

**ECLS-B KINDERGARTEN 2006 NATIONAL STUDY
PARENT INTERVIEW
SECTION IN: INTRODUCTION**

IN00IP

IS THIS INTERVIEW BEING CONDUCTED IN-PERSON?

YES4
NO.....6

IF NO, DISPLAY ACTIVE SIGNAL MSG:

YOU HAVE INDICATED THAT THIS INTERVIEW IS NOT BEING CONDUCTED IN-PERSON.

IF THE INTERVIEW IS IN-PERSON, PRESS “ENTER” AND CHANGE YOUR RESPONSE.

IF THIS IS A TELEPHONE INTERVIEW, PRESS “S” TO CONTINUE.

IN00LN

INDICATE WHETHER YOU ARE USING THE ENGLISH OR SPANISH WORDING IN THE COMPUTER-ASSISTED PERSONAL INTERVIEW (CAPI) PROGRAM.

ENGLISH1
SPANISH.....2

IN00IN

IS THE INTERVIEW BEING CONDUCTED USING AN INTERPRETER?

YES..... 1 (ININCON)
NO..... 2 (IN00LG)

If YES, display:

ALERT! YOU HAVE INDICATED THAT YOU ARE USING AN INTERPRETER. PLEASE CONFIRM YOUR RESPONSE. ARE YOU USING A PAID INTERPRETER TO CONDUCT THIS INTERVIEW?

IF YOU ARE NOT USING A PAID INTERPRETER, BACK UP AND CHANGE YOUR RESPONSE.

ININCON

YOU MUST OBTAIN INTERPRETER'S SIGNED AND NOTARIZED AFFIDAVIT OF NONDISCLOSURE AND SIGNED CONFIDENTIALITY AGREEMENT BEFORE BEGINNING INTERVIEW.

SUBMIT THESE FORMS WITH THE CASE FOLDER.

DO YOU HAVE THE INTERPRETER'S SIGNED AND NOTARIZED AFFIDAVIT OF NONDISCLOSURE?

YES.....1

NO.....2

IF NO, DISPLAY ACTIVE SIGNAL MESSAGE:

YOU MUST HAVE SIGNED FORMS FROM THE INTERPRETER TO CONTINUE WITH THE INTERVIEW.

IF YOU DO HAVE SIGNED FORMS, PRESS "ENTER" AND CHANGE YOUR RESPONSE.

IF YOU DO NOT HAVE SIGNED FORMS, BREAKOFF USING "ALT-X."

IN000LG

IS RESPONDENT {CHILD/TWIN}'S LEGAL GUARDIAN?

YES1

NO.....2

IF NO, DISPLAY ACTIVE SIGNAL MSG:

REMINDER: YOU CANNOT CONDUCT THE CHILD ASSESSMENT AND WE CANNOT CONTACT THE WECEP PROVIDERS OR TEACHERS WITHOUT THE PERMISSION OF THE CHILD'S LEGAL GUARDIAN.

OBTAIN LEGAL GUARDIAN'S CONSENT BEFORE PROCEEDING WITH CHILD ASSESSMENT.

PRESS "S" TO CONTINUE WITH THE PARENT INTERVIEW.

IN000CN

GIVE {PARENT/FOSTER PARENT} CONSENT FORM FOR CHILD AND PARENT/CONSENT FORM FOR FOSTER PARENT} TO RESPONDENT AND ASK HIM/HER TO READ IT. PARENT DOES NOT NEED TO SIGN AND RETURN FORM.

DISPLAY INSTRUCTIONS:

Display "FOSTER PARENT CONSENT FOR FOSTER PARENT PARTICIPATION IN THE ECLS-B KINDERGARTEN ROUND" if IN000LG = 2. Else display "PARENT CONSENT FOR CHILD AND PARENT'S PARTICIPATION IN THE ECLS-B KINDERGARTEN ROUND."

IN000CFa

Have you read, or has someone read to you, the information on the consent form I gave you, had a chance to ask questions, and had your questions answered?

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

IF NO, DISPLAY ACTIVE SIGNAL MSG:

ASK RESPONDENT TO READ FORM AND ANSWER HIS/HER QUESTIONS.

IN000CFb

Do you voluntarily agree to take part in this study and for your child(ren) to take part?

- YES.....1
- NO.....2 (INTERVIEW WILL TERMINATE)

IN000CR

We are using a new quality control (QC) system. The system runs on the computer and may record what you and I say to each other during parts of the interview. Neither you nor I will know when the computer is recording what we say. The recording will be reviewed by people at RTI to monitor my work. The recordings will only be used for those purposes, and will be kept confidential. The project staff who listen to the recording will know who I am, but will not know who you are. May we use the QC system during the interview?

- YES.....1
- NO.....2 (DO NOT ENABLE CARI)

IN000AVBX
 IF IN000LG = 2 (NOT CHILD’S LEGAL GUARDIAN), GO TO IN000ST.
 ELSE ASK IN000AVB.

IN000Ava

We would like to keep the audiotape and videotape recordings of you and you child{ren} from the ECLS-B study for use by researchers in the future. Your name will not be associated with these recordings and the researchers will have to sign confidentiality pledges before they can use your recordings.

Do we have your permission to archive audiotape recordings obtained in this round of the ECLS-B survey?

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

IN000AVb

Do we have your permission to archive any videotape or audiotape recordings obtained in previous rounds of the ECLS-B survey?

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

IN000ST

HELP AVAILABLE

IN WHAT STATE IS THIS INTERVIEW BEING CONDUCTED?

PRESS ENTER TO ACCEPT STATE {STATE ABBREVIATION} BELOW OR ENTER STATE ABBREVIATION.

USE [F12] TO CHECK STATE CODES, IF YOU ARE UNCERTAIN.

IN001

DISPLAY INSTRUCTIONS:

Display Child’s full name from prior round interview. If child’s middle name is “NMN” then do not display.

YOU HAVE SELECTED

CASE: {CASEID OF CASE SELECTED}

CHILD’S NAME: {CHILD’S FULL NAME}

TWIN’S NAME (IF APPLICABLE): {TWIN’S FULL NAME}

{CASEID OF CASE SELECTED} {CHILD’S FULL NAME}.

Is {CHILD’S FULL NAME} still living in this household?

YES.....1 (IN008BX)

NO.....2

IN005

Where is {CHILD} now?

LIVING ELSEWHERE1

DECEASED.....2

IN002PRE

DISPLAY INSTRUCTIONS:

Display Child’s full name from prior round interview. If Child’s middle name is “NMN” then do not display.

TO CONDUCT THE INTERVIEW, {CHILD’S FULL NAME} MUST BE LIVING IN THIS HOUSEHOLD.

IN008BX

IF THE TWIN WAS LIVING IN HOUSEHOLD AT TIME OF THE PRIOR INTERVIEW, GO TO IN010.

OTHERWISE, GO TO IN007.

IN010

DISPLAY INSTRUCTIONS:

Display Child’s and Twin’s full names from prior round interview. If Child’s/Twin’s middle name is ‘NMN’ then do not display.

PRIOR ROUND INTERVIEW INDICATES {CHILD’S FULL NAME} HAS A TWIN NAMED {TWIN’S FULL NAME}.

Is {TWIN’S FULL NAME} still living in this household?

YES.....1 (IN007)
NO.....2

IN012

DISPLAY INSTRUCTIONS:

Display Child’s and Twin’s full names from prior round interview. If Child’s/Twin’s middle name is ‘NMN’ then do not display.

PRIOR ROUND INTERVIEW INDICATES {CHILD’S FULL NAME} HAS A TWIN NAMED {TWIN’S FULL NAME}.

Where is {TWIN’S FULL NAME} now?

LIVING ELSEWHERE1
DECEASED.....2
REFUSED.....RF
DON’T KNOWDK

IN007

DISPLAY INSTRUCTIONS:

Display the household roster from the prior round interview.

Display full names and ages of all household members 15 and older as follows: Number, {Full Name}, APPROX {Age} YEARS, {RelationType} where number is the person’s position on the display, but not necessarily on the HH Roster.

VERIFY RESPONDENT’S FULL NAME.

ENTER THE NUMBER NEXT TO THE PERSON ON THE HOUSEHOLD ROSTER WHO IS THE CURRENT ROUND RESPONDENT. AGE INFORMATION MAY NOT BE EXACT, AND SHOULD BE USED AS REFERENCE ONLY TO HELP YOU IDENTIFY THE CORRECT RESPONDENT.

IF NAME NOT LISTED, ENTER “0.”

IN015PRE

DISPLAY INSTRUCTIONS:

Display Child's full name from prior round interview for {CHILD'S FULL NAME}, and if IN010 = 1 display Twin's full name from prior round interview for {TWIN'S FULL NAME}.

If child's (or twin's) middle name is "NMN" then do not display.

If there is a twin in the household (IN010 = 1), display "I will first ask questions about..." and "{and{TWIN}}."

If kindergarten respondent is the same as the prior round respondent (FLAGS.SAMERESP = 1), then display "Some of the questions are the same as..." and "the information about you and about {CHILD}..." and "I also have a few questions about the other..."

Else if the kindergarten respondent is not the same as the prior round respondent (FLAGS.SAMERESP = 2), then display "some information about {CHILD}..." and "I also have a few questions about you and the other..."

"During this interview, I will be asking questions about {CHILD'S FULL NAME}'s {and {TWIN'S FULL NAME}'s} more recent experiences and about you and your household. {I will first ask questions about {CHILD} and your family life. Then I will ask questions specifically about {TWIN}. After that, I will ask more questions about you and your household.} {Some of the questions are the same as in the last interview, and there are some new questions, too}. Before we begin, I need to verify {the information about you and about {CHILD}{and {TWIN}}} that we collected during the last interview/some information about {you and about} {CHILD} {and {TWIN}}. I also have a few questions about {the/you and the} other people living here."

IN017BX

IF FLAGS.SAMERESP = 1 (YES, SAME RESPONDENT) OR (FLAGS.SAMERESP = NO (NOT SAME RESPONDENT) AND IN007 ^ = 0 (NEW RESPONDENT WAS IN THE HOUSEHOLD AT PRIOR ROUND)) AND CURRENT K'06 RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND IN035 = 5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND IN035 = 6), OTHER NON-RELATIVE (PRIOR ROUND IN035 = 13), CHILD'S STEPMOTHER (PRIOR ROUND IN040 = 3), FOSTER MOTHER OR FEMALE GUARDIAN (PRIOR ROUND IN040 = 4), STEPFATHER (PRIOR ROUND IN045 = 3), OR FOSTER FATHER OR MALE GUARDIAN (PRIOR ROUND IN045 = 4) THEN GO TO IN019.

ELSE, GO TO IN022BX.

IN019

DISPLAY INSTRUCTIONS:

If at prior round current respondent was GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND IN035 = 5), or BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND IN035 = 6) display "the {girlfriend/boyfriend} or partner of {CHILD}'s {and {TWIN}}}'s parent or guardian."

Else if at prior round current respondent was CHILD'S OTHER NON-RELATIVE (PRIOR ROUND IN035 = 13) then display {PRIOR ROUND IN035}.

Else if prior round respondent was CHILD'S STEPMOTHER (prior round IN040 = 3) or FOSTER MOTHER OR FEMALE GUARDIAN (PRIOR ROUND IN040 = 4) then display {PRIOR ROUND IN040}.

Else if prior round respondent was CHILD'S STEPFATHER (PRIOR ROUND IN045 = 3) or FOSTER FATHER OR MALE GUARDIAN (PRIOR ROUND IN045 = 4) then display {PRIOR ROUND IN045}.

Sometimes relationships change. I have recorded that you are {CHILD}'s {and {TWIN}}}'s {PRIOR ROUND IN035/IN040/IN045}. Is this still correct?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

IN022BX

IF FLAGS.SAMERESP = 1 (SAME RESPONDENT AS PRIOR ROUND), IN019 = NO, GO TO IN035.

ELSE IF FLAGS.SAMERESP = 1 (SAME RESPONDENT AS PRIOR ROUND) AND (IN019 = EMPTY (NOT ASKED) OR IN019 = YES), GO TO IN062BX.

ELSE IF FLAGS.SAMERESP = 2 (NEW RESPONDENT) AND IN007 = 0 (RESPONDENT NOT ON LIST), GO TO IN025.

ELSE IF FLAGS.SAMERESP = 2 (NEW RESPONDENT) AND IN007 ^ = 0 (RESPONDENT ON LIST), GO TO IN031.

IN025

May I have your full name, please?

ENTER RESPONDENT'S FIRST NAME.

VERIFY SPELLING.

IN026

[May I have your full name, please?]

ENTER RESPONDENT'S MIDDLE NAME.

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER "NMN."

IN027

[May I have your full name, please?]

ENTER RESPONDENT’S LAST NAME.

VERIFY SPELLING.

IN031

What is your birth date?

Answer must be in the range from 1 up to 12.

ENTER MONTH OF BIRTH.

REFUSED.....RF
DON’T KNOW.....DK

IN032

DISPLAY INSTRUCTIONS:

Display number entered at IN031 at top of screen.

[What is your birth date?]

Answer must be in the range from 1 up to 31.

ENTER DAY OF BIRTH.

REFUSED.....RF
DON’T KNOW.....DK

IN033

DISPLAY INSTRUCTIONS:

Display numbers entered at IN031 and IN032 at top of screen.

DATA CHECK: If the birth year differs with the birth year entered in IN007, please display “BIRTH YEAR DOES NOT MATCH WHAT WAS REPORTED IN PRIOR ROUND. PLEASE CONFIRM.”

[What is your birth date?]

Answer must be in the range from 1901 up to 1990.

ENTER FOUR DIGIT YEAR OF BIRTH.

REFUSED.....RF
DON’T KNOW.....DK

IN033ABX

IF ANY PART OF THE DATE OF BIRTH IS MISSING THEN GO TO IN033B.
ELSE, GO TO IN033BX.

IN033b

How old are you?

Answer must be in the range from 14 up to 100.

ENTER AGE

REFUSED.....RF
DON'T KNOW.....DK

IN033BX

IF IN007 = 0 (NEW RESPONDENT DID NOT LIVE IN THE HOUSEHOLD IN PRIOR ROUND) THEN GO TO IN034.

ELSE IF IN007 ^ = 0 (RESPONDENT LIVED IN THE HOUSEHOLD IN PRIOR ROUND) AND THE RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND IN035 = 5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND IN035 = 6), OTHER NON-RELATIVE (PRIOR ROUND IN035 = 13), CHILD'S STEPMOTHER (PRIOR ROUND IN040 = 3), FOSTER MOTHER OR FEMALE GUARDIAN (PRIOR ROUND IN040 = 4), STEPFATHER (PRIOR ROUND IN045 = 3), OR FOSTER FATHER OR MALE GUARDIAN (PRIOR ROUND IN045 = 4) AND IN019 = NO (THE RELATIONSHIP IS NOT THE SAME AS IN PRIOR ROUND) THEN FILL IN034 FROM PRIOR ROUND DATA AND GO TO IN035.

ELSE IF IN007 ^ = 0 (RESPONDENT LIVED IN THE HOUSEHOLD AT PRIOR ROUND) THEN FILL IN034-IN060 FROM PRIOR ROUND DATA AND GO TO IN062BX.

IN034

CODE IF OBVIOUS. OTHERWISE, ASK: Are you male or female?

ENTER GENDER OF RESPONDENT.

MALE1
FEMALE2
REFUSED.....RF
DON'T KNOW.....DK

IN035

HELP AVAILABLE

What is your relationship to {CHILD} {and {TWIN}}?

- MOTHER/FEMALE GUARDIAN (IN040)
- FATHER/MALE GUARDIAN (IN045)
- SISTER (IN050)
- BROTHER..... (IN055)
- GIRLFRIEND OR PARTNER OF CHILD’S PARENT/GUARDIAN (IN062BX)
- BOYFRIEND OR PARTNER OF CHILD’S PARENT/GUARDIAN (IN062BX)
- GRANDMOTHER (IN062BX)
- GRANDFATHER..... (IN062BX)
- AUNT (IN062BX)
- UNCLE (IN062BX)
- COUSIN..... (IN062BX)
- OTHER RELATIVE..... (IN062BX)
- OTHER NON-RELATIVE..... (IN060)
- REFUSED.....RF
- DON’T KNOW.....DK

IN040

HELP AVAILABLE

Are you {CHILD}’s {and {TWIN}}’s...

- Birth mother, (IN062BX)
- Adoptive mother, (IN062BX)
- Stepmother, or..... (IN062BX)
- Foster mother or female guardian? (IN062BX)
- REFUSED.....RF
- DON’T KNOW.....DK

IN045

HELP AVAILABLE

Are you {CHILD}’s {and {TWIN}}’s...

- Birth father,..... (IN062BX)
- Adoptive father, (IN062BX)
- Stepfather, or..... (IN062BX)
- Foster father or male guardian? (IN062BX)
- REFUSED.....RF
- DON’T KNOW.....DK

IN050

HELP AVAILABLE

Are you {CHILD}’s {and {TWIN}}’s...

- Full sister,..... (IN062BX)
- Half sister,..... (IN062BX)
- Stepsister,..... (IN062BX)
- Adoptive sister, or..... (IN062BX)
- Foster sister? (IN062BX)
- REFUSED.....RF
- DON’T KNOW.....DK

IN055

HELP AVAILABLE

Are you {CHILD}'s {and {TWIN}}'s ...

- Full brother, (IN062BX)
- Half brother, (IN062BX)
- Stepbrother, (IN062BX)
- Adoptive brother, or (IN062BX)
- Foster brother? (IN062BX)
- REFUSED RF
- DON'T KNOW DK

IN060

HELP AVAILABLE

CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

- GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN1
- BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN2
- FEMALE GUARDIAN3
- MALE GUARDIAN4
- DAUGHTER/SON OF CHILD'S PARENT'S PARTNER5
- OTHER RELATIVE OF CHILD'S PARENT'S PARTNER6
- OTHER NON-RELATIVE91
- REFUSED RF
- DON'T KNOW DK

IN062BX

IF CURRENT RESPONDENT IS NOT THE BIRTH MOTHER AND THE BIOLOGICAL MOTHER WAS IN THE HOUSEHOLD IN THE PRIOR ROUND, THEN GO TO IN065.

ELSE, GO TO IN115.

IN065

DISPLAY INSTRUCTIONS:

If Middle Name is "NMN" then do not display middle name.

{FULL NAME BIRTH MOTHER FROM PRELOAD} HAS NOT BEEN IDENTIFIED AS THE PARENT RESPONDENT.

Where is {CHILD}{and {TWIN}}'s birth mother living?

- LIVING ELSEWHERE(IN115)
- DECEASED(IN115)
- LIVING IN HOUSEHOLD BUT UNAVAILABLE (IN068PRE)
- UNKNOWN(IN115)
- ENTER OTHER (SPECIFY) [*Where is the birth mother living?*]
- REFUSED RF
- DON'T KNOW DK

IN066

[Where is {CHILD}{and {TWIN}}'s mother living?]

SPECIFY OTHER STATUS OF {CHILD}{AND {TWIN}}'S BIRTH MOTHER.

IN068PRE

YOU HAVE RECORDED THAT {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS IN THE HOUSEHOLD, BUT UNAVAILABLE.

PLEASE CONFIRM THAT THE {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS UNAVAILABLE FOR THE

INTERVIEW FOR A NON-TEMPORARY REASON.

IF {CHILD}{AND {TWIN}}'S BIRTH MOTHER IS UNAVAILABLE FOR A TEMPORARY REASON, PLEASE PRESS "ALT-X" TO BREAK OFF NOW AND RESCHEDULE THE INTERVIEW FOR A TIME WHEN SHE IS AVAILABLE.

IN115

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from prior round interview. If Middle Name is "NMN" then do not display middle name.

I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?

ALSO VERIFY SPELLING.

NMN MEANS NO MIDDLE NAME.

- YES1 (GO TO IN130a)
- NO.....2
- REFUSED...RF (CASE INFORMATION REVIEW SCREEN)
- DON'T KNOWDK (CASE INFORMATION REVIEW SCREEN)

IN120

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from prior round interview. If Middle Name is "NMN" then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO FIRST NAME BELOW OR PRESS "ENTER" TO ACCEPT FIRST NAME.

IN125

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from prior round interview. If Middle Name is "NMN" then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO MIDDLE NAME BELOW OR PRESS "ENTER" TO ACCEPT MIDDLE NAME.

IF NO MIDDLE NAME OR INITIAL, ENTER "NMN."

IN130a

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from prior round interview. If Middle Name is "NMN" then do not display middle name.

[I have recorded {CHILD'S/TWIN'S FULL NAME} as {CHILD/TWIN}'s full name. Is this still correct?]

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO LAST NAME BELOW OR PRESS "ENTER" TO ACCEPT LAST NAME.

IN130b

Do you call {CHILD/TWIN} by {his/her} first name, or is there some other name that you use?

- USE {FIRST NAME} 1 (FINISHIN)
- SOME OTHER NAME 2
- REFUSED.....RF (FINISHIN)
- DON'T KNOW.....DK (FINISHIN)

IN140

What is that other name?

String length equals 30.

CONFIRM SPELLING.

- REFUSED.....RF
- DON'T KNOW.....DK

DISPLAY INSTRUCTIONS

If IN140 is not empty, use it for fills throughout.

FinishIN

CASE {CASEID} CASE INFORMATION REVIEW SCREEN

ONCE YOU PASS THIS SCREEN, YOU WILL NOT BE ABLE TO RETURN TO SECTION IN.

CHILD: {CHILD’S FULL NAME}

CHILD’S DATE OF BIRTH: {CHILD’S DOB}

STATUS OF CHILD: {CHILD’S STATUS}

RESPONDENT: {RESPONDENT’S FULL NAME}

RESPONDENT RELATION TO CHILD: {RESPONDENT’S RELATION TO CHILD}

{TWIN:} {TWIN’S FULL NAME}

{TWIN’S GENDER:} {TWIN’S SEX}

{STATUS OF TWIN:} {IN010/IN012}

{TWIN’S DATE OF BIRTH} {TWIN’S DOB}

IF THIS INFORMATION IS NOT CORRECT, PLEASE BACK UP AND CORRECT RESPONSES IN SECTION IN.

