [are you/is (he/she)]?</th>
<th>SCREENER RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SEX1-SEX(n)</td>
<td>AGE1-AGE(n)</td>
<td></td>
</tr>
</tbody>
</table>

S16VERF. I have listed (NUMBER) people in your household. Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

Ask S17 for each person age 16-19. If all persons in household are age 20 or older, go to S20.

S17. [Are you/Is (PERSON)] attending (or enrolled in) school?

* YES .........................................................................................1 (GO TO S18)
NO...........................................................................................2 (GO TO BOX AFTER S19)
S18. What grade or year of school [are you/is (PERSON)] attending?
[PROBE FOR T OR P: Is that before or after kindergarten?]

* NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START ........ N (GO TO BOX AFTER S19)
TRANSITIONAL KINDERGARTEN (BEFORE K) ......................... T (GO TO BOX AFTER S19)
KINDERGARTEN ................................................................. K (GO TO BOX AFTER S19)
PREFIRST GRADE (AFTER K) .............................................. P (GO TO BOX AFTER S19)
FIRST GRADE...........................................................................1 (GO TO BOX AFTER S19)
SECOND GRADE.................................................................2 (GO TO BOX AFTER S19)
THIRD GRADE .........................................................................3 (GO TO BOX AFTER S19)
FOURTH GRADE .......................................................................4 (GO TO BOX AFTER S19)
FIFTH GRADE ...........................................................................5 (GO TO BOX AFTER S19)
SIXTH GRADE............................................................................6 (GO TO BOX AFTER S19)
SEVENTH GRADE .....................................................................7 (GO TO BOX AFTER S19)
EIGHTH GRADE ..........................................................................8 (GO TO BOX AFTER S19)
NINTH GRADE/FRESHMAN IN HIGH SCHOOL .....................9 (GO TO BOX AFTER S19)
TENTH GRADE/SOPHOMORE IN HIGH SCHOOL .................10 (GO TO BOX AFTER S19)
ELEVENTH GRADE/JUNIOR IN HIGH SCHOOL ..........11 (GO TO BOX AFTER S19)
TWELFTH GRADE/SENIOR IN HIGH SCHOOL .................12 (GO TO BOX AFTER S19)
ABOVE TWELFTH GRADE.......................................................13 (GO TO BOX AFTER S19)
UNGRADED ELEMENTARY/SECONDARY ............................ U (GO TO S19)
SPECIAL EDUCATION......................................................... S (GO TO S19)

[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."]

S19. 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 AE interview.

If person age ≥ 16, is enrolled in school (SENROL=1) and grade is above 12th grade (SGRADE=13 or SGRADEQ=13), autocode S21=1 (participant) and go to next person. Ask S20 for each person age ≥ 16.

S20. [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

S21. 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 AE interview. If adult is selected and age < 65, go to S22; if age is => 65, go to box after S24.

If no adult is selected, and no child was selected for an ECPP and/or ASPA interview, go to S25.

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

S22. 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 S24)  
NO.............................................................................................2 (GO TO BOX)
Ask S23 if sampled adult is not the Screener respondent and is age 16-25. Else, go to box after S24.

S23. Is (PERSON) living at home, in student housing, or somewhere else?

* 
AT HOME ................................................................. 1 (GO TO BOX AFTER S24)
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 S24)
OTHER PRIVATE HOME OR APARTMENT ........................................ 3 (INELIGIBLE. GO TO BOX AFTER S24)

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 S24)

S24. 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 S25. Else, go to HHSELECT screen to select interview.

S25. I have just a few more questions. Do you...

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

S26. Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including cellular telephones?

* 
YES ................................................................. 1 (GO TO S28)
NO ................................................................. 2 (GO TO S29)
NOT MY NUMBER ................................................................. 3 (GO TO S27)

S27. [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 $S27 = 3$, go to THANK2. Else, for cases where $S26 = 3$ (not number dialed), ask $S26$ again with new number.

S28. How many of these additional telephone numbers are for home use, not including cellular telephones.

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

If $S28 > 0$ (other telephone numbers for home use), ask $S30$. Else, go to S29.

S29. 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 S30)
  NO........................................................................................... 2 (GO TO THANK2)

S30. How many of these additional telephone numbers are used for computer or fax lines?

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

If $S30 = 0$, go to THANK2. Else, ask S31.

S31. 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 $S30 = 1$ (only 1 other telephone number for computer or fax), autocode $S32 = 1$, and go to THANK2. Else, ask S32.

S32. 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.
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# NHES:2005 EARLY CHILDHOOD PROGRAM PARTICIPATION INTERVIEW

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<td>A-48</td>
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<td>A-54</td>
</tr>
<tr>
<td>PW. Household Characteristics</td>
<td>A-59</td>
</tr>
</tbody>
</table>
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Early Childhood Program Participation Interview

INTRO.  [IF R WAS NOT SCREEENER 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 (15/10) minutes or less.

AGE AND RELATIONSHIP TO HOUSEHOLD MEMBERS

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

<table>
<thead>
<tr>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>JANUARY</td>
</tr>
<tr>
<td>2</td>
<td>FEBRUARY</td>
</tr>
<tr>
<td>3</td>
<td>MARCH</td>
</tr>
<tr>
<td>4</td>
<td>APRIL</td>
</tr>
<tr>
<td>5</td>
<td>MAY</td>
</tr>
<tr>
<td>6</td>
<td>JUNE</td>
</tr>
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<td>7</td>
<td>JULY</td>
</tr>
<tr>
<td>8</td>
<td>AUGUST</td>
</tr>
<tr>
<td>9</td>
<td>SEPTEMBER</td>
</tr>
<tr>
<td>10</td>
<td>OCTOBER</td>
</tr>
<tr>
<td>11</td>
<td>NOVEMBER</td>
</tr>
<tr>
<td>12</td>
<td>DECEMBER</td>
</tr>
</tbody>
</table>

Calculate AGE2004 = child's age on December 31, 2004. 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 or turned (AGE) this month]. Is that right?

*  

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

(1) (GO TO BOX)  
(2) (RETURN TO PA1)

If child was born after December 31, 2004, or AGE2004 > 15, go to CLOSE1. Else, go to next box.

If the screener R is the MKR and the whole household was enumerated in the screener (HHADULT=1,) go to RELINTRO. Else, if this is interview for CHILD2 or CHILD3, go to RELINTRO. Else, if this is interview for CHILD1, go to PA3.

NOTE: Response categories shown in mixed upper and lower case are read to the respondent by the interviewer. Those shown in upper case are not read. Variables designated by /R appear only on the restricted-use data file. Those designated by * do not appear on either the public-use or the restricted-use data files. They were used for administrative, verification, or coding purposes only.
PA3.  [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>AGE1-AGE7</td>
<td>SEX1-SEX7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If adult in household was sampled for adult interview, go to PA3VER2. Else, go to PA3VER1.

PA3VER1. [AFTER VERIFICATION COMPLETE]

Now, please tell me the first names and ages of all other people who normally live in your household.

PA3VER2. I have listed (NUMBER) people in your household. Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

| 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 there is more than one child sampled in the household and they are siblings (RELATION[n]=3,4) or cousins (RELATION[n]=9), autocode the relationship (appropriately by sex for siblings) during the second or third child’s interview and do not ask how CHILD1 is related to CHILD2 or CHILD3. If the respondent is the child’s mother/father or same sex parent (S15 = 1, 2, or 12), copy relationship from Screener into RELATN[n] and ask PA5/PA6, then ask PA4 for every other household member. If respondent is not the child’s mother/father, copy relationship from Screener into RELATN[n] and ask PA4 for every other household member.
PA4.  How is (PERSON) related to (CHILD)?  [VERIFY IF KNOWN.]

RELATN1-  MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER)....................... 1 (GO TO PA5)
RELATN7  FATHER (BIRTH/ADOPTIVE/STEP/FOSTER)......................... 2 (GO TO PA6)
BROTHER, INCLUDING STEP,
ADOPTED, AND FOSTER........................................................ 3 (GO TO BOX AFTER PA6)
SISTER, INCLUDING STEP,
ADOPTED, AND FOSTER.................................................... 4 (GO TO BOX AFTER PA6)
GRANDMOTHER ................................................................. 5 (GO TO BOX AFTER PA6)
GRANDFATHER .................................................................. 6 (GO TO BOX AFTER PA6)
AUNT ................................................................................ 7 (GO TO BOX AFTER PA6)
UNCLE .............................................................................. 8 (GO TO BOX AFTER PA6)
COUSIN............................................................................. 9 (GO TO BOX AFTER PA6)
OTHER RELATIVE ............................................................. 10 (GO TO BOX AFTER PA6)
RELTO1/R-  SPECIFY
RELTO7/R  NONRELATIVE......................................................... 11 (GO TO BOX AFTER PA6)
SAME SEX PARENT.............................................................. 12 (GO TO BOX)
GIRLFRIEND OR FEMALE PARTNER OF (CHILD)'S PARENT/
GUARDIAN ..................................................................... 13 (GO TO 2ND BOX)
BOYFRIEND OR MALE PARTNER OF (CHILD)'S PARENT/
GUARDIAN ...................................................................... 14 (GO TO 2ND BOX)

If PA4 = 12 and sex=female (same sex parent/mother) go to PA5.  If PA4 = 12 and sex = male (same sex parent/father), go to PA6.  Ask PA4 for every other household member.

If PA4=13, autocode PA5=6.  If PA4=14, autocode PA6=6.  Else, ask PA5 for female parent/guardian(s) and PA6 for male parent/guardian(s).  Then go to box after PA6.
PA5. [Are you/Is (PERSON)] (CHILD)'s ...

<table>
<thead>
<tr>
<th>MOMTYPE1</th>
<th>MOMTYPE2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth mother, ........................................... 1</td>
<td></td>
</tr>
<tr>
<td>Adoptive mother, ........................................ 2</td>
<td></td>
</tr>
<tr>
<td>Stepmother, ............................................. 3</td>
<td></td>
</tr>
<tr>
<td>Foster mother, or ...................................... 4</td>
<td></td>
</tr>
<tr>
<td>Other parent or guardian? ............................. 5</td>
<td></td>
</tr>
<tr>
<td>FEMALE PARTNER OF PARENT ............................. 6</td>
<td></td>
</tr>
</tbody>
</table>

PA6. [Are you/Is (PERSON)] (CHILD)'s...

<table>
<thead>
<tr>
<th>DADTYPE1</th>
<th>DADTYPE2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth father, ............................................. 1</td>
<td></td>
</tr>
<tr>
<td>Adoptive father, ......................................... 2</td>
<td></td>
</tr>
<tr>
<td>Steppater, ............................................... 3</td>
<td></td>
</tr>
<tr>
<td>Foster father, or ....................................... 4</td>
<td></td>
</tr>
<tr>
<td>Other parent or guardian? ............................. 5</td>
<td></td>
</tr>
<tr>
<td>MALE PARTNER OF PARENT ............................... 6</td>
<td></td>
</tr>
</tbody>
</table>

If more than one mother or father, use lowest value between MOMTYPE1 and MOMTYPE2 or DADTYPE1 and DADTYPE2. If both same sex parents have the same value choose MOMTYPE1 or DADTYPE1 for HHMOM or HHDAD.

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

Set HHDAD:
1 = birth/adoptive father in household. 2 = step or foster father, other parent/guardian, male partner of parent. 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. Else, go to next box.


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 AGE2004 >= 5, ask PB2. Else, if AGE2004 = 3 or 4 and PB1 = 1 (enrolled), go to PB6. Else, if AGE2004 = 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 .............................................................. 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 \( PB5 \geq 9 \) hours, then set \( HOMSCFLG = 1 \) (homeschooler 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 \( AGE2004 = 5 \) 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 \( AGE2004 \geq 7 \) 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?]

<table>
<thead>
<tr>
<th>GRADE</th>
<th>PB7, Box After PB7</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>TRANSITIONAL KINDERGARTEN (BEFORE K)</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>KINDERGARTEN</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>PREFIRST GRADE (AFTER K)</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>FIRST GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>SECOND GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>THIRD GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>FOURTH GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>FIFTH GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>SIXTH GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>SEVENTH GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>EIGHTH GRADE</td>
<td>GO TO FIRST BOX AFTER PB7</td>
</tr>
<tr>
<td>NINTH GRADE/FRESHMAN</td>
<td>GO TO CLOSE1</td>
</tr>
<tr>
<td>TENTH GRADE/SOPHOMORE</td>
<td>GO TO CLOSE1</td>
</tr>
<tr>
<td>ELEVENTH GRADE/JUNIOR</td>
<td>GO TO CLOSE1</td>
</tr>
<tr>
<td>TWELFTH GRADE/SENIOR</td>
<td>GO TO CLOSE1</td>
</tr>
<tr>
<td>ABOVE TWELFTH GRADE</td>
<td>GO TO CLOSE1</td>
</tr>
<tr>
<td>UNGRADED</td>
<td>GO TO PB7</td>
</tr>
<tr>
<td>SPECIAL EDUCATION</td>
<td>GO TO PB7</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."]
PB7.  (What grade would (CHILD) have been 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)
NINTH GRADE/FRESHMAN ............................................................... 9 (GO TO CLOSE1)
TENTH GRADE/SOPHOMORE ............................................................ 10 (GO TO CLOSE1)
ELEVENTH GRADE/JUNIOR ............................................................. 11 (GO TO CLOSE1)
TWELFTH GRADE/SENIOR .............................................................. 12 (GO TO CLOSE1)
ABOVE TWELFTH GRADE................................................................. 13 (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 = AGE2004 = 0, 1, 2 (*Infants/Toddlers*)

N = [(AGE2004 >= 3 and AGE2004 <= 6) and PB1 = 2 (not enrolled) and
(PB2 NE 1 (not in home school) or PB3 NE 1)) or [PB6/PB7 (grade/equivalent) = N] or [PB7 (grade equivalent) = U, and AGE2004 = 3 or 4] (*Preschoolers*)

S = [PB6/PB7 (grade/equivalent) = T, K, P (kindergarten) or 1, 2, 3, 4, 5,
6, 7, or 8 and (PB2 NE 1 or PB3 NE 1 (not in home school))) or [PB7 (grade equivalent) = U, and AGE2004 >= 5 and <= 15 and (PB2 NE 1 or PB3 NE 1 (not in home school)))] (*School-age*)

H= AGE2004 >= 5 and (PB2 = 1 and PB3 = 1 (home school)) and PB7 (grade equivalent) 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, and HOMSCFLG = 1, go to ASPA interview SD1. If PATH = H, and HOMSCFLG = -1 go to PTINTRO.*
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 ED2)
NO .................................................................................... 2 (GO TO EEINTRO)

ED2. Do you currently have more than one regular care arrangement with relatives for (CHILD)?

* YES .................................................................................. 1 (GO TO ED2OV)
NO .................................................................................... 2 (GO TO BOX AFTER ED2OV)

ED2OV. 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 ED22OV for each relative who provides care for child.
ED3. [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-
RCTYPE4
Grandmother............................................... 1 (GO TO ED3OV)
Grandfather............................................... 2 (GO TO ED3OV)
Aunt, ....................................................... 3 (GO TO ED3OV)
Uncle, ...................................................... 4 (GO TO ED3OV)
Brother, .................................................... 5 (GO TO ED3OV)
Sister, or................................................... 6 (GO TO ED3OV)
Another relative? .................................... 7 (GO TO ED3OV)
NOW SAYS NO OTHER RELATIVE ARRANGEMENT 
(DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT)......... 9 (GO TO EEINTRO)

ED3OV. How old is (he/she/that person)?

RCAGE1-
RCAGE4
YEARS ..................................................□□

ED4. Is this care provided in your home or another home?

RCPLACE1-
RCPLACE4
OWN HOME............................................. 1
OTHER HOME.......................................... 2
BOTH/VARIES ........................................... 3

ED5. Is the care that (CHILD) receives from (his/her) (RELATIVE) regularly scheduled at least once each week?

RCWEEK1-
RCWEEK4
YES ...................................................... 1 (GO TO ED7)
NO.......................................................... 2 (GO TO ED6)

ED6. Does (CHILD)'s (RELATIVE) care for (him/her) on some other regularly scheduled basis, at least once each month?

RCMONTH1-
RCMONTH4
YES ...................................................... 1 (GO TO ED9)
NO.......................................................... 2 (GO TO BOX BEFORE ED23)

ED7. How many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYS1-
RCDAYS4
DAYS ...................................................□□

ED8. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRS1-
RCHRS4
HOURS ..................................................□□
If ED7 = 1 (relative care one day per week), then go to ED13. Else, ask ED12.

ED9. For how many weeks each month does (CHILD) receive care from (his/her) (RELATIVE)?

RCWKMO1-RCWKMO4

ED10. During (that week/those weeks) for how many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCDAYWK1-RCDAYWK4

ED11. And during (that week/those weeks), how many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRWK1-RCHRWK4

ED12. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

* YES .................................................................................. 1 (GO TO ED13)

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

ED13. How old was (CHILD) in years and months when this particular regular care arrangement with (his/her) (RELATIVE) began?

RCSTRTY1-RCSTRTY4 RCSTRTM1-RCSTRTM4

ED14. How many children are usually cared for together, in the same group at the same time, by (CHILD)’s (RELATIVE), counting (CHILD)? [IF IT VARIES, PROBE: How many children are there the majority of the time (CHILD) is there?]

RCKIDS1-RCKIDS4

ED15. Counting (CHILD)’s (RELATIVE), how many adults usually care for (him/her) at the same time during that care arrangement? [IF IT VARIES, PROBE: How many adults are there the majority of the time (CHILD) is there?]

RCADLTS1-RCADLTS4

A-24
ED16. What language does (CHILD)'s (RELATIVE) speak most when caring for (him/her)?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCSPEAK1</td>
<td>ENGLISH</td>
<td></td>
</tr>
<tr>
<td>RCSPEAK2</td>
<td>SPANISH</td>
<td></td>
</tr>
<tr>
<td>RCSPEAK3</td>
<td>ENGLISH AND SPANISH EQUALLY</td>
<td></td>
</tr>
<tr>
<td>RCSPEAK4</td>
<td>ENGLISH AND ANOTHER LANGUAGE EQUALLY</td>
<td></td>
</tr>
<tr>
<td>RCSPEAK5</td>
<td>SPECIFY ANOTHER LANGUAGE</td>
<td></td>
</tr>
</tbody>
</table>

ED17. Will (CHILD)'s (RELATIVE) care for (him/her) when (CHILD) is...

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCSKNFV1</td>
<td>a. sick, but does not have a fever?</td>
<td></td>
</tr>
<tr>
<td>RCSKNFV2</td>
<td>b. sick and has a fever?</td>
<td></td>
</tr>
</tbody>
</table>

ED18. 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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCCANCE1</td>
<td>DAYS</td>
<td></td>
</tr>
</tbody>
</table>

\text{CATI to calculate number of days per month. Number given in ED18 must be less than number of days per month in care.}

ED19. 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?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCFEE1</td>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>RCFEE2</td>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

ED20. 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>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCREL1</td>
<td>a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general child support?</td>
<td></td>
</tr>
<tr>
<td>RCREL2</td>
<td>b. Temporary Assistance for Needy Families, or TANF?</td>
<td></td>
</tr>
<tr>
<td>RCREL3</td>
<td>c. Another social service, welfare, or child care agency?</td>
<td></td>
</tr>
<tr>
<td>RCREL4</td>
<td>d. An employer, not including a tax-free spending account for child care?</td>
<td></td>
</tr>
<tr>
<td>RCREL5</td>
<td>e. Someone else?</td>
<td></td>
</tr>
</tbody>
</table>
ED21. How much does your household pay for (CHILD's) (RELATIVE) to care for (him/her), not counting any money that you may receive from others to help pay for care? [IF NOTHING, ENTER ZERO.]

**RCCST1-RCCST4** AMOUNT $□□□□□.□□

**RCUNIT1-RCUNIT4**

<table>
<thead>
<tr>
<th>UNIT:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER HOUR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PER DAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PER WEEK</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PER MONTH</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PER YEAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVERY TWO WEEKS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>91</td>
</tr>
</tbody>
</table>

**RCCSTOS1/R- RCCSTOS4/R** SPECIFY

If ED21 = zero or number of children in the household age 15 or younger = 1, go to box after ED22OV. Else, ask ED22.

ED22. Is this amount for (CHILD) only or does it include other children in your household?

**RCCSTHH1-RCCSTHH4**

<table>
<thead>
<tr>
<th>CHILD ONLY</th>
<th>1</th>
<th>(GO TO BOX AFTER ED22OV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILD AND OTHER(S)</td>
<td>2</td>
<td>(GO TO ED22OV)</td>
</tr>
</tbody>
</table>

ED22OV. How many children is this amount for, including (CHILD)?

**RCCSTHN1-RCCSTHN4** NUMBER OF CHILDREN □□□□□.

If ED2 = 2 (one relative arrangement), ask ED23. Else, if ED2OV => 2 (more than one relative arrangement), return to ED3 until the number of arrangements in ED20V are completed, then ask ED23.

ED23. Does (CHILD) have another care arrangement with a relative on a regular basis?

* YES ........................................................................ 1 (GO TO ED3)  
  NO .......................................................................... 2 (GO TO EEINTRO)
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)?

NCNOW

YES ................................................................. 1 (GO TO EE2)
NO ................................................................. 2 (GO TO EGINTRO)

EE2. Do you currently have more than one regular care arrangement with a nonrelative for (CHILD)?

* YES ................................................................. 1 (GO TO EE2OV)
NO ................................................................. 2 (GO TO BOX AFTER EE2OV)

EE2OV. How many different regular care arrangements do you have with nonrelatives?

[CODE 1 NOT USED]

* TWO ................................................................. 2
THREE ............................................................... 3
FOUR OR MORE .................................................. 4

Ask EE3 through EE26OV for each nonrelative who cares for child.
EE3. [Let's start with the nonrelative who provides the most care./Now let's talk about the next care provider.] Is this care provided in your own home or in another home?

NCPLACE1-OWN HOME................................................................. 1 (GO TO EE4)
NCPLACE4-OTHER HOME.......................................................... 2 (GO TO EE5)
BOTH/VARIES ........................................................................ 3 (GO TO EE5)
NOW SAYS NO OTHER NONRELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT] .......... 9 (GO TO EGINTRO)

EE4. Does this person who cares for (CHILD) live in your household?

NCINHH1-YES ........................................................................... 1
NCINHH4-NO ........................................................................... 2

EE5. Is the care that (CHILD) receives from that person regularly scheduled at least once each week?

NCWEEK1-YES ........................................................................... 1 (GO TO EE7)
NCWEEK4-NO ........................................................................... 2 (GO TO EE6)

EE6. Does that person care for (CHILD) on some other regularly scheduled basis, at least once each month?

NCMONTH1-YES ........................................................................... 1 (GO TO EE9)
NCMONTH4-NO ........................................................................... 2 (GO TO BOX BEFORE EE27)

EE7. How many days each week does (CHILD) receive care from that person?

NCDAYS1-NCDAYS4

EE8. How many hours each week does (CHILD) receive care from that person?

NCHRS1-NCHRS4

If EE7 = 1 (nonrelative care only 1 day per week) ask EE13. Else, go to EE12.
EE9. For how many weeks each month does (CHILD) receive care from that person?

NCWKMO1-NCWKMO4

EE10. During (that week/those weeks) for how many days each week does (CHILD) receive care from that person?

NCDAYWK1-NCDAYWK4

EE11. And during (that week/those weeks), how many hours each week does (CHILD) receive care from that person?

NCHRWK1-NCHRWK4

EE12. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

* YES ................................................................. 1 (GO TO EE13)
NO ........................................................................... 2 (CORRECTION SCREEN)

EE13. How old was (CHILD) in years and months when this particular regular care arrangement with that person began?

NCSTRTY1-NCSTRTY4
NCSTRTM1-NCSTRTM4

EE14. How many children are usually cared for together, in the same group at the same time, by that person, counting (CHILD)? [IF IT VARIES, PROBE: How many children are there the majority of the time (CHILD) is there?]

NCKIDS1-NCKIDS4

EE15. Counting that person, how many adults usually care for (CHILD) at the same time during that care arrangement? [IF IT VARIES, PROBE: How many adults are there the majority of the time (CHILD) is there?]

NCADLTS1-NCADLTS4

EE16. Was this care provider someone you already knew?

NCALKNE1-NCALKNE4

A-29
EE17. How did you learn about this person as a care provider for (CHILD)?
[CODE ALL THAT APPLY.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCFRIEN1-NCFRIEN4</td>
<td>FRIENDS/NEIGHBORS/RELATIVES/COWORKERS................................. 1</td>
</tr>
<tr>
<td>NPCPLEMP1-NPCPLEMP4</td>
<td>PLACE OF EMPLOYMENT.................................................................. 2</td>
</tr>
<tr>
<td>NCSCHOO1-NCSCHOO4</td>
<td>PUBLIC OR PRIVATE SCHOOL ......................................................... 3</td>
</tr>
<tr>
<td>NCCHURC1-NCCHURC4</td>
<td>CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP ......................... 4</td>
</tr>
<tr>
<td>NCSCWKC1-NCSCWKC4</td>
<td>WELFARE OR SOCIAL SERVICE CASEWORKERS ..................................... 5</td>
</tr>
<tr>
<td>NCADS1-NCADS4</td>
<td>NEWSPAPERS/ADVERTISEMENTS/YELLOW PAGES .................................... 6</td>
</tr>
<tr>
<td>NCAGENC1-NCAGENC4</td>
<td>RESOURCE AND REFERRAL (R&amp;R) AGENCY ........................................... 7</td>
</tr>
<tr>
<td>NCCARE1-NCCARE4</td>
<td>CHILD CARE PROVIDER OR AGENCY .................................................. 8</td>
</tr>
<tr>
<td>NCKNEW1-NCKNEW4</td>
<td>R ALREADY KNEW PROVIDER ................................................................ 9</td>
</tr>
<tr>
<td>NCCHILD1-NCCHILD4</td>
<td>PROVIDER CARED FOR ANOTHER CHILD OF R’S ................................... 10</td>
</tr>
<tr>
<td>NCREFER1-NCREFER4</td>
<td>REFERENCE MATERIALS .................................................................... 11</td>
</tr>
<tr>
<td>NCBULLE1-NCBULLE4</td>
<td>PUBLIC BULLETIN BOARDS/FLYERS/DROVE/WALKED BY ............................ 12</td>
</tr>
<tr>
<td>NCINTR1-NCINTR4</td>
<td>INTERNET .................................................................................. 13</td>
</tr>
<tr>
<td>NCSOURC1-NCSOURC4</td>
<td>OTHER .................................................................................... 91</td>
</tr>
<tr>
<td>NCSOURO1/R-NCSOURO4/R</td>
<td>SPECIFY ..................................................................................</td>
</tr>
</tbody>
</table>

EE18. Is (CHILD)’s care provider of the same or a different race or ethnic background as (CHILD)?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCRACE1-NCRACE4</td>
<td>SAME .................................................................................. 1</td>
</tr>
<tr>
<td>NCRACE4</td>
<td>DIFFERENT ............................................................................ 2</td>
</tr>
</tbody>
</table>

EE19. Is (CHILD)’s care provider age 18 or older?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCAGE1-NCAGE4</td>
<td>YES .................................................................................. 1 (GO TO EE20)</td>
</tr>
<tr>
<td>NCAGE4</td>
<td>NO .................................................................................... 2 (GO TO EE19OV)</td>
</tr>
</tbody>
</table>

EE19OV. About how old is that person?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCAGEYY1-NCAGEYY4</td>
<td>YEARS ..................................................................................</td>
</tr>
</tbody>
</table>

A-30
EE20. What language does (CHILD)’s care provider speak most when caring for (CHILD)?