NOTES: DATE OF BIRTH WAS VERIFIED IN PRIOR INTERVIEWS. IF THE RESPONDENT IS ALREADY IN THE HOUSEHOLD, YOU CANNOT CORRECT THE NAME IN THIS SECTION, BUT YOU CAN LATER IN SECTION LF.

IF THIS INFORMATION IS CORRECT, PLEASE PRESS ‘1’ TO CONTINUE.

Verify

CASE {CASEID} CASE INFORMATION REVIEW SCREEN

YOU HAVE RE-ENTERED CASE {CASEID}

CHILD: {CHILD’S FULL NAME}

CHILD’S GENDER: {CHILD’S SEX}

CHILD’S DATE OF BIRTH: {CHILD’S DOB}

RESPONDENT: {RESPONDENT’S FULL NAME}

RESPONDENT RELATION TO CHILD: {RESPONDENT’S RELATION TO CHILD}

{TWIN:} {TWIN’S FULL NAME}

{TWIN’S GENDER:} {TWIN’S SEX}

{STATUS OF TWIN:} {IN010/IN012} [TWININHH/TWINLIVE]

{TWIN’S DATE OF BIRTH} {TWIN’S DOB}

{DATE OF PRIOR ROUND INTERVIEW:} {PRIOR ROUND DATE}

GO TO SECTION FS.

SECTION FS: FAMILY STRUCTURE

FS001

CODE IF OBVIOUS. OTHERWISE ASK:

Is {CHILD/TWIN} male or female?

ENTER GENDER OF {CHILD/TWIN}

MALE 1
FEMALE 2
REFUSED RF
DON'T KNOW DK

If new respondent did not appear on previous (9-month or 2-year or preschool) rosters, display "you and."

FS005

Now, I have a few questions about {you and} your household.

I am going to read a list of the people who lived in this household at the time of our last interview. As I read each person's name, please tell me if he or she still lives in this household.

Does {FULL NAME} still live in this household?

NOTE: NAME IS USED FOR COMMUNICATIONS BETWEEN FI AND RESPONDENT. NO NEED TO CORRECT THE ROSTER. AGE IS APPROXIMATE.

DISPLAY INSTRUCTIONS:

Display name, age, gender, and person type of all household members from 9-month/2-year/preschool interview. This information should be protected so that it cannot be changed.

Display, but do not ask FS005 for the current respondent (if on the 9-month/2-year/preschool roster), CHILD, TWIN (if on 9-month/2-year/preschool roster), child's biological mother (if on 9-month/2-year/preschool roster).

Display brackets [] around the first paragraph when the cursor is in the "STILL IN HH" column for any household member other than the first person to be asked about.

YES 1
NO 2
REFUSED RF
DON'T KNOW DK

<p>FS009BX IF YES, DK, OR RF FOR ALL IN MATRIX, GO TO FS015.</p>

FS010

Why is {FIRST NAME} no longer living in this household?

MARRIAGE OR REMARRIAGE	1
SEPARATION OR DIVORCE	2
ATTENDING COLLEGE OR BOARDING SCHOOL.....	3
LIVING ELSEWHERE FOR EMPLOYMENT - RELATED REASONS.....	4
LIVING ELSEWHERE FOR OTHER REASONS.....	5
DECEASED.....	6
IN JAIL OR PRISON	7
ENTER OTHER (SPECIFY) [<i>Why is {FIRST NAME} no longer living in this household?</i>].....	91
REFUSED.....	RF
DON'T KNOW.....	DK

FS012

[Why is {FIRST NAME} no longer living in this household?]

ENTER OTHER REASON (SPECIFY)

[Why is { FIRST NAME} no longer living in this household?]

FS015

[{We have listed that you and {CHILD}{and {TWIN}}{and {CHILD}'s {and {TWIN}'s} mother} currently live in this household.]

Please tell me the names and ages of all the people who normally live here.

Please do not include anyone staying here temporarily who usually lives somewhere else.]

PROBE: Anyone else (living in this household)? {[People sometimes join households as a result of marriage, or a marriage-like partner or a relative or boarder moving in.]}

ENTER FIRST NAME OF HOUSEHOLD MEMBER OR

PRESS "ENTER" IF {NO ONE NEW} OR HOSUEHOLD ROSTER IS COMPLETE.

BLANK.....(FS034) [MATRIXCOMPLETE]
REFUSED.....RF(FS034)
DON'T KNOW.....DK(FS034)

FS017

ENTER MIDDLE NAME OF {NAME}.

IF NO MIDDLE NAME OR INITIAL, ENTER "NMN."

REFUSED.....	RF
DON'T KNOW.....	DK

FS020

ENTER LAST NAME OF {NAME}.

REFUSED.....RF
DON'T KNOW.....DK

HEREB4BX
IF NUMBER OF PERSONS IN THE ROSTER WHO LEFT THE HOUSEHOLD IN
PRIOR ROUNDS IS>0, GO TO HEREB4. ELSE, GO TO FS025.

HereB4

Has {FName} lived in {CHILD AND TWIN}'S household before?

YES.....1 [FS015]
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FS025

How old {are you/is {NAME}}?

Answer must be in the range from 0 up to 120.

DISPLAY INSTRUCTIONS:

Display this question when cursor is positioned in age column of household matrix.

Display “are you” when the cursor is positioned in age column for new respondent’s row and “is {NAME}” (display appropriate first name) when cursor is positioned in age column for someone other than respondent’s row.

ENTER AGE OF {NAME}.

ENTER “0” IF PERSON’S AGE IS LESS THAN ONE YEAR.

REFUSED.....RF
DON'T KNOW.....DK

FS027

Is {NAME} male or female?

DISPLAY INSTRUCTIONS:

Display this question when cursor is positioned in gender column.

Display first name of person where cursor is position for {NAME}.

CODE IF OBVIOUS. OTHERWISE, ASK: Is [NAME] male or female?

ENTER GENDER OF {NAME}.

MALE1
FEMALE2
REFUSED.....RF
DON'T KNOW.....DK

FS028

When did {NAME} join the household?

Month answer must be in range from 1 to 12.

Year answer must be in range from 2002 to 2005.

Interviewer may override range from 1905 to 2005.

ENTER MONTH: ENTER YEAR:
REFUSED.....RF
DON'T KNOW.....DK

FS034

IS HOUSEHOLD ROSTER COMPLETE?

YOU HAVE INDICATED THAT THESE PEOPLE ARE LIVING IN THE HOUSEHOLD.

YES.....1
NO.....2 (FS015 MATRIX)

FS035

Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

YES.....1 (MATRIX FS015)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

FOR EACH PERSON WITH HEREB4=YES (1): IF NUMBER OF PERSONS IN THE ROSTER WHO LEFT THE HOUSEHOLD IN PRIOR ROUNDS AND DID NOT RETURN THIS ROUND IS>0, GO TO WHICHB4.
ELSE, ASK AGE (FS025), GENDER (FS027), ENTHHM/ENTHHY (FS028).

WhichB4

Is [FNAME LNAME] the same as any of the people listed?

IF NOT THE SAME, ENTER 0.

[LIST NAME AND AGE OF ALL PERSONS WHO LEFT THE HOUSEHOLD IN PRIOR ROUND AND DID NOT RETURN THIS ROUND.]

ASK AGE (FS025), GENDER (FS027), EntHHm/EntHHY (FS028).

FS037

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

YES.....1
NO.....2 (FS039BX)
REFUSED.....RF (FS039BX)
DON'T KNOW.....DK (FS039BX)

FS038BX

IF NO ADULTS (AGE 18 OR OLDER) OTHER THAN RESPONDENT IN HH, SET FS037 = 2 (NO) AND GO TO FS039BX.

ELSE GO TO FS037.

FS038

Who in the household is your spouse or partner?

DISPLAY INSTRUCTIONS:

Display household members 14 years or older who are not the respondent as response category choices. Do not display household members no longer living in the household.

ENTER NUMBER NEXT TO NAME OF PERSON WHO IS {RESPONDENT}'S SPOUSE/PARTNER.

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

SPOUSE/PARTNER IDENTIFIED AT PREVIOUS INTERVIEW IS FLAGGED WITH [S] TO THE LEFT OF THEIR NAME.

FS039BX

IF CURRENT RESPONDENT IS THE SAME AS PRIOR ROUND RESPONDENT, AND PRIOR ROUND RESPONDENT HAD A SPOUSE/PARTNER WHOSE RELATIONSHIP WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND FS040 = 5); BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (PRIOR ROUND FS040 = 6); OTHER NON-RELATIVE (PRIOR ROUND FS040 = 13); CHILD'S STEPMOTHER (PRIOR ROUND FS045 = 3); FOSTER MOTHER OR FEMALE GUARDIAN (PRIOR ROUND FS045 = 4); STEPFATHER (PRIOR ROUND FS050 = 3); OR FOSTER FATHER OR MALE GUARDIAN (PRIOR ROUND FS050 = 4), ASK FS040-FS065 OF THE SPOUSE/PARTNER.

ALSO ASK FS040-FS065 FOR EACH PERSON ADDED TO HOUSEHOLD MATRIX IN THIS ROUND WHO IS NOT FOCAL CHILD, TWIN, RESPONDENT OR BIRTH MOTHER.

ELSE GO TO FS069BX

FS040**HELP AVAILABLE****What is {NAME}'s relationship to {CHILD}{ and {TWIN}}?**

MOTHER/FEMALE GUARDIAN	1	(FS045)
FATHER/MALE GUARDIAN	2	(FS050)
SISTER	3	(FS055)
BROTHER.....	4	(FS060)
GIRLFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN	5	(FS068BX)
BOYFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN	6	(FS068BX)
GRANDMOTHER	7	(FS068BX)
GRANDFATHER.....	8	(FS068BX)
AUNT	9	(FS068BX)
UNCLE	10	(FS068BX)
COUSIN.....	11	(FS068BX)
OTHER RELATIVE.....	12	(FS068BX)
OTHER NON-RELATIVE.....	13	(FS065)
REFUSED.....	RF	(FS068BX)
DON'T KNOW.....	DK	(FS068BX)

FS045**HELP AVAILABLE****Is {NAME} {CHILD}'s {and {TWIN}}'s...**

Birth mother,.....	1	(FS068BX)
Adoptive mother,	2	(FS068BX)
Stepmother, or.....	3	(FS068BX)
Foster mother or female guardian?	4	(FS068BX)
REFUSED.....	RF	(FS068BX)
DON'T KNOW.....	DK	(FS068BX)

FS050**HELP AVAILABLE****Is {NAME} {CHILD}'s {and {TWIN}}'s...**

Birth father,.....	1	(FS068BX)
Adoptive father,	2	(FS068BX)
Step father, or.....	3	(FS068BX)
Foster father or male guardian?	4	(FS068BX)
REFUSED.....	RF	(FS068BX)
DON'T KNOW.....	DK	(FS068BX)

FS055**HELP AVAILABLE****Is {NAME} {CHILD}'s {and {TWIN}}'s...**

Full sister,.....	1	(FS068BX)
Half sister,.....	2	(FS068BX)
Step sister,.....	3	(FS068BX)
Adoptive sister, or.....	4	(FS068BX)
Foster sister?	5	(FS068BX)
REFUSED.....	RF	(FS068BX)
DON'T KNOW.....	DK	(FS068BX)

FS060

HELP AVAILABLE

Is {NAME} {CHILD}'s {and {TWIN}}'s...

- Full brother, 1 (FS068BX)
- Half brother, 2 (FS068BX)
- Step brother, 3 (FS068BX)
- Adoptive brother, or 4 (FS068BX)
- Foster brother? 5 (FS068BX)
- REFUSED RF (FS068BX)
- DON'T KNOW DK (FS068BX)

FS065

HELP AVAILABLE

CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

- GIRLFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN 1
- BOYFRIEND OR PARTNER OF (CHILD)'S PARENT/GUARDIAN 2
- FEMALE GUARDIAN 3
- MALE GUARDIAN 4
- DAUGHTER/SON OF (CHILD)'S PARENT'S PARTNER 5
- OTHER RELATIVE OF (CHILD)'S PARENT'S PARTNER 6
- ENTER OTHER NON-RELATIVE 91
- (Specify) [What is the non-relative relationship?] _____
- REFUSED RF
- DON'T KNOW DK

FS068BX

DISPLAY FS040 - FS065 FOR NEXT PERSON ON HOUSEHOLD ROSTER WHO IS NOT FOCAL CHILD, TWIN, OR RESPONDENT.

IF NO NEXT PERSON, GO TO FS069BX.

FS069BX

IF NO BIRTH FATHER IS THE HOUSEHOLD (FS050 ^ = 1 FOR ANY ROSTER LINE) AND THE BIRTH FATHER IS NOT DECEASED (BASED ON PRELOADED FLAG), GO TO FS070.

ELSE, GO TO FS074BX.

FS070

I have recorded that {CHILD}{and {TWIN}}’s biological father is not living in this household. Is that correct?

- YES.....1
- NO.....2 (FS015)
- REFUSED.....RF (FS074BX)
- DON’T KNOW.....DK (FS074BX)

FS074BX

IF FS075 PRELAOD IS MISSING, GO TO FS075. REPEAT FS075-FS085 FOR EACH HOUSEHOLD MEMBER WHERE FS075 PRELAOD IS MISSING. ELSE, GO TO SECTION CD

FS075

HELP AVAILABLE

{Are you/Is {NAME}} of Spanish, Hispanic, or Latino origin?

- YES.....1
- NO.....2 (FS085)
- REFUSEDRF (FS085)
- DON’T KNOWDK (FS085)

FS080

Which one or more of these groups {are you/is {NAME}}...

CODE ALL THAT APPLY

SHOW CARD FS-1

- Mexican, Mexican American, Chicano,1
- Puerto Rican,.....2
- Cuban, or.....3
- Enter Another Spanish/Hispanic/Latino group.....91
(Specify) [*Which group do you belong to?*]
- REFUSED.....RF
- DON’T KNOW.....DK

FS085

HELP AVAILABLE

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

CODE ALL THAT APPLY

SHOW CARD FS - 2

- WHITE.....1 (SECTION SE)
- BLACK OR AFRICAN AMERICAN.....2 (SECTION SE)
- ENTER AMERICAN INDIAN OR ALASKA NATIVE.....3 (FS086BX)
 (Specify) [*Are you American Indian or Alaska Native*] _____
- ASIAN INDIAN4 (SECTION SE)
- CHINESE.....5 (SECTION SE)
- FILIPINO.....6 (SECTION SE)
- JAPANESE.....7 (SECTION SE)
- KOREAN.....8 (SECTION SE)
- VIETNAMESE.....9 (SECTION SE)
- ENTER OTHER ASIAN10 (SECTION SE)
 (Specify) [*Which Asian race are you?*] _____
- NATIVE HAWAIIAN.....11 (SECTION SE)
- GUAMANIAN OR CHAMORRO.....12 (SECTION SE)
- SAMOAN13 (SECTION SE)
- ENTER OTHER PACIFIC ISLANDER14 (SECTION SE)
 (Specify) [*Which Pacific Islander race are you?*] _____
- ENTER ANOTHER RACE.....91 (SECTION SE)
 (Specify) [*What other race are you*] _____
- REFUSED.....RF (SECTION SE)
- DON'T KNOW.....DK (SECTION SE)

FS086BX

FOR CHILD: IF FS085 IN THE PRIOR ROUND=1 (CHILD WAS AMERICAN INDIAN/ALASKAN NATIVE AT PRIOR ROUND) AND FS086A IN THE PRIOR ROUND WAS RF, DK OR BLANK, GO TO FS086A.

ELSE, GO TO SECTION 3-SE.

FS086a

DISPLAY INSTRUCTIONS:

Display specific Indian affiliation recorded in 9-month FS086. If no text listed or if reported as “don’t know” or “unknown” or “refused” display “of an unknown American Indian or Alaska native background.” Display “your” and “you are” if respondent. Else display “NAME” and “{NAME} is.”

During our last interview, {CHILD’S} race was reported as American Indian or Alaska Native. We have recorded that {CHILD} is} {{9-MONTH FS086 TEXT}/of an unknown American Indian or Alaska native background}. Is this information correct?

- YES.....1 (FS086d)
- NO.....2 (FS086b)
- REFUSED.....RF (SECTION SE)
- DON’T KNOW.....DK (SECTION SE)

FS086b

DISPLAY INSTRUCTIONS:

What is {CHILD’s} race?

ENTER AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY)

[Are you American Indian or Alaska Native?]1(FS086c)

- OTHER RACE2 (SECTION SE)
- REFUSED.....RF (SECTION SE)
- DON’T KNOWDK (SECTION SE)

FS086c

[What is {your/{NAME} ‘s} race?]

SPECIFY AMERICAN INDIAN TRIBE/ALASKA REGIONAL CORPORATION.

FS086d

DISPLAY INSTRUCTIONS:

Display “Are you” if respondent. Else display “Is {NAME}.”

USE EITHER “TRIBE” OR “ALASKA REGIONAL CORPORATION” IN QUESTION BELOW DEPENDING ON PREVIOUS RESPONSES.

{Are you/Is {NAME}} formally enrolled in that (tribe/Alaska Regional Corporation)?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON’T KNOW.....DK

FS086e

DISPLAY INSTRUCTIONS:

Display “Do you” if respondent. Else display “Does {NAME}.”

{Do you/Does {NAME}} currently live on tribal lands or a reservation?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON’T KNOW.....DK

FS089BX

NOTE, AFTER LAST PERSON DISPLAYED HAS BEEN ASKED FS075-FS086 CHECK TO MAKE SURE NO INFORMATION IS MISSING. IF ANY INFORMATION IS MISSING, DISPLAY ERROR MESSAGE TO GO BACK AND FILL IN MISSING INFORMATION.

IF NO INFORMATION IS MISSING, GO TO FS174BX.

FS174BX

CHECK HOUSEHOLD MATRIX. IF ANOTHER PERSON IN MATRIX REQUIRING THE COLLECTION OF RACE/ETHNICITY INFORMATION, GO TO FS075 FOR NEXT PERSON.

GO TO SECTION SE.

SECTION SE: SCHOOL EXPERIENCES

SE005BX

IF ASKING ABOUT CHILD, GO TO SE010BX.

IF ASKING ABOUT TWIN AND RESPONSE FOR CHILD IN SE010 = 1, GO TO SE005.

IF ASKING ABOUT TWIN AND RESPONSE FOR CHILD IN SE010 NE 1, GO TO SE010BX.

SE005

Does {TWIN} attend the same school as {CHILD}?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

SE010BX

IF ASKING ABOUT CHILD, GO TO SE010.

IF ASKING ABOUT TWIN AND SE005 = 1, SKIP TO SE030.

ELSE ASK SE010.

SE010

Is {CHILD/TWIN} attending or enrolled in school?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

SE015

Some parents decide to educate their children at home rather than send them to school. Is {CHILD/TWIN} being schooled at home?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

SE020BX

IF SE015 = 1, GO TO SE020.

IF SE015 NE 1 AND SE010 = 1, GO TO SE030.

IF SE015 NE 1 AND SE010 NE 1, GO TO SE045.

SE020

Is {CHILD/TWIN} getting all of {his/her} instruction at home, or is {he/she} getting some at school and some at home?

- ALL AT HOME.....1 (SE030)
- SOME AT SCHOOL AND SOME AT HOME2
- REFUSED.....RF (SE030)
- DON'T KNOW.....DK (SE030)

SE025

How many hours each week does {CHILD/TWIN} usually go to a school for instruction? Please do not include time spent in extracurricular activities.

ENTER NUMBER OF HOURS

Answer must be in range from 1 up to 30.

- REFUSED.....RF
- DON'T KNOW.....DK

SE030

HELP AVAILABLE

What grade is {he/she} in?

- PRESCHOOL1 (SE035BX)
- KINDERGARTEN2 (SE035BX)
- FIRST GRADE.....3 (SE035BX)
- UNGRADED4 (SE035BX)
- OTHER, SPECIFY5
- REFUSED.....RF (SE035BX)
- DON'T KNOW.....DK (SE035BX)

SE030OS

[What grade is {he/she} in?]

OTHER GRADE LEVEL CHILD IS IN _____

- REFUSED.....RF
- DON'T KNOW.....DK

SE032

Would you say that program is most similar to a preschool/prekindergarten type of program or to a kindergarten program? Please keep in mind that most kindergarten programs for this school year require children to be 5 by September 1st, 2006.

PRESCHOOL/PREKINDERGARTEN1
KINDERGARTEN2
NEITHER3
REFUSED.....RF
DON'T KNOW.....DK

SE035BX

IF ASKING ABOUT CHILD:

IF SE030 =1 OR SE032 = 1 OR (SE015 = 1 AND SE030 NE 2 AND SE032 NE 2), GO TO SE045
ELSE IF SE015 = 1 AND (SE030 = 2 OR SE032 = 2), GO TO SE040B.
ELSE, GO TO SE035.

IF ASKING ABOUT TWIN:

IF ((SE005 =1 AND CHILD SE015 NE 1 AND SE035 NOT ASKED FOR CHILD) OR (SE005 = 2 AND TWIN SE015 NE 1)) AND TWIN SE030 NE 1 AND SE032 NE 1, GO TO SE035.
ELSE IF ((SE005 =1 AND SE040B NOT ASKED FOR CHILD) OR (SE005 = 2)) AND TWIN SE030 = 2 OR SE032 = 2, GO TO SE040B.
ELSE IF SE005 =1 AND CHILD SE015 NE 1 AND (SE030 NE 1 AND SE032 NE 1 FOR BOTH CHILD AND TWIN), GO TO SE085A.
ELSE, GO TO SE045.

SE035

Is the school public or private?

PUBLIC.....1
PRIVATE.....2
REFUSED.....RF
DON'T KNOW.....DK

SE040BX

IF SE030 = 2 OR SE032=2, GO TO SE040B.
ELSE, GO TO SE055.

SE040b

How many hours each day does {he/she} spend in kindergarten?

Answer must be in range from 1 up to 7.

Interviewer is allowed to override this range up to 10.

NUMBER OF HOURS PER DAY: _____

REFUSED.....RF

DON'T KNOW.....DK

SE040c

How many days each week does {he/she} spend in kindergarten?

Answer must be in range from 1 up to 5.

NUMBER OF DAYS PER WEEK: _____

REFUSED.....RF

DON'T KNOW.....DK

SE045BX

IF SE015=1, GO TO SE045.

ELSE, GO TO SE055.

SE045

Is {CHILD/TWIN} eligible, based on {his/her} age, to attend kindergarten in your district?

YES.....1

NO.....2 (SECTION CD)

REFUSED.....RF (SECTION CD)

DON'T KNOW.....DK (SECTION CD)

SE050BX

IF SE015 = 1, GO TO SECTION CD.

SE050

Why did you decide not to send {CHILD/TWIN} to kindergarten this year?

CHECK ALL THAT APPLY

- CHILD NOT READY SOCIALLY (E.G., DOES NOT FOLLOW DIRECTIONS, CANNOT SIT STILL, CANNOT PAY ATTENTION, ETC.) 1
- CHILD NOT READY ACADEMICALLY (E.G., DOES NOT KNOW LETTERS/ NUMBERS) 2
- CHILD NOT READY, NO REASON GIVEN 3
- CHILD WOULD BE YOUNGEST IN CLASS 4
- PRESCHOOL PROGRAM BETTER 5
- OTHER 6
- REFUSED..... RF
- DON'T KNOW.....DK

SE055BX

IF SE010 NE 1 OR SE015 = 1 OR SE030 = 1 OR SE032 = 1, GO TO SECTION CD.
 ELSE GO TO SE055.
 IF ASKING ABOUT TWIN AND SE005=1 AND SE030 = 1 OR SE032 = 1, SKIP SE055 - SE080.

SE055

About how many weeks has it been since {CHILD/TWIN} started school?

Answer must be in range from 0 up to 30.

- ENTER NUMBER OF WEEKS _____.
- REFUSED.....RF
- DON'T KNOW.....DK

SE060BX

IF SE035 = 1, ASK SE060 – SE070.
 IF SE035 = 2, SKIP TO SE070A.
 ELSE, GO TO SE075.

SE060

Is the school {CHILD/TWIN} attends a regularly assigned school or a school that you chose?

- ASSIGNED.....1 (SE070)
- CHOSEN2
- ASSIGNED SCHOOL IS SCHOOL OF CHOICE3 (SE070)
- REFUSED.....RF
- DON'T KNOW.....DK

SE060a

Is {CHILD/TWIN}'s chosen school...

PROBE: Magnet schools and charter schools are schools of choice that are not geographically assigned, that could have a specialized curriculum such as a focus on languages or science, and that are publicly funded. While magnet schools are run by a local school district, charter schools are not, and they do not have to follow all of the same rules and regulations as other public schools.

- A public magnet school (specialized curriculum)..... 1
- A public magnet school (without specialized curriculum) 2
- A charter school..... 3
- A regular public school? 4
- OTHER 5
- REFUSED.....RF
- DON'T KNOW.....DK

SE065

Is {his/her} school in your assigned school district?

- YES..... 1
- NO..... 2
- REFUSED.....RF
- DON'T KNOW.....DK

SE070BX
IF SE005=1, SKIP TO SE070A.

SE070

Did you choose where to live so that {CHILD} {and {TWIN}} could attend {his/her} current school?

- YES..... 1
- NO..... 2
- REFUSED.....RF
- DON'T KNOW.....DK

SE070ABX
GO TO SE075.

SE070a

Did you use a voucher provided by the government to attend this school?

- YES..... 1
- NO..... 2 (SE075)
- REFUSED.....RF (SE075)
- DON'T KNOW.....DK (SE075)

SE070b

Did the voucher pay the full amount of tuition, or only part?

- FULL AMOUNT 1
- PART 2
- REFUSED..... RF
- DON'T KNOW..... DK

SE075

In deciding between schools, did you seek information on the performance of the schools you were considering, like test scores, dropout rates, and so on?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

SE080BX
IF ASKING FOR TWIN AND SE005 = 1 (SAME SCHOOL), THEN GO TO SE085A,
ELSE ASK SE080.

SE080

About how far would you say it is from your home to the school {CHILD/TWIN} attends?

- LESS THAN 1/8TH MILE (LESS THAN 3 BLOCKS) 1
- 1/8TH MILE TO ¼ MILES (3-5 BLOCKS)..... 2
- MORE THAN ¼ MILE, BUT LESS THAN ½ MILE (6-9 BLOCKS) 3
- ½ MILE TO LESS THAN 1 MILE (10-19 BLOCKS)..... 4
- ONE MILE TO 2.5 MILES (LESS THAN 5 MINUTE DRIVE)..... 5
- 2.6 MILES TO 5 MILES (BETWEEN 5-10 MINUTE DRIVE) 6
- 5.1 MILES TO 7.5 MILES (BETWEEN 11 AND 15 MINUTE DRIVE) 7
- 7.6 MILES TO 10 MILES (BETWEEN 16 AND 20 MINUTE DRIVE), OR..... 8
- 11 MILES OR MORE (MORE THAN A 20 MINUTE DRIVE)? 9
- REFUSED..... RF
- DON'T KNOW..... DK

SE085a

Starting school can be a big change for children. These next few items are about how well that transition to school went for your {CHILD/TWIN}, and how ready you thought {he/she/they} {was/were} for school.

How academically prepared do you think {CHILD/TWIN} was for kindergarten? By academically prepared, we mean knowing things like letters and numbers, and being ready to learn. Would you say...

- Very prepared 1
- Somewhat prepared, or 2
- Not at all prepared?..... 3
- DON'T KNOW..... RF
- REFUSED..... DK

SE085b

How socially prepared do you think {CHILD/TWIN} was for kindergarten? By socially prepared, we mean being ready for the classroom environment, including being able to listen to and follow instructions, express {his/her} needs verbally, and play well with other children. Would you say...

- Very prepared 1
- Somewhat prepared, or 2
- Not at all prepared?..... 3
- DON'T KNOW..... RF
- REFUSED..... DK

SE090BX
IF CC015 OR CC410 FROM THE PRIOR ROUND = 1, GO TO SE090.
ELSE, SKIP TO SE095.

SE090

Do you believe preschool helped to prepare {CHILD/TWIN} for kindergarten? Would you say...

- A lot 1
- Somewhat, or 2
- Not at all?..... 3
- REFUSED..... RF
- DON'T KNOW..... DK

SE095

Before school started, did you or another family member do anything on your own about the move into kindergarten, such as going to talk with teachers, or taking [CHILD/TWIN] to visit the classroom? Please do not include activities organized by the school.

- YES..... 1
- NO..... 2
- DON'T KNOW..... DK
- REFUSED..... RF

SE098BX

IF ASKING ABOUT CHILD, GO TO SE100.

IF ASKING ABOUT TWIN AND SE005 = 1 (CHILD AND TWIN IN SAME SCHOOL) AND SE030 ARE EQUAL FOR CHILD AND TWIN, GO TO SE098.

ELSE GO TO SE100.

SE098

Do {CHILD} and {TWIN} have the same teacher?

- YES.....1
- NO.....2
- DON'T KNOW.....DK
- REFUSED.....RF

SE100BX

IF ASKING FOR TWIN AND SE098 = 1, THEN GO TO SE105.

ELSE ASK SE100.

SE100

Have you met {CHILD/TWIN}'s teacher yet?

DISPLAY INSTRUCTIONS:

Display CHILD'S name or TWIN'S name.

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

SE105

Children sometimes have trouble adjusting to kindergarten. On average, {since this school year began/during the first two months of this school year},

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

DISPLAY INSTRUCTIONS:

Display “since this school year began” if child was in school for 8 weeks or less (SE055 < = 8). Else, display “during the first two months of this school year.”

- a. How often did {CHILD/TWIN} complain about school? Would you say more than once a week, once a week or less, or not at all?**
- b. How often was {CHILD/TWIN} reluctant to go to school?**
- c. How often did {he/she} pretend to be sick to stay home from school?**
- d. How often did {he/she} say good things about school?**
- e. How often did {CHILD/TWIN} say {he/she} liked {his/her} teacher?**
- f. How often did {he/she} look forward to going to school?**

- MORE THAN ONCE A WEEK..... 1
- ONCE A WEEK OR LESS 2
- NOT AT ALL 3
- REFUSED..... RF
- DON'T KNOW..... DK

SE110BX

IF HH ROSTER INCLUDES OTHER CHILDREN OLDER THAN {CHILD/TWIN}, BUT AGED 18 YEARS OR YOUNGER AND THOSE CHILDREN ARE CHILD’S SIBLINGS (FS040 = 3 OR 4), ASK SE110.

IF HH ROSTER INCLUDES ONLY SIBLINGS OLDER THAN 18 YEARS OF AGE, SKIP TO SE115.

IF NO SIBLINGS IN HH, GO TO SECTION CD.

IF ASKING FOR TWIN AND SE005 = 1 (SAME SCHOOL), GO TO SECTION CD.

ELSE CONTINUE.

SE110

{Does/do} {NAME OF OLDER SIBLINGS} attend the same school as {CHILD/TWIN}?

DISPLAY INSTRUCTIONS:

Display “Does” if only 1 sibling in HH.

Display “Do” if 2 or more siblings in HH.

Display siblings in HH who are 18 years of age or younger.

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

SE115BX

IF NO SIBLINGS OVER 18 YEARS OF AGE IN HH, GO TO SECTION CD.
ELSE ASK SE115.

SE115

Did {NAME OF OLDER SIBLINGS} attend the same school in the past?

DISPLAY INSTRUCTIONS:

Display first names of any HH members older than child who are siblings (FS040 = 3 or 4) (even if older than 18 years). (i.e., please display all siblings in HH, regardless of their age)

YES..... 1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION CD

SECTION CD: CHILD DEVELOPMENT, LITERACY, AND SCHOOL READINESS

CD001PRE

Now I'm going to ask you a few questions about {CHILD/TWIN}. These next questions are about things that children can do at different ages. These things may or may not be true for {CHILD/TWIN}.

NOTE:

FOR ITEMS: CD001, CD011 - DISPLAY QUESTION FOR INTERVIEWER IF ANSWER IN PRIOR ROUND ROUND INTERVIEW WAS NOT EQUAL TO 1.

FOR ITEM: CD029 - DISPLAY QUESTION FOR INTERVIEWER IF ANSWER IN PRIOR ROUND INTERVIEW WAS NOT EQUAL TO 6.

CD001

Can {CHILD/TWIN} identify the colors red, yellow, blue, and green by name? Would you say...

- All of them..... 1
- Some of them, or..... 2
- None of them?..... 3
- REFUSED..... RF
- DON'T KNOW..... DK

CD006

Does {he/she} hold a pencil properly?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

CD011

Can {he/she} recognize...

- All of the letters of the alphabet..... 1 (CD020)
- Most of them..... 2
- Some of them, or..... 3
- None of them?..... 4 (CD020)
- REFUSED..... RF
- DON'T KNOW..... DK

CD012

Can {CHILD/TWIN} identify the letters in {her/his} name?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

CD020

Is {CHILD/TWIN} able to read story books on {his/her} own now?

- YES..... 1
- NO.....2 (CD023)
- REFUSED.....RF (CD023)
- DON'T KNOW.....DK

CD021

Does {CHILD/TWIN} actually read the words written in the book, or does {he/she} look at the book and pretend to read?

- READS THE WRITTEN WORDS 1 (CD022)
- PRETENDS TO READ2 (CD024)
- DOES BOTH3 (CD022)
- REFUSED.....RF (CD029)
- DON'T KNOW.....DK (CD029)

CD022

How old was {CHILD/TWIN} in years and months when he/she began reading simple, whole sentences?

Answers must be in range 1-6 yrs, 0-11mths.

YEARS _____ MONTHS _____ (CD029)

CD023

Although {CHILD/TWIN} doesn't yet read storybooks on {his/her} own, does {he/she} ever look at a book with pictures and pretend to read?

- YES..... 1
- NO.....2 (CD029)
- REFUSED.....RF (CD029)
- DON'T KNOW.....DK

CD024

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?

- SOUNDS LIKE A CONNECTED STORY 1
- TELLS WHAT IS IN EACH PICTURE2
- DOES BOTH3
- REFUSED.....RF
- DON'T KNOW.....DK

CD029

How high can {CHILD/TWIN} count? Would you say...

PROBE: This means counting in the right order, and not skipping any numbers.

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
REFUSED.....	RF
DON'T KNOW.....	DK

CD080 a – y

Next, I have some questions about {CHILD/TWIN}'s behavior. For each of the behaviors I read to you, I'd like you to tell me how often you see {CHILD/TWIN} behave in this way: never, rarely, sometimes, often, or very often. Whenever I ask about how {CHILD/TWIN} behaves with other children, consider children who are close in age to {CHILD/TWIN} – no more than 2 years older or younger than {CHILD/TWIN}. Please base your answers on what you have seen of {CHILD/TWIN}'s behavior during the last 3 months. How often in the last 3 months have the following things occurred? {CHILD/TWIN} ...

SHOW CARD CD-1

[REDACTED]

- b. Shows eagerness to learn new things.**
- c. Volunteers to help other children complete tasks.**

[REDACTED]

- e. Accepts friends' ideas in sharing and playing.**

[REDACTED]

[REDACTED]

[REDACTED]

- i. Appropriately uses a variety of words to describe feelings, such as, excited, mad, frustrated, or tired.**

[REDACTED]

- k. Pays attention well.**

- l. Works or plays independently or without the need for adult direction.**

[REDACTED]

- n. Worries about things.**

[REDACTED]

[REDACTED]

- q. Keeps on working until finished with whatever {he/she} is asked to do.**

[REDACTED]

█ [REDACTED]

t. Easily adjusts to a new situation.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

NEVER	1
RARELY	2
SOMETIMES	3
OFTEN	4
VERY OFTEN.....	5
REFUSED.....	RF
DON'T KNOW.....	DK

GO TO SECTION HE

SECTION HE: HOME ENVIRONMENT

HE020

The next questions are about reading you do at home.

About how many children’s books {does {CHILD}/do {CHILD} and {TWIN}} have in your home now, including library books? Please only include books that are for children.

Answer must be in the range from 0 up to 200.

Interviewer may override range up to 900.

□□□□
ENTER NUMBER OF BOOKS.

REFUSED.....RF
DON’T KNOW.....DK

HE028

Next I have a few questions about {CHILD}’s {and {TWIN}}’s family life and family routines you may have. In your house, are there rules or routines about...

- a. What kinds of food {CHILD}{and {TWIN}} {eats/eat}?
- b. What time {CHILD}{and {TWIN}} {goes/go} to bed?
- c. What chores {CHILD}{and {TWIN}} {does/do}?

YES.....1
NO.....2
REFUSED.....RF
DON’T KNOW.....DK

HE029a

Are there family rules for which television programs {CHILD}{and {TWIN}} can watch?

IF RESPONDENT REPORTS NOT OWNING A TV ENTER “95.”

IF CHILD DOES NOT WATCH TV, ENTER “96.”

YES.....1
NO.....2
DOES NOT OWN TV.....95 (HE065)
DOES NOT WATCH TV.....96 (HE065)
REFUSED.....RF
DON’T KNOW.....DK

HE040

On average, about how many hours of television {does/do} {CHILD} {and {TWIN}} watch at home each weekday, that is, Monday through Friday?

PROBE: This does not include videos or DVDs.

IF RESPONDENT REPORTS NOT OWNING A TV, ENTER “95.”

IF CHILD DOES NOT WATCH TV, ENTER “96.”

Answer must be in range from 0 up to 4.

Interviewer may override range up to 24 hours. Allow half-hour responses.

NUMBER OF HOURS

- ZERO0 (HE065)
- DOES NOT OWN TV95 (HE065)
- DOES NOT WATCH TV96 (HE065)
- REFUSED.....RF
- DON’T KNOW.....DK

HE060

In a typical week, when your family watches TV together, how often do you or another family member talk with {him/her/them} about the TV programs? Would you say often, sometimes, hardly ever, or never?

- OFTEN1
- SOMETIMES2
- HARDLY EVER3
- NEVER4
- REFUSED.....RF
- DON’T KNOW.....DK
- DOES NOT OWN TV95
- DOES NOT WATCH TV96

HE065

On average, about how many hours of videos or DVDs {does/do} {CHILD} {and {TWIN}} watch at home each weekday, that is, Monday through Friday?

IF CHILD DOES NOT WATCH VIDEOS, ENTER “96.”

Answer must be in range from 0 up to 4.

Interviewer may override range up to 24. Allow half-hour responses.

NUMBER OF HOURS

- DOES NOT WATCH VIDEOS.....96
- REFUSED.....RF
- DON’T KNOW.....DK

HE069BX

IF PRIMARY HOUSEHOLD LANGUAGE AT THE PRIOR ROUND IS MISSING,
REFUSED, OR DON'T KNOW, GO TO HE069A.

ELSE, SET HE069A = PRIOR ROUND VALUE AND GO TO HE080.

HE069a

The next questions are about the languages spoken in your home. What is the primary language spoken in your home?

ENGLISH	0
ARABIC	1
CHINESE.....	2
FILIPINO LANGUAGE (E.G. TAGALOG, ILOCANO, ETC.)	3
FRENCH.....	4
GERMAN	5
GREEK	6
ITALIAN	7
JAPANESE.....	8
KOREAN.....	9
POLISH	10
PORTUGUESE	11
SPANISH.....	12
VIETNAMESE.....	13
AFRICAN.....	14
EAST EUROPEAN	15
NATIVE AMERICAN	16
SIGN LANGUAGE.....	17
MIDDLE EASTERN.....	18
WEST EUROPEAN	19
INDIAN SUBCONTINENT.....	20
SOUTHEAST ASIAN.....	21
PACIFIC ISLAND	22
CANNOT CHOOSE.....	23
ENTER SOME OTHER LANGUAGE	91
(Specify) [<i>What primary language do you speak?</i>].....	
REFUSED.....	RF
DON'T KNOW.....	DK

HE070BX

IF X*CHAMIN FROM THE PRIOR ROUND = 1 AND (FS086A NE 2 OR FS086B NE
2) AND HE069A NE 16, ASK HE070.

ELSE, GO TO HE080.

HE070

At home, how often do you talk to each other in your tribal language? Would you say....

- Never..... 1
- Once in awhile2
- About half the time, or3
- More often?.....4
- REFUSED.....RF
- DON'T KNOW.....DK

HE080

HELP AVAILABLE

Now I'd like to ask you about family routines. In a typical week, please tell me the number of days...

a. at least some of the family eats the evening meal together?

Answer must be in range from 0 up to 7.

ENTER NUMBER OF DAYS.

REFUSED.....RF

DON'T KNOW.....DK

b. the evening meal is served at a regular time?

Answer must be in range from 0 up to 7.

ENTER NUMBER OF DAYS.

REFUSED.....RF

DON'T KNOW.....DK

HE091

About what time {does/do} {CHILD} {and {TWIN}} usually go to sleep on a weeknight?

PROBE: We are interested in what time the child goes to bed, not what time he or she actually falls asleep.

Answer must be in range from 3:00 PM to 3:00 AM.

:

ENTER HOUR AND MINUTES.

ENTER AM OR PM

REFUSED.....RF

DON'T KNOW.....DK

HE092

About what time {does/do} {CHILD} {and {TWIN}} usually wake up on a weekday?

Answer must be in range from 4:00 AM to 1:00 PM.

|_|_|: |_|_|

ENTER HOUR AND MINUTES.

ENTER AM OR PM

REFUSED.....RF

DON'T KNOW.....DK

HE095BX

IF ASKING ABOUT TWIN, GO TO HE115.

OTHERWISE, CONTINUE WITH HE100.

HE100

In a typical week, how often do you or any other family member do the following things with {CHILD} {and {TWIN}}? Would you say not at all, once or twice, 3 to 6 times, or every day?

- a. Read books to your {child/children}?
- b. Tell stories to your {child/children}?
- c. Sing songs with your {child/children}?
- d. Talk to your {child/children} about books you read to {him/her/them}?

SHOW CARD HE-1

NOT AT ALL 1
 ONCE OR TWICE 2
 3 TO 6 TIMES 3
 EVERY DAY 4
 REFUSED.....RF
 DON'T KNOW.....DK

HE101BX

IF HE100A = 1, GO TO HE102BX.

ELSE GO TO HE101.

HE101

On the days someone reads to {CHILD} {and {TWIN}}, about how many minutes per day {is/are} {she/he/they} read to?

Answer must be in range from 0 up to 500.

□□□□

ENTER NUMBER OF MINUTES.

REFUSED.....RF

DON'T KNOW.....DK

HE102BX

IF X*CHAMIN FROM THE PRIOR ROUND = 1 AND (FS086A NE 2 OR FS086B NE 2) AND HE100A NE 1, ASK HE102 AND HE103.

ELSE, GO TO HE111.

HE102

When you read to {CHILD} {and {TWIN}}, do you read books about Native culture and history?

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

HE103

Do you read books to {him/her/them} written by American Indian or Alaska Native authors?

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

HE111

How often does someone in your family talk with {CHILD} {and {TWIN}} about your family's religious beliefs or traditions?

Would you say . . .

Never,.....1

Almost never,.....2

Several times a year,1

Several times a month, or2

Several times a week or more1

REFUSED.....RF

DON'T KNOW.....DK

HE112

How often does someone in your family participate in special cultural events or traditions connected with your racial or ethnic background?

Would you say . . .

- Never,..... 1
- Almost never,..... 2
- Several times a year, 1
- Several times a month, or 2
- Several times a week or more 1
- REFUSED.....RF
- DON'T KNOW.....DK

HE115

Has {CHILD/TWIN} ever participated in any of the following activities, not during the regular school day? How about...

- a. Organized athletic activities, like basketball, soccer, baseball, or gymnastics?**
- b. Dance lessons?**
- c. Music lessons; for example, piano, instrumental music, or singing lessons?**
- d. Drama classes?**
- e. Art classes or lessons; for example, painting, drawing, sculpturing?**
- f. Organized performing arts programs, such as children’s choirs, church choirs, dance programs, or theatre performances?**
- g. Crafts classes or lessons?**

- YES..... 1
- NO..... 2
- REFUSED.....RF
- DON'T KNOW.....DK

HE125BX
 IF NONE OF HE115A-G IS YES, GO TO HE134BX.
 ELSE GO TO HE125.