**NCSPEAK1-NCSPKOS1/R**

- ENGLISH ................................................................. 1
- SPANISH ............................................................... 2
- ENGLISH AND SPANISH EQUALLY ....................... 3
- ENGLISH AND ANOTHER LANGUAGE EQUALLY ........... 4
- SPECIFY ANOTHER LANGUAGE ................................. 91

**NCSPEAK4/NCSPKOS4/R**

EE21. Will (CHILD)’s care provider care for (him/her) when (CHILD) is...

**NCSKNFV1-NCSKFV1**

- a. sick, but does not have a fever? ......................... 1  2
- b. sick and has a fever? ........................................... 1  2

EE22. In an average month, how many days would you say that care provider cancels this care arrangement because the provider is sick, has an appointment, or for another similar reason?

**NCCANCE1-NCCANCE4**

CATI to calculate number of days per month. Number given in EE22 must be less than number of days per month in care.

EE23. Is there any charge or fee for the care (CHILD) receives from that person, paid either by you or another person or agency?

**NCFEE1-NCFEE4**

- YES ....................................................................... 1 (GO TO EE24)
- NO ........................................................................ 2 (GO TO BOX AFTER EE26O)

EE24. Do any of the following people or organizations help to pay for (CHILD) to be cared for by that person? How about...

**NCREL1-NCREL4**

- a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general child support? ................................. 1  2

**NCTANF1-NCTANF4**

- b. Temporary Assistance for Needy Families, or TANF? ........ 1  2

**NCSSAC1-NCSSAC4**

- c. Another social service, welfare, or child care agency?........ 1  2

**NCEMPL1-NCEMPL4**

- d. An employer, not including a tax-free spending account for child care? ...................................................... 1  2

**NCOHER1-NCOHER4**

- e. Someone else? ...................................................... 1  2
EE25. How much does your household pay this person to care for (CHILD), not counting any money that you may receive from others to help pay for care? [IF NOTHING, ENTER ZERO.]

NCCOST1-NCCOST4

AMOUNT $\ldots\ldots\ldots\ldots$

UNIT:

NCUNIT1-NCUNIT4

PER HOUR............................................................................... 1
PER DAY............................................................................... 2
PER WEEK........................................................................... 3
PER MONTH......................................................................... 4
PER YEAR.......................................................................... 5
EVERY TWO WEEKS............................................................ 6
OTHER............................................................................ 91

NCCSTOS1/R-NCCSTOS4/R

SPECIFY

If EE25 = zero or number of children in the household age 15 or younger = 1, go to box after EE26OV. Else, ask EE26.

EE26. Is this amount for (CHILD) only or does it include other children in your household?

NCCSTHH1-NCCSTHH4

CHILD ONLY............................................................................... 1 (GO TO BOX AFTER EE26OV)
CHILD AND OTHER(S) ................................................................... 2 (GO TO EE26OV)

EE26OV. How many children is this amount for, including (CHILD)?

NCCSTHN1-NCCSTHN4

NUMBER...........................................................................

If EE2 = 2 (one nonrelative arrangement), ask EE27. Else, if EE2OV => 2 (more than one nonrelative arrangement), return to EE3 until the number of arrangements in EE2OV are completed, then ask EE27.

EE27. Does (CHILD) have another care arrangement in a private home with a nonrelative on a regular basis?

* YES ............................................................................... 1 (GO TO EE3)
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 EG2)
NO .......................................................... 2 (GO TO BOX BEFORE EH1)

EG2. How many different day care centers, preschools, prekindergartens, or (Early) Head Start programs does (CHILD) currently go to?

* NUMBER ........................................................... □

Ask EG5 through EG25OV for each program.

EG3. (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?

CPPLACE1-CPPLACE4

OWN HOME ................................................... 1 (GO TO EG6)
ANOTHER HOME ........................................... 2 (GO TO EG6)
A CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP ...... 3 (GO TO EG4)
A PUBLIC PRESCHOOL OR SCHOOL (K-12) ...................... 4 (GO TO EG5)
A PRIVATE PRESCHOOL OR SCHOOL (K-12) .................... 5 (GO TO EG4)
A COLLEGE OR UNIVERSITY .................................. 6 (GO TO EG4)
A COMMUNITY CENTER ........................................ 7 (GO TO EG4)
A PUBLIC LIBRARY .......................................... 8 (GO TO EG5)
ITS OWN BUILDING ......................................... 9 (GO TO EG4)
A PLACE OF EMPLOYMENT OR BUSINESS ..................... 10 (GO TO EG4)
OTHER ................................................................... 91 (GO TO EG4)

CPPLCOS1/R-CPPLCOS4/R

SPECIFY ____________________________________

NOW SAYS NO OTHER CENTER-BASED ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]........ 13 (GO TO BOX BEFORE EH1)

EG4. Is this program run by a church, synagogue, or other religious group?

CPSPRSLG1-CPSPRSLG4

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

EG5. Is that also the location of your job [or (his/her) (OTHER PARENT)'s job]?

CPWORK1-CPWORK4

YES ........................................................................ 1
NO ........................................................................ 2
EG6. Does (CHILD) go to that program on a regularly scheduled basis at least once each week?

   CPWEEK1-
   YES ................................................................. 1 (GO TO EG8)
   CPWEEK4
   NO ................................................................. 2 (GO TO EG7)

EG7. Does (CHILD) go to that program on some other regularly scheduled basis at least once each month?

   CPMONTH1-
   YES ................................................................. 1 (GO TO EG10)
   CPMONTH4
   NO ................................................................. 2 (GO TO BOX BEFORE EG26)

EG8. How many days each week does (CHILD) go to that program?

   CPDAYS1-
   DAYS ....................................................................... □
   CPDAYS4

EG9. How many hours each week does (CHILD) go to that program?

   CPHRS1-
   HOURS ..................................................................... □□
   CPHRS4

If EG8 = 1 (center-based care 1 day per week) go to EG14.
Else, ask EG13.

EG10. For how many weeks each month does (CHILD) go that program?

   CPWKMO1-
   WEEKS ..................................................................... □
   CPWKMO4

EG11. During (that week/those weeks), for how many days each week does (CHILD) go to that program?

   CPDAYWK1-
   DAYS ..................................................................... □
   CPDAYWK4

EG12. And during (that week/those weeks), for how many hours each week does (CHILD) go to that program?

   CPHRWK1-
   HOURS ..................................................................... □□
   CPHRWK4 (GO TO EG14)

EG13. 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 EG14)
   NO ............................................................................. 2 (CORRECTION SCREEN)
EG14. How old was (CHILD) in years and months when (he/she) started going to this particular program?

CPSTRTY1-CPSTRTY4
CPSTRTM1-CPSTRTM4

EG15. How many children are usually in (CHILD)'s room or group, at the same time, at that program, counting (CHILD)? [IF IT VARIES, PROBE: How many children are there the majority of the time (CHILD) is there?]

CPKIDS1-CPKIDS4

EG16. How many adults are usually in (CHILD)'s room or group, at the same time, at that program? [IF IT VARIES, PROBE: How many adults are there the majority of the time (CHILD) is there?]

CPADLTS1-CPADLTS4

EG17. How did you learn about that program for (CHILD)?
CODE ALL THAT APPLY.

CPFRIEND1-CPFRIEND4
CPPLEMP1-CPPLEMP4
CPSCHOO1-CPSCHOO4
CPCHURC1-CPCHURC4
CPSOCWK1-CPSOCWK4
CPADSTM1-CPADSTM4
CPAGENC1-CPAGENC4
CPCARE1-CPCARE4
CPKNEW1-CPKNEW4
CPCHILD1-CPCHILD4
CPREFER1-CPREFER4
CPBULLE1-CPBULLE4
CPINTER1-CPINTER4
CPSOURC1-CPSOURC4
CPSOURO1/R-CPSOURO4/R

SPECIFY
EG18. Is (CHILD)’s main care provider or teacher at that program of the same or a different race or ethnic background as (CHILD)?

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

EG19. What language does (CHILD)’s main care provider or teacher at that program speak most with (him/her)?

CPSPEAK1- ENGLISH ........................................................................... 1
CPSPEAK4- SPANISH ........................................................................... 2
CPSPEAK5- ENGLISH AND SPANISH EQUALLY ......................................... 3
CPSPEAK6- ENGLISH AND ANOTHER LANGUAGE EQUALLY ................. 4
CPSPEAK91- SPECIFY _____________________________________   ANOTHER LANGUAGE ....................................................... 91

EG20. Does that program provide any of the following services to (CHILD) or your family?

YES NO
CPTEST1- CPTEST4 a. Hearing, speech, or vision testing? ......................... 1 2
CPHYSE1- CPHYSE4 b. Physical examinations? ........................................ 1 2
CPDENTA1- CPDENTA4 c. Dental examinations? ....................................... 1 2
CPDISAB1- CPDISAB4 d. Formal testing for developmental or learning problems? ................................................................. 1 2
CPSKNFV1- CPSKNFV4 e. Sick child care when (CHILD) is sick but does not have a fever? ............................................................. 1 2
CPSKFV1- CPSKFV4 f. Sick child care when (CHILD) is sick and has a fever? .. 1 2

EG21. Since September, how many times has (CHILD)’s main care provider or teacher at that program changed?

CPTEACH1- CPTEACH4 NO CHANGE ........................................................... 1
CPTEACH4- 1-2 TIMES ........................................................................ 2
3 OR MORE TIMES ........................................................................... 3

EG22. Is there any charge or fee for this program, paid either by you or some other person or agency?

CPFEE1- YES .................................................................................. 1 (GO TO EG23)
CPFEE4- NO .................................................................................. 2 (GO TO BOX AFTER EG25OV)
EG23. Do any of the following people or organizations help to pay for (CHILD) to go to that program? How about...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A relative of (CHILD) outside your household who provides money specifically for that program, not including general child support?</td>
<td>1  2</td>
</tr>
<tr>
<td>b. Temporary Assistance for Needy Families, or TANF?</td>
<td>1  2</td>
</tr>
<tr>
<td>c. Another social service, welfare, or child care agency?</td>
<td>1  2</td>
</tr>
<tr>
<td>d. An employer, not including a tax-free spending account for child care?</td>
<td>1  2</td>
</tr>
<tr>
<td>e. Someone else?</td>
<td>1  2</td>
</tr>
</tbody>
</table>

EG24. How much does your household pay for (CHILD) to go to that program, not counting any money that you may receive from others to help pay for care? [IF NOTHING, ENTER ZERO.]

<table>
<thead>
<tr>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPCOST1-AMOUNT</td>
</tr>
<tr>
<td>CPCOST4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>UNIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPCOST1-UNIT</td>
</tr>
<tr>
<td>CPCOST4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPECIFY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPCSTOS1/SPECIFY</td>
</tr>
<tr>
<td>CPCSTOS4/R</td>
</tr>
</tbody>
</table>

If EG24 = zero or number of children in household age 15 or younger = 1, go to box after EG25OV. Else, ask EG25.

EG25. 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>CPCSTHH1-CHILD ONLY</td>
<td>1 (GO TO BOX AFTER EG25OV)</td>
</tr>
<tr>
<td>CPCSTHH4-CHILD AND OTHER(S)</td>
<td>2 (GO TO EG25OV)</td>
</tr>
</tbody>
</table>

EG25OV. How many children is this amount for, including (CHILD)?

<table>
<thead>
<tr>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPCSTHN1-NUMBER</td>
</tr>
<tr>
<td>CPCSTHN4</td>
</tr>
</tbody>
</table>
If EG2 = 1 (one center-based arrangement), ask EG26. Else, if EG2 >= 2 (two or more center-based arrangements), return to EG3 until the number of arrangements in EG2 are completed, then ask EG26.

EG26. Does (CHILD) go to another day care center, preschool, prekindergarten, or (Early) Head Start program?

* YES ................................................................. 1  (GO TO EG3)
NO ........................................................................... 2  (GO TO BOX BEFORE EH1)
If ED1, EE1, and EG1 all = 2 (child has no current care arrangements), or arrangements do not occur at least once each week (ED5, EE5, EG6 = 2), go to EH3. Else, ask EH1.

EH1. (Early) Head Start is a federally sponsored preschool program primarily for children from low-income families. (Is this/Are any of (CHILD’S)) care arrangement(s) (Early) Head Start?

PCANYHD

YES ................................................................. 1 (GO TO EH2)
NO ................................................................. 2 (GO TO EH3)

EH2. [Which arrangement(s) (is/are) (Early) Head Start?]

PCHDTYP1-
PCHDTYP4

(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 NUMBERS ........................................... (GO TO BOX)

If cost for arrangement identified at EH2 NE -1, ask EH4. Else, go to first box before EI1.

EH3. Has (CHILD) ever attended (Early) Head Start in the past?

PCEVRHD

YES ................................................................. 1 (GO TO 1ST BOX BEFORE EI1)
NO ................................................................. 2 (GO TO 1ST BOX BEFORE EI1)

EH4. (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?

PCHDCOS1-
PCHDCOS3

CHILD IS NOT HEAD START ELIGIBLE BUT IS ENROLLED
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-
PCHOS4/R

SPECIFY

If more than one Head Start program, and Cost=Y, repeat EH4 for each Head Start Program. Else go to EI1.
Selection of Care and Difficulty Finding Care

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

If there is only one arrangement, go to EI1.
Else, if there is more than one arrangement, select the arrangement with the most hours (to calculate average weekly hours for monthly arrangements, multiply number of weeks in care by number of hours per week in care and divide by 4) and go to EI1INTRO.
Else, if two arrangements are the same number of hours, CATI will select one and go to EI1 Intro.

EI1INTRO You said that (CHILD) receives care from (HIS/HER RELATIVE/a nonrelative/a program in (LOCATION)) for (NUMBER) hours per week, (NUMBER) days per week, and (NUMBER) weeks per month. Please respond to the next question thinking about that arrangement.

ARRGMOST

EI1 Parents select child care arrangements for a number of reasons. For each of the reasons I read, please tell me how important it was when you chose this arrangement for (CHILD). Please tell me whether it was not at all important, a little important, somewhat important, or very important to you.

<table>
<thead>
<tr>
<th>NOT AT ALL IMPORTANT</th>
<th>A LITTLE IMPORTANT</th>
<th>SOMEWHAT IMPORTANT</th>
<th>VERY IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Rating

DLOCA The location of the arrangement? .................................................................

DCOST The cost of the arrangement? .................................................................

DRELY The reliability of the arrangement? .................................................................

DLERN The learning activities at the arrangement? .................................................................

DCHIL (CHILD) spending time with other kids (his/her age)? .................................................................

DHROP The times during the day that this caregiver is able to provide care? .................................................................

DNBGRP The number of other children in (CHILD)’s care group? .................................................................
EI2. How much difficulty did you have finding the type of child care or early childhood program you wanted for (CHILD)? Would you say....

<table>
<thead>
<tr>
<th>Difficulty Level</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot</td>
<td>1</td>
</tr>
<tr>
<td>Some</td>
<td>2</td>
</tr>
<tr>
<td>A little</td>
<td>3</td>
</tr>
<tr>
<td>No difficulty</td>
<td>4</td>
</tr>
<tr>
<td>Have not found</td>
<td>5</td>
</tr>
</tbody>
</table>

Ask EI3 only once per household.

EI3. Do you feel there are good choices for child care or early childhood programs where you live?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>HAVE NOT TRIED TO FIND CARE</td>
<td>3</td>
</tr>
</tbody>
</table>
**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...

- **FOREADTO**
  - Not at all, ............................................................................................................ 1 (GO TO BOX AFTER EK2)
  - Once or twice, ...................................................................................................... 2 (GO TO EK2)
  - 3 or more times, or............................................................................................ 3 (GO TO EK2)
  - Every day? ......................................................................................................... 4 (GO TO EK2)

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

- **FORDAY**
  - MINUTES ...........................................................................................

If PATH = I, and AGE2004 = 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)?

- **FOSTORY**
  - a. Told (him/her) a story? ............................................................................. 1 2 | 1 2

- **FOWORDS**
  - b. Taught (him/her) letters, words, or numbers? .................................................. 1 2 | 1 2

- **FOMUSIC**
  - c. Taught (CHILD) songs or music? ............................................................... 1 2 | 1 2

- **FOCRAFTS**
  - d. Worked on arts and crafts with (him/her)? ...................................................... 1 2 | 1 2

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

- **FOLIBRAY**
  - YES ....................................................................................................................... 1
  - NO .......................................................................................................................... 2
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/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
Child Disability, Race, and Country of Origin (PATH=ALL)

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

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

HDDELAY

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

If PATH = I, go to PT3.  Else, ask PT2.

PT2.  Has a health professional told you that (CHILD) has any of the following disabilities?

YES  NO
HDLEARN a.  A specific learning disability? ............................................ 1  2
HDRETARD b.  Mental retardation? ....................................................... 1  2
HDSPEECH c.  A speech or language delay? ........................................... 1  2
HDDISTRB d.  A serious emotional disturbance?..................................... 1  2
HDDEAFIM e.  Deafness or another hearing impairment?........................ 1  2
HDBLNDIM f.  Blindness or another visual impairment?......................... 1  2
HDORTHO g.  An orthopedic impairment? ........................................... 1  2
HDAUTISM h.  Autism? ............................................................................. 1  2
HDADD i.  Attention deficit disorder, ADD, or ADHD? ....................... 1  2
HDPDD j.  Pervasive developmental disorder or PDD?......................... 1  2
HDOTHER k.  Another health impairment lasting 6 months or more?........ 1  2

If any PT2a-k= 1, go to PT4.  Else, go to PTBINTRO.

PT3.  Has a health professional told you that (CHILD) has any of the following disabilities?

YES  NO
HDDEAFIM a.  Deafness or another hearing impairment?........................ 1  2
HDBLNDIM b.  Blindness or another visual impairment?......................... 1  2
HDORTHO c.  An orthopedic impairment? ........................................... 1  2
HDDEVEL d.  Severe developmental delay?.......................................... 1  2
HDOTHER e.  Another health impairment lasting 6 months or more?........ 1  2

If any PT3a-e=1, go to PT4.  Else, go to PTBINTRO.
PT4. Is (CHILD) receiving services for (his/her) (disability/disabilities) ...

YES NO

HDSCHL a. From your local school district? ........................................ 1  2
HDGOVT b. From a state or local health or social service agency? ............................................................. 1  2
HDDOCTOR c. From a doctor, clinic, or other health care provider? ........ 1  2
HDSOURCE d. From some other source? ..................................................1  2
HDSOURSOR What is that? __________________________________

If PATH = N, S, H, or (PATH I and AGE2004=2) ask PT5.
Else, go to PTBINTRO.

PT5. (Does/Do) (CHILD)’s (disability/disabilities) affect (his/her) ability to learn?

HD AFFECT YES.................................................................................... 1
NO ..................................................................................... 2

PTBINTRO. Now I have some questions about (CHILD)’s background.

PTB1. In what state, country, or territory was (CHILD) born?

CBORNUS ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA....... 1 (GO TO PTB2)
ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, MIDWAY ISLANDS, OR SOLOMON ISLANDS] ...... 2 (GO TO PTB1OV)
CTERROS/R SPECIFY __________________________________
CCONTOS/R SPECIFY __________________________________

PTB1OV. How old was (CHILD) when (he/she) first moved to the (United States/50 states or the District of Columbia)? [ROUND MONTHS OR FRACTIONS TO NEAREST YEAR.]

CMOVEAGE AGE .............................................................................

PTB2. Is (he/she) of Spanish, Hispanic, or Latino origin?

CHISPAN YES .................................................................................. 1
NO.................................................................................... 2
PTB3. What is (CHILD)'s race? You may name more than one. Is (he/she)...
[IF "HISPANIC" PROBE "Is that White Hispanic, Black Hispanic, both, or something else?"]
[CODE ALL THAT APPLY].

<table>
<thead>
<tr>
<th>Code</th>
<th>Race Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWHITE</td>
<td>White, .............................................................................. 1</td>
</tr>
<tr>
<td>CBLACK</td>
<td>Black or African American, ............................................. 2</td>
</tr>
<tr>
<td>CAMIND</td>
<td>American Indian or Alaska Native, ................................. 3</td>
</tr>
<tr>
<td>CASIAN</td>
<td>Asian, or.......................................................................... 4</td>
</tr>
<tr>
<td>CPACI</td>
<td>Native Hawaiian or other Pacific Islander? ..................... 5</td>
</tr>
<tr>
<td>CRACEOTH</td>
<td>OTHER RACE? ................................................................. 91</td>
</tr>
<tr>
<td>CRACEOS/R</td>
<td>SPECIFY ____________________________________</td>
</tr>
</tbody>
</table>

If AGE2004 >= 2, ask PTB4. Else, go to PARINTRO.

PTB4. What language does (CHILD) speak most at home?

<table>
<thead>
<tr>
<th>Code</th>
<th>Language Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSPEAK</td>
<td>ENGLISH ........................................................................... 1</td>
</tr>
<tr>
<td>CSPEAK</td>
<td>SPANISH ........................................................................... 2</td>
</tr>
<tr>
<td>CSPEAK</td>
<td>ENGLISH AND SPANISH EQUALLY ......................................... 3</td>
</tr>
<tr>
<td>CSPEAK</td>
<td>ENGLISH AND ANOTHER LANGUAGE EQUALLY ................................. 4</td>
</tr>
<tr>
<td>CSPEAKOS/R</td>
<td>SPECIFY __________________________________</td>
</tr>
<tr>
<td>CSPEAKOS/R</td>
<td>CHILD DOESN'T SPEAK ....................................................... 5</td>
</tr>
<tr>
<td>CSPEAKOS/R</td>
<td>ANOTHER LANGUAGE ............................................................. 91</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Code</th>
<th>Language Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSPEAKOS/R</td>
<td>SPECIFY __________________________________</td>
</tr>
</tbody>
</table>
Parent/Guardian Characteristics [PATH = ALL]

Mother Items

PARINTRO. These next questions are about parents or guardians who live with (CHILD).

Ask all parent/guardian characteristics (PUINTRO through PU20) once for their mother in the household. Except ask question PU19 for each sampled child when PATH = I, N, S or (PATH = H and HOMSCFLG = 1).

If there is no mother or father in the household but there are both a grandmother and a grandfather and one of the grandparents is the respondent, ask section PU about the grandmother (and section PV about the grandfather). Else, go to the next box.

If there are two mothers or two fathers, use the lowest value between MOMTYPE1 and MOMTYPE2 or DADTYPE1 and DADTYPE2 to select the subject of section PU or PV. If both same sex parents have the same value, choose MOMTYPE1 or DADTYPE1 as the subject of section PU or PV. Else, go to next box.

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

PUINTRO. Let’s start with (you/(CHILD)’s mother/grandmother/(NAME)).

PU1. [Are you/Is (CHILD’S) (mother/stepmother/foster mother/grandmother/(NAME))] currently…

**MOMSTAT**

<table>
<thead>
<tr>
<th>Status</th>
<th>Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1</td>
<td>(GO TO PU2)</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
<td>(GO TO BOX)</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
<td>(GO TO BOX)</td>
</tr>
<tr>
<td>Widowed, or</td>
<td>4</td>
<td>(GO TO BOX)</td>
</tr>
<tr>
<td>Never married?</td>
<td>5</td>
<td>(GO TO BOX)</td>
</tr>
</tbody>
</table>

*If HHMOM is 1, then there is a birth or adoptive mother in the household. If HHMOM is 2, then there is a stepmother or foster mother, other parent/guardian, or female partner/girlfriend of parent in the household. If HHMOM is 3, then there is no mom or dad; there is a female respondent in the household.
If the only HH member other than the mother/grandmother who is age 16 or older is the subject child, autocode PU1OV = 2. Else, if any HH member has PA4 = 12, 13, 14 (same sex parent or female or male partner of parent/guardian) autocode PU1OV = 1. Else, if any HH member other than the mother/grandmother and other than the subject child is age 16 or older ask PU1OV. Else, go to PU2.

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

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

PU2. How old (were you/was (child)'s (mother/stepmother/foster mother/grandmother/(NAME)) when (you/she) first became a mother, stepmother, or guardian to any child?

MOMNEW  YEARS OF AGE............................................................ □□

PU3. What was the first language (you/(child)'s (mother/stepmother/foster mother/grandmother/(NAME)) learned to speak?

MOMLANG  ENGLISH ................................................................. 1 (AUTOCODE PU4=1 AND GO TO PU5)
SPANISH ................................................................. 2 (GO TO PU4)
ENGLISH AND SPANISH EQUALLY ............................. 3 (GO TO PU4)
ENGLISH AND ANOTHER LANGUAGE EQUALLY .................. 4 (GO TO PU4)
SPECIFY ........................................................................ 91 (GO TO PU4)
MOMLANOS/R  SPECIFY .........................................................

PU4. What language (do you/does she) speak most at home now?

MOMSPEAK  ENGLISH ................................................................. 1
SPANISH ................................................................. 2
ENGLISH AND SPANISH EQUALLY ............................. 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY .................. 4
SPECIFY .................................................................
(ENGLISH AND OTHER LANGUAGE SPECIFIED IN PU3 EQUALLY) .................................................. 5
(OTHER LANGUAGE SPECIFIED IN PU3) ......................... 6
ANOTHER LANGUAGE .................................................. 91
MOMSPEOS/R  SPECIFY .........................................................
PU5. In what state, country, or territory [were you/was (CHILD)’s (mother/stepmother/foster mother/grandmother/( NAME))] born?

**MOMBORN**
- ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA....... 1 (GO TO PU6)
- ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, MIDWAY ISLANDS, OR SOLOMON ISLANDS] ........... 2 (GO TO PU5OV)

**MOMTEROS/R**
- SPECIFY

**MOMCONOS/R**
- SPECIFY

**PU5OV.** How old (were you/was she) when (you/she) first moved to the (United States/50 states or the District of Columbia)?

**MOMUSAGE**
- AGE .................................................................

PU6. What is the highest grade or year of school that (you/(CHILD)’s (mother/stepmother/foster mother/grandmother/(NAME)) completed?

**MOMGRADE**
- UP TO 8TH GRADE...................................................... 1 (ENTER GRADE, GO TO PU7)
- 9TH TO 11TH GRADE.................................................... 2 (ENTER GRADE, GO TO PU7)

**MOMGRAD1**
- 12TH GRADE BUT NO DIPLOMA..................................... 3 (GO TO PU7)

**MOMGRAD2**
- HIGH SCHOOL DIPLOMA/EQUIVALENT............................ 4 (GO TO PU8)
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
- BUT NO VOC/TECH DIPLOMA......................................... 5 (GO TO PU7)
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL....................... 6 (GO TO PU7)
- SOME COLLEGE BUT NO DEGREE .................................. 7 (GO TO PU6OV)
- ASSOCIATE’S DEGREE (AA, AS) ................................. 8 (GO TO PU7)
- BACHELOR’S DEGREE (BA, BS) ................................. 9 (GO TO PU8)
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.. 10 (GO TO PU8)
- MASTER’S DEGREE (MA, MS) ................................. 11 (GO TO PU8)
- DOCTORATE DEGREE (PHD, EDD) ............................. 12 (GO TO PU8)
- PROFESSIONAL DEGREE BEYOND BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) .......................... 13 (GO TO PU8)

**PU6OV.** Did (you/she) earn a vocational or technical diploma after leaving high school?

**MOMVOTEC**
- YES ........................................................................ 1
- NO ........................................................................... 2

PU7. (Do you/Does she) have a high school diploma or its equivalent, such as a GED?