HE125

Does {CHILD/TWIN}'s participation in these activities help to cover the hours when you need adult supervision for {him/her}?

- YES..... 1
- NO..... 2
- REFUSED.....RF
- DON'T KNOW.....DK

HE134BX

IF ASKING ABOUT TWIN AND HE200 IN CHILD ROUND IS YES, GO TO HE201.
ELSE IF ASKING ABOUT TWIN AND HE200 IN CHILD ROUND IS NOT YES, GO TO HE216.

OTHERWISE, CONTINUE TO HE135BX.

HE135BX

IF RESPONDENT HAS SPOUSE/PARTNER IN THE HOUSEHOLD (FS037 = 1), GO TO HE150.

ELSE GO TO HE170.

HE150

Now I have some questions about {NAME}'s involvement in raising {CHILD} {and {TWIN}}.

How often do you talk about {CHILD} {and {TWIN}} with {NAME}?

Would you say . . .

DISPLAY INSTRUCTIONS:

Display spouse/partner's name.

- Every day,1
- Several times a week,2
- About once a week,3
- A few times a month,4
- Several times a year,5
- Once or twice in {CHILD} {and {TWIN}}'s life, or6
- Not at all?.....7
- REFUSED.....RF
- DON'T KNOW.....DK

HE170

Now I'd like to talk to you about your use of libraries. In the past month, has anyone in your family visited a public library with {CHILD} {and {TWIN}}?

- YES.....1 (HE191)
- NO.....2
- REFUSED.....RF (HE200)
- DON'T KNOW.....DK

HE175

How about in the past year? Has anyone in your family visited a public library with {CHILD} {and {TWIN}}?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

HE191

{Does/Do} {CHILD}{AND{TWIN}} have {his/her/them} own library card?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

HE200

I have a few questions about the learning environment for {CHILD}{and {TWIN}} in your home. Do you have a home computer that {CHILD}{and {TWIN}} uses?

HELP TEXT:

If there is a computer in the home, but child never uses it, correct response is "no."

- YES..... 1
- NO..... 2 (HE210)
- REFUSED..... RF (HE210)
- DON'T KNOW..... DK (HE210)

HE201

In a typical week, how often does {CHILD/TWIN} use the computer? Would you say...

- Never..... 1 (HE210)
- Once or twice a week..... 2
- Three to six times a week..... 3
- Every day? 4
- REFUSED..... RF (HE210)
- DON'T KNOW..... DK

HE202

Does {CHILD/TWIN} use the computer to get on the Internet?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

HE210

Now I'm going to ask you about certain practices you may follow. Please tell me if you never, sometimes, most of the time, or always...

HELP TEXT:

If child is over weight limit for car seat, "not applicable" is the appropriate response for B and C. Booster seats count as car seats.

SHOW CARD HE-2

a. Have at least one operating smoke detector in your home with a working battery?

b. Use a car seat for {CHILD}{ and {TWIN}} when in the car?

ENTER "95" "NOT APPLICABLE" IF RESPONDENT DOES NOT HAVE A CAR.

c. Place {CHILD}{ and {TWIN}} in the back seat when traveling in the car?

ENTER "95" "NOT APPLICABLE" IF RESPONDENT DOES NOT HAVE A CAR.

d. Have {CHILD}{ and {TWIN}} wear a seat belt?

ENTER "95" "NOT APPLICABLE" IF RESPONDENT DOES NOT HAVE A CAR.

NEVER.....	1
SOMETIMES	2
MOST OF THE TIME.....	3
ALWAYS	4
NOT APPLICABLE IF RESPONDENT DOES NOT HAVE A CAR (b & c & d only)	95
REFUSED.....	RF
DON'T KNOW.....	DK

HE216

How often does {CHILD/TWIN} wear a helmet while riding a bike or skating? Would you say...

All the time,	1
Most of the time,	2
Sometimes, or	3
Never.....	4
DOES NOT OWN A BIKE OR SKATES	95
REFUSED.....	RF
DON'T KNOW.....	DK

GO TO SECTION PA.

SECTION PA: PARENTING BEHAVIOR AND ATTITUDES

PA090BX

IF ASKING ABOUT TWIN, SKIP TO PA091

PA090

The next questions are about raising children.

Here are some statements that parents of young children say about themselves. For each statement, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you.

SHOW CARD PA-1

- c. There are times I just don't have the energy to make my {child/children} behave as {he/she/they} should...
- d. I have little or no difficulty sticking with my rules for my {child/children} even when close relatives, including grandparents, are there...

EXACTLY LIKE ME.....1
VERY MUCH LIKE ME2
SOMEWHAT LIKE ME3
NOT MUCH LIKE ME4
NOT AT ALL LIKE ME5
REFUSED.....RF
DON'T KNOW.....DK

PA091

HELP SCREEN for a through k

Most children get angry at their parents from time to time. If {CHILD/TWIN} got so angry that {he/she} threw a tantrum, yelled, or hit you, what would you do? Would you...

- a. Spank {him/her}?
- b. Have {him/her} take a time out?
- c. Hit {him/her} back?
- d. Talk to {him/her} about what {he/she} did wrong?
- e. Ignore it?
- f. Make {him/her} do some work around the house?
- g. Make fun of {him/her}?
- h. Make {him/her} apologize?
- i. Take away a privilege?
- j. Give a warning?
- k. Yell at {CHILD/TWIN} or threaten {him/her}?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

PA092

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

Answer must be in range from 0 up to 90.

If PA091a = 1 and response is 95, display check message:

YOU REPORTED ABOVE THAT RESPONDENT WOULD SPANK CHILD IF {HE/SHE} MISBEHAVES. PLEASE CORRECT RESPONSE HERE OR AT PA091a.

If PA091a = 2 and response is not 0 or 95, display check message:

YOU REPORTED ABOVE THAT RESPONDENT WOULD NOT SPANK CHILD IF {HE/SHE} MISBEHAVES. PLEASE CORRECT RESPONSE HERE OR AT PA091a.

PRESS "S" IF BOTH RESPONSES ARE CORRECT.

NUMBER OF TIMES OR '95' IF DOES NOT
SPANK

REFUSED.....RF
DON'T KNOW.....DK

PA093

About how many times, if any, have you used time out or sent {CHILD/TWIN} to {his/her} room in the past week for not minding?

Answer must be in range from 0 up to 90.

If PA091b = 1 and response is 95, display check message:

YOU REPORTED ABOVE THAT RESPONDENT DOES USE TIME OUT IF {HE/SHE} MISBEHAVES. PLEASE CORRECT RESPONSE HERE OR AT PA091b.

If PA091b = 2 and response is not 0 or 95, display check message:

YOU REPORTED ABOVE THAT RESPONDENT DOES NOT USE TIME OUT IF {HE/SHE} MISBEHAVES. PLEASE CORRECT RESPONSE HERE OR AT PA091b.

PRESS "S" IF BOTH RESPONSES ARE CORRECT.

NUMBER OF TIMES OR '95' IF DOES NOT
USE TIME OUT

REFUSED.....RF
DON'T KNOW.....DK

PA095

Now I'm going to ask you how important you think it is for any child to know or do certain things to be ready for kindergarten. Would you say essential, very important, somewhat important, not very important, or not at all important?

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

SHOW CARD PA-2

- a. Finishes tasks.
- b. Can count to 20 or more.
- c. Takes turns and shares.
- d. Has good problem-solving skills.
- e. Is able to use pencils and paint brushes.
- f. Is not disruptive of the class.
- g. Knows the English language.
- h. Is sensitive to other children's feelings.
- i. Sits still and pays attention.
- j. Knows most of the letters of the alphabet.
- k. Can follow directions.
- l. Identifies primary colors and shapes.
- m. Communicates needs, wants, and thoughts verbally in primary language.
- n. Writes his/her own name.
- o. Reads or pretends to read storybooks.

ESSENTIAL	1
VERY IMPORTANT	2
SOMEWHAT IMPORTANT	3
NOT VERY IMPORTANT	4
NOT AT ALL IMPORTANT	5
REFUSED	RF
DON'T KNOW	DK

PA107

Even though it may be a long way off, how far in school do you expect {CHILD/TWIN} to go? Would you say you expect {him/her/them} . . .

SHOW CARD PA-3

To receive less than a high school diploma,	1
To graduate from high school,	2
To attend two or more years of college,	3
To finish a 4- or 5-year college degree,	4
To earn a master's degree or equivalent, or	5
To finish a Ph.D., M.D., or other advanced degree	6
REFUSED	RF
DON'T KNOW	DK

GO TO SECTION CC.

SECTION CC: CHILD CARE ARRANGEMENTS

CC001BX

IF ASKING ABOUT TWIN, GO TO CC005.
ELSE, GO TO CC015BX.

CC005

HELP AVAILABLE

Next, I'd like to talk to you about all child care arrangements you have for {TWIN} on a regular basis. Does {TWIN} currently have the same child care arrangements as {CHILD}?

- YES.....1 (Copy CC015 through CC536 from child to twin, as applicable. Go to C600BX.)
- NO.....2 (CC015BX)
- REFUSED.....RF (CC015BX)
- DON'T KNOW.....DK (CC015BX)

CC015BX

IF (SE010 = 1 OR SE015 = 1) AND SE030 NE 1 AND SE032 NE 1, SKIP TO CC115.
ELSE, CONTINUE.

(IF (CHILD IN SCHOOL OR HOMESCHOOLED) AND NOT IN PRESCHOOL, SKIP HEAD START PATH.

CC015

HELP AVAILABLE

I'd like to talk to you about all child care {CHILD/TWIN} now receives {before or after school} on a regular basis from someone other than {you/{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 baby-sitting or backup care providers.

Head Start is a federally sponsored preschool program primarily for children from low-income families. Is {CHILD/TWIN} currently attending Head Start on a regular basis?

DISPLAY INSTRUCTIONS:

Display "you" when respondent is someone other than the child's parent. Otherwise, display "{his/her} parents/guardians."

- YES.....1 (CC025)
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CC020

HELP AVAILABLE

Has {CHILD/TWIN} ever attended a Head Start or Early Head Start program on a regular basis?

DISPLAY INSTRUCTIONS:

Use past tense in CC025 through CC105 when CC015 = 2, RF, DK and CC020 = 1. Else use present text.

- YES.....1
- What were {his/her} dates of attendance?*
- _____
- NO.....2 (CC115)
- REFUSED.....RF (CC115)
- DON'T KNOW.....DK (CC115)

CC025

HELP AVAILABLE

Where {is/was} the Head Start program located? For example, {is/was} it in its own building, a school, in a church or synagogue, your home or another home, or some other place?

- YOUR HOME1
- ANOTHER HOME.....2
- A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP.....3
- A PUBLIC SCHOOL4
- A PRIVATE SCHOOL.....5
- A COLLEGE OR UNIVERSITY6
- A COMMUNITY CENTER.....7
- A PUBLIC LIBRARY.....8
- ITS OWN BUILDING.....9
- MORE THAN ONE PLACE.....10
- ENTER SOME OTHER PLACE.....11
- (SPECIFY) [*Where is the Head Start program located?*]
- _____
- REFUSED.....RF
- DON'T KNOW.....DK

CC036

HELP AVAILABLE

How many days each week {does/did} {CHILD/TWIN} go to that Head Start program?

Answer must be in range from 1 up to 7.

- |__|
- ENTER NUMBER OF DAYS
- REFUSEDRF
- DON'T KNOWDK

CC040

HELP AVAILABLE

How many hours each week {does/did} {CHILD/TWIN} go to that Head Start program?

IF LESS THAN 1 HOUR, ENTER "0."

Answer must be in range from 0 up to 70.

Check response against HeadDays (CC036). Answer cannot be more than 12 times response to HeadDays (child cannot be in Head Start more than 12 hours per day).

ENTER NUMBER OF HOURS.

REFUSEDRF
DON'T KNOWDK

CC045

HELP AVAILABLE

Counting {CHILD/TWIN}, how many children {are/were} usually in {his/her} room or group, at the same time, at that Head Start program?

Answer must be in range 1 to 30.

Interviewer is allowed to override this range up to 75.

ENTER NUMBER OF CHILDREN.

REFUSEDRF
DON'T KNOWDK

CC050

HELP AVAILABLE

How many adults {are/were} usually in {CHILD/TWIN}'s room or group, at the same time, at that Head Start program?

Answer must be in range 1 up to 8.

Interviewer is allowed to override this range up to 25.

ENTER NUMBER OF ADULTS.

REFUSEDRF
DON'T KNOWDK

CC060

HELP AVAILABLE

What language {does/did} {CHILD/TWIN}'s teacher at that Head Start program speak most with {him/her}?

- ENGLISH1
- ARABIC2
- CHINESE.....3
- FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.).....4
- FRENCH.....5
- GERMAN6
- GREEK7
- ITALIAN8
- JAPANESE.....9
- KOREAN.....10
- POLISH11
- PORTUGUESE12
- SPANISH.....13
- VIETNAMESE.....14
- AFRICAN.....15
- EAST EUROPEAN.....16
- NATIVE AMERICAN17
- SIGN LANGUAGE.....18
- MIDDLE EASTERN.....19
- WEST EUROPEAN20
- INDIAN SUBCONTINENT.....21
- SOUTHEAST ASIAN.....22
- PACIFIC ISLAND23
- ENTER SOME OTHER LANGUAGE91
- (Specify) [What other language {does/did} {CHILD/TWIN}'s teacher speak most with {him/her}?] _____
- REFUSED..... RF
- DON'T KNOW..... DK

CC065

HELP AVAILABLE

{Is/was} there any charge or fee for the program, paid by either you or someone else?

- YES.....1
- NO.....2 (CC115)
- REFUSED.....RF (CC115)
- DON'T KNOW.....DK (CC115)

CC070

HELP AVAILABLE

How much {did/does} your household pay for {CHILD/TWIN} to go to the Head Start program?

Answer must be in range from 0 up to 40,000.

\$[][], [][][]
ENTER AMOUNT.

- ZERO.....0 (CC115)
- REFUSED.....RF (CC115)
- DON'T KNOW.....DK (CC115)

CC070a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC070.

ENTER UNIT.

- PER HOUR.....1
- PER DAY2
- PER WEEK.....3
- PER BI-WEEKLY (EVERY 2 WEEKS)4
- PER MONTH5
- PER YEAR6
- ENTER OTHER (Specify)91

[What is the unit of cost for the Head Start program?]

CC100BX

IF THERE ARE OTHER CHILDREN IN THE HOUSEHOLD, ASK THE FOLLOWING 2 QUESTIONS.

ELSE, GO TO CC115.

CC100

HELP AVAILABLE

{Is/was} this amount for {CHILD/TWIN} only, or {did/does} it include other children in your household?

- CHILD ONLY1 (CC115)
- CHILD AND OTHER(S)2
- REFUSED.....RF (CC115)
- DON'T KNOW.....DK (CC115)

CC105

HELP AVAILABLE

How many children {is/was} this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

Answer cannot be greater than number of household members under 18.

ENTER NUMBER OF CHILDREN.

- REFUSED.....RF
- DON'T KNOW.....DK

CC115

HELP AVAILABLE

{Now I want to ask you about any care child is receiving from relatives not including Head Start programs.} Is {CHILD/TWIN} now receiving care from a relative other than a parent on a regular basis {before or after school}; for example, from grandparents, brothers or sisters, or any other relatives?

DISPLAY:

“Now I want ...” if CC015 = yes, else display nothing. Display “before or after school” if SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1.

- YES.....1 (CC135)
- NO.....2 (CC220)
- REFUSED.....RF (CC220)
- DON'T KNOW.....DK (CC220)

CC135

How many different regular care arrangements do you currently have with relatives for {CHILD/TWIN}?

- ONE.....1
- TWO.....2
- THREE.....3
- FOUR OR MORE.....4
- REFUSED.....RF
- DON'T KNOW.....DK

CC140

HELP AVAILABLE

{Let's talk about the relative who provides the most care for {CHILD/TWIN} now.} Is that relative {CHILD/TWIN}'s...

DISPLAY INSTRUCTIONS:

If multiple arrangements (CC135 = 2, 3, or 4) display the sentence “Let's talk about...{CHILD/TWIN} now.” Else, use a null display.

- Grandparent,1
- Aunt,2
- Uncle,.....3
- Brother,4
- Sister, or5
- Another relative?.....91
- (Specify) *[Who is the relative that takes care of the {CHILD/TWIN}?* _____
- REFUSED.....RF (CC220)
- DON'T KNOW.....DK

CC141BX

IF (SE010 = 1 OR SE015=1) AND SE030 NE 1 AND SE032 NE 1, ASK CC141.

ELSE, ASK CC145.

(CC141 IS ASKED FOR CHILDREN IN SCHOOL OR HOMESCHOOLED AND NOT IN PRESCHOOL)

CC141

Does {CHILD/TWIN} receive care from {{his/her} {RELATIVE}/that relative} before school, after school, or on weekends?

CODE ALL THAT APPLY.

DISPLAY INSTRUCTIONS:

If relative named above in CC140, display “{RELATIVE}”: “aunt,” “uncle,” “brother,” “sister,” “grandparent” as appropriate. Otherwise, display “that relative.”

- BEFORE SCHOOL 1
- AFTER SCHOOL 2
- ON WEEKENDS 3
- REFUSED RF
- DON'T KNOW DK

CC145

HELP AVAILABLE

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

- OWN HOME 1
- OTHER HOME 2
- BOTH/VARIES 3
- REFUSED RF
- DON'T KNOW DK

CC165

HELP AVAILABLE

How many hours each week does {CHILD/TWIN} receive care from {{his/her} {RELATIVE}/that relative}?

Answer must be in range from 0 up to 80.

Interviewer may override range up to 120.

ENTER NUMBER OF HOURS.

- REFUSED RF
- DON'T KNOW DK

CC170

HELP AVAILABLE

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

Answer must be in range from 1 up to 7.

Check response against CC165. CC165 divided by CC170 cannot be greater than 24 (child cannot be in relative care more than 24 hours per day).

|_|
ENTER NUMBER OF DAYS.

REFUSED.....RF
DON'T KNOW.....DK

CC175

HELP AVAILABLE

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

Answer must be in range 1 up to 30.

Interviewer is allowed to override this range up to 75.

|_|_|
ENTER NUMBER OF CHILDREN.

REFUSED.....RF
DON'T KNOW.....DK

CC180

HELP AVAILABLE

How many adults usually care for {CHILD/TWIN} at the same time during that care arrangement?

Answer must be in range 1 up to 8.

Interviewer is allowed to override this range up to 25.

|_|
ENTER NUMBER OF ADULTS.

REFUSED.....RF
DON'T KNOW.....DK

CC190

HELP AVAILABLE

What language does {{CHILD/TWIN}}’s {RELATIVE}/that relative} speak most when caring for {CHILD/TWIN}?

ENGLISH	1
ARABIC	2
CHINESE.....	3
FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.).....	4
FRENCH.....	5
GERMAN	6
GREEK	7
ITALIAN	8
JAPANESE.....	9
KOREAN.....	10
POLISH	11
PORTUGUESE	12
SPANISH.....	13
VIETNAMESE.....	14
AFRICAN.....	15
EAST EUROPEAN	16
NATIVE AMERICAN	17
SIGN LANGUAGE.....	18
MIDDLE EASTERN.....	19
WEST EUROPEAN	20
INDIAN SUBCONTINENT.....	21
SOUTHEAST ASIAN	22
PACIFIC ISLAND	23
ENTER SOME OTHER LANGUAGE.....	91
(Specify) [<i>What other language {does/did} {CHILD/TWIN}’s teacher speak most with {him/her}??</i>]	
REFUSED.....	RF
DON’T KNOW.....	DK

CC195

HELP AVAILABLE

Is there any charge or fee for the care {CHILD/TWIN} receives from {{his/her}{RELATIVE}/that relative}, paid either by you or someone else?

YES.....	1
NO.....	2 (CC218BX)
REFUSED.....	RF (CC218BX)
DON’T KNOW.....	DK (CC218BX)

CC205

HELP AVAILABLE

How much does your household pay {{CHILD/TWIN}}’s {{RELATIVE}}/that relative to care for {{CHILD/TWIN}}?

Answer must be in range 0 up to 40,000.

\$|_|_|_|, |_|_|_|_|

ENTER AMOUNT TO THE NEAREST.
DOLLAR. (Allow zero.)

- ZERO.....0 (CC218BX)
- REFUSED..... RF (CC218BX)
- DON’T KNOW..... DK (CC218BX)

CC205a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC205.

|_|

ENTER UNIT.

- PER HOUR.....1
- PER DAY2
- PER WEEK.....3
- PER BI-WEEKLY (EVERY 2 WEEKS)4
- PER MONTH5
- PER YEAR6
- ENTER OTHER91

(Specify) [*What other unit of pay is there for the program?*] _____

CC210BX

IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD,
ASK CC210.

ELSE GO TO CC218BX.

CC210

HELP AVAILABLE

Is this amount for {{CHILD/TWIN}} only, or does it include other children in your household?

- CHILD ONLY1 (CC218BX)
- CHILD AND OTHER(S)2
- REFUSED.....RF (CC218BX)
- DON’T KNOW.....SK (CC218BX)

CC215

HELP AVAILABLE

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

Answer cannot be greater than number of household members under 18.

ENTER NUMBER OF CHILDREN.

REFUSED.....RF
DON'T KNOW.....DK

CC218BX

IF CC135 = 1, RF, OR DK, GO TO CC220.
ELSE GO TO CC218.

CC218

HELP AVAILABLE

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

Answer must be in range from 0 to 80.

ENTER NUMBER OF HOURS.

REFUSED.....RF
DON'T KNOW.....DK

CC220

HELP AVAILABLE

Now I'd like to ask you about any care {CHILD/TWIN} receives from someone not related to {him/her} in your home or someone else's home on a regular basis, not including Head Start {before or after school}. This includes home child care providers, regular sitters, or neighbors, but does not include day care centers or preschools. Is {CHILD/TWIN} now receiving care in a private home on a regular basis from someone who is not related to {him/her}?