**MOMDIPL**
- YES ........................................................................ 1
- NO ........................................................................... 2
PU8. During the past week, did (you/(CHILD)’s (mother/stepmother/foster mother/grandmother/(NAME)) work at a job for pay or income, including self-employment?

MOMWORK

YES ................................................................. 1 (GO TO PU10)
NO ................................................................. 2 (GO TO PU9)
RETIRED ......................................................... 3 (GO TO PU13)
DISABLED/UNABLE TO WORK.......................... 4 (GO TO PU13)

PU9. (Were you/Was she) on leave or vacation from a job during the past week?

MOMLEAVE

YES ................................................................. 1 (GO TO PU10)
NO ................................................................. 2 (GO TO PU13)

PU10. 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 ..............................................

PU11. (Do you/Does she) work a regular day shift, that is, one with most of the hours between 6 am and 6 pm?

MOMRSFT

YES ................................................................. 1 (GO TO PU13)
NO ................................................................. 2 (GO TO PU12)

PU12. (Do you/Does she) work...

MOMVSFT

A regular shift at times other than between 6 am and 6 pm, ................................................................. 1
A variable shift—one that changes from days to evenings or nights, where (you/she) choose(s) your/her own hours, ................................................................. 2
A variable shift, with hours set by (your/her) employer? ................................................................. 3
WORKS WHEN WORK IS AVAILABLE ................................. 4

PU13. In the past 12 months, how many months, [if any], (have you/has she) worked for pay or income?

MOMMTHS

MONTHS .................................................................

If PU8 or PU9 = 1 (working or on leave/vacation), go to PU17. If PU8 = 3 (retired), then autocode PU16 = 3 (retired), and go to box after PU16. If PU8 = 4 (disabled/unable to work), then autocode PU16 = 5 (unable to work), and go to box after PU16. Else, ask PU14.
PU14. (Have you/Has she) been actively looking for work in the past 4 weeks?

MOMLOOK
YES .................................................................................. 1 (GO TO PU15)
NO .................................................................................... 2 (GO TO PU16)

PU15. What (have you/has she) been doing in the past 4 weeks to find work? (Have you/Has she)...

MOMAGN
a. Checked with an employment agency? ...................... 1  2
b. Checked with employer directly or sent resume? ....... 1  2
c. Checked with friends or relatives? .............................. 1  2
d. Placed or answered job ads? ..................................... 1  2

PU16. 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
Volunteering ................................................................. 4
Unable to work, or ......................................................... 5
Something else? ........................................................... 91

MOMACTOS/R
What was that?

PU17. (Are you/is (CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) 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 PU18)
NO .................................................................................... 2 (GO TO BOX BEFORE PU19)

PU18. How many hours each week (do you/does she) attend school or training? [REFERS TO ACTUAL TIME, NOT CREDIT HOURS.]

MOMENHRS
WEEKLY HOURS ................................................................
If (PU8 = 1 or PU9 = 1), and (PATH = I, N S, or (PATH = H and HOMSCFLG = 1)) (working or on leave/vacation and child is not homeschooled only) ask PU19.
Else, go to first box before PVINTRO.

PU19. Have (CHILD)'s (child/after-school) care needs influenced [your/(his/her) (mother/stepmother/foster mother/grandmother)/(NAME)]'s choice of a job or work schedule in any way?

MOMCHOIC

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

Ask PU20 only once per mother per household.

PU20. How easy is it for (you/her) 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
**Father Items**

Ask all parent/guardian characteristics (PVINTRO through PV20) once per father in the household. Except ask question PV19 for each sampled child when PATH = I, N, S or (PATH = H and HOMSCFLG = 1).

If there is no mother or father in the household but there are both a grandmother and a grandfather and one of the grandparents is the respondent, ask section PV about the grandfather. Else, go the next box.

If there are two fathers, use the lowest value between DADTYPE1 and DADTYPE2 to select the subject of section PV. If both same sex parents have the same value, choose DADTYPE1 as the subject of section PV. Else, go to next box.

—if HHDAD = 1, 2, or 3 (father or male guardian), go to PVINTRO.
Else, if HHDAD = 4 (no father or male guardian), go to PWINTRO.

PVINTRO. Let’s talk about [you/ (CHILD’S) (father/stepfather/foster father/grandfather/(NAME))].

PV1. [Are you/Is (CHILD’S) (father/stepfather/foster father/grandfather/(NAME))] currently…

<table>
<thead>
<tr>
<th>DADSTAT</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>1</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>Widowed, or</td>
<td>4</td>
</tr>
<tr>
<td>Never married?</td>
<td>5</td>
</tr>
</tbody>
</table>

If the only HH member other than the father/grandfather who is age 16 or older is the subject child, autocode PV2 = 2. Else, if any HH member has PA4 = 12, 13, 14 (same sex parent or female or male partner of parent/guardian) autocode PV2 = 1. Else, if any HH member other than the father/grandfather and other than the subject child is age 16 or older ask PV2. Else, go to PV3.

—if HHDAD is 1, then there is a birth or adoptive father in the household. If HHDAD is 2, then there is a stepfather or foster father, other parent/guardian, or male partner/boyfriend of parent in the household. If HHDAD is 3, then there is no mom or dad; there is a male respondent in the household.
PV2.  (Are you/Is he) currently living with a partner?

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

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

DADLANG
ENGLISH ........................................................................... 1 (AUTOCODE PV4=1 AND GO TO PV5)
SPANISH ........................................................................... 2 (GO TO PV4)
ENGLISH AND SPANISH EQUALLY ......................................... 3 (GO TO PV4)
ENGLISH AND ANOTHER LANGUAGE EQUALLY ...................... 4 (GO TO PV4)
SPECIFY
ANOTHER LANGUAGE ....................................................... 91 (GO TO PV4)

DADLANOS/R
SPECIFY

PV4.  What language (do you/does he) speak most at home now?

DADSPEAK
ENGLISH ........................................................................... 1
SPANISH ........................................................................... 2
ENGLISH AND SPANISH EQUALLY ......................................... 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ...................... 4
SPECIFY
(ENGLISH AND OTHER LANGUAGE SPECIFIED IN PV3 EQUALLY) ............................................................... 5
(OTHER LANGUAGE SPECIFIED IN PV3) ................................ 6
ANOTHER LANGUAGE ....................................................... 91

DADSPEOS/R
SPECIFY

PV5.  In what state, country, or territory (were you/was (CHILD)'s father/stepfather/foster father/grandfather/was (NAME)) born?

DADBORN
ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA....... 1 (GO TO PV6)
ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, MIDWAY ISLANDS, OR SOLOMON ISLANDS] ...... 2 (GO TO PV5OV)

DADTEROS/R
SPECIFY
SOME OTHER COUNTRY ...................................................... 3 (GO TO PV5OV)

DADCONOS/R
SPECIFY

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/grandfather/(NAME)) completed?

**DADGRADE**
- UP TO 8TH GRADE.............................................................. 1 (ENTER GRADE, GO TO PV7)
- 9TH TO 11TH GRADE.......................................................... 2 (ENTER GRADE, GO TO PV7)

**DADGRAD1**
- 12TH GRADE BUT NO DIPLOMA............................................ 3 (GO TO PV7)
- HIGH SCHOOL DIPLOMA/EQUIVALENT................................. 4 (GO TO PV8)

**DADGRAD2**
- 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/grandfather/(NAME)) work at a job for pay or income, including self-employment?

**DADWORK**
- YES .................................................................................. 1 (GO TO PV10)
- NO.................................................................................... 2 (GO TO PV9)
- RETIRED ........................................................................... 3 (GO TO PV13)
- DISABLED/UNABLE TO WORK............................................. 4 (GO TO PV13)

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 PV13)

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. (Do you/Does he) work a regular day shift, that is, one with most of the hours between 6 am and 6 pm?

DADRSFT

YES ................................................................. 1  (GO TO PV13)
NO................................................................. 2  (GO TO PV12)

PV12. (Do you/Does he) work…

DADVSFT

A regular shift at times other than between 6 am and 6 pm, ................................................................. 1
A variable shift—one that changes from days to evenings or nights, where (you/he) choose(s) your/his) own hours, ................................................................. 2
A variable shift, with hours set by (your/his) employer? ................................................................. 3
WORKS WHEN WORK IS AVAILABLE ................................................................. 4

PV13 In the past 12 months, how many months, [if any], (have you/has he) worked for pay or income?

DADMTHS

MONTHS................................................... [ ]

If PV8 or PV9 = 1 (working or on leave/vacation), go to PV17. If PV8 = 3 (retired), then autocode PV16 = 3 (retired), and go to the box before PV17. If PV8 = 4 (disabled/unable to work), then autocode PV16 = 5 (unable to work), and go to the box before PV17. Else, ask PV14.

PV14. (Have you/Has he) been actively looking for work in the past 4 weeks?

DADLOOK

YES ................................................................. 1  (GO TO PV15)
NO................................................................. 2  (GO TO PV16)

PV15. What (have you/has he) been doing in the past 4 weeks to find work? (Have you/Has he)…

DADAGN

a. Checked with an employment agency ....................... 1  2
b. Checked with employer directly or  sent resume .......... 1  2
c. Checked with friends or relatives ............................ 1  2
d. Placed or answered job ads .................................... 1  2

If PV15 a-d NE 1 (not actively looking for work), go to PV16. Else, go to box after PV16.
PV16. 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
Volunteering .................................................................... 4
Unable to work, or ........................................................... 5
Something else? ........................................................... 91

*DADACTOS/R* What was that?

If PV16 = 2, then autocode PV17 = 1, and go to PV18.
Else, ask PV17.

PV17. (Are you/is (CHILD)’s (father/stepfather/foster father/grandfather/(NAME)) 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 PV18)
NO .................................................................................... 2 (GO TO BOX BEFORE PV19)

PV18. 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), and (PATH = I, N S, or (PATH = H and HOMSCFLG = 1)) (working or on leave/vacation and child is not homeschooled only), ask PV19.
Else, go to box before PWINTRO.

PV19. Have (CHILD)’s (child/after-school) care needs influenced [your/(his/her) (father/stepfather/foster father/ grandfather/(NAME))’s] choice of a job or work schedule in any way?

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

Ask PV20 once per father per household.

PV20. How easy is it for (you/him) 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
Household Characteristics [PATH = ALL]

The following questions are asked only once per household.

PWINTRO.  Now, a few questions about your household.

If PU8=1 or PU9=1 (mother works, on leave/vacation) and PV8=1 or PV9=1
(father works, on leave/vacation) and ED1, EE1, & EG1 = 2 (no child care
arrangements), then ask PW1.  Else ask PW2.

PW1.  (Do you and (CHILD’S)(OTHER PARENT/GUARDIAN)/Do (CHILD’S) parent’s) arrange your work schedules
so that a parent is available to care for [(CHILD)/the children]?

HWKSKED

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

PW2.  (Do you/Does anyone in your household) work for a child care center?

CNTRWORK

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

PW3.  (Do you/Do any adults or teenagers in your household) care for or baby-sit someone else’s child or
children on a regular basis, either in your home or someone else’s home?

Please do not include occasional babysitting.

CHCRWORK

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

PW4.  Do you...

HOWNHOME

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

PW5.  Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including
cellular phones?

*  YES ................................................................. 1  (GO TO PW7)
    NO................................................................. 2  (GO TO PW8)
    NOT MY NUMBER.............................................. 3  (GO TO PW6)
PW6. [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 PW6 = 3, go to CLOSE2. Else, for cases where PW5 = 3 (not number dialed), ask PW5 again with new number.

PW7. How many of these additional telephone numbers are for home use, not including cellular phones?

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

If PW7 > 0 (other telephone numbers for home use), go to PW9.
Else, go to PW8.

PW8. 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 PW9)
NO ........................................................................................... 2 (GO TO PW12)

PW9. How many of these additional telephone numbers are used for computer or fax lines?

* NUMBER ............................................................................. (GO TO PW10)

If PW9 = 0, go to PW12. Else, ask PW10.

PW10. 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 PW12)

If PW9 = 1 (only 1 other telephone number for computer or fax), autocode PW11= 1, and go to PW12. Else, ask PW11.
PW11. How many computer or fax telephone numbers are also answered for talking?

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

PW12. So that we can group households geographically, may I have your ZIP code?

STFZIP/R ZIP CODE ............................................................................

PW13. Are there any conditions in your neighborhood that make you worried about the health or safety of ((CHILD)/any of the children in your household)?

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

If number of children in the household age 15 or younger = 1
and if all of RCFEE, NCFEE, and CPFEE NE 1, then autocode PW14 = 2 and go to PW15. Else ask PW14.

PW14. Is a state government or welfare agency currently helping you pay for any child care costs (for any child)?

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

PW15. In the past 3 years, that is, since (DATE), has your family received benefits from Temporary Assistance for Needy Families, or TANF?

HTANF3YR YES .......................................................................................... 1
NO................................................................................................. 2

PW16. In the past 3 years, that is, since (DATE), has your family received benefits from (STATE WELFARE PROGRAM)?

HWELF3YR YES .......................................................................................... 1
NO................................................................................................. 2

If PW15 =2 (no TANF in past 3 years) autocode PW17a=2. If PW16=2 (no state welfare in past 3 years), autocode PW17b =2 and go to PW17c. Else, ask PW17a-f.
PW17. In the past 12 months, that is since (CURRENT MONTH) of 2004, 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>a. Temporary Assistance for Needy Families, or TANF? ..........</td>
<td>1</td>
</tr>
<tr>
<td>b. Your (STATE WELFARE PROGRAM) ........................................</td>
<td>1</td>
</tr>
<tr>
<td>c. Women, Infants, and Children, or WIC? ..........................</td>
<td>1</td>
</tr>
<tr>
<td>d. Food Stamps? ...................................................................</td>
<td>1</td>
</tr>
<tr>
<td>e. Medicaid or (STATE MEDICAID PROGRAM)? .........................</td>
<td>1</td>
</tr>
<tr>
<td>f. Child Health Insurance Program or (STATE CHIP PROGRAM)?</td>
<td>1</td>
</tr>
</tbody>
</table>

PW18. 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 PW19) |

PW19. Was it...

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

Was it...

[SET 1]

| 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 |
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. [IF NOT, THANK RESPONDENT]

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 or anyone else I need to speak with. [IF NOT, THANK RESPONDENT]
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<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA.</td>
<td>A-67</td>
</tr>
<tr>
<td>PB.</td>
<td>A-71</td>
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<tr>
<td>SD.</td>
<td>A-74</td>
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<tr>
<td>SE.</td>
<td>A-77</td>
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<tr>
<td>SF-SM.</td>
<td>A-79</td>
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<tr>
<td>SF.</td>
<td>A-79</td>
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<td>SG.</td>
<td>A-84</td>
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<td>SH.</td>
<td>A-89</td>
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<td>SI.</td>
<td>A-95</td>
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<td>SJ.</td>
<td>A-98</td>
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<td>SL.</td>
<td>A-100</td>
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<td>SK.</td>
<td>A-101</td>
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<tr>
<td>SM.</td>
<td>A-102</td>
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<tr>
<td>PT.</td>
<td>A-104</td>
</tr>
<tr>
<td>PU-PV.</td>
<td>A-107</td>
</tr>
<tr>
<td>PU.</td>
<td>A-107</td>
</tr>
<tr>
<td>PV.</td>
<td>A-113</td>
</tr>
<tr>
<td>PW.</td>
<td>A-118</td>
</tr>
</tbody>
</table>
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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 (15/10) minutes or less.

Age and Relationship to Household Members

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

MONTH □□□□ YEAR □□□□

CDOBMM 1 JANUARY 7 JULY  
CDOBYY 2 FEBRUARY 8 AUGUST  
3 MARCH 9 SEPTEMBER  
4 APRIL 10 OCTOBER  
5 MAY 11 NOVEMBER  
6 JUNE 12 DECEMBER

Calculate AGE2004 = child's age on December 31, 2004. 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 or turned (AGE) this month]. Is that right?

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

If child was born after December 31, 2004, or AGE2004 > 15, go to CLOSE1. Else, go to next box.

If the screener R is the MKR and the whole household was enumerated in the screener (HHADULT=1,) go to RELINTRO. Else, if this is interview for CHILD2 or CHILD3, go to RELINTRO. Else, if this is interview for CHILD1, go to PA3.

NOTE: Response categories shown in mixed upper and lower case are read to the respondent by the interviewer. Those shown in upper case are not read. Variables designated by /R appear only on the restricted-use data file. Those designated by * do not appear on either the public-use or the restricted-use data files. They were used for administrative, verification, or coding purposes only.
PA3. [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-AGE7</td>
<td>SEXT1-SEX7</td>
<td>*</td>
</tr>
</tbody>
</table>

If adult in household was sampled for adult interview, go to PA3VER2. Else, go to PA3VER1.

PA3VER1. [AFTER VERIFICATION COMPLETE]
Now, please tell me the first names and ages of all other people who normally live in your household.

PA3VER2. I have listed (NUMBER) people in your household. Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

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 there is more than one child sampled in the household and they are siblings (RELATION[n]= 3,4) or cousins (RELATION[n]= 9), autocode the relationship (appropriately by sex for siblings) during the second or third child’s interview and do not ask how CHILD1 is related to CHILD2 or CHILD3. If the respondent is the child’s mother/father or same sex parent (S15 = 1, 2, or 12), copy relationship from Screener into RELATN[n] and ask PA5/PA6, then ask PA4 for every other household member. If respondent is not the child’s mother/father, copy relationship from Screener into RELATN[n] and ask PA4 for every other household member.
PA4. How is (PERSON) related to (CHILD)? [VERIFY IF KNOWN.]

RELATN1- RELATN7
MOTHER (BIRTH/ADOPTIVE/STEP/FOSTER) ......................... 1 (GO TO PA5)
FATHER (BIRTH/ADOPTIVE/STEP/FOSTER) ....................... 2 (GO TO PA6)
BROTHER, INCLUDING STEP, ADOPTED, AND FOSTER .......... 3 (GO TO BOX AFTER PA6)
SISTER, INCLUDING STEP, ADOPTED, AND FOSTER ............. 4 (GO TO BOX AFTER PA6)
GRANDMOTHER ............................................................ 5 (GO TO BOX AFTER PA6)
GRANDFATHER ............................................................. 6 (GO TO BOX AFTER PA6)
AUNT ............................................................................. 7 (GO TO BOX AFTER PA6)
UNCLE .......................................................................... 8 (GO TO BOX AFTER PA6)
COUSIN ........................................................................ 9 (GO TO BOX AFTER PA6)
OTHER RELATIVE ......................................................... 10 (GO TO BOX AFTER PA6)

RELTO1/R- RELTO7/R
SPECIFY
SAME SEX PARENT ....................................................... 12 (GO TO BOX)
GIRLFRIEND OR FEMALE PARTNER OF (CHILD)'S PARENT/GUARDIAN ....................................................... 13 (GO TO 2ND BOX)
BOYFRIEND OR MALE PARTNER OF (CHILD)'S PARENT/GUARDIAN ................................................................. 14 (GO TO 2ND BOX)

If PA4 = 12 and sex=female (same sex parent/mother) go to PA5. If PA4 = 12 and sex = male (same sex parent/father), go to PA6. Ask PA4 for every other household member.

If PA4=13, autocode PA5=6. If PA4=14, autocode PA6=6. Else, ask PA5 for female parent/guardian(s) and PA6 for male parent/guardian(s). Then go to box after PA6.
PA5. [Are you/is (PERSON)] (CHILD)’s ...

<table>
<thead>
<tr>
<th>MOMTYPE1</th>
<th>Birth mother, ...........................................</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOMTYPE2</td>
<td>Adoptive mother, ........................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Stepmother, ...............................................</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Foster mother, or ........................................</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Other parent or guardian? ..............................</td>
<td>5</td>
</tr>
<tr>
<td>FEMALE PARTNER OF PARENT ..........</td>
<td>........................................................................</td>
<td>6</td>
</tr>
</tbody>
</table>

PA6. [Are you/is (PERSON)] (CHILD)’s ...

<table>
<thead>
<tr>
<th>DADTYPE1</th>
<th>Birth father, .............................................</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>DADTYPE2</td>
<td>Adoptive father, .........................................</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Stepfather, ................................................</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Foster father, or ........................................</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Other parent or guardian? ..............................</td>
<td>5</td>
</tr>
<tr>
<td>MALE PARTNER OF PARENT ............</td>
<td>........................................................................</td>
<td>6</td>
</tr>
</tbody>
</table>

If more than one mother or father, use lowest value between MOMTYPE1 and MOMTYPE2 or DADTYPE1 and DADTYPE2. If both same sex parents have the same value, choose MOMTYPE1 or DADTYPE1 for HHMOM or HHDAD.

Set HHMOM:

- 1 = birth/adoptive mother in household.
- 2 = step or foster mother, other parent/guardian, female partner of parent.
- 3 = no mom and no dad, female R.
- 4 = else.

SET HHDAD:

- 1 = birth/adoptive father in household.
- 2 = step or foster father, other parent/guardian, male partner of parent.
- 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. Else, go to next box.


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 AGE2004 >= 5, ask PB2. Else, if AGE2004 = 3 or 4 and PB1 = 1 (enrolled), go to PB6. Else, if AGE2004 = 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 \( PB5 \geq 9 \) hours, then set \( HOMSCFLG = 1 \) (homeschooler 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 \( AGE2004 = 5 \) 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 \( AGE2004 = 7 \) 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)
- NINTH GRADE/FRESHMAN .................................................... 9 (GO TO CLOSE1)
- TENTH GRADE/SOPHOMORE ................................................ 10 (GO TO CLOSE1)
- ELEVENTH GRADE/JUNIOR ................................................... 11 (GO TO CLOSE1)
- TWELFTH GRADE/SENIOR .................................................... 12 (GO TO CLOSE1)
- ABOVE TWELFTH GRADE ...................................................... 13 (GO TO CLOSE1)
- UNGRADED ......................................................................... 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) have been 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?]

<table>
<thead>
<tr>
<th>GRADEEQ</th>
<th>----------------------------------------------------------------------------</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START</td>
<td>N (GO TO BOX)</td>
</tr>
<tr>
<td>TRANSITIONAL KINDERGARTEN (BEFORE K)</td>
<td>T (GO TO BOX)</td>
</tr>
<tr>
<td>KINDERGARTEN</td>
<td>K (GO TO BOX)</td>
</tr>
<tr>
<td>PREFIRST GRADE (AFTER K)</td>
<td>P (GO TO BOX)</td>
</tr>
<tr>
<td>FIRST GRADE</td>
<td>1 (GO TO BOX)</td>
</tr>
<tr>
<td>SECOND GRADE</td>
<td>2 (GO TO BOX)</td>
</tr>
<tr>
<td>THIRD GRADE</td>
<td>3 (GO TO BOX)</td>
</tr>
<tr>
<td>FOURTH GRADE</td>
<td>4 (GO TO BOX)</td>
</tr>
<tr>
<td>FIFTH GRADE</td>
<td>5 (GO TO BOX)</td>
</tr>
<tr>
<td>SIXTH GRADE</td>
<td>6 (GO TO BOX)</td>
</tr>
<tr>
<td>SEVENTH GRADE</td>
<td>7 (GO TO BOX)</td>
</tr>
<tr>
<td>EIGHTH GRADE</td>
<td>8 (GO TO BOX)</td>
</tr>
<tr>
<td>NINTH GRADE/FRESHMAN</td>
<td>9 (GO TO CLOSE1)</td>
</tr>
<tr>
<td>TENTH GRADE/SOPHOMORE</td>
<td>10 (GO TO CLOSE1)</td>
</tr>
<tr>
<td>ELEVENTH GRADE/JUNIOR</td>
<td>11 (GO TO CLOSE1)</td>
</tr>
<tr>
<td>TWELFTH GRADE/SENIOR</td>
<td>12 (GO TO CLOSE1)</td>
</tr>
<tr>
<td>ABOVE TWELFTH GRADE</td>
<td>13 (GO TO CLOSE1)</td>
</tr>
<tr>
<td>UNGRADED, NO EQUIVALENT</td>
<td>U (GO TO BOX)</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."]

Set PATH:

\[ I = \text{AGE2004} = 0, 1, 2 \text{ (Infants/Toddlers)} \]

\[ N = [(\text{AGE2004} \geq 3 \text{ and } \text{AGE2004} \leq 6 \text{ and } \text{PB1} = 2 \text{ (not enrolled} \text{ and }) \text{(PB2 NE 1 (not in home school) or PB3 NE 1)}) \text{ or } [\text{PB6/PB7} \text{ (grade/equivalent) = N}) \text{ or } [\text{PB7} \text{ (grade equivalent) = U and } \text{AGE2004} = 3 \text{ or 4}] \text{ (Preschoolers)} \]

\[ S = \text{[PB6/PB7} \text{ (grade/equivalent) = T, K, P (kindergarten) or 1, 2, 3, 4, 5, 6, 7, or 8 and (PB2 NE 1 or PB3 NE 1 (not in home school))] or [PB7 (grade equivalent) = U and } \text{AGE2004} \geq 5 \text{ and } \leq 15 \text{ and (PB2 NE 1 or PB3 NE 1 (not in home school))] (School-age)} \]

\[ H = \text{AGE2004} \geq 5 \text{ and (PB2 = 1 and PB3 = 1 (home school)) and PB7 (grade equivalent) NE N (Home schoolers)} \]

If PATH = I or N, go to ECPP interview EDINTRO. If PATH = S, go to ASPA interview SD1. If PATH = H, and HOMSCFLG = 1, go to ASPA interview SD1. If PATH = H, and HOMSCFLG = -1 go to PTINTRO.
School Characteristics \([\text{PATH} = S, \ H (\text{HOMSCFLG} = 1)]\)

If PATH S (or PATH H and HOMSCFLG = 1) go to next box. Else, go to PTINTRO.

If this is the interview for CHILD2 and SD9 = 1 in CHILD1’s interview (both children attend same school) and respondent is the same for both interviews, copy responses to SD1 through SD8 from CHILD1’s interview to CHILD2’s interview and go to box before SEINTRO. Else, go to SD1.

SD1. Next let’s talk about the school (CHILD) (goes to now/attends for some of (his/her) classes.) Does (he/she) go to a public or private school?

- SPUBLIC
  - PUBLIC ................................................................. 1 (GO TO SD2)
  - PRIVATE ............................................................ 2 (GO TO SD4)

SD2. Is it (his/her) regularly assigned school or a school that you chose?

- SCHOICE
  - ASSIGNED ......................................................... 1 (GO TO SD6)
  - CHOSEN ............................................................ 2 (GO TO SD3)
  - ASSIGNED SCHOOL IS SCHOOL OF CHOICE............. 3 (GO TO SD6)

SD3. Is (his/her) school in your assigned school district?

- SDISRCT
  - YES ................................................................. 1 (GO TO SD6)
  - NO ................................................................. 2 (GO TO SD6)

SD4. Is the school church-related or not church-related?

- SRELGON
  - CHURCH-RELATED ............................................... 1 (GO TO SD5)
  - NOT CHURCH-RELATED ........................................ 2 (GO TO SD6)

SD5. Is it a Catholic school?

- SCATHLIC
  - YES ................................................................. 1 (GO TO SD6)
  - NO ................................................................. 2 (GO TO SD6)
SD6. What is the lowest grade taught at (CHILD)'s school?

**SLOW**
- NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START .... N
- TRANSITIONAL KINDERGARTEN (BEFORE K) ............... T
- KINDERGARTEN ................................................... K
- PREFIRST GRADE (AFTER K) ............................... P
- FIRST GRADE ...................................................... 1
- SECOND GRADE .................................................. 2
- THIRD GRADE ..................................................... 3
- FOURTH GRADE .................................................. 4
- FIFTH GRADE ..................................................... 5
- SIXTH GRADE ..................................................... 6
- SEVENTH GRADE ............................................... 7
- EIGHTH GRADE ................................................ 8

SD7. What is the highest grade taught at (his/her) school?

**SHIGH**
- TRANSITIONAL KINDERGARTEN (BEFORE K) ............... T
- KINDERGARTEN ................................................... K
- PREFIRST GRADE (AFTER K) ............................... P
- FIRST GRADE ...................................................... 1
- SECOND GRADE .................................................. 2
- THIRD GRADE ..................................................... 3
- FOURTH GRADE .................................................. 4
- FIFTH GRADE ..................................................... 5
- SIXTH GRADE ..................................................... 6
- SEVENTH GRADE ............................................... 7
- EIGHTH GRADE ................................................ 8
- NINTH GRADE/FRESHMAN ................................. 9
- TENTH GRADE/SOPHOMORE ............................ 10
- ELEVENTH GRADE/JUNIOR .............................. 11
- TWELFTH GRADE/SENIOR .............................. 12

SD8. At what time does (his/her) school usually let out?

**SENDHR**
- HOUR .....................................................................

**SEDMN**
- MINUTE ..................................................................

**SENDAMPM**
- AM ................................................................. 1
- PM ................................................................. 2

---

*If this is the interview for CHILD1 and two children in grades T, K, P, or 1-8 have been sampled in the same household, and for both children either PB1 = 1 or PB4 NE 1, check highest and lowest grade at CHILD1’s school (SD6 and SD7) against grade of CHILD2 (reported in Screener). If prior conditions are met (it is possible that CHILD1 and CHILD2 attend the same school) and the respondent for both interviews is the same, ask SD9. If not, autocode SD9 = -1 and go to box before SE1. Else, go to box before SE1.*
SD9. Does (CHILD1) go to the same school as (CHILD2)?

SSAME

YES ................................................................. 1
NO ........................................................................ 2
Student Academic Performance and Behavior [PATH = S, H (HOMSCFLG = 1)]

If PATH S (or PATH H and HOMSCFLG = 1) ask SE1.
Else, go to PTINTRO.

SE1. Now I would like to ask you about (CHILD)'s grades during this school year. Overall, across all subjects (he/she) takes at school, does (he/she) get mostly...

SEGRADES
A's, .................................................................1 (GO TO SE3)
B's, .................................................................2 (GO TO SE3)
C's, .................................................................3 (GO TO SE3)
D's, .................................................................4 (GO TO SE3)
F's, or .................................................................5 (GO TO SE3)
Does (CHILD)'s school not give these grades? ..............6 (GO TO SE2)

SE2. Would you describe (his/her) work at school as...

SEGRADEQ
Excellent, .............................................................1
Above average, ....................................................2
Average, ..............................................................3
Below average, or ..................................................4
Failing? ...............................................................5

SE3. Have any of (CHILD)'s teachers or (his/her) school contacted 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)) about any behavior problems (he/she) is having in school this year?

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

SE4. Have any of (his/her) teachers or (his/her) school contacted 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)) about any problems (he/she) is having with school work this year?

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

SE5. During this school year, has (CHILD) ...

YES NO
SESUSOUT a. Had an out-of-school suspension? .....................1 2
SEUSPIN b. Had an in-school suspension, not counting detentions? ........1 2
SEEXPEL c. Ever been expelled? .....................................1 2
SE6. (Since starting kindergarten), has (CHILD) repeated (any grades/kindergarten)?

**SEREPEAT**
- YES ................................................................. 1 (GO TO BOX BEFORE SE7)
- NO ............................................................................. 2 (GO TO SFINTRO)

If PB6 or PB7 = T, K or P, autocode SEREPTK = 1 and go to SFINTRO. Else, ask SE7.

SE7. What grade or grades did (he/she) repeat? [CODE ALL THAT APPLY.]
[DISPLAY RESPONSE OPTIONS ONLY UP TO CURRENT GRADE OR GRADE EQUIVALENT]

**SEREPTK**
- KINDERGARTEN ................................................................. K

**SEREPT1**
- FIRST GRADE .................................................................... 1

**SEREPT2**
- SECOND GRADE .................................................................. 2

**SEREPT3**
- THIRD GRADE ...................................................................... 3

**SEREPT4**
- FOURTH GRADE ................................................................... 4

**SEREPT5**
- FIFTH GRADE ...................................................................... 5

**SEREPT6**
- SIXTH GRADE ..................................................................... 6

**SEREPT7**
- SEVENTH GRADE ................................................................. 7

**SEREPT8**
- EIGHTH GRADE .................................................................... 8
After-School Arrangements [PATH = S]

Relative Care

SFINTRO.

[FIRST SCHOOL-AGE INTERVIEW OR CALLBACK]

[The Department of Education is interested in learning about the kinds of arrangements parents might have for their children after school. I would like to ask you about different types of arrangements you may have for (CHILD) after school on a regular basis, whether or not there is a charge or fee, but not including occasional babysitting.]

[SECOND SCHOOL-AGE INTERVIEW]

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

SF1. Is (CHILD) now receiving care from a relative other than a parent on a regular basis after school, for example, from grandparents, brothers or sisters, or any other relatives?

RCNOW

YES .................................................................................. 1 (GO TO SF2)
NO.................................................................................... 2 (GO TO SGINTRO)

SF2. How many different regular care arrangements do you have with relatives for (CHILD) after school?

* ONE .................................................................................. 1
TWO ................................................................................. 2
THREE .............................................................................. 3
FOUR OR MORE ................................................................. 4

Ask SF3 through SF23 for each relative care arrangement.

SF3. (Let's talk about the relative who provides the most care after school./Now let's talk about the next relative who provides care for (CHILD) after school.) Is the relative who cares for (CHILD) after school (his/her)/Is that (CHILD)'s…

RCTYPE1- RCTYPE5

Grandmother, ................................................................. 1 (GO TO SF4)
Grandfather, ................................................................. 2 (GO TO SF4)
Aunt, .............................................................................. 3 (GO TO SF4)
Uncle, ........................................................................... 4 (GO TO SF4)
Brother, ........................................................................... 5 (GO TO SF4)
Sister, or.......................................................................... 6 (GO TO SF4)
Another relative? ......................................................... 7 (GO TO SF4)
NOW SAYS NO OTHER RELATIVE ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]......... 8 (GO TO SGINTRO)
SF4. Is the care that (CHILD) receives from (his/her) (RELATIVE) regularly scheduled at least once each week?

*RCWEEK1-
RCWEEK5
YES ................................................................. 1 (GO TO SF6)
NO ........................................................................ 2 (GO TO SF5)

SF5. Does (CHILD)'s (RELATIVE) care for (him/her) on some other regularly scheduled basis, at least once each month?

*RCMONTH1-
RCMONTH5
YES ................................................................. 1 (GO TO SF10)
NO ........................................................................ 2 (GO TO BOX AFTER SF23)

SF6. How many days each week does (CHILD) receive care from (his/her) (RELATIVE) after school?

*RCDAYS1-
RCDAYS5
DAYS ........................................................................

SF7. How many hours each week does (CHILD) receive care from (his/her) (RELATIVE) after school?

*RCHRSAF1-
RCHRSAF5
HOURS ................................................................

If SF6 = 1, then go to SF9. Else, ask SF8.

SF8. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

*YES ................................................................. 1 (GO TO SF9)
NO ........................................................................ 2 (CORRECTION SCREEN)

SF9. How many of those hours, if any, occur after 6:00 pm. each week? [DISPLAY TOTAL HOURS]

*RCAFT61-
RCAFT66
HOURS ................................................................

SF10. For how many weeks each month does (CHILD) receive care from (his/her) (RELATIVE)?

*RCWKMO1-
RCWKMO5
WEEKS ................................................................

SF11. During (that week/those weeks), how many days each week does (CHILD) receive care from (his/her) (RELATIVE)?

*RCDAYWK1-
RCDAYWK5
DAYS ................................................................

If SF6 = 1, then go to SF9. Else, ask SF8.
SF12. And during (that week/those weeks), how many hours each week does (CHILD) receive care from (his/her) (RELATIVE)?

RCHRWK1-
RCHRWK5
HOURS.................................................................□□

SF13. Is there any charge or fee for the care (CHILD) receives from (his/her) (RELATIVE) after school, paid either by you or another person or agency?

RCFEE1-
RCFEE5
YES ................................................................. 1  (GO TO SF14)  NO................................................................. 2  (GO TO SF17)

SF14. Do any of the following people or organizations help to pay for (CHILD) to be cared for by (his/her) (RELATIVE)? How about...

RCREL1-RCREL5
a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general child support? ........................................ 1  2

RCTANF1-RCTANF5
b. Temporary Assistance for Needy Families, or TANF? .... 1  2

RCSSAC1-RCSSAC5
c. Another social service, welfare, or child care agency?.... 1  2

RCEMPL1-RCEMPL5
d. An employer, not including a tax-free spending account for child care? ........................................ 1  2

RCOTHER1-RCOTHER5
e. Someone else? ..................................................... 1  2

SF15. How much does your household pay for (CHILD)'s (RELATIVE) to care for (him/her), not counting any money that you may receive from others to help pay for care?
[IF NOTHING, ENTER ZERO.]

RCCOST1-
RCCOST5
AMOUNT: $□□□□□□

UNIT:
RCUNIT1-
RCUNIT5
PER HOUR............................................................. 1
PER DAY ............................................................. 2
PER WEEK.......................................................... 3
PER MONTH....................................................... 4
PER YEAR.......................................................... 5
EVERY TWO WEEKS................................. 6
OTHER.................................................................. 91

RCCSTOS1/R-
RCCSTOS5/R
SPECIFY______________________________________________

If SF15 = zero or number of children in the household age 15 or younger = 1, go to SF17. Else, ask SF16.
SF16. Is this amount for (CHILD) only or does it include other children in your household?

RCCSTHH1- CHILD ONLY ................................................................. 1 (GO TO SF17)
RCCSTHH5 CHILD AND OTHER(S) ................................................. 2 (GO TO SF16OV)

SF16OV. How many children is this amount for, including (CHILD)?

RCCSTHN1- NUMBER OF CHILDREN ............................................
RCCSTHN5

SF17. Has (CHILD) been in this arrangement since the beginning of the school year?

RCARACH1- YES .......................................................................... 1 (GO TO SF18)
RCARACH5 NO ............................................................................ 2 (GO TO SF17OV)

SF17OV. What month did (CHILD) start at this child care arrangement?

RCARRMO1- September .............................................................. 1
RCARRMO5 October ................................................................... 2
November ............................................................................. 3
December ............................................................................. 4
January ............................................................................... 5
February .............................................................................. 6
March ................................................................................... 7
April ..................................................................................... 8

SF18. Is this care provided in your home or another home?

RCPLACE1- OWN HOME ............................................................... 1 (GO TO SF19)
RCPLACE5 OTHER HOME ........................................................... 2 (GO TO SF19OV)
BOTH/VARIES ........................................................................... 3 (GO TO SF19OV)

SF19. Does (CHILD)’s (RELATIVE) who provides this care live in your household?

RCINHH1- YES .......................................................................... 1
RCINHH5 NO ............................................................................ 2

SF19OV. How old is (CHILD)’s (RELATIVE)?

RCAGE1- YEARS ........................................................................
RCAGE5

□□
SF20. What language does (CHILD)'s (RELATIVE) speak most when caring for (him/her)?

- ENGLISH ................................................................. 1
- SPANISH ............................................................... 2
- ENGLISH AND SPANISH EQUALLY ......................... 3
- ENGLISH AND ANOTHER LANGUAGE EQUALLY .......... 4
- SPECIFY ___________________________________________ 91

SF21. How many children are usually cared for together, in the same group at the same time, by (CHILD)'s (RELATIVE), counting (CHILD)? [IF IT VARIES, PROBE: How many children are there the majority of the time (CHILD) is there?]

- NUMBER OF CHILDREN ........................................ 91

SF22. Counting (CHILD)'s (RELATIVE), how many adults usually care for (him/her) at the same time during those out-of-school hours? [IF IT VARIES, PROBE: How many adults are there the majority of the time (CHILD) is there?]

- NUMBER OF ADULTS ........................................... 91

SF23. Now I’d like to ask about (CHILD)'s activities during the time (he/she) spends with (his/her) (RELATIVE). During those after-school hours, what does (CHILD) spend most of (his/her) time doing? You may name up to three things. [CODE UP TO THREE ACTIVITIES.]

- HOMEWORK/EDUCATIONAL/READING/Writing .............. 1
- COMPUTERS .......................................................... 2
- ARTS (PERFORM OR STUDY MUSIC, CRAFTS, DRAMA, ETC.) . 3
- CHORES/WORK ..................................................... 4
- OUTDOOR PLAY/ACTIVITIES/SPORTS .......................... 5
- INDOOR PLAY ....................................................... 6
- TELEVISION/VIDEOS/VIDEO GAMES/LISTENING TO MUSIC . 7
- OTHER ....................................................................... 91

If SF2 >= 2 (more than one relative care arrangement), return to SF3 until the number of arrangements in SF2 are completed. Else, go to SF24.

SF24. Does (CHILD) have another care arrangement with a relative on a regular basis?

* YES ................................................................. 1 (GO TO SF3)
  NO ................................................................. 2 (GO TO SGINTRO)
Nonrelative Care

SGINTRO.  [FIRST SCHOOL-AGE 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 after-school programs.]

[SECOND SCHOOL-AGE INTERVIEW]

[Now let’s talk about any care (CHILD) receives from people that are not related to (him/her), not including day care centers or after-school programs.]

SG1.  Is (CHILD) now receiving care in your home or another home on a regular basis after school from someone who is not related to (him/her)?

NCNOW   YES ............................................................... 1   (GO TO SG2)
          NO ..................................................................... 2   (GO TO SH1)

SG2.  How many different regular care arrangements do you have with nonrelatives for (CHILD) after school?

*    ONE ................................................................. 1
      TWO .................................................................. 2
      THREE .................................................................. 3
      FOUR OR MORE .................................................. 4

Ask SG3 through SG23 for each nonrelative care arrangement.

SG3.  (Let’s start with the nonrelative who provides the most care./Now let’s talk about the next care arrangement with a nonrelative). Is the care that (CHILD) receives from that person regularly scheduled at least once each week?

NCWEEK1-NCWEEK4   YES ............................................................... 1   (GO TO SG5)
                             NO ............................................................. 2   (GO TO SG4)
                             NOW SAYS NO OTHER NONRELATIVE ARRANGEMENT. .................................. 3   (GO TO SH1)

SG4.  Does (CHILD) receive care from that person on some other regularly scheduled basis, at least once each month?

NCMONTH1-NCMONTH4   YES ............................................................... 1   (GO TO SG9)
                           NO ............................................................. 2   (GO TO BOX AFTER SG23)

SG5.  How many days each week does (CHILD) receive care from that person after school?

NCDAYS1-NCDAYS4   DAYS .........................................................
SG6. How many hours each week does (CHILD) receive care from that person after school?

NCHRSAF1-NCHRSAF4

HOURS .................................................................

If SG5 = 1, go to SG8. Else, ask SG7.

SG7. On the days that (CHILD) receives care, that would be about (HOURS) per day, on average. Is that right?

* 
YES ............................................................................. 1 (GO TO SG8)
NO ............................................................................. 2 (CORRECTION SCREEN)

SG8. How many of those hours, if any, occur after 6:00 p.m. each week? [DISPLAY TOTAL HOURS]

NCAFT61-NCAFT64

HOURS ..........................................................................

GO TO SG12

SG9. For how many weeks each month does (CHILD) receive care from that person?

NCWKMO1-NCWKMO4

WEEKS ...........................................................................

SG10. During (that week/those weeks), how many days each week does (CHILD) receive care from that person?

NCDAYWK1-NCDAYWK4

DAYS ...........................................................................

SG11. And during (that week/those weeks), how many hours each week does (CHILD) receive care from that person?

NCHRWK1-NCHRWK4

HOURS ..........................................................................

SG12. Is there any charge or fee for the care (CHILD) receives from this person after school, paid either by you or another person or agency?

NCFEE1-NCFEE4

YES ............................................................................. 1 (GO TO SG13)
NO ............................................................................. 2 (GO TO SG16)
SG13. Do any of the following people or organizations help to pay for (CHILD) to be cared for by that person? How about...

YES  NO

NCREL1- NCREL4 a. A relative of (CHILD) outside your household who provides money specifically for that care, not including general child support? ................................. 1  2

NCTANF1- NCTANF4 b. Temporary Assistance for Needy Families, or TANF? .... 1  2

NCSSAC1- NCSSAC4 c. Another social service, welfare, or child care agency?.... 1  2

NCEMPL1- NCEMPL4 d. An employer, not including a tax-free spending account for child care?................................................................. 1  2

NCOTHER1- NCOHER4 e. Someone else? ................................................................. 1  2

SG14. How much does your household pay this person to care for (CHILD), not counting any money that you may receive from others to help pay for care? [IF NONE, ENTER ZERO.]

AMOUNT: $   .   .   .   .   .   .

UNIT:

NCUNIT1- NCUNIT4 PER HOUR................................................................. 1
PER DAY ...................................................................................... 2
PER WEEK.................................................................................. 3
PER MONTH.............................................................................. 4
PER YEAR.................................................................................. 5
EVERY TWO WEEKS................................................................. 6
OTHER......................................................................................... 91

If SG14 = zero or number of children in the household age 15 or younger = 1, go to SG16. Else, ask SG15.

SG15. Is this amount for (CHILD) only or does it include other children in your household?

CHILD ONLY................................................................. 1 (GO TO SG16)
CHILD AND OTHER(S)............................................... 2 (GO TO SG15OV)

SG15OV. How many children is this amount for, including (CHILD)?

NUMBER OF CHILDREN ..................................................
SG16. Has (CHILD) been in this arrangement since the beginning of the school year?

| NCARACH1- | YES ................................................................. | 1 (GO TO SG17) |
| NCARACH4  | NO......................................................................... | 2 (GO TO SG16OV) |

SG16OV. What month did (CHILD) start at this child care arrangement?

| NCARRMO1- | September ...................................................................... | 1 |
| NCARRMO4  | October ........................................................................... | 2 |
|           | November ....................................................................... | 3 |
|           | December ....................................................................... | 4 |
|           | January ....................................................................... | 5 |
|           | February ....................................................................... | 6 |
|           | March ............................................................................. | 7 |
|           | April .............................................................................. | 8 |

SG17. Is this care provided in your own home or in another home?

| NCPLACE1- | OWN HOME........................................................................ | 1 (GO TO SG18) |
| NCPLACE4  | OTHER HOME..................................................................... | 2 (GO TO SG19) |
|           | BOTH/VARIES .................................................................... | 3 (GO TO SG19) |

SG18. Does this person who cares for (CHILD) live in your household?

| NCINHH1- | YES .................................................................................. | 1 |
| NCINHH4  | NO.................................................................................... | 2 |

SG19. Is that person age 18 or older?

| NCAGE1-  | YES .................................................................................. | 1 (GO TO SG20) |
| NCAGE4   | NO.................................................................................... | 2 (GO TO SG19OV) |

SG19OV. How old is that person?

| NCAGEYY1- | YEARS ........................................................................... | □□ |

SG20. What language does (CHILD)’s main care provider speak most when caring for (him/her)?

| NCSPEAK1- | ENGLISH ........................................................................... | 1 |
| NCSPEAK4  | SPANISH ........................................................................... | 2 |
|           | ENGLISH AND SPANISH EQUALLY ......................................... | 3 |
|           | ENGLISH AND ANOTHER LANGUAGE EQUALLY ................................ | 4 |
|           | SPECIFY ........................................................................... |
| NCSPKOS1/R- | ANOTHER LANGUAGE .......................................................... | 91 |
| NCSPKOS4/R | SPECIFY ........................................................................... |
SG21. How many children are usually cared for together, in the same group at the same time, by that person, counting (CHILD)? [IF IT VARIES, PROBE: How many children are there the majority of the time (CHILD) is there?]

NCKIDS1-
NCKIDS4

NUMBER OF CHILDREN ................................................... []

SG22. Counting that person, how many adults usually care for (CHILD) at the same time during those out-of-school hours? [IF IT VARIES, PROBE: How many adults are there the majority of the time (CHILD) is there?]

NCADLTS1-
NCADLTS4

NUMBER OF ADULTS...........................................................

SG23. Now I’d like to ask about (CHILD)’s activities during the time (he/she) spends with your care provider. During those after-school hours, what does (CHILD) spend most of (his/her) time doing? You may name up to three things. [CODE UP TO THREE ACTIVITIES.]

NCAEDUC1- NCAEDUC4 HOMEWORK/EDUCATIONAL/READING/Writing ..................... 1
NCACOMP1- NCACOMP4 COMPUTERS ................................................................. 2
NCAART1- NCAART4 ARTS (PERFORM OR STUDY MUSIC, CRAFTS, DRAMA, ETC.). 3
NCACHOR1- NCACHOR4 CHORES/WORK .......................................................... 4
NCAOUTP1- NCAOUTP4 OUTDOOR PLAY/ACTIVITIES/SPORTS ......................... 5
NCAINPL1- NCAINPL4 INDOOR PLAY ................................................................. 6
NCAOTHE1- NCAOTHE4 TELEVISION/VIDEOS/VIDEO GAMES/LISTENING TO MUSIC ..... 7

If SG2 >= 2 (more than one nonrelative care arrangement), return to SG3 until the number of arrangements in SG2 are completed. Else, go to SG24.

SG24. Does (CHILD) have another care arrangement with a nonrelative on a regular basis?

* YES ........................................................................................................... 1 (GO TO SG3)
NO................................................................................................. 2 (GO TO SH1)
Center-Based Programs

[FIRST SCHOOL-AGE INTERVIEW OR CALLBACK]

SH1. [Some children participate in after-school programs that provide supervision and organized activities. These programs are usually held in a school or a center, and are different from individual activities like sports, scouts, or special lessons.]

Is (CHILD) now attending an after-school program at a school or in a center, either on a scheduled or a drop-in basis?

CPSNOW

YES .................................................................................. 1 (GO TO SH2)
NO.................................................................................... 2 (GO TO SIINTRO)

SH2. How many different after school programs does (he/she) currently go to? Please count different programs, not different types of activities (he/she) may do at the same program.

* ONE .................................................................................. 1
TWO ................................................................................. 2
THREE .............................................................................. 3
FOUR OR MORE ................................................................. 4

Ask SH3 through SH26 for each program.

SH3. (Let's talk about the program where (CHILD) spends the most time/Now let's talk about the next program in which (CHILD) participates.) Is (CHILD) signed up to attend the program on particular days and times?

CP3SIGNU1-
CP3SIGNU5

YES .................................................................................. 1 (GO TO SH4)
NO.................................................................................... 2 (GO TO SH4)
NOW SAYS NO OTHER CENTER-BASED ARRANGEMENT
[DISPLAY ONLY FOR 2ND OR HIGHER ARRANGEMENT]........... 3 (GO TO SIINTRO)

SH4. Does (he/she) go to the program on a regularly scheduled basis at least once each week?

CP4WEEK1-
CP4WEEK5

YES .................................................................................. 1 (GO TO SH6)
NO.................................................................................... 2 (GO TO SH5)

SH5. Does (CHILD) go to the program on some other regularly scheduled basis, at least once each month?

CP4MONTH1-
CP4MONTH5

YES .................................................................................. 1 (GO TO SH10)
NO.................................................................................... 2 (GO TO BOX AFTER SH26)
SH6. How many days each week does (CHILD) go to the program?

- CPDAYS1
- CPDAYS5
- REFUSED
- DON'T KNOW

SH7. Other than regular school hours, how many hours each week does (CHILD) go to the program after school?

- CPHRSAF1
- CPHRSAF5
- REFUSED
- DON'T KNOW

If SH6 = 1, then go to SH9. Else, ask SH8.

SH8. On the days that (CHILD) goes to the program, that would be about (HOURS) per day, on average. Is that right?

- YES
- NO

SH9. How many of those hours, if any, occur after 6:00 pm. each week? [DISPLAY HOURS]

- CPAFT61
- CPAFT65

SH10. For how many weeks each month does (CHILD) go to that program?

- CPWKMO1
- CPWKMO5

SH11. During (that week/those weeks), how many days each week does (CHILD) go to that program?

- CPDAYWK1
- CPDAYWK5

SH12. And during (that week/those weeks), how many hours each week does (CHILD) go to that program?

- CPHRWK1
- CPHRWK5

SH13. Is there any charge or fee for the program, paid either by you or another person or agency?

- CPFEE1
- CPFEE5
- YES
- NO
SH14. Do any of the following people or organizations help to pay for (CHILD) to go to that program? How about...

- **CPREL1-CPREL5**: A relative of (CHILD) outside your household who provides money specifically for that care, not including general child support?
  - **YES**: 1
  - **NO**: 2

- **CPTANF1-CPTANF5**: Temporary Assistance for Needy Families, or TANF?
  - **1**: 1
  - **2**: 2

- **CPSSAC1-CPSSAC5**: Another social service, welfare, or child care agency?
  - **1**: 1
  - **2**: 2

- **CPEMPL1-CPEMPL5**: An employer, not including a tax-free spending account for child care?
  - **1**: 1
  - **2**: 2

- **CPOTHE1-CPOTHE5**: Someone else?
  - **1**: 1
  - **2**: 2

SH15. How much does your household pay for (CHILD) to go to the program, not counting any money that you may receive from others to help pay for care? [IF NOTHING, ENTER ZERO.]

- **CPCOST1-CPCOST5**: AMOUNT: $□□□□
- **CPUNIT1-CPUNIT5**: UNIT:
  - PER HOUR: 1
  - PER DAY: 2
  - PER WEEK: 3
  - PER MONTH: 4
  - PER YEAR: 5
  - EVERY TWO WEEKS: 6
  - OTHER: 91

- **CPCSTOS1/R-CPCSTOS5/R**: SPECIFY

If SH15 = zero or number of children in household age 15 or younger = 1, go to SH17. Else, ask SH16.

SH16. Is this amount for (CHILD) only or does it include other children in your household?

- **CPCSTHH1-CPCSTHH5**: CHILD ONLY: 1 (GO TO SH17)
- **CPCSTHH1-CPCSTHH5**: CHILD AND OTHER(S): 2 (GO TO SH16OV)

SH16OV. How many children is this amount for, including (CHILD)?