DISPLAY INSTRUCTION:

DISPLAY 'BEFORE OR AFTER SCHOOL' IF SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1.

YES.....1
NO.....2 (CC410BX)
REFUSED.....RF (CC410BX)
DON'T KNOW.....DK (CC410BX)

CC240

HELP AVAILABLE

{Not including Head Start}, how many different regular care arrangements do you currently have with non-relatives for {CHILD/TWIN}?

- ONE.....1
- TWO.....2
- THREE.....3
- FOUR OR MORE.....4
- REFUSED.....RF
- DON'T KNOW.....DK

CC245

HELP AVAILABLE

{Let's talk about the non-relative who provides the most care for {CHILD/TWIN}.} Is that care provided in your home or another home?

DISPLAY INSRUCTIONS:

If CC140 >1, display the sentence "Let's talk about...{CHILD/TWIN}." Otherwise, use a null display.

- OWN HOME.....1
- OTHER HOME.....2
- BOTH/VARIES.....3
- REFUSED.....RF
- DON'T KNOW.....DK

CC246BX

IF (SE010 = 1 OR SE015 = 1) AND SE030 NE 1 AND SE032 NE 1, ASK CC246.

ELSE, ASK CC248.

(CC246 IS ASKED FOR CHILDREN IN SCHOOL OR HOMESCHOOLED AND NOT IN PRESCHOOL.)

CC246

Does {CHILD/TWIN} receive care from that person before school, after school, or on weekends?

CODE ALL THAT APPLY.

- BEFORE SCHOOL.....1
- AFTER SCHOOL.....2
- ON WEEKENDS.....3
- REFUSED.....RF
- DON'T KNOW.....DK

CC248

Does this person who cares for {CHILD/TWIN} live in your household?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CC265

HELP AVAILABLE

How many days each week does {CHILD/TWIN} receive care from that person?

Answer must be in range from 1 up to 7.

ENTER NUMBER OF DAYS.

REFUSEDRF
DON'T KNOWDK

CC270

HELP AVAILABLE

How many hours each week does {CHILD/TWIN} receive care from that person?

Answer must be in range from 0 up to 80.

Interviewer may override range up to 120.

Answer cannot be more than 24 times response to WeekDays (child cannot be in nonrelative care more than 24 hours per day).

ENTER NUMBER OF HOURS.

REFUSEDRF
DON'T KNOWDK

CC275

HELP AVAILABLE

How many children are usually cared for together, in the same group at the same time, by that person, counting {CHILD/TWIN}?

Answer must be in range 1 up to 30.

Interviewer may override range up to 75.

ENTER NUMBER OF CHILDREN.

REFUSEDRF
DON'T KNOWDK

CC280

HELP AVAILABLE

How many adults usually care for {CHILD/TWIN} at the same time during that care arrangement?

Answer must be in range from 1 up to 8.

Interviewer may override range up to 25.

ENTER NUMBER OF ADULTS.

REFUSEDRF
DON'T KNOWDK

CC290

HELP AVAILABLE

What language does {{CHILD/TWIN}}’s care provider speak most when caring for {CHILD/TWIN}?

- ENGLISH1
- ARABIC2
- CHINESE.....3
- FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.).....4
- FRENCH.....5
- GERMAN6
- GREEK7
- ITALIAN8
- JAPANESE.....9
- KOREAN.....10
- POLISH11
- PORTUGUESE12
- SPANISH.....13
- VIETNAMESE.....14
- AFRICAN.....15
- EAST EUROPEAN16
- NATIVE AMERICAN17
- SIGN LANGUAGE.....18
- MIDDLE EASTERN.....19
- WEST EUROPEAN20
- INDIAN SUBCONTINENT.....21
- SOUTHEAST ASIAN22
- PACIFIC ISLAND23
- ENTER SOME OTHER LANGUAGE91
- [What language does the care provider speak most when caring for the {CHILD/TWIN}??]* _____
- REFUSED..... RF
- DON’T KNOW..... DK

CC295

HELP AVAILABLE

Is there any charge or fee for the care {CHILD/TWIN} receives from this person, paid either by you or someone else?

- YES.....1
- NO.....2 (CC318BX)
- REFUSED.....RF (CC318BX)
- DON’T KNOW.....DK (CC318BX)

CC305

HELP AVAILABLE

How much does your household pay this person to care for {CHILD/TWIN}?

Answer must be in range from 0 up to 40,000.

\$|_|_|, |_|_|_|
ENTER AMOUNT.

- ZERO..... 0 (CC318BX)
- REFUSED.....RF (CC318BX)
- DON'T KNOW.....DK (CC318BX)

CC307

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC305.

|_|
ENTER UNIT.

- PER HOUR.....1
 - PER DAY2
 - PER WEEK.....3
 - PER BI-WEEKLY (EVERY 2 WEEKS)4
 - PER MONTH5
 - PER YEAR6
 - ENTER OTHER (Specify)91
- [What other unit of pay is there for program?]*
-

CC310BX

IF THERE ARE OTHER CHILDREN IN THE HOUSEHOLD UNDER 12, ASK THE NEXT TWO QUESTIONS.

ELSE, GO TO CC318BX.

CC310

HELP AVAILABLE

Is this amount for {CHILD/TWIN} only, or does it include other children in your household?

- CHILD ONLY1 (CC318BX)
- CHILD AND OTHER(S)2
- REFUSED.....RF (CC318BX)
- DON'T KNOW.....DK (CC318BX)

CC315

HELP AVAILABLE

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

ENTER NUMBER OF CHILDREN.

REFUSED.....RF
DON'T KNOW.....DK

CC318BX

IF CC240 > 1 (CHILD IS CURRENTLY RECEIVING CARE FROM MORE THAN ONE NON-RELATIVE), GO TO CC318.
ELSE, GO TO CC410BX.

CC318

HELP AVAILABLE

You said that {CHILD/TWIN} was cared for by {NUMBER} other non-{relative/relatives} on a regular basis. How many total hours each week does {CHILD/TWIN} receive care from {this/these} non-{relative/relatives}?

Answer must be in range from 0 up to 80.

ENTER NUMBER OF HOURS.

REFUSED.....RF
DON'T KNOW.....DK

CC410BX

IF SE010 NE 1 (NOT IN SCHOOL) AND SE015 NE1 (NOT HOMESCHOOLED) OR SE030 = 1 OR SE032 = 1 (IN PRESCHOOL), ASK CC410A.
IF SE010=1 (IN SCHOOL) OR SE015 = 1 (HOMESCHOOLED) AND SE030 NE 1 AND SE032 NE 1 (NOT IN PRESCHOOL), ASK CC410B.

CC410a

HELP AVAILABLE

Now I want to ask you about child care centers, nursery schools, pre-kindergarten programs {CHILD/TWIN} may attend, not including Head Start programs. Is {CHILD/TWIN} now attending a center-based care program on a regular basis?

YES.....1 (CC430)
NO.....2 (CC495BX)
REFUSED.....RF (CC495BX)
DON'T KNOW.....DK (CC495BX)

CC410b.

Now I want to ask you about before- and after-school care programs that take place in child care centers or at the school that {CHILD/TWIN} may attend. Is {CHILD/TWIN} now attending a before and after care program on a regular basis?

- YES.....1 (CC430)
- NO.....2 (CC495BX)
- REFUSED.....RF (CC495BX)
- DON'T KNOW.....DK (CC495BX)

CC430

HELP AVAILABLE

{Not including Head Start}, How many different day care centers, nursery schools, preschools, pre-kindergartens or before- or after-school programs does {CHILD/TWIN} currently go to?

DISPLAY INSTRUCTIONS:

Display “Not including Head Start” if respondent indicated child participates in Head Start.

- ONE.....1
- TWO.....2
- THREE.....3
- FOUR OR MORE.....4
- REFUSED.....RF
- DON'T KNOW.....DK

CC432

{Let’s talk about the program where {CHILD/TWIN} spends the most time.} Would you call {it/the program}...

DISPLAY INSTRUCTIONS:

If CC430 = 2, 3, or 4, display the sentence “Let’s talk about... {CHILD/TWIN} spends the most time.”

- A day care center.....1
- A nursery school.....2
- A preschool.....3
- A pre-kindergarten.....4
- A before- or after-school program, or.....5
- Something else?.....6
- SPECIFY _____
- REFUSED.....RF
- DON'T KNOW.....DK

CC432ABX

IF (SE010 = 1 OR SE015=1) AND SE030 NE 1 AND SE032 NE 1, ASK CC432A.
 ELSE, ASK CC433.
 (CC432A IS ASKED FOR CHILDREN IN SCHOOL OR HOMESCHOOLED AND NOT IN PRESCHOOL.)

CC432a

Does {CHILD/TWIN} receive care at that center before school, after school, or on weekends?

CODE ALL THAT APPLY.

- BEFORE SCHOOL 1
- AFTER SCHOOL 2
- ON WEEKENDS 3
- REFUSED RF
- DON'T KNOW DK

CC433

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 building?

- YOUR HOME 1
- ANOTHER HOME 2
- A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP 3
- A PUBLIC SCHOOL 4
- A PRIVATE SCHOOL 5
- A COLLEGE OR UNIVERSITY 6
- A COMMUNITY CENTER 7
- A PUBLIC LIBRARY 8
- ITS OWN BUILDING 9
- MORE THAN ONE PLACE 10
- ENTER SOME OTHER PLACE 11
- [Where is the program located?] _____*
- REFUSED RF
- DON'T KNOW DK

CC436

HELP AVAILABLE

How many days each week does {CHILD/TWIN} go to that program?

Answer must be in range from 1 up to 7.

ENTER NUMBER OF DAYS.

- REFUSED RF
- DON'T KNOW DK

CC440

HELP AVAILABLE

How many hours each week does {CHILD/TWIN} go to that program?

Answer must be in range from 0 up to 70.

Answer cannot be more than 12 times response to CC436 (child cannot be in center-based care more than 12 hours per day).

ENTER NUMBER OF HOURS.

REFUSED.....RF
DON'T KNOW.....DK

CC445

HELP AVAILABLE

How many children are usually in {CHILD/TWIN}'s room or group, at the same time, at that program?

Answer must be in range from 1 up to 30.

Interviewer is allowed to override this range up to 75.

ENTER NUMBER OF CHILDREN.

REFUSED.....RF
DON'T KNOW.....DK

CC450

HELP AVAILABLE

How many adults are usually in {CHILD/TWIN}'s room or group, at the same time, at that program?

Answer must be in range from 1 up to 8.

Interviewer may override range up to 25.

ENTER NUMBER OF ADULTS.

REFUSEDRF
DON'T KNOWDK

CC460

HELP AVAILABLE

What language does {CHILD/TWIN}'s teacher at that program speak most with {him/her}?

- ENGLISH 1
 - ARABIC 2
 - CHINESE..... 3
 - FILIPINO LANGUAGE (E.G., TAGALOG,
ILOCANO, ETC.) 4
 - FRENCH..... 5
 - GERMAN 6
 - GREEK 7
 - ITALIAN 8
 - JAPANESE..... 9
 - KOREAN..... 10
 - POLISH 11
 - PORTUGUESE 12
 - SPANISH..... 13
 - VIETNAMESE 14
 - AFRICAN..... 15
 - EAST EUROPEAN 16
 - NATIVE AMERICAN 17
 - SIGN LANGUAGE..... 18
 - MIDDLE EASTERN..... 19
 - WEST EUROPEAN 20
 - INDIAN SUBCONTINENT..... 21
 - SOUTHEAST ASIAN 22
 - PACIFIC ISLAND 23
 - ENTER SOME OTHER LANGUAGE 91
- [What language does the teacher speak most with
the child?]*
-
- REFUSED..... RF
 - DON'T KNOW..... DK

CC465

HELP AVAILABLE

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

- YES..... 1
- NO..... 2 (CC488BX)
- REFUSED..... RF (CC488BX)
- DON'T KNOW..... DK (CC488BX)

CC475

HELP AVAILABLE

How much does your household pay for {CHILD/TWIN} to go to the program?

Answer must be in range from 0 up to 40,000.

\$|_|_|_|, |_|_|_|_|
ENTER AMOUNT.

- ZERO.....0 (CC488BX)
- REFUSED.....RF (CC488BX)
- DON'T KNOW.....DK (CC488BX)

CC475a

[IF NECESSARY] Is that per hour, per day, per week, per month, per year, or something else?

DISPLAY AMOUNT FROM CC475.

|_|
ENTER UNIT.

- PER HOUR.....1
 - PER DAY2
 - PER WEEK.....3
 - PER BI-WEEKLY (EVERY 2 WEEKS)4
 - PER MONTH5
 - PER YEAR6
 - ENTER OTHER91
- (Specify) [*What other unit of pay is there for the program?*] _____

CC480BX

IF THERE ARE OTHER CHILDREN IN THE HOUSEHOLD, ASK CC480.
OTHERWISE, SKIP TO CC488BX.

CC480

HELP AVAILABLE

Is this amount for {CHILD/TWIN} only, or does it include other children in your household?

- CHILD ONLY1 (CC488BX)
- CHILD AND OTHER(S)2
- REFUSED.....RF (CC488BX)
- DON'T KNOW.....DK (CC488BX)

CC485

HELP AVAILABLE

How many children is this amount for, including {CHILD/TWIN}?

Answer must be in range from 2 up to 12.

ENTER NUMBER OF CHILDREN.

REFUSED.....RF

DON'T KNOW.....DK

CC488BX

IF CC430 > 1 (CHILD IS CURRENTLY ATTENDING MORE THAN ONE CENTER-BASED PROGRAM), GO TO CC488.

ELSE, GO TO CC495BX.

CC488

HELP AVAILABLE

You said that {CHILD/TWIN} attended {NUMBER} other {program/programs} on a regular basis. How many total hours each week does {CHILD/TWIN} attend {this/these} {program/programs}?

DISPLAY INSTRUCTIONS:

Number equals "one" if CC430 = 2, "two" if CC430 = 3, and "three or more" if CC430 = 4.

Answer must be in range from 0 up to 70.

ENTER NUMBER OF HOURS.

REFUSED.....RF

DON'T KNOW.....DK

CC495BX

IF CC015 = 1 (CHILD IS CURRENTLY ATTENDING HEAD START) OR CC410A OR CC410B = 1 (CHILD IS CURRENTLY ATTENDING OTHER CENTER-BASED PROGRAM), GO TO CC495A.

ELSE, GO TO INSTRUCTION BEFORE CC515BX.

CC495a

HELP AVAILABLE

How well does {CHILD/TWIN}'s {school/Head Start program/center} let you know how {CHILD/TWIN} is doing in {school/the program}? Would you say they do this very well, just ok, or don't do it at all??

DISPLAY INSTRUCTIONS:

If TMOSTCARE = HEADSTARTC, display "program."

If TMOSTCARE = CENTERC and SE010 = 2 (child not enrolled in school), display "center" if CC432 = 1, or "school" if CC432 >1.

If TMOSTCARE = CENTERC and (SE030 = 2 or 3 OR SE032 = 2) (child enrolled in K or 1st grade), display "center" if CC432 = 1 or "program" if CC432 > 1.

If TMOSTCARE = PUBLICPRE and SE010 = 2 (child not enrolled in school), display "school."

If TMOSTCARE = PUBLICPRE and (SE030 = 2 or 3 OR SE032 = 2) (child enrolled in K or 1st grade), display "program."

VERY WELL	1
JUST OK.....	2
NOT AT ALL	3
REFUSED.....	RF
DON'T KNOW.....	DK

CC515BX

IF ((CC015 = YES AND CC040 >0 AND CC065 = YES) (FEE FOR HEAD START)
OR (CC165 > 0 AND CC195 = YES) (FEE FOR REALTIVE CARE) OR
(CC270 > 0 AND CC295 = YES) (FEE FOR NON-REALTIVE CARE) OR
(CC440 > 0 AND CC465 = YES)) (FEE FOR CENTER CARE) GO TO CC515.
ELSE GO TO CC518BX.

CC515

Do any of the following people or organizations help to pay for {CHILD/TWIN}'s {{RELATIVE}/relative care giver/non-relative care giver/child care center} to care for {him/her}, {or for {him/her} to attend Head Start}? How about...

DISPLAY INSTRUCTIONS:

Display according to whichever care arrangement the child spends the most hours in per week (whichever of CC040, CC165, CC270, CC440 is greatest).

If Head Start is greatest: {CHILD/TWIN} to attend Head Start.

Relative care is greatest: {CHILD/TWIN}'s {{RELATIVE}/relative care giver} to care for {him/her}.

Non-relative care is greatest: {CHILD/TWIN}'s non-relative care giver to care for {him/her}.

Public preschool is greatest and CC433 = 4: {CHILD/TWIN}'s preschool.

Center-based care is greatest and CC433 NE 4: {CHILD/TWIN}'s preschool.

- a. A relative of {CHILD/TWIN} outside your household who provides money specifically for that care?**
- b. A social service or welfare agency?**
- c. An employer?**
- d. Someone else?**

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CC518BX

ASK CC518 AND CC519 OF CHILDREN IN KINDERGARTEN (SE030 = 2 OR SE032 = 2), WHO DID NOT REPORT CENTER-BASED OR HEAD START CARE IN ANY PREVIOUS ROUND – 9-MONTH, 2-YEAR, OR PRESCHOOL.

ELSE SKIP TO CC520.

CC518

Did {CHILD/TWIN} ever attend preschool? By preschool, we mean a child care center, nursery school, or pre-kindergarten program, including Head Start.”

YES.....1
 NO.....2 (CC520)
 REFUSED.....RF (CC520)
 DON'T KNOW.....DK (CC520)

CC519

How many months did {CHILD/TWIN} attend that preschool?

Soft range: 1-24

Hard range: 1-76

____ ENTER NUMBER OF MONTHS.
REFUSED.....RF
DON'T KNOW.....DK

CC520

HELP AVAILABLE

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

YES.....1
NO.....2 (CC535)
REFUSEDRF (CC535)
DON'T KNOW.....DK (CC535)

CC521

About how often does this happen?

ALMOST EVERY DAY1
A FEW TIMES A WEEK.....2
ONCE A WEEK3
A FEW TIMES A MONTH.....4
ONCE A MONTH.....5
LESS OFTEN6
IT'S ONLY HAPPENED ONCE OR TWICE7
REFUSED.....RF
DON'T KNOW.....DK

CC535BX

If CHILD and TWIN are in same care arrangement, ask CC535 [DIFFCC] on CHILD path only. Else, ask CC535 [DIFFCC] for both CHILD and TWIN.

Ask CC536 on CHILD path only.

CC535

How much difficulty did you have finding the type of child care or early childhood program you wanted for {{CHILD/TWIN}}/{{CHILD} and {TWIN}}? Would you say...

DISPLAY INSTRUCTIONS:

If CHILD and TWIN are in same care arrangement, display {{{CHILD} and {TWIN}}.

- A lot1
- Some2
- A little3
- No difficulty, or4
- Have you not found the child care or program you wanted?5
- HAVE NOT LOOKED FOR CARE6 (CC600BX)
- REFUSED..... RF (CC600BX)
- DON'T KNOW..... DK (CC600BX)

CC536

HELP AVAILABLE

Do you feel there are good choices for child care where you live?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CC600BX

IF CC410B = 1 (IN BEFORE/AFTER SCHOOL CARE), GO TO CC600.

ELSE GO TO SECTION 8-CH.

CC600

Now I'd like to ask about {CHILD/TWIN}'s activities during the time {he/she} spends at the after-school program. During those after-school hours, what does {CHILD/TWIN} spend most of {his/her} time doing? You may name up to three things.

- HOMEWORK/SCHOOL-RELATED/EDUCATIONAL1
- COMPUTERS2
- READING/WRITING (NON-SCHOOL-RELATED).....3
- ARTS (PERFORM OR STUDY MUSIC, CRAFTS, DRAMA, ETC.)4
- CHORES/WORK5
- OUTDOOR PLAY/ACTIVITIES/SPORTS.....6
- INDOOR PLAY7
- TELEPHONE8
- EATING/SNACKS.....9
- TELEVISION/VIDEOS/VIDEO GAMES/LISTENING TO MUSIC10
- TALKING TO CARE PROVIDER.....11
- TALKING WITH FRIENDS/SOCIALIZING12
- OTHER13
- SPECIFY _____

CC605

Does the program set aside time for physical activities like sports or games?

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

CC610

Does the program set aside time for {CHILD/TWIN} to do homework?

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

CC615

Does {CHILD/TWIN} have the opportunity to use a computer at the program?

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

GO TO SECTION CH

SECTION CH: CHILD HEALTH

CH021

Now I'd like to ask you about {CHILD/TWIN}'s eating habits and health.

The next questions ask about food {CHILD/TWIN} ate or drank during the past 7 days. Think about all the meals and snacks {CHILD/TWIN} had from the time {he/she} got up until {he/she} went to bed. Be sure to include food {CHILD/TWIN} ate at home, preschool or school, restaurants, play dates, anywhere else, and over the weekend.

Let's start with the kinds of milk {CHILD/TWIN} drinks. Include all types of milk, including cow's milk, soy milk or any other kind of milk; include the milk {he/she} drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass. During the past 7 days, how many times did {CHILD/TWIN} drink milk? Would you say...

SHOW CARD CH-1

Once a day,	1
Twice a day,	2
Three times a day,	3
Four or more times a day,	4
One to three times during the past 7 days,	5
Four to six times during the past 7 days, or	6
Your child did not drink milk during the past 7 days	7 (CH041)
REFUSED.....	RF (CH041)
DON'T KNOW.....	DK

CH037

What kind of milk did your child usually (most often) drink during the past 7 days?

SHOW CARD CH-2

WHOLE MILK.....	1
2% MILK.....	2
SKIM MILK.....	3
LOW FAT OR 1% MILK.....	4
SOY MILK.....	5
BOTH REGULAR COW'S MILK AND SOY MILK.....	6
SOME OTHER.....	7
<i>SPECIFY OTHER KIND OF MILK:</i> _____	
REFUSED.....	RF
DON'T KNOW.....	DK

CH041

During the past 7 days, how many times did your child drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit-flavored drinks.