- **CPCSTHN1-CPCSTHN5**: NUMBER OF CHILDREN

SH17. Has (CHILD) been in this arrangement since the beginning of the school year?

- **CPSCHYR1-CPSCHYR5**: YES: 1 (GO TO SH18)
- **CPSCHYR1-CPSCHYR5**: NO: 2 (GO TO SH17OV)
SH17OV.  What month did (CHILD) start at this child care arrangement?

CPCARMT1-CPCARMT5

September ................................................................. 1
October ........................................................................... 2
November .................................................................... 3
December ..................................................................... 4
January ....................................................................... 5
February ..................................................................... 6
March ......................................................................... 7
April .......................................................................... 8

SH18.  Where is this program located? For example, is it in a church or synagogue, a school, a community center, its own building, or some other place?

CPPLACE1-CPLACE5

OWN HOME ........................................................................ 1 (GO TO SH21)
ANOTHER HOME ................................................................ 2 (GO TO SH21)
A CHURCH, SYNAGOGUE OR OTHER PLACE OF WORSHIP .... 3 (GO TO SH19)
A PUBLIC SCHOOL (K-12) ............................................ 4 (GO TO BOX BEFORE SH20)
A PRIVATE SCHOOL (K-12) ............................................ 5 (GO TO SH19)
A COLLEGE OR UNIVERSITY ......................................... 6 (GO TO SH19)
A COMMUNITY CENTER .................................................. 7 (GO TO SH19)
A PUBLIC LIBRARY .......................................................... 8 (GO TO SH21)
ITS OWN BUILDING .......................................................... 9 (GO TO SH19)
A PLACE OF EMPLOYMENT OR BUSINESS .................. 10 (GO TO SH19)
YOUTH ORGANIZATION .................................................. 11 (GO TO SH19)
OTHER ........................................................................... 91 (GO TO SH19)

CPPLCOS1/R-CPLCOS5/R

SPECIFY ____________________________________

SH19.  Is this program run by a church, synagogue, or other religious group?

CPSPRLG1-CPSPRLG5

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

If SH18 NE 4 or 5 go to SH21. Else, if (SD1 = 1 (attends public school) and SH18 = 5 (receives care in private school)) or (SD1 = 2 (attends private school) and SH18 = 4 (receives care in public school)), autocode SH20 = 2 and go to SH21. Else go to SH20.

SH20.  Is that the school where (CHILD) attends (kindergarten/(GRADE) grade)?

CPPLACK1-CPPLACK5

YES .................................................................................. 1 (GO TO SH23)
NO.................................................................................... 2 (GO TO SH21)

SH21.  Is transportation for (CHILD) to get to that program provided by…

CPPRTRN1-CPPRTRN5

(CHILD’S) school or school district......................... 1 (GO TO SH23)
The program, or .......................................................... 2 (GO TO SH23)
Neither ........................................................................... 3 (GO TO SH22)
SH22. What kind of arrangement have you made to get (CHILD) to the after-school program? Is it...

- A parent/guardian drives (him/her) ........................................ 1
- A carpool, ........................................................................ 2
- Relative or family friend (not carpool), ............................ 3
- Paid transportation.......................................................... 4
- Child walks, or .................................................................. 5
- Some other arrangement? ............................................ 91

SH23. What language does (CHILD)'s care provider or teacher at that program speak most when caring for (him/her)?

- ENGLISH ........................................................................... 1
- SPANISH ........................................................................... 2
- ENGLISH AND SPANISH EQUALLY ......................................... 3
- ENGLISH AND ANOTHER LANGUAGE EQUALLY ...................... 4
- ANOTHER LANGUAGE ....................................................... 91

SH24. How many children are usually in (CHILD)'s group, at the same time, at that program, counting (CHILD)? [IF IT VARIES, PROBE: How many children are there the majority of the time (CHILD) is there?]

- NUMBER OF CHILDREN ...................................................□□

SH25. How many adults usually are in (CHILD)'s group, at the same time, at that program? [IF IT VARIES, PROBE: How many adults are there the majority of the time (CHILD) is there?]

- NUMBER OF ADULTS.......................................................□□

SH26. Now I'd like to ask about (CHILD)'s activities during the time (he/she) spends at this program. During those after-school hours, what does (CHILD) spend most of (his/her) time doing? You may name up to three things. [CODE UP TO THREE ACTIVITIES.]

- HOMEWORK/EDUCATIONAL/READING/WRITING ................. 1
- COMPUTERS ........................................................................ 2
- ARTS (PERFORM OR STUDY MUSIC, CRAFTS, DRAMA, ETC.). 3
- CHORES/WORK .................................................................. 4
- OUTDOOR PLAY/ACTIVITIES/SPORTS................................. 5
- INDOOR PLAY ..................................................................... 6
- TELEVISION/VIDEOS/VIDEO GAMES/LISTENING TO MUSIC..... 7
- OTHER .............................................................................. 91
If $SH2 \geq 2$ (more than one center-based care arrangement), return to $SH3$ until the number of arrangements in $SH2$ are completed. Else, go to $SH27$.

**SH27.** Does (CHILD) attend any other after-school programs at a school or a center on a regular basis?

*  
YES .......................................................................................... 1 (GO TO SH3)  
NO.................................................................................... 2 (GO TO SIINTRO)
**After-School Activities [PATH = S]**

SIINTRO.

[FIRST SCHOOL-AGE INTERVIEW OR CALLBACK]

[Now let’s talk about any activities that (CHILD) might do on weekdays outside of school hours that are not part of an after-school program. These might include activities such as organized sports, music lessons, scouts, or religious education.]

[SECOND SCHOOL-AGE INTERVIEW]

[Now let’s talk about any activities (CHILD) might do outside of school hours.]

SI1. (Not counting the program(s) we have already talked about,) Is (CHILD) participating in any activities on weekdays after school on a regular basis?

**ASNOW**

YES .................................................................................. 1 (GO TO SI2)

NO.................................................................................... 2 (GO TO SJ1)

SI2. Since the beginning of the school year, has (CHILD) participated in any of the following kinds of after-school activities? How about… [IF YES: Were any of those activities provided by (CHILD)’s school?]

\[
\begin{array}{llll}
\text{YES} & \text{NO} & \text{YES} & \text{NO} \\
\text{ASARTS} & a. \text{Arts, like music, dance, or painting?} & 1 & 2 & 1 & 2 \\
\text{ASSPORT} & b. \text{Sports?} & 1 & 2 & 1 & 2 \\
\text{ASCLUB} & c. \text{Clubs, like yearbook, debate, or a book club?} & 1 & 2 & 1 & 2 \\
\text{ASACAD} & d. \text{Other academic activities, like tutoring, or math lab?} & 1 & 2 & 1 & 2 \\
\text{ASVOLUN} & e. \text{Volunteer work or community service?} & 1 & 2 & 1 & 2 \\
\end{array}
\]

If SI2f = 1 and SD1 = 2 (child is in a private school), ask SI2f_followup (on whether child’s school provided the activity). Else, go to SI2g.

\[
\begin{array}{llll}
\text{ASRELI} & f. \text{Religious activities or instruction?} & 1 & 2 & 1 & 2 \\
\text{ASSCOUT} & g. \text{Scouts?} & 1 & 2 \\
\end{array}
\]

If SI2a-g = 2, autocode h = 1 and ask ASOTHEOS/R. Else, go to SI2h.

\[
\begin{array}{llll}
\text{ASOTHER} & h. \text{Any other activities?} & 1 & 2 & 1 & 2 \\
\text{ASOTHEOS/R} & \text{SPECIFY} & & & \\
\end{array}
\]
SI3. Does (CHILD) currently participate in activities or lessons after school on a regularly scheduled basis at least once each week?

**ASWEEK**

YES .................................................................................. 1 (GO TO SI8)
NO .................................................................................... 2 (GO TO SI4)

SI4. Does (he/she) currently participate in activities or lessons after school on a regularly scheduled basis at least once each month?

**ASMONTH**

YES .................................................................................. 1 (GO TO SI5)
NO .................................................................................... 2 (GO TO SJ1)

SI5. For how many weeks each month does (CHILD) participate in activities or lessons after school?

**ASWKMO**

WEEKS ............................................................................... (GO TO SI6)

SI6. During (that week/those weeks), how many days each week does (CHILD) do activities or lessons after school?

**ASDAYWK**

DAYS ............................................................................... (GO TO SI7)

SI7. And during (that week/those weeks), how many hours each week does (CHILD) do activities or lessons after school?

**ASHRWK**

HOURS ............................................................................... (GO TO SJ1)

SI8. Does (CHILD)’s participation in these activities help to cover the hours when you need adult supervision for (him/her)?

**ASCOVER**

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

SI9. How many days each week does (CHILD) currently participate in activities or lessons after school?

**ASDAYS**

DAYS ............................................................................... 

SI10. How many hours each week does (CHILD) currently participate in activities or lessons after school?

**ASHRS**

HOURS ............................................................................... 

If SI9 = 1, go to SI12. Else, ask SI11.
SI11. On the days that (CHILD) participates in activities, that would be about (HOURS) per day, on average. Is that right?

*  YES .................................................................................. 1  (GO TO SI12)
   NO.................................................................................... 2  (CORRECTION SCREEN)

SI12. How many of those hours, if any, occur after 6:00 pm. each week? [DISPLAY TOTAL HOURS]

ASAFT6  HOURS..................................................................................□□
Self Care [PATH = S]

SJ1. Sometimes children are able to spend time responsible for themselves, either at home or somewhere else, without anyone around to supervise. Not counting times when an adult is at home and (CHILD) is outside playing, is (CHILD) responsible for (himself/herself) after school on a regular basis?

SCSELF
YES ................................................................. 1 (GO TO BOX)
NO................................................................. 2 (GO TO BOX BEFORE SL1)

If any RELATION = 3 or 4 (brother or sister) and AGE < AGE2004 (younger sibling in the household), ask SJ1OV. Else, go to SJ2.

SJ1OV. Is (he/she) also responsible for (his/her) [(brother)(s) (and) (sister)(s)] during these hours?

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

SJ2. Is (he/she) responsible for (himself/herself) after school on a regular basis, at least once each week?

SCWEEK
YES ................................................................. 1 (GO TO SJ4)
NO................................................................. 2 (GO TO SJ3)

SJ3. Is (he/she) responsible for (himself/herself) after school on a regular basis, at least once each month?

SCMONTH
YES ................................................................. 1 (GO TO SJ8)
NO................................................................. 2 (GO TO BOX BEFORE SL1)

SJ4. How many days each week is (CHILD) responsible for (himself/herself) after school?

SCDAYS DAYS ......................................................................

SJ5. How many hours each week is (CHILD) responsible for (himself/herself) after school?

SCHRSAF HOURS ...................................................................

If SJ4 = 1 then, go to SJ7. Else, ask SJ6.
SJ6. On the days that (CHILD) is responsible for (HERSELF/HIMSELF), that would be about (HOURS) per day, on average. Is that right?

* 
YES ........................................................................................................ 1 (GO TO SJ7)
NO........................................................................................................ 2 (CORRECTION SCREEN)

SJ7. How many of those hours, if any, occur after 6:00 pm. each week? [DISPLAY HOURS]

SCAFT6 HOURS..........................................................................................□□ (GO TO SJ11)

SJ8. During how many weeks each month is (CHILD) responsible for (himself/herself) after school?

SCWKMO WEEKS..........................................................................................□

SJ9. During (that week/those weeks), how many days each week is (CHILD) responsible for (himself/herself) after school?

SCDAYWK DAYS .........................................................................................□

SJ10. And during (that week/those weeks), how many hours each week is (CHILD) responsible for (himself/herself) after school?

SCHR WK HOURS.........................................................................................□□

SJ11. During those after-school hours, what does (CHILD) spend most of (his/her) time doing? You may name up to three things. [CODE UP TO THREE ACTIVITIES.]

SCAEDUC HOMEWORK/EDUCATIONAL/READING/Writing ..................... 1
SCACOMP COMPUTERS................................................................................. 2
SCAART ARTS (PERFORM OR STUDY MUSIC, CRAFTS, DRAMA, ETC.) .. 3
SCACHOR CHORES/WORK.......................................................................... 4
SCAOUTPL OUTDOOR PLAY/ACTIVITIES/SPORTS ......................... 5
SCAINPLA INDOOR PLAY ........................................................................... 6
SCATV TELEVISION/VIDEOS/VIDEO GAMES/LISTENING TO MUSIC......7
SCAOTHER OTHER .....................................................................................91
Alternative Arrangements [PATH = S]

If SF1, SG1, SH1, SI8, and SJ1 all = 2 (child has no current care arrangements), go to box before SK1. Else ask SL1.

SL1. What arrangement do you use the most on days when school is to be closed, such as school holidays or teacher in-service days?

PCMOST

MOTHER STAYS HOME................................................................. 1
FATHER STAYS HOME.............................................................. 2
NONRESIDENT PARENT............................................................. 3
BROTHER OR SISTER................................................................. 4
RELATIVE CARE (OTHER THAN BROTHER OR SISTER)................. 5
NONRELATIVE CARE (NEIGHBOR, FRIEND, BABYSITTER)............. 6
CHILD TAKES CARE OF HIMSELF/HERSELF............................ 7
CENTER-BASED OR SCHOOL-BASED PROGRAM......................... 8
MOTHER TAKES CHILD TO WORK............................................... 9
FATHER TAKES CHILD TO WORK.............................................. 10
BOTH PARENTS TAKE CHILD TO WORK ABOUT EQUALLY............. 11
BOTH PARENTS STAY HOME ABOUT EQUALLY............................. 12
OTHER................................................................................. 91

PCMOSTOS/R SPECIFY _________________________________________
Parental Care  [PATH = S]

If SF1, SG1, SH1, SI8, and SJ1 all = 2 (child has no current care arrangements), then go to SK1. Else go to box before SM1INTRO.

SK1. Currently, are you (or) (his/her) (parents) (mother/stepmother/foster mother) (or) (father/stepfather/foster father) at home each day when (CHILD) gets home from school?

PAAHOME
YES .................................................................................. 1 (GO TO SK2)
NO .................................................................................... 2 (GO TO FIRST BOX BEFORE SM1INTRO)

SK2. During these after-school hours, what does (CHILD) spend most of (his/her) time doing? You may name up to three things. [CODE UP TO THREE ACTIVITIES.]

PAAEDUC HOMEWORK/EDUCATIONAL/READING/WRITING ..................... 1
PAACOMP COMPUTERS ........................................................................ 2
PAAART ARTS (PERFORM OR STUDY MUSIC, CRAFTS, DRAMA, ETC.) .. 3
PAACHOR CHORES/WORK ................................................................. 4
PAAOUTPL OUTDOOR PLAY/ACTIVITIES/SPORTS ............................. 5
PAAINPLA INDOOR PLAY ..................................................................... 6
PAATV TELEVISION/VIDEOS/VIDEO GAMES/LISTENING TO MUSIC...... 7
PAAOTHER OTHER ............................................................................ 91
Selecting and Difficulty Finding After-School Care [PATH = S]

If SF1, SG1, or SH1 = 1 (child currently participates in at least one arrangement), go to box. Else, go to SM3.

If there is only one arrangement, go to SM1.
Else, if there is more than one arrangement, select the arrangement with the greatest average weekly hours and go to SM1INTRO.

Else, if two arrangements are the same average number of weekly hours, CATI will select one and go to SM1INTRO.

SM1INTRO. You said that (CHILD) receives care from ((HIS/HER) RELATIVE/a nonrelative/a program in (LOCATION)/an activity to provide adult supervision), for (NUMBER) hours per week, (NUMBER) days per week, and (NUMBER) weeks per month. Please respond to the next question thinking about that arrangement.

ARRGMOST

SM1. Parents select child care arrangements for a number of reasons. For each of the reasons I read, please tell me how important it was when you chose this arrangement for (CHILD). Please tell me whether it was not at all important, a little important, somewhat important, or very important to you.

<table>
<thead>
<tr>
<th>NOT AT ALL IMPORTANT</th>
<th>A LITTLE IMPORTANT</th>
<th>SOMewhat IMPORTANT</th>
<th>VERY IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Rating

DLOCA The location of the arrangement? .................................................................
DCOST The cost of the arrangement? .................................................................
DRELY The reliability of the arrangement? .....................................................
DLERN The learning activities at the arrangement? ...........................................
DCHIL (CHILD) spending time with other kids (his/her) age? .........................
DHROP The times during the day that this caregiver is able to provide care? .................................................................
DNBGRP The number of other children in (CHILD)'s care group? .......................
SM2. How much difficulty did you have finding the type of after-school care you wanted for (CHILD)?
Would you say...

PDIFCLT
A lot, ................................................................. 1
Some, ............................................................... 2
A little, .............................................................. 3
No difficulty, or .................................................. 4
Have you not found the after-school care you wanted? .... 5

*Ask SM3 only once per household.*

SM3. Do you feel there are good choices for after-school care where you live?

PACHOIC
YES ................................................................. 1
NO ................................................................. 2
HAVE NOT TRIED TO FIND CARE....................... 3
**Child Disability, Race, and Country of Origin (PATH=ALL)**

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

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

<table>
<thead>
<tr>
<th>HDDELAY</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If PATH = I, go to PT3. Else, ask PT2.

**PT2.** Has a health professional told you that (CHILD) has any of the following disabilities? [RANDOM START; KEEP h, i, j, and k LAST.]

<table>
<thead>
<tr>
<th>HDLEARN</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A specific learning disability?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Mental retardation?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. A speech or language delay?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. A serious emotional disturbance?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Deafness or another hearing impairment?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>f. Blindness or another visual impairment?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>g. An orthopedic impairment?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>h. Autism?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>i. Attention deficit disorder, ADD, or ADHD?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>j. Pervasive developmental disorder or PDD?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>k. Another health impairment lasting 6 months or more?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

If any PT2a-k= 1, go to PT4. Else, go to PTBINTRO.

**PT3.** Has a health professional told you that (CHILD) has any of the following disabilities? [RANDOM START; KEEP e LAST.]

<table>
<thead>
<tr>
<th>HDDEAFIM</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Deafness or another hearing impairment?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. Blindness or another visual impairment?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. An orthopedic impairment?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Severe developmental delay?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>e. Another health impairment lasting 6 months or more?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

If any PT3a-e=1, go to PT4. Else, go to PTBINTRO.
PT4. Is (CHILD) receiving services for (his/her) (disability/disabilities) ...  

<table>
<thead>
<tr>
<th>Services</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>HDSCHL a. From your local school district?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>HDGOVT b. From a state or local health or social service agency?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>HDDOCTOR c. From a doctor, clinic, or other health care provider?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>HDSOURCE d. From some other source?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>HDSOURORS/R What is that?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If PATH = N, S, H, or (PATH I and AGE2004=2) ask PT5.  
Else, go to PTBINTRO.

PT5. (Does/Do) (CHILD)’s (disability/disabilities) affect (his/her) ability to learn?  

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

PTBINTRO. Now I have some questions about (CHILD)’s background.

PTB1. In what state, country, or territory was (CHILD) born?  

<table>
<thead>
<tr>
<th>Born</th>
<th>ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA</th>
<th>1</th>
<th>(GO TO PTB2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, MIDWAY ISLANDS, OR SOLOMON ISLANDS]</td>
<td>2</td>
<td>(GO TO PTB1OV)</td>
</tr>
<tr>
<td>CBORNUS</td>
<td>SPECIFY SOME OTHER COUNTRY?</td>
<td>3</td>
<td>(GO TO PTB1OV)</td>
</tr>
<tr>
<td>CTERROS/R</td>
<td>SPECIFY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CCONTOS/R</td>
<td>SPECIFY</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PTB1OV. How old was (CHILD) when (he/she) first moved to the (United States/50 states or the District of Columbia)? [ROUND MONTHS OR FRACTIONS TO NEAREST YEAR.]  

<table>
<thead>
<tr>
<th>Moveage</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMOVEAGE</td>
<td></td>
</tr>
</tbody>
</table>

PTB2. Is (he/she) of Spanish, Hispanic, or Latino origin?  

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

A-105
PTB3. What is (CHILD)’s race? You may name more than one. Is (he/she)...

[IF "HISPANIC" PROBE “Is that White Hispanic, Black Hispanic, both, or something else?”]
[CODE ALL THAT APPLY].

CWHITE White, .............................................................. 1
CBLACK Black or African American, ................................. 2
CAMIND American Indian or Alaska Native, ...................... 3
CASIAN Asian, or.............................................................. 4
CPACI Native Hawaiian or other Pacific Islander? ............... 5
CRACEOTH OTHER RACE? .................................................. 91
CRACEOS/R SPECIFY ______________________________________

If AGE2004 >= 2, ask PTB4. Else, go to PARINTRO

PTB4. What language does (CHILD) speak most at home?

CSPEAK

ENGLISH ................................................................. 1
SPANISH ................................................................. 2
ENGLISH AND SPANISH EQUALLY .............................. 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ............. 4
CSPEAKOS/R SPECIFY ______________________________________

CHILD DOESN’T SPEAK ............................................... 5
ANOTHER LANGUAGE .................................................. 91
CSPEAKOS/R SPECIFY ______________________________________
**Parent/Guardian Characteristics [PATH = ALL]**

**Mother Items**

PARINTRO. These next questions are about parents or guardians who live with (CHILD).

---

**Ask all parent/guardian characteristics (PUINTRO through PU20) once for their mother in the household. Except ask question PU19 for each sampled child when PATH = I, N, S or (PATH = H and HOMSCFLG = 1).**

---

**If there is no mother or father in the household but there are both a grandmother and a grandfather and one of the grandparents is the respondent, ask section PU about the grandmother (and section PV about the grandfather). Else, go to the next box.**

---

**If there are two mothers or two fathers, use the lowest value between MOMTYPE1 and MOMTYPE2 or DADTYPE1 and DADTYPE2 to select the subject of section PU or PV. If both same sex parents have the same value, choose MOMTYPE1 or DADTYPE1 as the subject of section PU or PV. Else, go to next box.**

---

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

---

PUINTRO. Let’s start with (you/(CHILD)’s mother/grandmother/(NAME)).

PU1. [Are you/Is (CHILD’S) (mother/stepmother/foster mother/grandmother/(NAME))] currently…

**MOMSTAT**

- Married, ........................................................................... 1 (GO TO PU2)
- Separated, ...................................................................... 2 (GO TO BOX)
- Divorced, ......................................................................... 3 (GO TO BOX)
- Widowed, or .................................................................... 4 (GO TO BOX)
- Never married? ................................................................... 5 (GO TO BOX)

*If HHMOM is 1, then there is a birth or adoptive mother in the household. If HHMOM is 2, then there is a stepmother or foster mother, other parent/guardian, or female partner/girlfriend of parent in the household. If HHMOM is 3, then there is no mom or dad; there is a female respondent in the household.
If the only HH member other than the mother/grandmother who is age 16 or older is the subject child, autocode PU1OV = 2. Else, if any HH member has PA4 = 12, 13, 14 (same sex parent or female or male partner of parent/guardian) autocode PU1OV = 1. Else, if any HH member other than the mother/grandmother and other than the subject child is age 16 or older ask PU1OV. Else, go to PU2.

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

MOMLIVW

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

PU2. How old (were you/was (CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) when (you/she) first became a mother, stepmother, or guardian to any child?

MOMNEW

YEARS OF AGE............................................................

PU3. What was the first language (you/(CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) learned to speak?

MOMLANG

ENGLISH ........................................................................... 1
SPANISH ........................................................................... 2
ENGLISH AND SPANISH EQUALLY ......................................... 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ...................... 4
SPECIFY ........................................................................... 91

MOMLANOS/R

SPECIFY

PU4. What language (do you/does she) speak most at home now?

MOMSPEAK

ENGLISH ........................................................................... 1
SPANISH ........................................................................... 2
ENGLISH AND SPANISH EQUALLY ......................................... 3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ...................... 4
SPECIFY ........................................................................... 91

MOMSPEOS/R

SPECIFY
PU5. In what state, country, or territory [were you/was (CHILD)'s (mother/stepmother/foster mother/ grandmother)/(NAME)] born?

MOMBORN
ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA....... 1 (GO TO PU6)
ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, MIDWAY ISLANDS, OR SOLOMON ISLANDS] ........ 2 (GO TO PU5OV)

MOMTEROS/R
SPECIFY

MOMCONOS/R
SPECIFY

PU5OV. How old (were you/was she) when (you/she) first moved to the (United States/50 states or the District of Columbia)?

MOMUSAGE
AGE .................................................................

PU6. What is the highest grade or year of school that (you/(CHILD)'s (mother/stepmother/foster mother/grandmother)/(NAME)) completed?

MOMGRADE
UP TO 8TH GRADE..................................................... 1 (ENTER GRADE, GO TO PU7)
9TH TO 11TH GRADE................................................... 2 (ENTER GRADE, GO TO PU7)

MOMGRAD1
12TH GRADE BUT NO DIPLOMA .................................... 3 (GO TO PU7)

MOMGRAD2
HIGH SCHOOL DIPLOMA/EQUIVALENT ......................... 4 (GO TO PU8)
VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA .................................... 5 (GO TO PU7)
VOC/TECH DIPLOMA AFTER HIGH SCHOOL .................... 6 (GO TO PU7)
SOME COLLEGE BUT NO DEGREE ................................. 7 (GO TO PU6OV)
ASSOCIATE’S DEGREE (AA, AS) ................................. 8 (GO TO PU7)
BACHELOR’S DEGREE (BA, BS) ................................. 9 (GO TO PU8)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.... 10 (GO TO PU8)
MASTER’S DEGREE (MA, MS) ................................. 11 (GO TO PU8)
DOCTORATE DEGREE (PHD, EDD) .............................. 12 (GO TO PU8)
PROFESSIONAL DEGREE BEYOND BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ............... 13 (GO TO PU8)

PU6OV. Did (you/she) earn a vocational or technical diploma after leaving high school?

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

PU7. (Do you/Does she) have a high school diploma or its equivalent, such as a GED?

MOMDIPL
YES ........................................................................ 1
NO ........................................................................... 2
PU8. During the past week, did (you/(CHILD)’s (mother/stepmother/foster mother/grandmother/(NAME)) work at a job for pay or income, including self-employment?

MOMWORK

YES .................................................................................. 1 (GO TO PU10)
NO.................................................................................... 2 (GO TO PU9)
RETIRED ........................................................................... 3 (GO TO PU13)
DISABLED/UNABLE TO WORK............................................... 4 (GO TO PU13)

PU9. (Were you/Was she) on leave or vacation from a job during the past week?

MOMLEAVE

YES .................................................................................. 1 (GO TO PU10)
NO.................................................................................... 2 (GO TO PU13)

PU10. 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........................................................................

PU11. (Do you/Does she) work a regular day shift, that is, one with most of the hours between 6 am and 6 pm?

MOMRSFT

YES .................................................................................. 1 (GO TO PU13)
NO.................................................................................... 2 (GO TO PU12)

PU12. (Do you/Does she) work...

MOMVSFT

A regular shift at times other than between 6 am and 6 pm, .................................................. 1
A variable shift—one that changes from days to evenings or nights, where (you/she) choose(s) your/her own hours, .................................................. 2
A variable shift, with hours set by (your/her) employer? .................................................. 3
WORKS WHEN WORK IS AVAILABLE...................................... 4

PU13. In the past 12 months, how many months, [if any], (have you/has she) worked for pay or income?

MOMMTHS

MONTHS......................................................................

If PU8 or PU9 = 1 (working or on leave/vacation), go to PU17. If PU8 = 3 (retired), then autocode PU16 = 3 (retired), and go to box after PU16. If PU8 = 4 (disabled/unable to work), then autocode PU16 = 5 (unable to work), and go to box after PU16. Else, ask PU14.
PU14.  (Have you/Has she) been actively looking for work in the past 4 weeks?

MOMLOOK

YES ........................................................................................................... 1  (GO TO PU15)
NO...........................................................................................................2  (GO TO PU16)

PU15.  What (have you/has she) been doing in the past 4 weeks to find work? (Have you/Has she)…

MOMAGN

a. Checked with an employment agency? ...................... 1  2
b. Checked with employer directly or sent resume? ....... 1  2
c. Checked with friends or relatives? ......................... 1  2
d. Placed or answered job ads? ................................. 1  2

PU16.  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
Volunteering.............................................................................. 4
Unable to work, or................................................................... 5
Something else? ..................................................................... 91

MOMACTOS/R

What was that?

If PU15 a-d NE 1 (not actively looking for work), go to PU16. Else, go to box after PU16.

If PU16 = 2, autocode PU17 = 1 and go to PU18. Else, ask PU17.

PU17.  (Are you/is (CHILD)'s (mother/stepmother/foster mother/grandmother/(NAME)) 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 PU18)
NO...........................................................................................................2  (GO TO BOX BEFORE PU19)

PU18.  How many hours each week (do you/does she) attend school or training? [REFERS TO ACTUAL TIME, NOT CREDIT HOURS.]

MOMENHRS

WEEKLY HOURS...........................................................................□□
If (PU8 = 1 or PU9 = 1), and (PATH = I, N S, or (PATH = H and HOMSCFLG = 1)) (working or on leave/vacation and child is not homeschooled only) ask PU19.
Else, go to first box before PVINTRO.

PU19. Have (CHILD)'s (child/after-school) care needs influenced [your/(his/her) (mother/stepmother/foster mother/grandmother/(NAME’S))] choice of a job or work schedule in any way?

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

Ask PU20 only once per mother per household.

PU20. How easy is it for (you/her) 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
Father Items

Ask all parent/guardian characteristics (PVINTRO through PV20) once per father in the household. Except ask question PV19 for each sampled child when PATH = I, N, S or (PATH = H and HOMSCFLG = 1).

If there is no mother or father in the household but there are both a grandmother and a grandfather and one of the grandparents is the respondent, ask section PV about the grandfather. Else, go the next box.

If there are two fathers, use the lowest value between DADTYPE1 and DADTYPE2 to select the subject of section PV. If both same sex parents have the same value, choose DADTYPE1 as the subject of section PV. Else, go to next box.

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

PVINTRO. Let’s talk about [you/ (CHILD’S) (father/stepfather/foster father/grandfather/(NAME))].

PV1. [Are you/Is (CHILD’S) (father/stepfather/foster father/grandfather/(NAME))] 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 the only HH member other than the father/grandfather who is age 16 or older is the subject child, autocode PV2 = 2. Else, if any HH member has PA4 = 12, 13, 14 (same sex parent or female or male partner of parent/guardian) autocode PV2 = 1. Else, if any HH member other than the father/grandfather and other than the subject child is age 16 or older ask PV2. Else, go to PV3.

*If HHDAD is 1, then there is a birth or adoptive father in the household. If HHDAD is 2, then there is a stepfather or foster father, other parent/guardian, or male partner/boyfriend of parent in the household. If HHDAD is 3, then there is no mom or dad; there is a male respondent in the household.
PV2. (Are you/Is he) currently living with a partner?

DADLIVW

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

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

DADLANG

ENGLISH ................................................................. 1  (AUTOCODE PV4=1 AND GO TO PV5)
SPANISH ............................................................... 2  (GO TO PV4)
ENGLISH AND SPANISH EQUALLY ......................... 3  (GO TO PV4)
ENGLISH AND ANOTHER LANGUAGE EQUALLY .......... 4  (GO TO PV4)
SPECIFY ___________________________________________

DADLANOS/R

SPECIFY ___________________________________________

PV4. What language (do you/does he) speak most at home now?

DADSPEAK

ENGLISH ................................................................. 1  
SPANISH ............................................................... 2  
ENGLISH AND SPANISH EQUALLY ......................... 3  
ENGLISH AND ANOTHER LANGUAGE EQUALLY .......... 4  
SPECIFY ___________________________________________

(ENGLISH AND OTHER LANGUAGE SPECIFIED IN PV3 EQUALLY) ........................................ 5  
(OTHER LANGUAGE SPECIFIED IN PV3) ....................... 6  
ANOTHER LANGUAGE ............................................ 91  (GO TO PV4)

DADSPEOS/R

SPECIFY ___________________________________________

PV5. In what state, country, or territory (were you/was (CHILD)'s father/stepfather/foster father/grandfather/ was (NAME)) born?

DADBORN

ONE OF THE 50 STATES OR THE DISTRICT OF COLUMBIA ...... 1  (GO TO PV6)
ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, MIDWAY ISLANDS, OR SOLOMON ISLANDS] ...... 2  (GO TO PV5OV)

DADTEROS/R

SPECIFY ___________________________________________

DADCONOS/R

SPECIFY ___________________________________________

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/grandfather/(NAME)) completed?

DADGRADE
- UP TO 8TH GRADE ....................... 1 (ENTER GRADE, GO TO PV7)
- 9TH TO 11TH GRADE ................... 2 (ENTER GRADE, GO TO PV7)

DADGRAD1
- 12TH GRADE BUT NO DIPLOMA ....... 3 (GO TO PV7)

DADGRAD2
- 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/grandfather/(NAME)) work at a job for pay or income, including self-employment?

DADWORK
- YES ....................................................... 1 (GO TO PV10)
- NO ....................................................... 2 (GO TO PV9)
- RETIRED ........................................... 3 (GO TO PV13)
- DISABLED/UNABLE TO WORK .......... 4 (GO TO PV13)

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 PV13)

PV10. About how many total hours per week (do you/does he) usually work for pay or income, counting all jobs?

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

DADHOURS
- WEEKLY HOURS ..................................... □□
PV11. (Do you/Does he) work a regular day shift, that is, one with most of the hours between 6 am and 6 pm?

**DADRSFT**

YES .................................................................................. 1 (GO TO PV13)

NO .................................................................................... 2 (GO TO PV12)

PV12. (Do you/Does he) work...

**DADVSFT**

A regular shift at times other than between 6 am and 6 pm, ......................................................... 1

A variable shift—one that changes from days to evenings or nights, where (you/he) choose(s) your/his) own hours, ............................................................................ 2

A variable shift, with hours set by (your/his) employer? ................................................................. 3

WORKS WHEN WORK IS AVAILABLE ........................................................................... 4

PV13 In the past 12 months, how many months, [if any], (have you/has he) worked for pay or income?

**DADMTHS**

MONTHS.....................................................................................

If PV8 or PV9 = 1 (working or on leave/vacation), go to PV17. If PV8 = 3 (retired), then autocode PV16 = 3 (retired), and go to the box before PV17. If PV8 = 4 (disabled/unable to work), then autocode PV16 = 5 (unable to work), and go to the box before PV17. Else, ask PV14.

PV14. (Have you/Has he) been actively looking for work in the past 4 weeks?

**DADLOOK**

YES .................................................................................. 1 (GO TO PV15)

NO .................................................................................... 2 (GO TO PV16)

PV15. What (have you/has he) been doing in the past 4 weeks to find work? (Have you/Has he)...

**DADAGN**

a. Checked with an employment agency .................................. 1 2

b. Checked with employer directly or sent resume................. 1 2

c. Checked with friends or relatives .................................. 1 2

d. Placed or answered job ads ............................................. 1 2

If PV15 a-d NE 1 (not actively looking for work), go to PV16. Else, go to box after PV16.
PV16. 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
- Volunteering ............................................................... 4
- Unable to work, or ......................................................... 5
- Something else? ......................................................... 91

**DADACTOS/R**
What was that?

If PV16 = 2, then autocode PV17 = 1, and go to PV18. 
Else, ask PV17.

PV17. (Are you/is (CHILD)'s (father/stepfather/foster father/grandfather/(NAME)) 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 PV18)
- NO.................................................................................... 2 (GO TO BOX BEFORE PV19)

PV18. How many hours each week (do you/does he) attend school or training? [REFER TO ACTUAL TIME, NOT CREDIT HOURS]

**DADENHRS**
WEEKLY HOURS ................................................................

If (PV8 = 1 or PV9 = 1), and (PATH = I, N S, or (PATH = H and HOMSCFLG = 1)) (working or on leave/vacation and child is not homeschooled only), ask PV19. 
Else, go to box before PWINTRO.

PV19. Have (CHILD)'s (child/after-school) care needs influenced [your/(his/her) (father/stepfather/foster father/grandfather/(NAME))'s] choice of a job or work schedule in any way?

**DADCHOIC**
- YES .................................................................................. 1
- NO.................................................................................... 2

Ask PV20 once per father per household.

PV20. How easy is it for (you/him) 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
Household Characteristics

The following questions are asked only once per household.

PWINTRO. Now, a few questions about your household.

If PU8=1 or PU9=1 (mother works, on leave/vacation) and PV8=1 or PV9=1 (father works, on leave/vacation) and SF1, SG1, SH1, & SJ1 = 2, and SI8 NE 1 (no child care arrangements or after-school activities), then ask PW1. Else ask PW2.

PW1. (Do you and (CHILD'S)(OTHER PARENT/GUARDIAN)/Do (CHILD'S) parent's) arrange your work schedules so that a parent is available to care for [(CHILD)/the children]?

HWKSKED

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

PW2. (Do you/Does anyone in your household) work for a child care center?

CNTRWORK

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

PW3. (Do you/Do any adults or teenagers in your household) care for or baby-sit someone else's child or children on a regular basis, either in your home or someone else's home?

Please do not include occasional babysitting.

CHCRWORK

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

PW4. Do you...

HOWNHOME

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

PW5. Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including cellular phones?

* YES ............................................................................................... 1 (GO TO PW7)
NO................................................................................................. 2 (GO TO PW8)
NOT MY NUMBER............................................................................. 3 (GO TO PW6)
PW6.  [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 PW6 = 3, go to CLOSE2. Else, for cases where PW5 = 3 (not number dialed), ask PW5 again with new number.

PW7.  How many of these additional telephone numbers are for home use, not including cellular phones?

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

If PW7 > 0 (other telephone numbers for home use), go to PW9.
Else, go to PW8.

PW8.  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 PW9)
NO .......................................................................................... 2 (GO TO PW12)

PW9.  How many of these additional telephone numbers are used for computer or fax lines?

*  

NUMBER .................................................................................. (GO TO PW10)

If PW9 = 0, go to PW12. Else, ask PW10.

PW10.  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 PW12)

If PW9 = 1 (only 1 other telephone number for computer or fax), autocode PW11 = 1, and go to PW12. Else, ask PW11.
PW11. How many computer or fax telephone numbers are also answered for talking?

* NUMBER........................................................................................................... ☐ ☐

PW12. So that we can group households geographically, may I have your ZIP code?

STFZIP/R ZIP CODE .......................................................................................... ☐ ☐ ☐ ☐ ☐

PW13. Are there any conditions in your neighborhood that make you worried about the health or safety of ((CHILD)/any of the children in your household)?

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

If number of children in household age 15 or younger = 1 and if all of RCFEE, NCFEE, and CPFEE NE 1, then autocode PW14 = 2 and go to PW15. Else ask PW14.

PW14. Is a state government or welfare agency currently helping you pay for any child care costs (for any child)?

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

PW15. In the past 3 years, that is, since (DATE), has your family received benefits from Temporary Assistance for Needy Families, or TANF?

HTANF3YR YES ...................................................................................................... 1
NO.................................................................................................................... 2

PW16. In the past 3 years, that is, since (DATE), has your family received benefits from (STATE WELFARE PROGRAM)?

HWELF3YR YES ...................................................................................................... 1
NO.................................................................................................................... 2

If PW15 =2 (no TANF in past 3 years) autocode PW17a=2. If PW16=2 (no state welfare in past 3 years), autocode PW17b =2 and go to PW17c. Else, ask PW17a-f.
PW17. In the past 12 months, that is since (CURRENT MONTH) of 2004, 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><strong>HWELFTAN</strong> a. Temporary Assistance for Needy Families, or TANF? .......... 1 2</td>
<td></td>
</tr>
<tr>
<td><strong>HWELFADC</strong> b. Your (STATE WELFARE PROGRAM) ........................................ 1 2</td>
<td></td>
</tr>
<tr>
<td><strong>HWIC</strong> c. Women, Infants, and Children, or WIC? ................................ 1 2</td>
<td></td>
</tr>
<tr>
<td><strong>HFOODST</strong> d. Food Stamps? .................................................................... 1 2</td>
<td></td>
</tr>
<tr>
<td><strong>HMEDIC</strong> e. Medicaid or (STATE MEDICAID PROGRAM)? .......................... 1 2</td>
<td></td>
</tr>
<tr>
<td><strong>HCHIP</strong> f. Child Health Insurance Program or (STATE CHIP PROGRAM)? .... 1 2</td>
<td></td>
</tr>
</tbody>
</table>

PW18. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it...

| $25,000 or less, or .................................................................................... 1 (READ SET 1) |
| More than $25,000? .................................................................................. 2 (GO TO PW19) |

PW19. Was it...

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

Was it...

[SET 1]

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

[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 |
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. [IF NOT, THANK RESPONDENT]

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 or anyone else I need to speak with. [IF NOT, THANK RESPONDENT]
NHES: 2005 ADULT EDUCATION INTERVIEW

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<th>Page</th>
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</thead>
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<tr>
<td>AM. Household Characteristics</td>
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</table>
This page is intentionally blank.
INTRO1. [READ IF RESPONDENT WAS NOT SCREENER RESPONDENT: 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 activities of adults.]

INTRO2. The purpose of this interview is to learn what kinds of educational activities adults may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills. On average, the interview takes 15 minutes.

Initial Background

AA1. First, I have a few questions about your background and work experience. What is the highest grade or year of school that you completed?

IBGRADE
- UP TO 8TH GRADE...............................................................1 (ENTER GRADE, GO TO AA2)

IBGRAD1
- 9TH TO 11TH GRADE........................................................2 (ENTER GRADE, GO TO AA2)

IBGRAD2
- 12TH GRADE BUT NO DIPLOMA.........................................3 (GO TO AA2)
- HIGH SCHOOL DIPLOMA/EQUIVALENT..........................4 (GO TO AA2OV)
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA ..................................................5 (GO TO AA2)
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....................6 (GO TO AA2)
- SOME COLLEGE BUT NO DEGREE .....................................7 (GO TO AA1OV)
- ASSOCIATE’S DEGREE (AA, AS)........................................8 (GO TO AA2)
- BACHELOR’S DEGREE (BA, BS).........................................9 (GO TO AA4)
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE......10 (GO TO AA4)
- MASTER’S DEGREE (MA, MS)............................................11 (GO TO AA4)
- DOCTORATE DEGREE (PHD, EDD).................................12 (GO TO AA4)
- PROFESSIONAL DEGREE BEYOND BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..........13 (GO TO AA4)

AA1OV. Did you earn a vocational or technical diploma after leaving high school?

IBVOC_DIP
- YES ..................................................................................1
- NO....................................................................................2
(Do you have/Did you later receive) a high school diploma or its equivalent, such as a GED?

**IBDIPL**
- YES ......................................................................................... 1 (GO TO AA2OV)
- NO........................................................................................... 2 (GO TO AA6)

Did you receive your high school diploma or its equivalent in the U.S?

**IBUSDIPL**
- YES ......................................................................................... 1
- NO........................................................................................... 2

Did you receive your high school diploma or its equivalent in the past 12 months?

**IBDIPLYR**
- YES ......................................................................................... 1
- NO........................................................................................... 2

Did you complete your high school requirements through a regular high school diploma or through a GED test, (or did you go to college without earning a high school diploma)? [OPTION 3 DISPLAYED ONLY IF IBGRADE >= 9]

**IBHREQ**
- REGULAR HIGH SCHOOL DIPLOMA .............................................. 1 (GO TO AA6)
- GED TEST................................................................................. 2 (GO TO AA5)
- NO HIGH SCHOOL DIPLOMA/GED................................................. 3 (GO TO AA6)
- OTHER................................................................................... 91 (GO TO AA6)

**IBHRSOS/R**
- SPECIFY_____________________________________________________

Did you ever take classes or have a tutor to prepare for taking the GED test?

**IBGEDCLS**
- YES ......................................................................................... 1
- NO........................................................................................... 2

Did you work at a job for pay or income at any time in the past 12 months, including self-employment?

**IBWORK12**
- YES ......................................................................................... 1 (GO TO AA7)
- NO........................................................................................... 2 (GO TO AA10)
AA7. Were you self-employed at any time in the past 12 months?

IBSELFEM

YES ...........................................................................................................1 (GO TO AA8)
NO ............................................................................................................2 (GO TO AA9)

AA8. Besides being self-employed, did you also work for another employer in the past 12 months?

IBOTHEMP

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

If AA8 =2 (self-employed only), then autocode AA9 (number of employers) = 1.

AA9. (Counting your self-employment as one job,) how many different employers did you work for in the past 12 months?

IBEMPNUM

NUMBER..............................................................................................

AA10. About your language background, what was the first language you learned to speak?

IBLANG

ENGLISH .............................................................................................1 (AUTOCODE AA11=1 AND GO TO INTRO3)
SPANISH .............................................................................................2 (GO TO AA11)
ENGLISH AND SPANISH EQUALLY..............................................3 (GO TO AA11)
ENGLISH AND ANOTHER LANGUAGE EQUALLY ..............................4 (GO TO AA11)
SPECIFY

IBLANGOS/R

SPECIFY_____________________________________________________

AA11. What language do you speak most at home now?

IBSPEAK

ENGLISH .............................................................................................1
SPANISH .............................................................................................2
ENGLISH AND SPANISH EQUALLY..............................................3
ENGLISH AND ANOTHER LANGUAGE EQUALLY ..............................4
SPECIFY

(IBRISHISH AND OTHER LANGUAGE SPECIFIED IN AA10 EQUALLY) ..............................................5
(LANGUAGE SPECIFIED IN AA10) .....................................................6
ANOTHER LANGUAGE ........................................................................91

IBSPEAOS/R

SPECIFY______________________________

INTRO3. Now, I'd like to ask you about different kinds of education and training programs, courses, workshops, and seminars you may have taken during the past 12 months. (Please don't include daytime high school programs.)
**English as a Second Language Classes**

If AA10 = 2 or 91 (first language is not English), go to AB1.
Else, go to box before AC1.

**AB1.** During the past 12 months, did you take any classes or have a tutor to learn English as a Second Language?

- **ESLANG**
  - YES .........................................................................................1  (GO TO AB2)
  - NO...........................................................................................2  (GO TO AB21)

**AB2.** Are you currently taking ESL classes or tutoring, have you completed the ESL instruction, or did you stop without completing it?

- **ESNOW**
  - CURRENTLY TAKING..........................................................1
  - COMPLETED ..........................................................................2
  - STOPPED WITHOUT COMPLETION........................................3

**AB3.** (Do/Did) you take the ESL classes mainly for work-related reasons or mainly for personal interest?

- **ESREAS**
  - WORK-RELATED.................................................................1
  - PERSONAL INTEREST ......................................................2
  - BOTH EQUALLY .....................................................................3

**AB4.** (Are you taking/Did you take) the ESL classes...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESCHIL</strong> a.</td>
<td>To help your children with school work? .................1</td>
</tr>
<tr>
<td><strong>ESUSCIT</strong> b.</td>
<td>To get U.S. citizenship? ........................................1</td>
</tr>
<tr>
<td><strong>ESJOB</strong> c.</td>
<td>To get a new job with a different employer? .............1</td>
</tr>
<tr>
<td><strong>ESRAISE</strong> d.</td>
<td>To help you get a raise or promotion? .....................1</td>
</tr>
<tr>
<td><strong>ESCOLVOC</strong> e.</td>
<td>To be able to attend college or vocational school? ....1</td>
</tr>
<tr>
<td><strong>ESPUBAST</strong> f.</td>
<td>To meet a requirement for public assistance? ............1</td>
</tr>
<tr>
<td><strong>ESFEEL</strong> g.</td>
<td>To improve the way you feel about yourself? .............1</td>
</tr>
<tr>
<td><strong>ESLIFE</strong> h.</td>
<td>To make it easier to do things on a day-to-day basis? ..........1</td>
</tr>
</tbody>
</table>
AB5. Who (do/did) you take your ESL classes from? That is, what type of school, organization, or business (teaches/taught) the ESL classes? [IF “EMPLOYER”, PROBE: What type of organization is that?]

<table>
<thead>
<tr>
<th>ESPRTYP</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSTSECONDARY SCHOOL (COLLEGE/UNIVERSITY, COMMUNITY/JUNIOR COLLEGE, VOCATIONAL/TECHNICAL/OCCUPATIONAL SCHOOL)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>OTHER SCHOOL OR SCHOOL DISTRICT (ELEMENTARY, JUNIOR HIGH, HIGH SCHOOL, OR ADULT LEARNING CENTER)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>PRIVATE BUSINESS/COMPANY/HOSPITAL</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>GOVERNMENT AGENCY (FEDERAL, STATE, LOCAL)</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>PROFESSIONAL ASSOCIATION/ORGANIZATION/UNION</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>PUBLIC LIBRARY</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>COMMUNITY OR RELIGIOUS ORGANIZATION, NONPROFIT</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>OTHER</td>
<td>Specify</td>
<td></td>
</tr>
</tbody>
</table>

ESPRTOS/R

If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AB6. Else, go to AB7.

AB6. (Is/Was) the (INSTRUCTIONAL PROVIDER) also your employer?

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

AB7. (Are you taking /Did you take) the ESL classes for college credit?

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

AB8. (Are/Were) the ESL classes part of a family literacy program, such as Even Start or Head Start?

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

AB9. In the past 12 months, how many total hours did you attend the ESL classes?

<table>
<thead>
<tr>
<th>ESHRYR</th>
<th>TOTAL HOURS</th>
<th>□□□□</th>
</tr>
</thead>
</table>

If R has difficulty reporting the total hours, ask AB10 and AB11. Else, go to AB12.
AB10. Thinking about the length of the ESL classes you (are attending/attended), how many days, weeks, or months did you attend the classes in the past 12 months? [DO NOT ROUND. USE DECIMAL IF NEEDED.]

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

* Unit
  DAYS .......................................................................................1
  WEEKS.....................................................................................2
  MONTHS...................................................................................3
  SEMESTER ...............................................................................4
  QUARTER .................................................................................5
  OTHER ...................................................................................91

* SPECIFY

AB11. For about how many hours did you attend the ESL classes (during each (day/week/month))? [DO NOT ROUND. USE DECIMAL IF NEEDED.] [INFORMATION PROVIDED FOR AB10 AND AB11 WILL BE USED TO CALCULATE TOTAL HOURS PER YEAR FOR INCORPORATION INTO AB9 AND DELIVERY ON THE PUBLIC-USE DATA FILE.]

* HOURS.................................................................................

AB12. In the past 12 months, about how much of your own or your family’s money did you pay for...

*ESTUITON* a. Tuition and fees to attend the ESL classes, including money you borrowed and have to pay back?..................$

*ESMATLS* b. How much for books and other materials? ...................$

**If AB12a > 0 (paid some amount for tuition and fees) and AB12b = 0 (paid nothing for books or materials), ask AB13. Else, go to box before AB14.**

AB13. Did the tuition and fees also include books and other materials?

*ESINCBK*

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

**If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AB14. Else, go to AB22.**
AB14.  (Have you been/Were you) employed during the time you (have been/were) taking the ESL classes?

ESWORK  
YES .........................................................................................1  (GO TO AB15)
NO...........................................................................................2  (GO TO AB22)

AB15.  Did your employer require you to take the ESL classes?

ESEMPREQ  
YES .........................................................................................1  (GO TO AB17)
NO...........................................................................................2  (GO TO AB16)

AB16.  Did your employer suggest or encourage you to take the ESL classes?

ESEMP SUG  
YES .........................................................................................1
NO...........................................................................................2

AB17.  (Are you taking/Did you take) the ESL classes at your workplace?

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

AB18.  (Are you taking/Did you take) the ESL classes during your regular work hours?

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

AB19.  (Are/Were) you being paid by your employer during the hours you (are/were) taking the ESL classes?

ESEMP AID  
YES .........................................................................................1
NO...........................................................................................2

AB20.  Did your employer...

ESEMPTUI  
a.  Pay all or part of the tuition and fees for the ESL classes?....1  2

ESEMPMAT  
b.  Pay all or part of the costs of books and other materials?......1  2

Go to AB22.
AB21. As an adult, have you ever taken classes or had a tutor to learn English?

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

AB22. How well do you read English? Would you say…

READENGL
Very well, ...............................................................1
Well, ........................................................................2
Not well, or .............................................................3
Not at all?..................................................................4

AB23. How well do you write English? Would you say…

WRTENGL
Very well, ...............................................................1
Well, ........................................................................2
Not well, or .............................................................3
Not at all?..................................................................4
Basic Skills and GED Preparation Classes

If [AA2 = 2 (no high school diploma)] or [AA3 = 1 (received high school diploma in the past 12 months) and AA4 NE 1 (other than through a regular high school diploma)] or [AA1 (IBGRADE)= 1-8 and AA2OV = 2 (foreign high school diploma and no college degree)], then go to AC1. Else, go to AD1.

AC1. During the past 12 months, did you take any classes or have a tutor...

<table>
<thead>
<tr>
<th>BSIMPROV</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. To improve your basic reading, writing, and math skills? .........................................................1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSGED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. To prepare to take the General Educational Development test, or GED? .........................................1 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BSHSEQUV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. In some other high school equivalency program or adult high school program? ................................1 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If any of AC1a-c = 1 (basic skills or GED preparation classes), go to AC2. Else, go to AC20.

AC2. Are you currently taking basic skills or high school completion classes, have you completed those classes, or did you stop without completing the classes?

| BSNOW     | CURRENTLY TAKING .................................................................1 |
|           | COMPLETED .............................................................................2 |
|           | STOPPED WITHOUT COMPLETION ...............................................3 |

AC3. (Do/Did) you take the basic skills or high school completion classes mainly for work-related reasons or mainly for personal interest?

| BSREAS    | WORK-RELATED........................................................................1 |
|           | PERSONAL INTEREST ............................................................2 |
|           | BOTH EQUALLY .........................................................................3 |
AC4. (Are you taking/Did you take) the basic skills or high school completion classes...

YES NO

BSCHIL a. To help your children with school work? .........................1 2

BSJOB b. To get a new job with a different employer? ....................1 2

BSRAISE c. To help you get a raise or promotion? .........................1 2

BSCOLVOC d. To be able to attend college or vocational school? ........1 2

BSPUBAST e. To meet a requirement for public assistance? ..............1 2

BSFEEL f. To improve the way you feel about yourself ..................1 2

BSLIFE g. To make it easier to do things on a day-to-day basis? .......1 2

AC5. Who (do/did) you take your basic skills or high school completion classes from? That is, what type of school, organization, or business (teaches/taught) the classes? [IF “EMPLOYER”, PROBE: What type of organization is that?]