SHOW CARD CH-03

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT DRINK 100% FRUIT JUICE DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW.....	DK

CH043

During the past 7 days, how many times did your child drink Soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?

SHOW CARD CH-04

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT DRINK ANY DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW.....	DK

CH044

During the past 7 days, how many times did your child eat fresh fruit, such as apples, bananas, oranges, berries or other fruit such as applesauce, canned peaches, canned fruit cocktail, frozen berries, or dried fruit? Do not count fruit juice.

SHOW CARD CH-05

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES PER DAY	5
4 TO 6 TIMES PER DAY	6
CHILD DID NOT EAT FRUIT DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW.....	DK

CH045

During the past 7 days, how many times did your child eat vegetables other than French fries and other fried potatoes? Include vegetables like those served as a stir fry, soup, or stew in your response.

SHOW CARD CH-06

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT VEGETABLES DURING THE PAST 7 DAYS.....	7
REFUSED.....	RF
DON'T KNOW.....	DK

CH046

During the past 7 days, how many times did your child eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider both eating out, carry out, and delivery of meals in your response.

SHOW CARD CH-07

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT FOOD FROM A FAST FOOD RESTAURANT DURING THE PAST 7 DAYS	7
REFUSED.....	RF
DON'T KNOW.....	DK

CH047

During the past 7 days, how many times did your child eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?

SHOW CARD CH-08

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES DURING THE PAST 7 DAYS	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT ANY SWEETS DURING THE PAST 7 DAYS	7
REFUSED.....	RF
DON'T KNOW.....	DK

CH048

During the past 7 days, how many times did your child eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods?

SHOW CARD CH-09

1 TIME PER DAY	1
2 TIMES PER DAY	2
3 TIMES PER DAY	3
4 OR MORE TIMES PER DAY	4
1 TO 3 TIMES PER DAY	5
4 TO 6 TIMES DURING THE PAST 7 DAYS	6
CHILD DID NOT EAT ANY SALTY SNACKS DURING THE PAST 7 DAYS	7
REFUSED.....	RF
DON'T KNOW.....	DK

CH050a

Do you have your child on any special diet?

YES.....	1
NO.....	2 (CH051)
REFUSED.....	RF (CH051)
DON'T KNOW.....	DK (CH051)

CH050b

What type of diet?

CODE ALL THAT APPLY.

LOW SATURATED FAT AND CHOLESTEROL	1
MILK PROTEIN FREE.....	2
LACTOSE FREE.....	3
GLUTEN RESTRICTED	4
PEANUT FREE.....	5
SHELLFISH FREE.....	6
EGG FREE	7
VEGETARIAN.....	8
REFUSED.....	RF
DON'T KNOW.....	DK

CH051

During the past 12 months, did {CHILD/TWIN} take any vitamin or mineral supplements of any kind?

YES.....	1
NO.....	2
REFUSED.....	RF
DON'T KNOW.....	DK

CH055

Would you say {CHILD/TWIN}'s health is...

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

CH057BX

PRE-LOAD DENTAL CARE FROM PRIOR ROUND DATA. IF PRIOR ROUND CH057 = 1, GO TO CH060.
ELSE ASK CH057

CH057

Has {CHILD/TWIN} ever been to a dentist or dental hygienist for dental care?

- YES..... 1
- NO..... 2
- REFUSED.....RF
- DON'T KNOW.....DK

CH060

HELP AVAILABLE

Since {CHILD/TWIN} turned 4 years old, how many times has {CHILD/TWIN} gone for well-child checkups?

PROBE: These are visits to the doctor when {he/she} isn't sick, but to get {him/her} checked over or to get vaccinations.

Answer must be in range from 0 up to 2.

Interviewer may override range up to 4.

IF "0" GO TO CH080.

NUMBER OF TMES

- REFUSED.....RF
- DON'T KNOW.....DK

CH065

What kind of place do you usually take {CHILD/TWIN} for checkups?

- CLINIC OR HEALTH CENTER 1
- DOCTOR’S OFFICE OR HMO2
- HOSPITAL EMERGENCY ROOM3
- HOSPITAL OUTPATIENT DEPARTMENT.....4
- SOME OTHER PLACE5
- DOESN’T GO TO ONE PLACE MOST OFTEN.....6
- REFUSED.....RF
- DON’T KNOW.....DK

CH080

HELP AVAILABLE

Since {CHILD/TWIN} turned 4 years old, has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} has...

- a. Asthma?**
- b. A respiratory illness, such as bronchitis, pneumonia, or bronchiolitis?**
- c. An ear infection?**

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON’T KNOW.....DK

CH085BX
 IF CH080A = 1 (ASTHMA), GO TO CH085. ELSE, GO TO CH100BX.

CH085

Since {CHILD/TWIN} turned 4 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had an asthma attack?

Answer must be in range from 0 up to 4.

Interviewer may override range up to 24.

IF “0,” GO TO CH096.

NUMBER OF TMES

- REFUSED.....RF
- DON’T KNOW.....DK

CH090

HELP AVAILABLE

How was {CHILD/TWIN}'s most recent episode of asthma treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

- INHALER/NEBULIZER.....1
- ALBUTEROL.....2
- NO TREATMENT/WATCH AND WAIT.....3
- ANTIBIOTICS4
- STEROIDS/ANTI-INFLAMMATORIES.....5
- ENTER OTHER (Specify) [*How was the asthma treated?*] _____91
- REFUSED.....RF
- DON'T KNOW.....DK

CH095

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of asthma?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH096

Since {CHILD/TWIN} turned 4 years old, how many times did you treat an asthma attack {CHILD/TWIN} had at home instead of taking {him/her} to the doctor?

Answer must be in range from 0 up to 25.

Interviewer may override range up to 365.

NUMBER OF TMES

CH100BX

IF CH080B = 1 (RESPIRATORY ILLNESS), GO TO CH100.
ELSE, GO TO CH125BX.

CH100

Since {CHILD/TWIN} turned 4 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had bronchitis, pneumonia, or bronchiolitis?

Answer must be in range from 0 up to 4.

Interviewer may override range up to 24.

NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH105

HELP AVAILABLE

How was {CHILD/TWIN}'s most recent bout of bronchitis, pneumonia, or bronchiolitis treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

NO TREATMENT/WATCH AND WAIT.....1
ANTIBIOTICS2
ALBUTEROL.....3
INHALER/NEBULIZER.....4
DECONGESTANTS/ANTIHISTAMINES5
ANALGESICS (E.G., FEVER REDUCER OR PAIN
RELIEVER)6
RESP TREAT – STEROIDS/ANTI-INFLAMMATORIES7
ENTER OTHER (Specify) [*How was the bronchitis treated?*]
_____).....91
REFUSED.....RF
DON'T KNOW.....DK

CH110

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of bronchitis, pneumonia, or bronchiolitis?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CH125BX
IF CH080D = 1 (EAR INFECTION), GO TO CH125.
ELSE, GO TO CH140.

CH125

Since {CHILD/TWIN} turned 4 years old, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had an ear infection?

Answer must be in range from 0 up to 4.

Interviewer may override range up to 24.

NUMBER OF TMES

REFUSED.....RF
DON'T KNOW.....DK

CH130

HELP AVAILABLE

How was {CHILD/TWIN}'s {most recent/first/second/third} ear infection {since {he/she} turned 4 years old} treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

Ask for each of up to three ear infections—display “first” first time through, “second” second time through, “third” third time through, and “most recent” if CH125 response is “don’t know” or “refused.” If child only had one ear infection, use null display. Display “since {he/she} turned 4 years old” at all times except when displaying “most recent.”

NO TREATMENT/WATCH AND WAIT.....1
DECONGESTANTS/ANTIHISTAMINES2
ANTIBIOTICS3
WITH EAR TUBES4
ANALGESICS (E.G., FEVER REDUCER OR PAIN
RELIEVER)5
EAR DROPS.....6
ENTER OTHER (Specify) [*How was the ear infection
treated?*].....91
REFUSED.....RF
DON'T KNOW.....DK

CH135

Since {CHILD/TWIN} turned 4 years old, how many other times do you think {CHILD/TWIN} has had an ear infection or earache for which you did not seek medical treatment?

NEVER.....0
ONCE1
TWICE.....2
3-5 TIMES3
6 OR MORE TIMES4
REFUSED.....RF
DON'T KNOW.....DK

CH140

HELP AVAILABLE

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN} had ear tubes inserted?

- YES, IN ONE EAR 1
- YES, IN BOTH EARS.....2
- NO.....3
- REFUSED.....RF
- DON'T KNOW.....DK

CH145BX

IF CH140 = 1 OR 2 (EAR TUBES), GO TO CH145.
 ELSE, GO TO CH150.

CH145

HELP AVAILABLE

Were ear tubes inserted because of...

- Fluid in the ears,..... 1
- Ear infections, 2
- Both, or 3
- For another problem?..... 4
- ENTER (Specify) [*Why were ear tubes inserted?*]
- REFUSED.....RF
- DON'T KNOW.....DK

CH150

HELP AVAILABLE

Now, I want to ask you about any injuries {CHILD/TWIN} has had. Since {CHILD/TWIN} turned 4 years old, how many times has {he/she} seen a doctor or other medical professional or visited a clinic or emergency room for an injury?

- NEVER 0
- ONCE 1
- TWICE.....2
- THREE OR MORE TIMES3
- REFUSED.....RF
- DON'T KNOW.....DK

CH155BX

IF CH150 = 1 OR 2 OR 3 (ONE OR MORE INJURIES), GO TO CH155.
 ELSE, GO TO CH173BX.

CH155

(Tell me about the most serious injury.) What was the cause of this injury?

If multiple injuries reported, display “Tell me about the most serious injury.”

FALL	1
STRUCK BY OR STRIKING AGAINST SOMETHING	2
ANIMAL BITE OR INSECT STING	3
CUT OR PIERCED WITH SHARP OBJECT	4
POISONING, SOMETHING CHILD ATE OR DRANK.....	5
AUTO/TRUCK ACCIDENT: CHILD IN CAR.....	6
AUTO/TRUCK ACCIDENT: CHILD NOT IN CAR.....	7
BICYCLE/TRICYCLE INJURY.....	8
HEAT, HOT WATER, FIRE, OR ELECTRICITY.....	9
CHOKING	10
ACCIDENTAL SELF-INFLICTED INJURY	11
ENTER OTHER (Specify) [<i>What was the cause for the injury?</i>].....	91
REFUSED.....	RF
DON'T KNOW.....	DK

CH165

Where did this happen?

AT CHILD'S HOME.....	1
AT OTHER'S HOME	2
AT CHILD CARE CENTER/NURSERY/SCHOOL	3
STREET/HIGHWAY	4
PLAYGROUND, PLACE OF RECREATION OR SPORTS.....	5
ANOTHER PUBLIC BUILDING OR SPACE.....	6
ENTER OTHER (Specify) [<i>Where did the injury happen?</i>]	91
REFUSED.....	RF
DON'T KNOW.....	DK

CH170

Who was caring for {CHILD/TWIN} when this injury occurred?

CODE ALL THAT APPLY.

ME (RESPONDENT).....	1
SPOUSE/PARTNER	2
CHILD'S SIBLING.....	3
ANOTHER RELATIVE.....	4
SOMEONE ELSE.....	91
ENTER OTHER (Specify) [<i>Who was caring for the child when the injury occurred?</i>].....	
REFUSED.....	RF
DON'T KNOW.....	DK

CH170a

Was {CHILD/TWIN} hospitalized at least one night because of this injury?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH173BX

ASK CH173 ONLY IF SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1 (CHILD IS IN SCHOOL).

ELSE GO TO CH175.

CH173

Has {CHILD/TWIN} missed two or more weeks of school this year because of a health problem?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH175

Are {CHILD/TWIN}'s activities limited in any way because of a health problem?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH177

Has {CHILD/TWIN} taken a prescription medicine every day for at least three months?

PROBE: For example, this might be due to continuous prescriptions for antibiotics for ear infections.

- YES..... 1 (CH178)
- NO.....2 (CH179)
- REFUSED.....RF (CH179)
- DON'T KNOW.....DK (CH179)

CH178

Why does {CHILD/TWIN} have to take this medicine? Is it for...

- ADHD (or Attention Deficit Hyperactivity Disorder),1
- Another behavioral problem (not ADHD),2
- Asthma,3
- Allergies,4
- Seizures,5
- To get more fluoride, or6
- For some other reason?91
- ENTER OTHER (Specify) [*What is that other reason your child takes this medicine?*] _____
- REFUSED.....RF
- DON'T KNOW.....DK

CH179

{Besides the hospitalization for {REASON},} {H/h}as {CHILD/TWIN} been hospitalized since {CHILD/TWIN} turned 4 years old?

Display “REASON” if hospitalization for injury or illness was reported earlier in this interview.

DISPLAY INSTRUCTIONS:

IF CH095 = 1 (HOSPITALIZED FOR ASTHMA) OR CH110 = 1 (HOSPITALIZED FOR OTHER RESPIRATORY PROBLEM) OR CH170a = 1 (HOSPITALIZED FOR AN INJURY) display {Besides the hospitalization for {REASON},}.

FILL REASON WITH “asthma” IF CH095 = 1 AND/OR “respiratory problems” IF CH110 = 1 AND/OR “an injury” IF CH170a = 1.

- YES1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH181

HELP AVAILABLE

Now I have some questions about different disabilities your child might have.

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} ability to pay attention or learn?

- YES1
- NO.....2 (CH183)
- REFUSED.....RF (CH183)
- DON'T KNOW.....DK (CH183)

CH182

Did you obtain a diagnosis of a problem from a professional?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH183

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} overall activity level?

- YES..... 1
- NO.....2 (CH185)
- REFUSED.....RF (CH185)
- DON'T KNOW.....DK (CH185)

CH184

Did you obtain a diagnosis of a problem from a professional?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH185

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN} been evaluated by a professional in response to the use of {his/her} limbs?

- YES..... 1
- NO.....2 (CH187)
- REFUSED.....RF (CH187)
- DON'T KNOW.....DK (CH187)

CH186

Did you obtain a diagnosis of a problem from a professional?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH187

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN} been evaluated by a professional in response to {his/her} ability to communicate?

- YES.....1
- NO.....2 (CH189)
- REFUSED.....RF (CH189)
- DON'T KNOW.....DK (CH189)

CH188

Did you obtain a diagnosis of a problem from a professional?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH189

Does {CHILD/TWIN} have difficulty hearing and understanding speech in a normal conversation?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH190

HELP AVAILABLE

Since {CHILD/TWIN} turned 4 years old, have you had {CHILD/TWIN}'s hearing evaluated by a professional?

- YES.....1
- NO.....2 (CH192)
- REFUSED.....RF (CH192)
- DON'T KNOW.....DK (CH192)

CH191

Did you obtain a diagnosis of a problem from a professional?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH192

Now I want to ask you about {CHILD/TWIN}'s vision. Does {CHILD/TWIN} have difficulty seeing objects in the distance or letters on paper?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH193

HELP AVAILABLE

Since {CHILD/TWIN} turned 4 years old, has {CHILD/TWIN}'s vision been evaluated by a professional?

- YES.....1
- NO.....2 (CH196BX)
- REFUSED.....RF (CH196BX)
- DON'T KNOW.....DK (CH196BX)

CH194

Did you obtain a diagnosis of a problem from a professional?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH196BX

IF ANY DISABILITY DIAGNOSED IN CH182, CH184, CH186, CH188, CH191, OR CH194, THEN ASK CH196.

OTHERWISE, SKIP TO CH200.

CH196

HELP AVAILABLE

When a child with a disability or developmental delay receives special education and/or related services sponsored through your local education agency – that is, the school system – these services are initiated after a diagnosis of condition, or professional evaluation of the child, and development of an IEP, or an IFSP, which is discussed with and signed by the parent.

Is {CHILD/TWIN} receiving special education services related to either an IEP, or an IFSP?

- YES.....1
- NO.....2 (CH200)
- REFUSED.....RF (CH200)
- DON'T KNOW.....DK (CH200)

CH197

Where does {CHILD}/{TWIN} currently receive {his/her} special education services from?

CODE ALL THAT APPLY

- IN SCHOOL1
- CHILD CARE CENTER2
- AT HOME3
- IN A CLINICIAN'S OFFICE.....4
- SOMEWHERE ELSE.....5
- Specify _____91
- REFUSED.....RF
- DON'T KNOW.....DK

CH198

On average, how many hours per week does {CHILD/TWIN} now receive special education services?

ENTER NUMBER OF HOURS PER WEEK.

- DON'T KNOW.....DK
- REFUSED.....RF

CH200

HELP AVAILABLE

Since {CHILD/TWIN} turned 4 years old, has a doctor ever told you that {CHILD/TWIN} has the following conditions? Does {he/she} have...

- a. A problem with mobility such as cerebral palsy?
- b. Another developmental delay?
- c. Epilepsy or seizures?
- d. A heart defect?
- e. Mental retardation?
- f. Autism or PDD?
- g. Oppositional Defiant disorder?
- h. ADHD?
- i. Diabetes?
- j. Anemia?
- k. A blood disease?
- l. A urinary tract infection?
- m. Allergies?
- n. A lactose intolerance?
- o. Other food allergy or sensitivity such as to peanuts?
- p. Problem with non-food allergies, such as to dust, animals, or medicine?
- q. A skin condition?
- r. Another chronic medical problem?

Specify _____

- YES.....1
- NOT.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH205BX

IF CH191 = 1 (HEARING PROBLEM), ASK CH205.

ELSE, GO TO CH210.

CH205

Is {CHILD/TWIN}'s hearing loss in the right ear, the left ear, or both?

- RIGHT EAR.....1
- LEFT EAR.....2
- BOTH.....3
- HEARING LOSS HAS BEEN CORRECTED.....4
- REFUSED.....RF
- DON'T KNOW.....DK

CH210

Does {CHILD/TWIN} have any impairment or health problem that requires {him/her} to use special equipment, such as a brace, a wheelchair, or corrective shoes? Do not include ordinary eyeglasses.

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH210a

Does {CHILD/TWIN} use a hearing aid?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH211PREBX

IF CH194 = 1 (SIGHT PROBLEM), ASK CH211.
ELSE GO TO CH213.

CH211

Is {CHILD/TWIN}'s eyesight....

- Correctable with glasses,1
- Improvable with glasses, or2
- Not correctable with glasses?.....3
- REFUSED.....RF
- DON'T KNOW.....DK

CH212

Does {CHILD/TWIN} wear glasses?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH213

Has {CHILD/TWIN} ever had a problem with stuttering?

- YES.....1
- NO.....2 (CH220BX)
- REFUSED.....RF (CH220BX)
- DON'T KNOW.....DK (CH220BX)

CH214a

In years and months, at what age did the stuttering begin?

ENTER YEARS (range 0-5) AND MONTHS (range 0-11).

REFUSED.....RF
DON'T KNOW.....DK

CH214b

In years and months, when did the stuttering stop?

ENTER YEARS AND MONTHS.

HAS NOT STOPPED.....95
REFUSED.....RF
DON'T KNOW.....DK

CH220BX

IF ANY OF CH200A, CH200B, CH200C, CH200D, CH200E, CH200F, CH200G,
CH200H, CH200I, CH200K, CH200R = 1 OR CH210 = 1, GO TO CH220.
ELSE, GO TO CH242.

CH220

HELP AVAILABLE

I'm going to read a list of services. For each service, please tell me if {CHILD/TWIN} or your family has received this service to help with {CHILD/TWIN}'s special needs. Since {CHILD/TWIN} turned 4 years old, has anyone in your household ever received...

- a. Speech or language therapy?
- b. Occupational therapy?
- c. Physical therapy?
- d. Vision services?
- e. Hearing/audiological services?

PROBE: This does not include a temporary loss of hearing due to a cold or congestion.

- f. Social work services?
- g. Psychological services?
- h. Home visits?
- i. Parent support or training?
- j. Special classes with other children, some or all or whom also had special needs?
- k. Private tutoring or schooling for learning problems?
- l. {Ask only if CH194 = 1 (SIGHT PROBLEM)} Instruction in braille?
- m. {Ask only if CH191 = 1 (HEARING PROBLEM)} Instruction in sign language, cued speech, ASL, or TOCO?

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH225BX
 IF ANY SERVICES REPORTED IN CH220, GO TO CH235.
 ELSE, GO TO CH242.

CH235

HELP AVAILABLE

About how many {total} hours of service{s} per month are now received {for all services}?

Answer must be in range from 1 up to 80.

NUMBER OF HOURS

REFUSED.....RF
 DON'T KNOW.....DK

CH236

HELP AVAILABLE

Is {CHILD/TWIN} currently participating in an early intervention program or regularly receiving any services for {his/her} condition{s} from...

- a. Your local school district?
- b. A state or local health or social service agency?
- c. A doctor, clinic, or other health care provider?
- d. Some other source? ENTER OTHER (Specify) [What is that other source of early intervention services for your child?] _____)

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH240

HELP AVAILABLE

Overall, how helpful have the special services your child or family received been?

Very helpful,.....1
 Helpful,2
 Not helpful, or.....3
 Not at all helpful?4
 REFUSED.....RF
 DON'T KNOW.....DK

CH242BX
GO TO CH302PRE.

CH242

Since {CHILD/TWIN} turned 4 years old, has anyone suggested that you get {CHILD/TWIN} evaluated for a possible special condition or need?

HELP SCREEN TEXT: This includes special conditions related to learning, paying attention, speaking, and understanding.

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

CH302PRE

The next questions are about the health insurance plans for {CHILD/TWIN}. For this kind of insurance, people often pay part of the premium and they may obtain it through work, purchase it directly, or receive it through a state or local government program or community program.

PRESS “1” AND THEN “ENTER” TO CONTINUE.

CH304BX

IF ASKING ABOUT TWIN, GO TO CH304.
ELSE, GO TO CH305BX.

CH304

Does {TWIN} have the same health insurance as {CHILD}?

- YES.....1 (CH325)
- NO.....2
- NEITHER TWIN HAS HEALTH INSURANCE
COVERAGE3
- REFUSED.....RF (CH325)
- DON'T KNOW.....DK (CH325)

CH305BX

IF CHILD/TWIN HAD HEALTH INSURANCE AT TIME OF PRIOR INTERVIEW,
GO TO CH305.
ELSE, GO TO CH312. BUT IF CH304 = 3, AUTOCODE CH312 AS "2" AND GO TO
CH330.