BSPRTYP

POSTSECONDARY SCHOOL (COLLEGE/UNIVERSITY,
COMMUNITY/JUNIOR COLLEGE, VOCATIONAL/TECHNICAL/
OCCUPATIONAL SCHOOL) .......................................................1

OTHER SCHOOL OR SCHOOL DISTRICT (ELEMENTARY, JUNIOR
HIGH, HIGH SCHOOL, OR ADULT LEARNING CENTER) ............2

PRIVATE BUSINESS/COMPANY/HOSPITAL .........................3

GOVERNMENT AGENCY (FEDERAL, STATE, LOCAL) .............4

PROFESSIONAL ASSOCIATION/ORGANIZATION/UNION ..........5

PUBLIC LIBRARY ...................................................................6

COMMUNITY OR RELIGIOUS ORGANIZATION, NONPROFIT ....7

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

BSPRTOS/R

SPECIFY________________________________________

If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AC6. Else, go to AC7.

AC6.  (Is/Was) the (INSTRUCTIONAL PROVIDER) also your employer?

BSPROVEM

YES .........................................................................................1

NO...........................................................................................2

AC7.  (Are/Were) the basic skills or high school completion classes part of a family literacy program, such as Even Start or Head Start?

BSFMLIT

YES .........................................................................................1

NO...........................................................................................2

AC8.  In the past 12 months, how many total hours did you attend the basic skills or high school completion classes?

BSHRYR

TOTAL HOURS..........................................................................
If R has difficulty reporting the total hours, go to AC9 and AC10. Else, go to AC11.

AC9. Thinking about the length of the basic skills or high school completion classes you (are attending/attended), how many days, weeks, or months did you attend the classes in the past 12 months?
[DO NOT ROUND. USE DECIMAL IF NEEDED.]

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

* Unit
  DAYS ........................................................................................................... 1  
  WEEKS ...................................................................................................... 2  
  MONTHS ................................................................................................... 3  
  SEMESTER ............................................................................................... 4  
  QUARTER .................................................................................................. 5  
  OTHER ..................................................................................................... 91  

* SPECIFY

AC10. For about how many hours did you attend the basic skills or high school completion classes (during each (day/week/month))?
[DO NOT ROUND. USE DECIMAL IF NEEDED.] [INFORMATION PROVIDED FOR AC9 AND AC10 WILL BE USED TO CALCULATE TOTAL HOURS PER YEAR FOR INCORPORATION INTO AC8 AND DELIVERY ON THE PUBLIC-USE DATA FILE.]

* HOURS...........................................................................................................  

AC11. In the past 12 months, about how much of your own or your family’s money did you pay for…

BSTUTON  
  a. Tuition and fees to attend the basic skills or high school completion classes, including money you borrowed and have to pay back? ................................................................................. $..............  

BSMATLS  
  b. How much for books and other materials? .......................................... $..............  

If AC11a > 0 (paid some amount for tuition and fees) and AC11b = 0 (paid nothing for books or materials), ask AC12.  Else, go to box before AC13.

AC12. Did the tuition and fees also include books and other materials?

BSINCBK  
  YES ........................................................................................................... 1  
  NO ........................................................................................................... 2
If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AC13. Else, go to AD1.

AC13. (Have you been/Were you) employed during the time you (have been/were) taking the basic skills or high school completion classes?

BSWORK

YES .........................................................................................1  (GO TO AC14)
NO...........................................................................................2  (GO TO AD1)

AC14. Did your employer require you to take the basic skills or high school completion classes?

BSEMPREQ

YES .........................................................................................1  (GO TO AC16)
NO...........................................................................................2  (GO TO AC15)

AC15. Did your employer suggest or encourage you to take the basic skills or high school completion classes?

BSEMPSUG

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

AC16. (Are you taking/Did you take) the basic skills or high school completion classes at your workplace?

BSWRKPL

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

AC17. (Are you taking/Did you take) the basic skills or high school completion classes during your regular work hours?

BSWRKHR

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

AC18. (Are/Were) you being paid by your employer during the hours you (are/were) taking the basic skills or high school completion classes?

BSEMPAID

YES .........................................................................................1
NO...........................................................................................2
AC19. Did your employer...

<table>
<thead>
<tr>
<th>BSEMPTUI</th>
<th>a. Pay all or part of the tuition and fees for the basic skills or high school completion classes?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSEMPMAT</td>
<td>b. Pay all or part of the cost for books and other materials?</td>
<td>......1</td>
<td>2</td>
</tr>
</tbody>
</table>

Go to AD1.

AC20. As an adult, have you ever taken classes or had a tutor to learn basic skills or to prepare to take a GED test?

<table>
<thead>
<tr>
<th>BSEVER</th>
<th>YES ........................................................................................................................................</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO......................................................................................................................................</td>
<td>2</td>
</tr>
</tbody>
</table>
Credential Programs: College or University Degree Programs

AD1. (Not including the classes you told us about earlier,) During the past 12 months, were you enrolled in a program to earn a college or university degree, such as an associate's, bachelor's, or graduate degree?

CRDEGREE

YES .................................................................1 (GO TO AD2)
NO ........................................................................2 (GO TO FIRST BOX AFTER AD2)

AD2. In what types of college degree programs were you enrolled? [CODE UP TO 5. CATEGORIES CAN BE ENTERED MORE THAN ONCE FOR MULTIPLE PROGRAMS OF THE SAME PROGRAM TYPE.]

CRTYASC ASSOCIATE'S DEGREE (AA, AS) .............................................1
CRTYBCH BACHELOR'S DEGREE (BA, BS) ........................................2
CRTYMAS MASTER'S DEGREE (MA, MS) .........................................3
CRTYDOC DOCTORATE (PHD, EDD) ................................................4
CRTYPRF PROFESSIONAL DEGREE BEYOND BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..........5
CRTYOTH ANOTHER DEGREE .................................................91
CRTYOS1/R-SPECIFY
CRTYOS4/R

If AA1 (IBGRADE) >= 9 (bachelor's degree or more) go to next box. Else, go to box before AD5.

If AA1 (IBGRADE) = 9 or 10 (bachelor's degree or some graduate school), display post-baccalaureate certificate. If AA1 = 11 (master's degree), display post-baccalaureate certificate or post-master's certificate. If AA1 = 12 or 13 (doctorate or professional degree), display post-baccalaureate, post-master's certificate, or post-doctoral certificate.

AD3. During the past 12 months, were you enrolled in a program to earn a post-baccalaureate certificate, (post-master's certificate,) (or post-doctoral certificate)?

CRPOSTDG

YES .................................................................1 (GO TO AD4)
NO ........................................................................2 (GO TO BOX AFTER AD4)
AD4. Which certificate was that?
[CODE ALL THAT APPLY]

CRPOSBAC POST-BACCALAUREATE CERTIFICATE .................................................1
CRPOSMAS POST-MASTER'S CERTIFICATE ...................................................2
CRPOSDOC POST-DOCTORAL CERTIFICATE ..................................................3

If AD1 = 1 (college degree program) and/or AD3 = 1 (certificate program), ask AD5 for each program coded in AD2 and/or AD4. Else, go to AE1.

AD5. What was the major subject or field of study of your (DEGREE/CERTIFICATE) program?

CRMAJOR1/R- MAJOR FIELD OF STUDY _______________________________ 
CRMAJOR4/R

For Each Program Mentioned

AD6. Did you take the (DEGREE/CERTIFICATE) program (in (MAJOR)) mainly for work-related reasons or mainly for personal interest?

CRREAS1- WORK-RELATED ........................................................................ 1
CRREAS4 PERSONAL INTEREST .................................................................. 2
                  BOTH EQUALLY ........................................................................ 3

AD7. Did you take your (DEGREE/CERTIFICATE) program (in (MAJOR)) to get or to keep a state, industry, or company certificate or license?

CRCERT1- YES ......................................................................................... 1
CRCERT4 NO ............................................................................................ 2

AD8. In what month and year did you start your (DEGREE/CERTIFICATE) program (in (MAJOR))?

CRSTRTM1- MONTH ..........................................................................................  
CRSTRTM4
CRSTRTY1- YEAR ..........................................................................................  
CRSTRTY4
AD9. In what month and year did you complete or do you expect to complete your (DEGREE/CERTIFICATE) program (in (MAJOR))? [IF DON'T KNOW, PROBE WHETHER NEVER COMPLETED OR DO NOT INTEND TO COMPLETE.]

CRCOMPM1-CRCOMPM4
MONTH.................................................................
CRCOMPY1-CRCOMPY4
YEAR ...........................................................................

NEVER COMPLETED .................................................13
DO NOT INTEND TO COMPLETE .................................14

If CRCOMPM1-CRCOMPM4 = 13 or 14, autocode CRCOMPY1-CRCOMPY4 = 13 or 14, respectively.

If the program being collected is for a master's degree or higher, including post-master's or post-doctoral certificates (AD2 = 3, 4, 5 and/or AD4 = 2, 3), autocode AD10 to 2 and go to AD11. Else, go to AD10.

AD10. Did you take the (DEGREE/CERTIFICATE) program (in (MAJOR)) at a 2-year community or junior college or at a 4-year college or university?

CRINST1-CRINST4
2-YEAR COMMUNITY OR JUNIOR COLLEGE ......................1
4-YEAR COLLEGE OR UNIVERSITY ................................2
OTHER .............................................................................91

CRINSTO1/R-CRINSTO4/R
SPECIFY_________________________________________

AD11. During the past 12 months, have you been enrolled in the (DEGREE/CERTIFICATE) program (in (MAJOR)) as a full-time student, part-time student, or both?

CRPTFT1-CRPTFT4
FULL-TIME STUDENT ..............................................1
PART-TIME STUDENT ...............................................2
BOTH ..............................................................................3

AD12. In the past 12 months, how many semesters or quarters were you enrolled in your (DEGREE/CERTIFICATE) program (in (MAJOR))?  

CRENRNU1-CRENRNU4
NUMBER...........................................................................
CRENRUN1-CRENRUN4
Unit
SEMESTER .....................................................................1
QUARTER .......................................................................2
OTHER .............................................................................91

CRENRUO1/R-CRENRUO4/R
SPECIFY_________________________________________

AD13. How many total credit hours were you enrolled in your (DEGREE/CERTIFICATE) program (in (MAJOR)) in the past 12 months?

CRCRDHR1-CRCRDHR4
TOTAL CREDIT HOURS..............................................

CREDIT HOURS DO NOT APPLY TO THE DEGREE/CERTIFICATE PROGRAM .............................................99

(GO TO AD15)

(GO TO AD14)
AD14. How many total classroom hours did you take in the past 12 months?

<table>
<thead>
<tr>
<th>CRCLSHR1-CRCLSHR4</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL CLASSROOM HOURS ...........................................</td>
</tr>
</tbody>
</table>

AD15. In the past 12 months, about how much of your own or your family’s money did you pay for...

<table>
<thead>
<tr>
<th>CRTUITO1-CRTUITO4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition and fees to attend the (DEGREE/CERTIFICATE) program, including money you borrowed and have to pay back? .......................................................... $</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CRMATLS1-CRMATLS4</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much for books and other materials? .................................. $</td>
</tr>
</tbody>
</table>

*If AD15a > 0 (paid some amount for tuition and fees) and AD15b = 0 (paid nothing for books or materials), ask AD16. Else, go to box before AD17.*

AD16. Did the tuition and fees also include books and other materials?

<table>
<thead>
<tr>
<th>CRINCBK1-CRINCBK4</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
</tr>
<tr>
<td>NO ........................................................................2</td>
</tr>
</tbody>
</table>

*If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AD17. Else, go to AE1.*

AD17. (Have you been/Were you) employed during the time you (have been/were) taking the (DEGREE/CERTIFICATE) program (in (MAJOR))? 

<table>
<thead>
<tr>
<th>CRWORK1-CRWORK4</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1 (GO TO AD18)</td>
</tr>
<tr>
<td>NO ........................................................................2 (GO TO AE1)</td>
</tr>
</tbody>
</table>

AD18. Did your employer require you to take the (DEGREE/CERTIFICATE) program (in (MAJOR))? 

<table>
<thead>
<tr>
<th>CREMPRE1-CREMPRE4</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1 (GO TO AD20)</td>
</tr>
<tr>
<td>NO ........................................................................2 (GO TO AD19)</td>
</tr>
</tbody>
</table>

AD19 Did your employer suggest or encourage you to take the (DEGREE/CERTIFICATE) program (in (MAJOR))? 

<table>
<thead>
<tr>
<th>CREMPSU1-CREMPSU4</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
</tr>
<tr>
<td>NO ........................................................................2</td>
</tr>
</tbody>
</table>

AD20. (Are you taking/Did you take) the (DEGREE/CERTIFICATE) program (in (MAJOR)) at your workplace?

<table>
<thead>
<tr>
<th>CRWRKPL1-CRWRKPL4</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
</tr>
<tr>
<td>NO ........................................................................2</td>
</tr>
</tbody>
</table>

AD21. (Are you taking/Did you take) the (DEGREE/CERTIFICATE) program (in (MAJOR)) during your regular work hours?

<table>
<thead>
<tr>
<th>CRWRKHR1-CRWRKHR4</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES .................................................................1</td>
</tr>
<tr>
<td>NO ........................................................................2</td>
</tr>
</tbody>
</table>
AD22. (Are/Were) you being paid by your employer during the hours you (are/were) taking the (DEGREE/CERTIFICATE) program (in (MAJOR))? 

CREMPAI1- YES ..........................................................................................1
CREMPAI4 NO ..........................................................................................2

AD23. Did your employer...

CREMPTU1- a. Pay all or part of the tuition and fees for the 
CREMPTU4 (DEGREE/CERTIFICATE) program (in (MAJOR))? .........................1 2
CREMPMA1- b. Pay all or part of the costs of books and other materials?......1 2
CREMPMA4
Credential Programs: Vocational or Technical Diploma Programs

AE1. During the past 12 months, were you enrolled in a program to earn a vocational or technical diploma after high school?

CRVOCDIP

YES .................................................................1 (GO TO AE2)
NO ........................................................................2 (GO TO AF1)

AE2. In what types of vocational or technical diploma programs were you enrolled?
[CODE UP TO 5. CATEGORIES CAN BE ENTERED MORE THAN ONCE FOR MULTIPLE PROGRAMS OF THE SAME PROGRAM TYPE.]

VOC VOCATIONAL DIPLOMA .................................................................1
VOTECH TECHNICAL DIPLOMA .........................................................2
VOASSOC ASSOCIATE'S DEGREE (AA, AS) ........................................3
VOOTHDIP ANOTHER DIPLOMA OR CERTIFICATE .............................91
VOTYOS1/R- SPECIFY
VOTYOS3/R

Ask AE3 for each program coded in AE2.

AE3. What was the major subject or field of study of your (VOC/TECH) program?

VOMAJOR1/R-
VOMAJOR3/R

MAJOR FIELD OF STUDY

For Each Program Reported

AE4. Did you take the (VOC/TECH) program (in (MAJOR)) mainly for work-related reasons or mainly for personal interest?

VOREAS1-
VOREAS3

WORK-RELATED .................................................................1
PERSONAL INTEREST .........................................................2
BOTH EQUALLY .................................................................3

AE5. Did you take your (VOC/TECH) program (in (MAJOR)) to get or to keep a state, industry, or company certificate or license?

VOCERT1-
VOCERT3

YES .................................................................1
NO ........................................................................2
AE6. In what month and year did you start your (VOC/TECH) program (in (MAJOR))?  

VOSTRTM1- YEAR ..........................................................  
VOSTRTM3  
VOSTRTY1- YEAR ..........................................................  
VOSTRTY3  

AE7. In what month and year did you complete or do you expect to complete your (VOC/TECH) program (in (MAJOR))? [IF DON'T KNOW, PROBE WHETHER NEVER COMPLETED OR DON'T INTEND TO COMPLETE.]  

VOCOMPM1- MONTH ..........................................................  
VOCOMPM3  
VOCOMPY1- NEVER COMPLETED .................................................. 13  
VOCOMPY3- DO NOT INTEND TO COMPLETE ..................................... 14  

If VOCOMPM1 – VOCOMPM3 = 13 or 14, autocode VOCOMPY1 – VOCOMPY3 = 13 or 14, respectively.

AE8. During the past 12 months, have you been enrolled in the (VOC/TECH) program (in (MAJOR)) as a full-time student, part-time student, or both?  

VOPTFT1- FULL-TIME STUDENT ............................................. 1  
VOPTFT3  
VOPTFT2- PART-TIME STUDENT ............................................. 2  
VOPTFT3  
VOPTFT3- BOTH ........................................................................ 3  

AE9. In the past 12 months, how many months, semesters, or quarters were you enrolled in your (VOC/TECH) program (in (MAJOR))?  

VOENRNU1- NUMBER ..........................................................  
VOENRNU3  
VOENRUN1- Unit  
VOENRUN3  

VOENRUO1/R- SPECIFY_______________________________________  
VOENRUO3/R  

AE10. How many courses did you take in your (VOC/TECH) program (in (MAJOR)) in the past 12 months?  

VOCR1- NUMBER ..................................................................  
VOCR3  
VOCR3  

A-144
AE11. How many total credit hours were you enrolled in your (VOC/TECH) program (in (MAJOR)) in the last 12 months?

VOCRDH1- TOTAL CREDIT HOURS .......................................................... □□ (GO TO AE13)

VOCRDH3 CREDIT HOURS DO NOT APPLY TO THE VOC/TECH PROGRAM ...........................................................................99 (GO TO AE12)

AE12. How many total classroom hours did you take in the past 12 months?

VOCLSH1- TOTAL CLASSROOM HOURS .............................................. †††

VOCLSH3

AE13. In the past 12 months, about how much of your own or your family’s money did you pay for...

VOTUITO1- Tuition and fees to attend the (VOC/TECH) program, including money you borrowed and have to pay back?........ $□□□□□□□

VOTUITO3

VOMATLS1- How much for books and other materials? ..................... $□□□□□□□

VOMATLS3

If AE13a > 0 (paid some amount for tuition and fees) and AE13b = 0 (paid nothing for books or materials), ask AE14. Else, go to box before AE15.

AE14. Did the tuition and fees also include books and other materials?

VOINCBK1- YES .........................................................................................1

VOINCBK3 NO ...........................................................................................2

If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AE15. Else, go to AF1.

AE15. (Have you been/Were you) employed during the time you (have been/were) taking the (VOC/TECH) program (in (MAJOR))?

VOWORK1- YES .........................................................................................1 (GO TO AE16)

VOWORK3 NO ...........................................................................................2 (GO TO AF1)
AE16. Did your employer require you to take the (VOC/TECH) program (in (MAJOR))?

VOEMPRE1- YES .................................................................1 (GO TO AE18)
VOEMPRE3- NO.................................................................................2 (GO TO AE17)

AE17. Did your employer suggest or encourage you to take the (VOC/TECH) program (in (MAJOR))?  

VOEMPSU1- YES .................................................................1  
VOEMPSU3- NO.................................................................................2

AE18. (Are you taking/Did you take) the (VOC/TECH) program (in (MAJOR)) at your workplace?

VOWRKPL1- YES .................................................................1
VOWRKPL3- NO.................................................................................2

AE19. (Are you taking/Did you take) the (VOC/TECH) program (in (MAJOR)) during your regular work hours?

VOWRKHR1- YES .................................................................1
VOWRKHR3- NO.................................................................................2

AE20. (Are/Were) you being paid by your employer during the hours you (are/were) taking the (VOC/TECH) program (in (MAJOR))? 

VOEMPAI1- YES .................................................................1
VOEMPAI3- NO.................................................................................2

AE21. Did your employer...

VOEMPTU1- a. Pay all or part of the tuition and fees for the (VOC/TECH) program (in (MAJOR))?.................................1  2
VOEMPTU3-  

VOEMPMA1- b. Pay all or part of the costs of books and other materials?......1  2
VOEMPMA3-
**Apprenticeship Programs**

AF1. During the past 12 months, were you in a formal apprenticeship program leading to journeyman status in a skilled trade or craft?

**APPRENTI**

YES .........................................................................................1   **GO TO AF2**

NO...........................................................................................2   **GO TO AG1**

AF2. In what trade or craft did you apprentice?

**APTRADE/R**

TRADE OR CRAFT

If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AF3a. Else, go to AF3b.

AF3. Who provided the program? Was it...

**APEMPLOY**

a. Your employer?.......................................................................1 2

**APUNION**

b. A labor union?.........................................................................1 2

**APSTAGOV**

c. The local or state government? ..............................................1 2

**APFEDGOV**

d. The federal government?........................................................1 2

**APOTHER**

e. Anyone else? .........................................................................1 2

**APOTHEOS/R**

Who provided the program?

AF4. In what month and year did you start the (TRADE) apprenticeship program?

**APSTRTMM**

MONTH...................................................................................□□

**APSTRTYY**

YEAR ............................................................................□□□□

AF5. In what month and year did you complete or do you expect to complete the program? [IF DON’T KNOW, PROBE WHETHER NEVER COMPLETED OR DO NOT INTEND TO COMPLETE.]

**APCOMPMM**

MONTH...................................................................................□□

**APCOMPYY**

YEAR ............................................................................□□□□

NEVER COMPLETED ................................................................13

DO NOT INTEND TO COMPLETE.................................................14

If ACOMPMM = 13 or 14, autocode ACOMPYY = 13 or 14, respectively.
AF6. In the past 12 months, how many total classroom or instruction hours did you spend in the (TRADE) apprenticeship program?

APCLSHR TOTAL HOURS...........................................................................

If AF6 = 0 (no classroom or instruction hours), go to AF8. Else, go to AF7.

AF7. Were any of these courses you took in the past 12 months taken for college credit?

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

AF8. In the past 12 months, about how much of your own or your family’s money did you pay for...

APTUITON a. Tuition and fees to attend the (TRADE) apprenticeship program, including money you borrowed and have to pay back?..........................................................$...............................

APMATLS b. How much for books and other materials?...........................$...............................

If AF8a > 0 (paid some amount for tuition and fees) and AF8b = 0 (paid nothing for books or materials), ask AF9. Else, go to AG1.

AF9. Did the tuition and fees also include books and other materials?

APINCBK YES .........................................................................................1
                 NO...........................................................................................2
Participation In Formal Courses

AG1. These next questions are about any courses that were not part of a degree or diploma program. This includes work or career-related courses, seminars, training, or workshops whether or not you had a job when you took them. Also, you might have taken other courses related to your personal interests or hobbies, first aid or CPR, religion, health, and so on. (Not counting the programs we talked about earlier,) (Did/did) you take any courses in the past 12 months?

FCACTY
YES .........................................................................................1 (GO TO AG3)
NO ...........................................................................................2 (GO TO AG2)

AG2. Have you taken any training sessions, seminars, or courses on computer skills, the Internet, communication or diversity, stress management, or any other work-related issues?

What about any Bible study or other religious classes, personal finance or home computing classes, dance or musical instrument, health or fitness, or foreign language classes or workshops?

[READ BOTH PROBES.]

FCACTOTH
YES, ONE OR BOTH ...................................................................1 (GO TO AG3)
NO TO BOTH .............................................................................2 (GO TO BOX BEFORE AJ1)

Roster Courses

AG3. With your help, I’m going to make a list of the courses you took where there was an instructor. (Again, not counting the programs we talked about earlier,) please tell me the name and subject matter for each course you have taken in the past 12 months. [MAY RECORD UP TO 20 COURSES.]

FCNAME1/R- COURSE NAME______________  SUBJECT___________________
FCNAME2/R- COURSE NAME______________  SUBJECT___________________
FCSUBJ1/R- COURSE NAME______________  SUBJECT___________________
FCSUBJ20/R COURSE NAME______________  SUBJECT___________________
WRNAME1/R- COURSE NAME______________  SUBJECT___________________
WRNAME4/R  COURSE NAME______________  SUBJECT___________________
WRSUBJ1/R- COURSE NAME______________  SUBJECT___________________
WRSUBJ4/R  COURSE NAME______________  SUBJECT___________________
SANAME1/R- COURSE NAME______________  SUBJECT___________________
SANAME2/R  COURSE NAME______________  SUBJECT___________________
SASUBJ1/R- COURSE NAME______________  SUBJECT___________________
SASUBJ2/R  COURSE NAME______________  SUBJECT___________________

Upon completion of the initial course/subject listing, go to AG3VERF if AG1 = 1. Else, go to AG3VERF2. For second and any additional course/subject listings, go to AG3VERF2.

1 NOTE: The variables FCNAME1-20 and FCSUBJ1-20 contain all course names and subjects collected in the interview. The variables WRNAME1-4 and WRSUBJ1-4 contain the names and subjects of sampled work-related courses and the variables SANAME1-2 and SASUBJ1-2 contain the names and subjects of sampled personal interest/development courses.
AG3VERF. Have you taken any other training sessions, seminars, or courses on computer skills, the Internet, communication or diversity, stress management, or any other work-related issues in the past 12 months?

What about any Bible study or other religious classes, personal finance or home computing classes, dance or musical instrument, health or fitness, or foreign language classes or workshops?

[READ BOTH PROBES.]

* MATRIX CORRECT .................................................................1 (GO TO BOX BEFORE AG4)
RETURN TO MATRIX............................................................2 (GO TO AG3)

AG3VERF2. Have you taken any other work-related or personal interest courses in the past 12 months?

* MATRIX CORRECT .................................................................1 (GO TO BOX BEFORE AG4)
RETURN TO MATRIX............................................................2 (GO TO AG3)

For each course listed in AG3, ask AG4 and AG5.

AG4. Did you take the (COURSE NAME) course mainly for work-related reasons or mainly for personal interest?

FCREAS1/R-WORK-RELATED.........................................................1
FCREAS20/R-PERSONAL INTEREST ............................................2
BOTH EQUALLY........................................................................3

AG5. In the past 12 months, how many total hours did you attend the (COURSE NAME) course?

FCCLSH1/R-TOTAL HOURS.................................................................
FCCLSH20/R†††
WRCLSHR1-WRCLSHR4
SACLSHR1-SACLSHR2

If R reported fewer than 20 courses at AG3 and all AG4 = 1 (reported courses are all work-related courses) or all AG4 = 2 (reported courses are all personal interest courses), go to AG6. Else, go to box before INTRO4.

AG6. In the past 12 months, did you take any courses mainly for (work-related reasons/personal interest)?

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

2 NOTE: The variables FCCLSH1-FCCLSH20 contain the total hours for all courses collected in the interview. The variables WRCLSHR1-WRCLSHR4 contain the total hours for sampled work-related courses and the variables SACLSHR1-SACLSHR2 contain the total hours for sampled personal interest/development courses.
If AG6 = 1 (any additional courses), go to AG7. Else, if any AG4 = 1 or 3 then go to box before INTRO4. Else, if any AG4 = 2, go to box before INTRO5.

AG7.

Please tell me the name and subject matter for each of these courses you took in the past 12 months. [RECORD UP TO 20 COURSES.]