CH305

Has there been any change in {CHILD/TWIN}'s health care coverage or health insurance since {he/she} turned 4 years old?

- YES.....1 (CH312)
- NO.....2 (CH325BX)
- REFUSED.....RF (CH312)
- DON'T KNOW.....DK (CH312)

CH312

Is {CHILD/TWIN} covered by any kind of health insurance or some other kind of health care plan like those on this list?

SHOW CARD CH-10

PROBE: Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid and CHIP that provide medical care or help pay bills.

- YES.....1
- NO.....2 (CH330)
- REFUSED.....RF (CH330)
- DON'T KNOW.....DK (CH330)

CH315

HELP AVAILABLE

What kind of health insurance or health care coverage does {CHILD/TWIN} have? Does {he/she} have coverage through any of the following...

DISPLAY:

For CH315b, c, and f, refer to lookup table for WP010 using state in which interview is being conducted.

- a. A private health insurance plan (from employer, workplace, or purchased directly, or through a state or local government program or community program)?**
- b. Medicaid {or name of state program}?0**
- c. CHIP (Children’s Health Insurance Program) {or name of state program}?**
- d. Military health care/TRICARE/CHAMPUS/CHAMP-VA?**
- e. Indian Health Service?**
- f. Another government program (Medicare, {State-sponsored health plan})?**

YES.....1
 NO.....2 (CH330)
 REFUSED.....RF (CH330)
 DON’T KNOW.....DK (CH330)

CH325BX.
 IF CH305=2, SET CH312=1,
 SET CH315Aa-f = PRELOADED VALUES FROM THE PRIOR ROUND,
 AND GO TO CH325.

CH325

Since {he/she} turned 4 years old, was there any time when {CHILD/TWIN} did not have any health insurance or coverage?

YES.....1
 NO.....2 (CH340)
 REFUSED.....RF (CH340)
 DON’T KNOW.....DK (CH340)

CH330

Since {he/she} turned 4 years old, about how many months was {he/she} without coverage?

Answer must be in range from 1 up to 18.

NUMBER OF MONTHS

REFUSED.....RF
 DON’T KNOW.....DK

CH340

Since {he/she} turned 4 years old, was there ever a time when {CHILD/TWIN} needed health care, but you couldn't obtain it?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CH342BX

IF TWIN IN HOUSEHOLD AND NOT YET ASKED ABOUT, RETURN TO SECTION SE.

GO TO SECTION FH.

SECTION FH: FAMILY HEALTH

FH010

Now I have some questions about your health. In general, would you say that your health is...

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5
- REFUSED RF
- DON'T KNOW DK

FH015

Where do you usually go for routine medical care?

- CLINIC OR HEALTH CENTER 1
- DOCTOR'S OFFICE OR HMO 2
- HOSPITAL EMERGENCY ROOM 3
- HOSPITAL OUTPATIENT DEPARTMENT 4
- SOME OTHER PLACE 5
- DOESN'T GO TO ONE PLACE MOST OFTEN 6
- REFUSED RF
- DON'T KNOW DK

FH030

Do you currently drink any alcoholic beverages?

- YES 1
- NO 2 (FH042)
- REFUSED RF (FH042)
- DON'T KNOW DK (FH042)

FH035

How many alcoholic drinks do you have in an average week now?

- LESS THAN 1 1
- 1 TO 3 2
- 4 TO 6 3
- 7 TO 13 4
- 14 TO 19 5
- 20 OR MORE 6
- REFUSED RF
- DON'T KNOW DK

FH040

In the last month, how many times did you drink {four/five} or more alcoholic drinks at one sitting?

DISPLAY INSTRUCTIONS:

Display “four” if respondent is female. Display “five” if respondent is male.

Answer must be in range from 0 up to 30.

IF RESPONDENT DID NOT HAVE {4/5} OR MORE DRINKS AT ONE SITTING, ENTER “0.”

ENTER NUMBER OF TIMES.

REFUSED.....RF

DON'T KNOW.....DK

FH041

During the last 12 months, what was the largest number of drinks that you drank in one day?

Answer must be in range from 0 up to 10.

Interviewer may override range up to 30.

ENTER NUMBER OF DRINKS.

REFUSED.....RF

DON'T KNOW.....DK

FH042

Do you smoke cigarettes now?

YES.....1

NO.....2 (FH050BX)

REFUSED.....RF (FH050BX)

DON'T KNOW.....DK (FH050BX)

FH045

How many cigarettes or packs of cigarettes do you smoke on an average day now?

ENTER "0" IF RESPONDENT DOES NOT SMOKE.

ENTER "1" IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY.

Answer must be in range from 1 up to 40 cigarettes, or from 1 to 2 packs a day.

NUMBER

REFUSED.....RF
DON'T KNOW.....DK

UNIT

CIGARETTES A DAY1
PACKS A DAY2

FH050BX

IF MORE PEOPLE IN HOUSE BESIDES CHILD/TWIN AND PARENT
RESPONDENT, ASK FH050.
ELSE GO TO FH052BX.

FH050

{Other than yourself, how/How} many people smoke at home now?

Answer must be in range from 0 up to 20.

Answer must be equal to or less than number of household residents minus respondent and child and twin.

ENTER "0" IF NO ONE IN HOUSEHOLD SMOKES AT HOME NOW.

NUMBER.

REFUSED.....RF
DON'T KNOW.....DK

FH052BX

IF FH042 = 1 (RESPONDENT SMOKES) OR FH050 > 0 (OTHER HOUSEHOLD
MEMBER SMOKES), GO TO FH055.
ELSE GO TO FH060.

FH055

{Do you/Does anyone} smoke inside the house?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

FH060

Now I want to ask you about any disabilities people in your household might have. {Other than {{CHILD}/{TWIN}/{CHILD and TWIN}}, do/Do} any household members have a special need, delay, or disability?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

FH065

Do you take a prescription medicine every day?

- YES..... 1
- NO.....2 (FH080)
- REFUSED.....RF (FH080)
- DON'T KNOW.....DK (FH080)

FH066

What is that medication for?

CODE ALL THAT APPLY.

- HIGH CHOLESTEROL?1
- CONTRACEPTION OR BIRTH CONTROL?2
- HYPERTENSION OR HIGH BLOOD PRESSURE?.....3
- PROBLEM WITH YOUR EYES4
- ARTHRITIS OR RHEUMATISM5
- BACK OR NECK PROBLEMS6
- HEART PROBLEM7
- STROKE8
- SEIZURES9
- DIABETES10
- ALLERGIES OR ASTHMA11
- OTHER LUNG OR BREATHING PROBLEM.....12
- GASTROINTESTINAL PROBLEM13
- CANCER14
- DEPRESSION, ANXIETY, OR ANOTHER EMOTIONAL
PROBLEM15
- OTHER MENTAL HEALTH PROBLEM.....16
- WEIGHT PROBLEM.....17
- PRENATAL VITAMINS18
- THYROID PROBLEM.....19
- ENTER OTHER91
(SPECIFY) [*What is that medication for?*] _____
- REFUSED.....RF
- DON'T KNOW.....DK

FH080

In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for any {other} emotional or psychological problem?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

FH090

In a typical week, on how many days do you get exercise that causes rapid breathing and a fast heartbeat for 30 continuous minutes or more?

Answer must be in range from 0 up to 7.

- ENTER NUMBER OF DAYS PER WEEK.
- REFUSED.....RF
- DON'T KNOW.....DK

GO TO SECTION MH.

SECTION MH: MARRIAGES AND PARTNER RELATIONSHIPS

MH002BX

IF SAME RESPONDENT AS THE PRIOR INTERVIEW OR RESPONDENT IS BIOLOGICAL MOTHER, GO TO MH002PRE.
ELSE GO TO SECTION CS.

MH002PRE

Next are a few questions about your marital history.

PRESS "1" AND THEN "ENTER" TO CONTINUE.

MH003BX

IF K'06 RESPONDENT IS THE SAME AS PRIOR ROUND RESPONDENT AND IF PRIOR ROUND MH005 = 1 (MARRIED), 2 (SEPARATED), 3 (DIVORCED), OR 5 (NEVER MARRIED), GO TO MH004.
ELSE GO TO MH005.

MH004

During our last interview about a year ago, you said that you {were married/were separated/were divorced/ had never been married}. Is this information still correct?

- YES.....1 (Autocode MH005 then go to MH017BX)
- NO.....2
- REFUSED.....RF (MH017BX)
- DON'T KNOW.....DK

MH005

Are you now...

- Married.....1
- Separated.....2
- Divorced.....3
- Widowed, or.....4
- Have you never been married?5
- REFUSED.....RF
- DON'T KNOW.....DK

MH017BX

IF RESPONDENT IS THE CHILD’S BIOLOGICAL MOTHER (AS FLAGGED IN SECTION IN) AND THE BIOLOGICAL FATHER IS NOT CURRENTLY LIVING IN HOUSEHOLD (AND HE WAS NOT DEAD AT THE TIME OF THE PRIOR ROUND INTERVIEW):

IF THE BIOLOGICAL FATHER DOES NOT LIVE IN THE HH BECAUSE HE LEFT IN A PRIOR ROUND OR HAS NEVER LIVED IN THE HH, GO TO MH018.

IF FS010 = 3, 4, OR 5 (DAD IS NOT IN HH BECAUSE OF SCHOOL OR WORK), AUTOCODE MH018 = 1, AND GO TO MH022.

IF FS010 = 1, 2, 7, OR 91 (DAD IS NOT IN HH BECAUSE OF DIVORCE, JAIL, OR OTHER), GO TO MH018.

IF FS010 = 6 (DAD DECEASED) OR DAD WAS DECEASED AT THE TIME OF THE PRIOR INTERVIEW, AUTOCODE MH018 = 2, AND GO TO SECTION CS.

ELSE IF RESPONDENT IS BIOLOGICAL MOTHER AND BIOLOGICAL FATHER LIVES IN HH, GO TO MH020BX.

ELSE, GO TO SECTION CS.

MH018

Is {CHILD}’s {and {TWIN}’s} biological father still living?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON’T KNOW.....DK

MH020BX

IF MH018 = 1 AND MH005 = 1, GO TO MH022.

ELSE IF MH018=2 AND MH005 = 1, AUTOCODE MH022 = 2 AND GO TO SECTION CS.

ELSE GO TO SECTION CS.

MH022

Are you now married to {CHILD}’s {and TWIN’S}} biological father?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON’T KNOW.....DK

GO TO SECTION CS.

SECTION CS: COMMUNITY AND SOCIAL SUPPORT

CS001

The next question is about people you turn to for support. Think about people who are not living here who you would ask for help. Suppose that you had an emergency in the middle of the night and needed help. Who would you call?

PROBE: Someone not living here. Who would you call first?

CODE ALL THAT APPLY.

NO ONE	1
FORMER SPOUSE/PARTNER.....	2
MY MOTHER/FATHER	3
MOTHER-IN-LAW/FATHER-IN-LAW	4
MY GRANDMOTHER/GRANDFATHER	5
SPOUSE’S GRANDMOTHER/GRANDFATHER	6
SISTER/BROTHER (OF RESPONDENT OR SPOUSE)	7
OTHER RELATIVES OR IN-LAWS	8
CHILD’S OTHER PARENT	9
FRIEND/NEIGHBOR/FAMILY FRIEND	10
COUNSELOR/MINISTER/OTHER CLERGY/RABBI	11
MEMBERS OF CHURCH/OTHER ORGANIZATION	12
CO-WORKERS	13
CHILD	14
DOCTOR OR EMERGENCY SERVICE (911, POLICE, AMBULANCE).....	15
ENTER OTHER (SPECIFY) [<i>Who would you call in case of an emergency?</i>] _____	
REFUSED.....	RF
DON’T KNOW.....	DK

CS002

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

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

- NEVER TRUE.....1
- SOMETIMES TRUE.....2
- ALWAYS TRUE.....3
- REFUSED.....RF
- DON'T KNOW.....DK

CS005

HELP AVAILABLEa-e

Now I have some questions about your household's experiences with various community agencies. Since {CHILD} {and {TWIN}} turned four years old, have you or anyone in your household received...

- a. Job training or employment assistance?
- b. Help with housing?
- c. Help with or advice for parenting?
- d. Mental health services?
- e. Energy assistance?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

CS020

How important are your religious beliefs in influencing how you raise your child? Would you say...

- Very important.....1
- Important.....2
- Somewhat important, or.....3
- Not at all important, or.....4
- Do you have no religion or religious belief system?5
- REFUSED.....RF
- DON'T KNOW.....DK

CS025BX

IF RESPONDENT IS AMERICAN INDIAN, GO TO CS025.

ELSE, GO TO SECTION RI

CS025

How much would you say you are involved in tribal politics or cultural activities? Would you say...

- Very involved 1
- Somewhat involved..... 2
- Involved occasionally, or 2
- Not at all involved? 3
- REFUSED..... RF
- DON'T KNOW..... DK

GO TO SECTION RI.

SECTION RI: RESPONDENT INFORMATION

RI001PRE

The next questions are about you and your background.

RI010BX

IF THE RESPONDENT IS THE SAME AS THE PRIOR ROUND RESPONDENT AND THE PRIOR ROUND RESPONSE FOR RI010 = 1, SET RI010 = THE PRIOR RESPONSE AND GO TO RI025BX.

IF THE RESPONDENT IS THE SAME AS THE PRIOR ROUND RESPONDENT AND THE PRIOR ROUND RESPONSE FOR RI010 = 2 OR 3, SET RI010 = THE PRIOR RESPONSE AND GO TO RI015BX.

ELSE, ASK GO TO RI010.

RI010

In what country were you born?

- UNITED STATES (50 STATES OR DC).....1 (RI025BX)
- U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA, U.S. VIRGIN ISLANDS, MARIANA ISLANDS, OR SOLOMON ISLANDS2 (RI015BX)
- ENTER OTHER (SPECIFY) [*Where were you born?*]

- _____
- SOME OTHER COUNTRY.....3 (RI015BX)
- ENTER OTHER (SPECIFY) [*What country were you born in?*] _____
- REFUSED.....RF (RI015BX)
- DON'T KNOW.....DK (RI015BX)

RI015BX

IF THE RESPONDENT IS THE SAME AS PRIOR ROUND RESPONDENT AND THE PRIOR ROUND RESPONSE FOR RI015 >= 0, SET RI015 = THE PRIOR RESPONSE AND GO TO RI017BX.

ELSE GO TO RI015.

RI015

How old were you when you first moved to the {United States/50 states or the District of Columbia}?

DISPLAY "United States" IF RI010 = 3, RF, or DK. DISPLAY "50 states or the District of Columbia" IF RI = 2.

ENTER "0" IF LESS THAN 1 YEAR OLD.

Answer must be in range from 0 up to 100.

AGE

REFUSED.....RF
DON'T KNOW.....DK

RI017BX

IF RI010 = 1 OR 2, GO TO RI025BX.

IF THE RESPONDENT IS THE SAME AS THE PRIOR ROUND RESPONDENT AND THE PRIOR ROUND RESPONSE FOR RI020 = 1, SET RI020 = THE PRIOR ROUND RESPONSE AND GO TO RI025BX.

ELSE, GO TO RI020.

NOTE: WHEN CHECKING THE PRIOR ROUND RESPONSE, THE 24-MONTH DATA HAS PRIORITY OVER THE PRESCHOOL DATA.

RI020

Are you a citizen of the United States?

YES.....1
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

RI025BX

ASK RI025 IF RESPONDENT IS DIFFERENT FROM THE PRIOR ROUND, OR IF RI025 IS MISSING FOR BOTH THE 24-MONTH AND PRESCHOOL ROUNDS.

ELSE, AUTOCODE RI025 FROM THE PRIOR ROUND DATA, IF THE RESPONDENT IS THE SAME AS THE PRIOR ROUND RESPONDENT.

RI025

What is your primary language?

[PROBE: What language do you speak the most?]

ENGLISH	1
SPANISH.....	2
ENGLISH AND SPANISH EQUALLY	3
OTHER.....	4
ENTER OTHER (SPECIFY) [<i>What is your primary language?</i>].....	
REFUSED.....	RF
DON'T KNOW.....	DK

RI045

HELP AVAILABLE

{Now I have a few questions about your current education, employment, and job training.}

What is the highest grade or year of school that you have completed?

Display Instructions:

Display fill only when RI010 or RI015 or RI020 is asked.

NO FORMAL SCHOOLING.....	0	(RI050)
1ST GRADE.....	1	
2ND GRADE.....	2	
3RD GRADE.....	3	
4TH GRADE.....	4	
5TH GRADE.....	5	
6TH GRADE.....	6	
7TH GRADE.....	7	
8TH GRADE.....	8	
9TH GRADE.....	9	
10TH GRADE.....	10	
11TH GRADE.....	11	
12TH GRADE BUT NO DIPLOMA	12	
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	13	(RI047)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	14	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	15	
SOME COLLEGE BUT NO DEGREE	16	
ASSOCIATE'S DEGREE.....	17	(RI050)
BACHELOR'S DEGREE.....	18	(RI050)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	19	(RI050)
MASTER'S DEGREE (MA, MS).....	20	(RI050)
DOCTORATE DEGREE (PHD, EDD).....	21	(RI050)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS, JD, LLB, ETC.).....	22	(RI050)
REFUSED.....	RF	(RI050)
DON'T KNOW.....	DK	(RI050)

RI046

HELP AVAILABLE

Do you have a high school diploma or its equivalent, such as a GED?

- YES..... 1
- NO..... 2 (RI050)
- REFUSED..... RF (RI050)
- DON'T KNOW..... DK (RI050)

RI047

Which do you have, a high school diploma or a GED?

- HIGH SCHOOL DIPLOMA 1
- GED 2
- REFUSED..... RF
- DON'T KNOW..... DK

RI050

Are you currently attending or enrolled in any courses from a school, college, or university?

- YES..... 1
- NO..... 2 (RI060)
- REFUSED..... RF (RI060)
- DON'T KNOW..... DK (RI060)

RI055

HELP AVAILABLE

Are you currently taking courses full-time or part-time?

- FULL-TIME 1
- PART-TIME 2
- REFUSED..... RF
- DON'T KNOW..... DK

RI060

HELP AVAILABLE

Are you currently participating in a job-training or on-the-job-training program?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

RI070

HELP AVAILABLE

During the past week, did you work at a job or business for pay?

IF RESPONDENT IS SELF-EMPLOYED, CODE AS YES (1).

IF RESPONDENT IS RETIRED OR UNABLE TO WORK, CODE AS NO (2).

- YES..... 1 (RI105)
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

RI075

HELP AVAILABLE

Were you on leave or vacation from a job or business?

YES..... 1
NO.....2 (RI160)
REFUSED.....RF (RI160)
DON'T KNOW.....DK (RI160)

RI105

How many jobs do you have now?

Answer must be in range from 1 up to 9.

Interviewer may override range UP TO 20.

NUMBER OF JOBS

REFUSED.....RF
DON'T KNOW.....DK

RI110

About how many total hours per week do you usually work for pay (counting all jobs)?

Display "counting all jobs" only if RI105 does not equal 1.

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

Answer must be in range from 0 up to 60.

Interviewer may override range up to 99.

NUMBER OF WEEKLY HOURS

REFUSED.....RF
DON'T KNOW.....DK

RI115

{Counting all jobs about/About} how much do you earn before taxes and other deductions?

Display “counting all jobs” only if RI105 does not equal 1. Else display “About.”

Answer must be in range from .01 up to 999999.99.

\$|_|_|_|_|, |_|_|_|_|. |_|_|_|

AMOUNT

REFUSED.....RF

DON'T KNOW.....DK

|_|_|

UNITS

PER HOUR.....1

PER DAY2

PER WEEK.....3

PER BI-WEEKLY (EVERY 2 WEEKS)4

PER MONTH5

PER YEAR6

OTHER.....91

ENTER OTHER (SPECIFY) [*What is the unit for earnings?*] _____

RI120

Are you eligible for the following benefits through {any of} your current {job/jobs}? How about ...

DISPLAY “any of” and “jobs” if RI105 does not equal 1. Otherwise, display “job.”

- a. Medical or hospital insurance?**
- b. Sick leave with full pay?**
- c. Child care assistance?**
- d. Flexible hours or flex-time?**
- e. A dental plan?**

YES.....1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

RI125

Which of the following best describes the hours you usually work {at your main job}?

DISPLAY “at your main job” only if RI105 does not equal 1.

SHOW CARD RI-1

- A regular daytime shift - any time between 6 AM and 6 PM, 1
- A regular evening shift - any time between 2 PM and Midnight.....2
- A regular night shift - any time between 9 PM and 8 AM,.....3
- A rotating shift – one that changes periodically from days to evenings or
nights,4
- A split shift – one consisting of two distinct periods each day, or.....5
- Some other schedule?91
- (SPECIFY).....
- REFUSED.....RF
- DON’T KNOW.....DK

RI130

As part of your {main} job, do you do any of your work at home?

DISPLAY “main” only if RI105 does not equal 1.

PROBE: This means you have a formal arrangement with your employer to work at home, not just taking work home from the job.

- YES..... 1
- NO.....2
- SELF-EMPLOYED.....3
- REFUSED.....RF
- DON’T KNOW.....DK

RI135

For whom do you work?

PROBE FOR: NAME OF THE COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. IF MORE THAN ONE CURRENT JOB, ASK ABOUT THE ONE AT WHICH THE PERSON SPENDS THE MOST TIME.

- NAME OF COMPANY _____
- REFUSED.....RF
- DON’T KNOW.....DK

RI140

What kind of business or industry is this?

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

- TYPE OF INDUSTRY _____
- REFUSED.....RF
- DON’T KNOW.....DK

RI150

What kind of work are you now doing?

PROBE: What is your job called? For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

REFUSED.....RF

DON'T KNOW.....DK

RI155

What are your most important activities or duties at this job? What do you actually do at this job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

REFUSED.....RF

DON'T KNOW.....DK

RI160BX
Go TO SECTION SI.

RI160

Have you been actively looking for work in the past 4 weeks?