<table>
<thead>
<tr>
<th>FCNAME1/R-</th>
<th>COURSE NAME</th>
<th>SUBJECT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FCNAME20/R</td>
<td>COURSE NAME</td>
<td>SUBJECT</td>
</tr>
<tr>
<td>FCSUBJ1/R-</td>
<td>COURSE NAME</td>
<td>SUBJECT</td>
</tr>
<tr>
<td>FCSUBJ20/R</td>
<td>COURSE NAME</td>
<td>SUBJECT</td>
</tr>
</tbody>
</table>

Upon completion of the initial course/subject listing in AG7, go to AG7VERF.

AG7VERF.

Have you taken any other (work-related/personal interest) courses in the past 12 months?

* MATRIX CORRECT .................................................................1 (GO TO NEXT BOX)
RETURN TO MATRIX.................................................................2 (GO TO AG7)

For all courses reported at AG7, autocode AG4 = 1 if all previously reported courses were personal development (AG4 = 2) or autocode AG4 = 2 if all previously reported courses were work-related (AG4 = 1). Ask AG5 for each course reported at AG7 then go to box before INTRO4.
Work-Related Courses

If no work-related courses (all AG4 = 2), go to box before INTRO5. If 4 or fewer courses, select all. Else if 5 courses or more, sort by class hours (AG5), and select systematic random sample of 4 courses.

INTRO4. Right now I’m interested in talking with you about (some of) the course(s) you took for work-related reasons. That is, [DISPLAY COURSE NAME(S)].

For each course sampled, ask AH1-AH16.

AH1. Are you currently taking the (COURSE NAME) course, have you completed the course, or did you stop without completing it?

WRCURR1-
WRCURR4

CURRENTLY TAKING.................................................................1
COMPLETED .............................................................................2
STOPPED WITHOUT COMPLETION ..........................................3

AH2. (Are you taking/Did you take) the (COURSE NAME) course… [ROTATE RESPONSE CATEGORIES.]

WRRSSKI1-
WRRSSKI4

a. To maintain or improve skills or knowledge you already had? .........................................................1 2

WRNWSKI1-
WRNWSKI4

b. To learn new skills or methods you did not already know? ..........................................................1 2

WRRSRAI1-
WRRSRAI4

c. To help you get a raise or promotion ...............................................1 2

WRRSNEW1-
WRRSNEW4

d. To get a new job with a different employer? .....................1 2

WRRSCER1-
WRRSCER4

e. To get or to keep a state, industry, or company certificate or license? ......................................1 2

WRRSREQ1-
WRRSREQ4

f. Because you were required to take it? .................................1 2
AH3. Who (do/did) you take the (COURSE NAME) course from? That is, what type of school, organization, or business (teaches/taught) the course?

[IF “EMPLOYER”, PROBE: What type of organization is that?]

WRPRTP1- WRPRTP4

POSTSECONDARY SCHOOL (COLLEGE/UNIVERSITY, COMMUNITY/JUNIOR COLLEGE, VOCATIONAL/TECHNICAL/ OCCUPATIONAL SCHOOL) .............................................................. 1
OTHER SCHOOL OR SCHOOL DISTRICT (ELEMENTARY, JUNIOR HIGH, HIGH SCHOOL, OR ADULT LEARNING CENTER) .......... 2
PRIVATE BUSINESS/COMPANY/HOSPITAL ........................................ 3
GOVERNMENT AGENCY (FEDERAL, STATE, LOCAL) ....................... 4
PROFESSIONAL ASSOCIATION/ORGANIZATION/UNION .......... 5
PUBLIC LIBRARY ........................................................................ 6
COMMUNITY OR RELIGIOUS ORGANIZATION, NONPROFIT .... 7
OTHER .................................................................................... 91

WRPRTOS1/R- WRPRTOS4/R

SPECIFY________________________________________

If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AH4. Else, go to AH5.

AH4. (Is/Was) the (INSTRUCTIONAL PROVIDER) also your employer?

WRPROVE1- WRPROVE4

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

AH5. (Will/Did) you earn college credit for the (COURSE NAME) course?

WRCRED1- WRCRED4

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

AH6. (Will/Did) you (also) earn Continuing Education Units, or CEUs, for the (COURSE NAME) course?

WRCEU1- WRCEU4

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

If AA6 = 1 (worked in the past 12 months), go to AH7. Else, go to AH8.
AH7. How useful are the skills or knowledge you learned in the (COURSE NAME) course in your job? Would you say...

WRJOBSK1- WRJOBSK4
Very useful, ................................................................. 1
Useful, ................................................................. 2
Somewhat useful, or ................................................... 3
Not too useful? .......................................................... 4
NOT CURRENTLY EMPLOYED............................................ 5

AH8. In the past 12 months, about how much of your own or your family’s money did you pay for...

WRTUITO1- WRTUITO4
a. Tuition and fees to attend the (COURSE NAME) course, including money you borrowed and have to pay back?........... $□ □ □ □

WRMATLS1- WRMATLS4
b. How much for books and other materials? ......................... $□ □ □ □

If AH8a > 0 (paid some amount for tuition and fees) and
AH8b = 0 (paid nothing for books or materials), ask AH9.
Else, go to box before AH10.

AH9. Did the tuition and fees also include books and other materials?

WRINCBK1- WRINCBK4
YES ................................................................. 1
NO ................................................................. 2

If AH1 = 1 and AH4 = 1 then autocode AH10 to 1 and go to
AH11. Else, if AA6 = 1 and AA8 NE 2 (worked in the past 12
months and not self-employed only), go to AH10. Else, go to
box before AH17.

AH10. (Have you been/Were you) employed during the time you (have been/were) taking the
(COURSE NAME) course?

WRWORK1- WRWORK4
YES ................................................................. 1
(GO TO AH11)
NO ................................................................. 2
(GO TO BOX BEFORE
AH17)
AH11. (Did your employer require/Was it your employer who required) you to take the (COURSE NAME) course?

WREMPRE1- YES .................................................................................................1 (GO TO AH13)
WREMPRE4 NO........................................................................................................2 (GO TO AH12)

AH12. Did your employer suggest or encourage you to take the (COURSE NAME) course?

WREMPSU1- YES .................................................................................................1
WREMPSU4 NO........................................................................................................2

AH13. (Are you taking/Did you take) the (COURSE NAME) course at your workplace?

WRWRKPL1- YES .................................................................................................1
WRWRKPL4 NO........................................................................................................2

AH14 (Are you taking/Did you take) the (COURSE NAME) course during your regular work hours?

WRWRKHR1- YES .................................................................................................1
WRWRKHR4 NO........................................................................................................2

AH15. (Are/Were) you being paid by your employer during the hours you (are/were) taking the (COURSE NAME) course?

WREMPAI1- YES .................................................................................................1
WREMPAI4 NO........................................................................................................2

AH16. Did your employer...

WREMPAI1- YES NO
WREMPAI2 a. Pay all or part of the tuition and fees for the (COURSE NAME) course? .................................................................1 2
WREMPMA1- b. Pay all or part of the costs of books and other materials?......1 2
If R took more than 4 work-related courses, ask AH17 after all sampled courses are cycled through. Else, go to box before INTRO5. If R took more than 4 work-related courses and AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), ask AH17a-e. Else, ask AH17b and AH17e.

AH17. In addition to the courses we just talked about, you mentioned earlier that you took (an)other course(s) for work-related reasons. That is, [DISPLAY COURSE NAMES]. (Was/Were) (any of) the(se) other work-related course(s)…

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>WROREQ</td>
<td>a.</td>
<td></td>
</tr>
<tr>
<td>WROCOLL</td>
<td>b.</td>
<td></td>
</tr>
<tr>
<td>WROPAY</td>
<td>c.</td>
<td></td>
</tr>
<tr>
<td>WROTIDE</td>
<td>d.</td>
<td></td>
</tr>
<tr>
<td>WROCERT</td>
<td>e.</td>
<td></td>
</tr>
</tbody>
</table>

Required by your employer? ...................................................1  2
Taught by a college or university? ..........................................1  2
Supported by your employer through paying all or part of the cost? ..............................................................................1  2
Supported by your employer through giving you time off with pay? ..............................................................................1  2
To get or to keep a state, industry, or company certificate or license? .................................................................1  2
Personal Interest/Development Courses

If no courses taken mainly for personal interest (all AG4 = 1 or 3), go to box before AJ1. If 1 or 2 personal development courses, select all. Else if 3 courses or more, sort by class hours (AG5), and take systematic random sample of 2 courses.

INTRO5. Right now I’m interested in talking with you about (some of) the course(s) you took for personal interest or personal development. That is, [DISPLAY COURSE NAME(S)].

For each course sampled, ask AI1- AI12.

AI1. Are you currently taking the (COURSE NAME) course, have you completed the course, or did you stop without completing it?

SACURR1- CURRENTLY TAKING ............................................................................1
SACURR2 COMPLETED ....................................................................................2
STOPPED WITHOUT COMPLETION .....................................................................3

AI2. Who (do/did) you take the (COURSE NAME) course from? That is, what type of school, organization, or business (teaches/taught) the course?
[IF “EMPLOYER”, PROBE: What type of organization is that?]

SAPRTYP1- POSTSECONDARY SCHOOL (COLLEGE/UNIVERSITY,
SAPRTYP2 COMMUNITY/JUNIOR COLLEGE, VOCATIONAL/TECHNICAL/
          OCCUPATIONAL SCHOOL) ........................................................................1
OTHER SCHOOL OR SCHOOL DISTRICT (ELEMENTARY, JUNIOR
          HIGH, HIGH SCHOOL, OR ADULT LEARNING CENTER) .........................2
PRIVATE BUSINESS/COMPANY/HOSPITAL ..................................................3
GOVERNMENT AGENCY (FEDERAL, STATE, LOCAL) .........................................4
PROFESSIONAL ASSOCIATION/ORGANIZATION/UNION ..............................5
PUBLIC LIBRARY ..........................................................................................6
COMMUNITY OR RELIGIOUS ORGANIZATION, NONPROFIT ......................7
OTHER ........................................................................................................91

SAPRTOS1/R- SPECIFY ....................................................................................
SAPRTOS2/R

If AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AI3. Else, go to AI4.
AI3. (Is/Was) the (INSTRUCTIONAL PROVIDER) also your employer?

SAPROVE1-YES .................................................................................................1
SAPROVE2-NO..................................................................................................2

AI4. (Will/Did) you earn college credit for the (COURSE NAME) course?

SACRED1-YES .................................................................................................1
SACRED2-NO..................................................................................................2

AI5. (Will/Did) you (also) earn Continuing Education Units, or CEUs, for the (COURSE NAME) course?

SACEU1-YES .................................................................................................1
SACEU2-NO..................................................................................................2

AI6. In the past 12 months, about how much of your own or your family’s money did you pay for...

SATUITO1-a. Tuition and fees to attend the (COURSE NAME) course, including money you borrowed and have to pay back?......$
SATUITO2††,...$
SAMATLS1-b. How much for books and other materials? .........................$
SAMATLS2†††,...$

If AI6a > 0 (paid some amount for tuition and fees) and
AI6b = 0 (paid nothing for books or materials), ask AI7. Else, go to box before AI8.

AI7. Did the tuition and fees also include books and other materials?

SAINCBK1-YES .................................................................................................1
SAINCBK2-NO..................................................................................................2

If AI1 = 1 and AI3 = 1 then autocode AI8 to 1 and go to AI9. Else, if AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), go to AI8. Else, go to box before AI13.
AI8. (Have you been/Were you) employed during the time you (have been/were) taking the (COURSE NAME) course?
SAWORK1- YES ................................................................. 1 (GO TO AI9)
SAWORK2 NO ............................................................................ 2 (GO TO BOX BEFORE AI13)

AI9. (Are you taking/Did you take) the (COURSE NAME) course at your workplace?
SAWRKPL1- YES ............................................................................. 1
SAWRKPL2 NO ................................................................................... 2

AI10. (Are you taking/Did you take) the (COURSE NAME) course during your regular work hours?
SAWRKHR1- YES ............................................................................. 1
SAWRKHR2 NO ................................................................................... 2

AI11. (Are/Were) you being paid by your employer during the hours you (are/were) taking the (COURSE NAME) course?
SAEMPAI1- YES ............................................................................. 1
SAEMPAI2 NO ................................................................................... 2

AI12. Did your employer…

SAEMPTU1- YES NO
SAEMPTU2 a. Pay all or part of the tuition and fees for the (COURSE NAME) course? ..................................... 1 2
SAEMPMA1- b. Pay all or part of the costs of books and other materials? ......1 2
SAEMPMA2-

If R took more than 2 personal interest courses, ask AI13 after all sampled courses are cycled through. Else, go to box before AJ1. If R took more than 2 personal interest courses and AA6 = 1 and AA8 NE 2 (worked in the past 12 months and not self-employed only), ask AI13a-d. Else, ask AI13b.

AI13. In addition to the courses we just talked about, you mentioned earlier that you took (an)other course(s) for personal interest. That is, [DISPLAY COURSE NAMES]. (Was/Were) any of the(se) other personal interest course(s)…

SAOREQ YES NO
SAOCOLL a. Required by your employer?................................. 1 2
SAOPAY b. Taught by a college or university? ......................... 1 2
c. Supported by your employer through paying all or part of the cost? ............................................................... 1 2
SAOTIME d. Supported by your employer through giving you time off with pay? ...................................................... 1 2
**Distance Learning**

If respondent was a participant, go to AJ1. Else go to AK1.

AJ1. Now I have some questions about distance education. What we mean by distance education is that some or all of the instruction for a course is provided using some kind of technology, while the person taking the course is at a different place from the instructor. Using technology in a class with an instructor present is not considered to be distance education.

Did any courses or programs you took in the last 12 months involve distance education using any of the following methods? How about...

- [ ] YES
- [ ] NO

- DEVIDTCD a. instruction using video tapes, CDs, or DVDs?
- DETVRAD b. instruction by television or radio?
- DEWWW c. instruction over the Internet or World Wide Web?
- DECOMP d. instruction using computer conferencing or video conferencing?
- DEMAIL e. instruction by mail, for example, correspondence courses?
- DEPHONE f. instruction by telephone or voicemail?
- DEOTH g. any other types of remote instruction technology?

SPECFY ________________________________

If any AJ1a-g = 1 go to next box. Else go to AK1.

If R took only one type of AE, autocode type in AJ2 and go to AK1. Else, ask AJ2.

AJ2. Which of the educational activities you told me about used distance education?

How about…

[DISPLAY ONLY TYPES REPORTED EARLIER IN INTERVIEW.]

- [ ] YES
- [ ] NO

- DEESL a. English as a second language classes?
- DEBASIC b. Basic skills or GED classes?
- DECOLL c. College or university programs?
- DEVCOA d. Vocational or technical programs?
- DEAPPR e. Apprenticeship programs?
- DEWORK f. Work-related courses?
- DEPERS g. Courses you took for personal interest?
**Informal Learning Activities for Personal Interest**

AK1. Up to now, we’ve talked about programs, courses, or classes. Now I’d like to talk with you about other ways that people learn things for personal interest besides classes that have an instructor. This might include things you do to learn something related to a hobby, your home, health, religion, or other areas that are of personal interest to you. These next questions do not include learning for a job.

In the past 12 months, have you…

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PICOMP</strong>  a. done any learning on your own for personal interest using computer software tutorials, including CD-ROM or the Internet?</td>
<td></td>
</tr>
<tr>
<td><strong>PISELF</strong>  b. done any learning on your own using books, manuals, audio tapes, videos, or TV about a topic of personal interest?</td>
<td>1 2</td>
</tr>
<tr>
<td><strong>PIMAG</strong>  c. read how-to magazines, consumer magazines, or other publications related to some area of personal interest?</td>
<td>1 2</td>
</tr>
<tr>
<td><strong>PICLUB</strong>  d. attended a book club, sports-related club, health-related support group, arts and crafts group, or a similar club or group where you learned new information?</td>
<td>1 2</td>
</tr>
<tr>
<td><strong>PISHOW</strong>  e. attended a convention or conference where you learned about something of personal interest, like a garden show, a car show, a science fiction convention, or a music conference?</td>
<td>1 2</td>
</tr>
<tr>
<td><strong>PIOTH</strong>  f. done some other type of informal learning for personal interest?</td>
<td>1 2</td>
</tr>
</tbody>
</table>

**PIOTHOS/R**

SPECIFY ______________________________________
Remaining Background Questions

Any background information gathered in a previous interview is not asked again.

AL1. Now, I would like to ask you a few more questions about your background. In what month and year were you born?

<table>
<thead>
<tr>
<th>ADOBMM</th>
<th>MONTH</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>JANUARY</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>FEBRUARY</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>MARCH</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>APRIL</td>
<td>10</td>
</tr>
<tr>
<td>5</td>
<td>MAY</td>
<td>11</td>
</tr>
<tr>
<td>6</td>
<td>JUNE</td>
<td>12</td>
</tr>
</tbody>
</table>

Calculate current age for display in AL2. If current age does not match Screener age or birth month is current month, go to AL2. Else, go to AL3.

AL2. That would mean that you [are (AGE)/turn (AGE) this month]. Is that right?

* YES .........................................................................................1 (GO TO AL3)
  NO...........................................................................................2 (RETURN TO AL1)

AL3. Are you of Spanish, Hispanic, or Latino origin?

AHISPANI

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

AL4. Which of the following races do you consider yourself to be? You may name more than one.

[IF “HISPANIC” PROBE: Is that White Hispanic, Black Hispanic, both, or something else?] [CODE ALL THAT APPLY]

Are you...

AWHITE White, .....................................................................................1
ABLACK Black or African American, .................................................2
AAMIND American Indian or Alaska Native,..............................3
AASIAN Asian, or ..........................................................................4
APACI Native Hawaiian or other Pacific Islander?........................5
ARACEOTH OTHER RACE ..........................................................91
ARACEOS SPECIFY______________________________________________
AL5. Are you currently...

**AMARSTAT**
- Married, ................................................................. 1 (GO TO AL6)
- 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 respondent is age 16 or over, ask AL5OV. Else, go to AL6.

AL50V. Are you currently living with a partner?

**ALIVWITH**
- YES ............................................................................. 1
- NO.................................................................................. 2

AL6. Do you have any of the following:

**LRNDISB**
- a. A learning disability, such as dyslexia, Attention Deficit Disorder, or Attention Deficit Hyperactivity Disorder? ................................................................. 1 2

**VISHEAR**
- b. A vision or hearing disability that affects your learning?... 1 2

If AL6 a or b = 1, go to AL8. Else, go to AL7.

AL7. Does any long-term physical, mental, or emotional problem limit you in any way? Please include only conditions that have lasted 6 months or more, but not (pregnancy or) temporary conditions such as a cold.

**ADISAB05**
- YES ............................................................................. 1
- NO.................................................................................. 2

AL8. In what state, country, or territory were you born?

**ABORNUS**
- ONE OF 50 STATES OR THE DISTRICT OF COLUMBIA .............. 1 (GO TO BOX BEFORE AL11)
- ONE OF THE U.S. TERRITORIES [PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, MIDWAY ISLANDS, OR SOLOMON ISLANDS] ........................................ 2 (GO TO AL8OV)

**ATERROS/R**
- SPECIFY

**ACONTOS/R**
- SPECIFY

AL8OV. How old were you when you first moved to the (United States/50 states or the District of Columbia)?

**AMOVEAGE**
- AGE ........................................................................... □□

If AL8OV ≥ 6, go to AL9. Else, go to box before AL10.
AL9. What was the highest grade or year of school that you completed before moving to the U.S.?

*USGRADE*
- NO SCHOOL ................................................................. 1
- LESS THAN HIGH SCHOOL DIPLOMA .......................... 2
- HIGH SCHOOL DIPLOMA/EQUIVALENT ......................... 3
- VOCATIONAL/TECHNICAL DIPLOMA OR CERTIFICATE .... 4
- SOME COLLEGE BUT NO DEGREE ................................. 5
- ASSOCIATE’S DEGREE (AA, AS) ................................. 6
- BACHELOR’S DEGREE (BA, BS) ................................. 7
- MASTER’S DEGREE (MA, MS) ................................. 8
- DOCTORATE DEGREE (PHD, EDD) ......................... 9
- PROFESSIONAL DEGREE BEYOND BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 10

If AA10 = 2 or 91 (first language is not English), go to AL10. Else, go to box after AL10.

AL10. Did you study English before you first came to the (United States/50 states or the District of Columbia)?

*ASTUENG*
- YES ........................................................................... 1
- NO ............................................................................. 2

If AA6 = 2 (did not work in the past 12 months), autocode AL11 = 2 and AL12 = 2 and go to box before AL14. Else, go to AL11.

AL11. During the past week, did you work at a job for pay or income, including self-employment?

*IBWORK*
- YES ........................................................................ 1 (GO TO AL13)
- NO ......................................................................... 2 (GO TO AL12)
- RETIRED .................................................................... 3 (GO TO AL14)
- DISABLED/UNABLE TO WORK ............................... 4 (GO TO AL14)

AL12. Were you on leave or vacation from a job during the past week?

*IBLEAVE*
- YES ........................................................................ 1 (GO TO AL13)
- NO ........................................................................ 2 (GO TO AL14)

AL13. About how many total hours per week do you usually work for pay or income (counting all jobs)? [IF HOURS VARY, PROBE FOR AVERAGE PER WEEK.]

*PAYHRS*  
|____|____|  WEEKLY HOURS

If AA6 = 2 (did not work in the past 12 months), then autocode AL14 = 0 and go to AL15. Else, go to AL14.
AL14. In the past 12 months, how many months have you worked for pay or income?

IBWORKMO

MONTHS

If AL11 = 1 (worked last week) or AL12 = 1 (on leave or vacation), go to AL21. Else if AL11 = 3 (retired), then autocode AL17 = 3 and go to AL21. Else if AL11 = 4 (unable to work), then autocode AL17 = 5 and go to AL21. Else, go to AL15.

AL15. Have you been actively looking for work in the past 4 weeks?

JOBLOOK

YES .................................................................1 (GO TO AL16)
NO .................................................................2 (GO TO AL17)

AL16. What have you been doing in the past 4 weeks to find work? Have you...

JOBAGN

a. Checked with an employment agency? ....................... 1 2

JOBEMPL

b. Checked with an employer directly or sent a resume? ....... 1 2

JOBREL

c. Checked with friends or relatives? ............................ 1 2

JOBANSAD
d. Placed or answered job ads? .................................. 1 2

If any of AL16 a-d = 1 (actively looking for work), go to box after AL17. Else, go to AL17.

AL17. What were you doing most of last week? Would you say . . .

JOBACTY

Keeping house or caring for children or other dependents, ........................................ 1
Going to school, ......................................................... 2
Retired, ................................................................. 3
Volunteering, ........................................................... 4
Unable to work, or ....................................................... 5
Something else? ....................................................... 91

JOBACTOS/R

What was that?_________________________________________________

If AA6 = 2 (not worked in past 12 months), then go to AL18. Else, go to AL21.

AL18. Have you ever worked at a job for pay or income?

JOBEVER

YES .................................................................1 (GO TO AL19)
NO .................................................................2 (GO TO AL20)
AL19. In what year did you last work for pay or income?

JoBLSTYY

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AL20. Do you plan to work at a job for pay or income in the next year?

JOBNXTYR

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

Go to HHINTRO.

AL21. For whom (have/did) you (worked/work) (at your longest job during the past 12 months) and what kind of business or industry (is/was) this?

[EMPLOYER PROBE: Name of the company, business, organization, or other employer.]
[BUSINESS/INDUSTRY PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, or farm.] [IF MORE THAN ONE JOB, COLLECT JOB WHERE R WORKS MOST HOURS.]

EMPLNAME/R NAME OF COMPANY ________________________________
INDUSTRY/R TYPE OF INDUSTRY ________________________________

If AA7 = 1 (self-employed in the past 12 months), go to AL22.
Else, go to AL23.

AL22. [IS THIS RESPONDENT’S OWN BUSINESS?]

AOWNBUS

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

AL23. What kind of work (are/were) you doing and what (are/were) your most important activities or duties?

[JOB PROBE: For example, electrical engineer, stock clerk, typist, or farmer.]
[IMPORTANT DUTY PROBE: For example, typing, keeping account books, filing, selling cars, operating printing press, or finishing concrete.]
[IF MORE THAN ONE JOB, COLLECT JOB WHERE R WORKS MOST HOURS.]

PROFESSN/R KIND OF WORK ________________________________
DUTIES/R IMPORTANT DUTY ________________________________
DUTIES2/R IMPORTANT DUTY ________________________________

If AA9 > 1 (more than 1 employer) and AL11 = 1 or AL12 = 1 (worked last week or on leave or vacation) then go to AL24.
Else go to AL25.
AL24. Do you currently work for (EMPLOYER/your business)?

CUREMP

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

AL25. (If you had worked for all 12 months this past year,) About how much (would/do) you (have earned/earn) before taxes and other deductions at (EMPLOYER/your business)?

EARNAMT AMOUNT.............................................................. $\text{[Redacted]}$

EARNAMTU/R

EARNUNT Per

HOUR .......................................................................................1
DAY .........................................................................................2
WEEK .......................................................................................3
BI WEEKLY ................................................................................4
MONTH .....................................................................................5
YEAR .......................................................................................6
OTHER ...................................................................................91

EARNUNOS/R What (is/was) that?

Ask AL26 if AA6 = 1 (worked for pay or income in the past 12 months).

AL26. Does your occupation have legal or professional requirements for continuing training or education?

CONREQ05

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

The following questions are asked only once per household.

HHINTRO. Now, a few questions about your household.

AM1. (Do you/Does anyone in your household) work for a child care center?

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

AM2. (Do you/Do any adults or teenagers in your household) care for or
baby-sit someone else's child or children on a regular basis, either in
your home or someone else's home?

Please do not include occasional babysitting.

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

AM3. Do you...

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

AM4. Besides (PHONE NUMBER), do you have other telephone numbers in your household, not including
cellular telephones?

HOTHNUM
YES ............................................................................................... 1 (GO TO AM6)
NO................................................................................................. 2 (GO TO AM7)
NOT MY NUMBER....................................................................... 3 (GO TO AM5)

AM5. [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 AM5 = 3, go to CLOSE. Else, for cases where AM4 = 3
(not number dialed), ask AM4 again with new number.

AM6. How many of these additional telephone numbers are for home use, not including cellular
telephones?

HNUMUSE NUMBER..................................................................................□□ (GO TO BOX)
If AM6 > 0 (other telephone numbers for home use), ask AM8. Else, go to AM7.

**AM7.** 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 AM8)
  NO ................................................................................................. 2 (GO TO AM11)

**AM8.** How many of these additional telephone numbers are used for computer or fax lines?

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

If AM8 = 0, go to AM11. Else, ask AM9.

**AM9.** 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 AM11)

If AM8 = 1 (only 1 other telephone number for computer or fax), autocode AM10 =1, and go to AM11. Else, ask AM10.

**AM10.** How many computer or fax telephone numbers are also answered for talking?

* NUMBER .......................................................................................... □□

**AM11.** So that we can group households geographically, may I have your ZIP code?

STFZIP/R ZIP CODE.................................................................................. □□□□□□
AM12. 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 AM12OV)

AM12OV.
Was it...

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

Was it...

[SET 1]
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

CLOSE. Those are all the questions I have about you. Please hold on for a moment while I check to see if there is anyone else I need to ask about, or anyone else I need to speak with.
[IF NOT, THANK RESPONDENT.]