YES.....1

NO.....2 (RI175)

REFUSED.....RF (RI175)

DON'T KNOW.....DK (RI175)

RI165

What have you been doing in the past 4 weeks to find work?

CODE ALL THAT APPLY.

CHECKED WITH PUBLIC EMPLOYMENT AGENCY.....1 (RI167BX)

CHECKED WITH PRIVATE EMPLOYMENT AGENCY2 (RI167BX)

CHECKED WITH EMPLOYER DIRECTLY/SENT

RESUME3 (RI167BX)

CHECKED WITH FRIENDS OR RELATIVES4 (RI167BX)

PLACED OR ANSWERED ADS/SENT RESUME.....5 (RI167BX)

READ WANT-ADS6 (RI167BX)

SOMETHING ELSE91

REFUSEDRF (RI170)

DON'T KNOWDK (RI170)

RI167

[What have you been doing in the past 4 weeks to find work?]

SPECIFY OTHER ACTIVITY TO FIND WORK _____

RI167BX

IF ANY OF CODES 1-5 WERE SELECTED THEN GO TO RI172BX.
ELSE GO TO RI170.

RI170

What were you doing most of last week? Would you say...

- Keeping house or caring for children,..... 1
- Going to school,.....2
- Retired,.....3
- Unable to work, or4
- Something else?91
- (SPECIFY).....
- REFUSED.....RF
- DON'T KNOW.....DK

RI172BX

IF DID SOMETHING ELSE TO FIND WORK (RI165=91), GO TO RI175.
ELSE IF RI165 = 1, 2, 3, 4, OR 5 AND RI165 =6, GO TO RI175.
ELSE GO TO SECTION SI.

RI175

Could you have taken a job last week if one had been offered?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

GO TO SECTION SI.

SECTION SI: SPOUSE/PARTNER INFORMATION

SI005PREBX

IF FS037 = 1 (SPOUSE OR PARTNER IN HH), GO TO SI005PRE.
OTHERWISE GO TO SECTION BF.

SI005PRE

Now I have a few questions about {NAME}'s current education, employment, and job training.

{NAME} = spouse or partner's name from section FS. If unknown, use "your spouse or partner."

SI015

HELP AVAILABLE

What is the highest grade or year of school that {NAME} has completed?

NO FORMAL SCHOOLING.....	0	(SI020)
1ST GRADE.....	1	
2ND GRADE.....	2	
3RD GRADE.....	3	
4TH GRADE.....	4	
5TH GRADE.....	5	
6TH GRADE.....	6	
7TH GRADE.....	7	
8TH GRADE.....	8	
9TH GRADE.....	9	
10TH GRADE.....	10	
11TH GRADE.....	11	
12TH GRADE BUT NO DIPLOMA.....	12	
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	13	(SI017)
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	14	
VOC/TECH DIPLOMA AFTER HIGH SCHOOL.....	15	
SOME COLLEGE BUT NO DEGREE.....	16	
ASSOCIATE'S DEGREE.....	17	(SI020)
BACHELOR'S DEGREE.....	18	(SI020)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	19	(SI020)
MASTER'S DEGREE (MA, MS).....	20	(SI020)
DOCTORATE DEGREE (PHD, EDD).....	21	(SI020)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD, DDS, JD, LLB, ETC.).....	22	(SI020)
REFUSED.....	RF	(SI020)
DON'T KNOW.....	DK	(SI020)

If above information is the same as in the prior round interview, skip to SI020.

SI016

HELP AVAILABLE

Does {he/she} have a high school diploma or its equivalent, such as a GED?

- YES..... 1
- NO.....2 (SI020)
- REFUSED.....RF (SI020)
- DON'T KNOW.....DK (SI020)

SI017

Which does {he/she} have, a high school diploma or a GED?

- HIGH SCHOOL DIPLOMA 1
- GED2
- REFUSED.....RF
- DON'T KNOW.....DK

SI020

Is {NAME} now attending or enrolled in any courses from a school, college, or university?

- YES..... 1
- NO.....2 (SI030)
- REFUSED.....RF (SI030)
- DON'T KNOW.....DK (SI030)

SI025

HELP AVAILABLE

Is {he/she} currently taking courses full-time or part-time?

- FULL-TIME 1
- PART-TIME2
- REFUSED.....RF
- DON'T KNOW.....DK

SI030

HELP AVAILABLE

Is {he/she} currently participating in a job-training or on-the-job-training program?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

SI040

HELP AVAILABLE

During the past week, did {NAME} work at a job or business for pay?

[IF SPOUSE/PARTNER IS SELF-EMPLOYED, CODE AS YES (1).

IF SPOUSE/PARTNER IS RETIRED OR UNABLE TO WORK, CODE AS NO (2).]

YES.....1 (SI050)
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

SI045

HELP AVAILABLE

Was {he/she} on leave or vacation from a job or business?

YES.....1
 NO.....2 (SI110)
 REFUSED.....RF (SI110)
 DON'T KNOW.....DK (SI110)

SI050

How many jobs does {NAME} have now?

Answer must be in range from 0 up to 9.

Interviewer may override range up to 20.

NUMBER OF JOBS

REFUSED.....RF
 DON'T KNOW.....DK

SI055

HELP AVAILABLE

About how many total hours per week does {he/she} usually work for pay {counting all jobs}?

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

Answer must be in range from 0 up to 60.

Interviewer may override range up to 99.

ENTER WEEKLY HOURS.

REFUSED.....RF
 DON'T KNOW.....DK

SI056

{Counting all jobs about/About} how much does {NAME} earn before taxes and other deductions?

Answer must be in range from .01 up to 999999.99.

\$|_|_|_|_|, |_|_|_|_|. |_|_|_|
ENTER DOLLAR AMOUNT.

REFUSED..... (SI059)
DON'T KNOW..... (SI059)

SI057

|_|_|
ENTER UNIT.

PER HOUR..... 1
PER DAY 2
PER WEEK..... 3
PER BI-WEEKLY (EVERY 2 WEEKS) 4
PER MONTH 5
PER YEAR 6
OTHER 91
ENTER OTHER (SPECIFY) [*What is the unit of pay?*]
REFUSED..... RF
DON'T KNOW..... DK

SI059

Is {NAME} eligible for the following benefits through {any of} {his/her} current {job/jobs}? How about...

- a. Medical or hospital insurance?**
- b. Sick leave with full pay?**
- c. Child care assistance?**
- d. Flexible hours or flex-time?**
- e. A dental plan?**

YES..... 1
NO..... 2
REFUSED..... RF
DON'T KNOW..... DK

SI060

HELP AVAILABLE

Which of the following best describes the hours {NAME} usually works {at {his/her} main job}?

- A regular daytime shift—any time between 6 AM and 6 PM,1
- A regular evening shift—any time between 2 PM and Midnight2
- A regular night shift—any time around 9 PM and 8 AM,3
- A rotating shift—one that changes periodically from days to evenings or nights,4
- A split shift—one consisting of two distinct periods each day, or.....5
- Some other schedule91
- ENTER OTHER (SPECIFY) [*What are the hours {he/she} usually works?*]
- REFUSED.....RF
- DON'T KNOW.....DK

SI065

As part of {his/her} {main} job, does {he/she} do any of {his/her} work at home?

PROBE: This means {he/she} has a formal arrangement with {his/her} employer to work at home, not just taking work home from the job

- YES.....1
- NO.....2
- SELF-EMPLOYED.....3
- REFUSED.....RF
- DON'T KNOW.....DK

SI075

For whom does {NAME} work?

PROBE FOR: NAME OF THE COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. IF MORE THAN ONE CURRENT JOB, ASK ABOUT THE ONE AT WHICH THE SPOUSE/PARTNER SPENDS THE MOST TIME.

NAME OF COMPANY _____

- REFUSED.....RF
- DON'T KNOW.....DK

SI080

What kind of business or industry is this?

PROBE: What do they make or do? For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

TYPE OF INDUSTRY _____

- REFUSED.....RF
- DON'T KNOW.....DK

SI090

What kind of work is {he/she} now doing?

PROBE: For example, electrical engineer, stock clerk, typist, farmer.

JOB TITLE _____

REFUSED.....RF

DON'T KNOW.....DK

SI095

What are {his/her} most important activities or duties at this job? What does {he/she} actually do at this job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

IMPORTANT DUTIES _____

REFUSED.....RF

DON'T KNOW.....DK

SI90BX
GO TO SECTION BF.

SI110

HELP AVAILABLE

Has {NAME} been actively looking for work in the past 4 weeks?

YES.....1

NO.....2 (SI126)

REFUSED.....RF (SI126)

DON'T KNOW.....DK (SI126)

SI115

HELP AVAILABLE

What has {he/she} been doing in the past 4 weeks to find work?

CODE ALL THAT APPLY.

CHECKED WITH PUBLIC EMPLOYMENT AGENCY.....1 (SI121BX)

CHECKED WITH PRIVATE EMPLOYMENT AGENCY2 (SI121BX)

CHECKED WITH EMPLOYER DIRECTLY/SENT

RESUME3 (SI121BX)

CHECKED WITH FRIENDS OR RELATIVES4 (SI121BX)

PLACED OR ANSWERED ADS/SENT RESUME.....5 (SI121BX)

READ WANT-ADS6 (SI121BX)

SOMETHING ELSE91

REFUSED.....RF (SI121)

DON'T KNOW.....DK (SI121)

SI117

[What has {he/she} been doing in the past 4 weeks to find work?]

SPECIFY OTHER ACTIVITY TO FIND WORK _____

SI121BX

IF SI115 = 1 TO 5, GO TO SI126BX.
ELSE GO TO SI121.

SI121

What was {he/she} doing most of last week? Would you say...

- Keeping house or caring for children,.....1
- Going to school,.....2
- Retired,.....3
- Unable to work, or4
- Something else?91
- ENTER OTHER (SPECIFY) [*What was {he/she} doing most of last week?*] _____
- REFUSED.....RF
- DON'T KNOW.....DK

SI126BX

IF SI115 = 91, GO TO SI126.
ELSE IF SI115 = 6 AND SI115 = 1, 2, 3, 4, OR 5, GO TO SI126.
ELSE GO TO SECTION BF.

SI126

Could {he/she} have taken a job last week if one had been offered?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

GO TO SECTION BF.

SECTION BF: NONRESIDENT BIOLOGICAL FATHER'S INFORMATION

BF002BX

IF RESPONDENT IS THE CHILD'S BIOLOGICAL MOTHER AND THE CHILD'S BIOLOGICAL FATHER IS NOT CURRENTLY IN THE HOUSEHOLD AND THE BIOLOGICAL FATHER IS NOT DETERMINED TO BE DECEASED [MH018=1, DK OR RF], GO TO BF002PRE.
ELSE GO TO SECTION 14-WP.

BF002PRE

Now I have some questions about {CHILD} {and {TWIN}}'s biological father.
PRESS "1" AND THEN "ENTER" TO CONTINUE.

BF005BX

IF 9-, 24-MONTH, OR PRESCHOOL INDICATED BIOLOGICAL FATHER LIVED IN HH, GO TO BF010.
ELSE GO TO BF005.

BF005

Has {CHILD} {and {TWIN}}'s father ever lived with you since {{CHILD}/they} {was/were} born?

- YES..... 1
- NO..... 2 (BF070)
- REFUSED.....RF (BF070)
- DON'T KNOW.....DK (BF070)

BF010

Since {CHILD} {and {TWIN}} {was/were} born, how many months did {his/her/their} biological father live with you?

Answer must be in range from 1 up to 76.

ENTER NUMBER OF MONTHS. IF LESS THAN 1, ENTER "1."

- REFUSED.....RF
- DON'T KNOW.....DK

BF070

How many minutes away does {CHILD} {and {TWIN}}’s biological father now live from {him/her/them}?

USE CATEGORIES AS PROBES IF NECESSARY.

- 10 MINUTES OR LESS 1
- 11 TO 30 MINUTES 2
- 31 TO 59 MINUTES 3
- 1 TO 2 HOURS 4
- MORE THAN 2 HOURS 5
- REFUSED RF
- DON’T KNOW DK

BF080

How long has it been since {CHILD} { and {TWIN}} last had a visit from {his/her/their} father? Would you say...

- Less than one month, 1
- More than a month but less than a year, 2 (BF090)
- More than a year, or 3 (BF090)
- No contact since birth or since ({his/her/their} father last lived with {CHILD}) 4 (BF090)
- REFUSED RF (BF090)
- DON’T KNOW DK (BF090)

BF085

How many days {has/have} {CHILD} { and {TWIN}} seen {his/her/their} father in the past 4 weeks?

ENTER NUMBER OF DAYS.

Answer must be in range from 1 up to 28.

NUMBER OF DAYS

- REFUSED RF
- DON’T KNOW DK

BF090

How often do you now talk about {CHILD} { and {TWIN}} with {his/her/their} father?

Would you say...

SHOW CARD BF-1

Several times a week,	1
About once a week,	2
A few times a month,	3
Several times a year,	4
Once or twice in {CHILD} {and {TWIN}}'s life, or.....	5
Not at all?.....	6
REFUSED.....	RF
DON'T KNOW.....	DK

BF095

How much influence does {CHILD} {and {TWIN}}'s father now have in making major decisions about ...

- a. Discipline?**
- b. Nutrition?**
- c. Health care?**
- d. Child care?**
- e. Education?**
- f. {CHILD}{and {TWIN}}'s extracurricular activities?**

SHOW CARD BF-2

Does he have...

No influence,	1
Some influence, or	2
A great deal of influence?	3
REFUSED.....	RF
DON'T KNOW.....	DK

BF096

Which of the following statements best describes your current relationship with {CHILD}'s (and {TWIN})'s father? Would you say...

SHOW CARD BF-3

You generally get along pretty well,.....	1
You don't get along too well	2
You fight a lot and do not get along well, or	3
You avoid seeing each other?	4
DO NOT HAVE ANY CONTACT WITH FATHER.....	95 (BF099BX)
REFUSED.....	RF
DON'T KNOW.....	DK

BF097

People deal with serious disagreements in different ways. When you have a serious disagreement with {CHILD}'s (and {TWIN})'s father, how often do you...

SHOW CARD BF-4

- a. Just keep your opinions to yourself?
- b. Discuss your disagreements calmly?
- c. Argue heatedly or shout at each other?
- d. End up hitting or throwing things at each other?
- e. Reach a compromise?
- f. Criticize each other?

OFTEN 1
SOMETIMES 2
HARDLY EVER 3
NEVER 4
REFUSED RF
DON'T KNOW DK

ENTER "95" IF RESPONDENT DOES NOT HAVE ANY CONTACT WITH FATHER.

BF099BX

IF BF080 = 1 (FATHER VISITED CHILD WITHIN LAST MONTH), GO TO BF105.
OTHERWISE GO TO BF110.

BF105

In a typical week, does {CHILD}'s {and {TWIN}}'s father spend a lot, some, very little, or no time taking care of {CHILD} {and {TWIN}}?

A LOT 1
SOME 2
VERY LITTLE 3
NO TIME 4
REFUSED RF
DON'T KNOW DK

BF110

I'm going to ask you how often he has done the following things for {CHILD} {and {TWIN}}. Please tell me whether he has done them often, sometimes, or never. Since {CHILD} {and {TWIN}} turned 4 years old, how often has he...

- a. Bought clothes, toys, or presents for {CHILD} {and {TWIN}}?
- b. Paid for {CHILD} {and {TWIN}}'s medical insurance, doctor bills, or medicines?
- c. Given you extra money to help out, not including child support?
- d. Helped pay for {CHILD} {and {TWIN}}'s child care expenses?

OFTEN 1
 SOMETIMES 2
 NEVER 3
 REFUSED RF
 DON'T KNOW DK

ENTER "95" IF RESPONDENT DOES NOT HAVE ANY CONTACT WITH FATHER.

BF115BX

IF AT THE PRIOR ROUND THE BIOLOGICAL MOTHER HAD A LEGAL, INFORMAL, OR NO CHILD SUPPORT AGREEMENT WITH THE BIOLOGICAL FATHER

[(P3BFFA_R = 1, 2, OR 3) OR
 (P3SMSP_R = 1 AND P2BFFAGR = 1, 2, OR 3) OR
 ((P3SMSP_R = MISSING OR P3SMSP_R = 1) AND P2SMSPT = 1 AND P1BFFAGR = 1, 2 OR 3], THEN GO TO BF120
 ELSE, GO TO BF129.

BF120

HELP AVAILABLE

During our last interview, you said that you had {a legal/an informal/no} child support arrangement with {CHILD} {and {TWIN}}'s father. Is this information still correct?

YES 1
 NO 2
 REFUSED RF
 DON'T KNOW DK

BF129BX

IF BF120 = 1, SET BF129 EQUAL TO THE PRIOR ROUND BF129 RESPONSE AND GO TO BF130BX.
 ELSE, GO TO BF129.

BF129

{Thinking about child support, do you/Do you now} have a legal agreement, an informal agreement or no arrangement at all with {CHILD}'s {and {TWIN}}'s father?

- LEGAL1
- INFORMAL2
- NO ARRANGEMENT3 (BF160BX)
- REFUSED.....RF (BF160BX)
- DON'T KNOW.....DK (BF160BX)

BF130BX

IF AT THE TIME OF THE PRIOR ROUND INTERVIEW THE CHILD'S MOTHER HAD A LEGAL OR INFORMAL CHILD SUPPORT AGREEMENT WITH THE CHILD'S FATHER AND BF129 = 1 OR 2, GO TO BF132.

OTHERWISE, GO TO BF149BX.

BF132

Since {CHILD}{and {TWIN}} turned 4 years old, has the legal or informal agreement with {his/her/their} biological father been changed at all?

- YES.....1
- NO2 (BF149BX)
- REFUSED.....RF (BF160BX)
- DON'T KNOW.....DK (BF160BX)

BF133

How has your agreement changed since {CHILD}{and {TWIN}} turned 4 years old?

CODE ALL THAT APPLY.

- CUSTODY ARRANGEMENT1
- VISITATION2
- PROPERTY SETTLEMENT3
- CHILD SUPPORT PAYMENTS INCREASED4
- CHILD SUPPORT PAYMENTS DECREASED5
- OTHER91
- ENTER OTHER (SPECIFY) [*How has your agreement changed?*]RF
- REFUSED.....RF
- DON'T KNOW.....DK

BF138

Would you say the change in the legal or informal agreement has been positive, negative or made no difference?

INTERVIEWER INSTRUCTION: IF NECESSARY, PROBE TO ENSURE RESPONDENT IS REPORTING OWN POINT OF VIEW.

- POSITIVE..... 1
- NEGATIVE 2
- NO DIFFERENCE 3
- REFUSED..... RF
- DON'T KNOW..... DK

BF149BX

IF BF129 = 1 OR 2 (HAS LEGAL OR INFORMAL SUPPORT ARRANGEMENT), GO TO BF150.

ELSE, SKIP TO BF160BX.

BF150

HELP AVAILABLE

How much per month is he {now} supposed to pay for {CHILD}'s {and {TWIN}}}'s support?

PROBE: Your best estimate will be fine. Please include only support for {CHILD}{and TWIN}.

ENTER AMOUNT.

Answer must be in range from 0 up to 10000.00.

\$|_|, |_|_|_|_|.|_|_| PER MONTH

- REFUSED..... RF
- DON'T KNOW..... DK

BF155

How much per month {now} do you usually get for {CHILD}'s {and {TWIN}}}'s support?

PROBE: Your best estimate will be fine.

ENTER AMOUNT.

Answer must be in range from 0 up to 10000.00.

\$|_|, |_|_|_|_|.|_|_| PER MONTH

- REFUSED..... RF
- DON'T KNOW..... DK

BF160BX

IF PATERNITY WAS NOT PREVIOUSLY ESTABLISHED (BF165 <> YES (1) AT 9-MONTH, 24-MONTH OR PRESCHOOL, CONTINUE TO BF165BX.

ELSE, GO TO SECTION WP.

BF165BX

IF RESPONDENT'S SPOUSE/PARTNER IS NOT THE CHILD'S BIOLOGICAL FATHER AND THE RESPONDENT WAS NOT MARRIED TO THE CHILD'S FATHER AT THE TIME OF THE CHILD'S BIRTH, GO TO BF165.

OTHERWISE GO TO SECTION WP.

BF165

Did {CHILD}'s {and {TWIN}}'s father ever sign the application for {his/her/their} birth certificate or sign a statement that legally says he is {his/her/their} father?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

BF170

Did you have to go to court to establish that he was {CHILD}'s {and {TWIN}}'s legal father?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

BF175

Was {CHILD}'s {and {TWIN}}'s father ever legally identified by a blood test or other genetic test?

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

GO TO SECTION WP.

SECTION WP: WELFARE AND OTHER PUBLIC ASSISTANCE

WP010

HELP AVAILABLE

Now, I have a few questions about government benefits you may receive.

At any time since {CHILD} {and {TWIN}} turned 4 years old, have you {or anyone else in your household} received...

- a. Food Stamps?
- b. TANF {or {STATE NAME FOR TANF} or welfare?
- c. Medicaid benefits?

DISPLAY INSTRUCTIONS:

Display state name for TANF, if available.

YES.....1
 NO.....2
 REFUSED.....RF
 DON'T KNOW.....DK

WP012BX

IF WP010A = 1 (RECEIVED FOOD STAMPS), GO TO WP015.
 ELSE, GO TO WP017BX.

WP015

For how many months since {CHILD} {and {TWIN}} turned 4 years old, did you {or anyone else in your household} receive Food Stamps?

Answer must be in range from 0 up to 16.

NUMBER OF MONTHS

REFUSED.....RF
 DON'T KNOW.....DK

WP017BX

IF WP010B = 1 (RECEIVED TANF), GO TO WP019.
 ELSE, GO TO WP021BX.

WP019

For how many months since {CHILD} {and {TWIN}} turned 4 years old, did you {or anyone else in your household} receive TANF {or {STATE NAME FOR TANF}} or welfare?

Answer must be in range from 0 up to 16.

NUMBER OF MONTHS
IF LESS THAN 1, ENTER "0."

REFUSED.....RF
DON'T KNOW.....DK

WP021BX
IF WP010C = 1 (RECEIVED MEDICAID), GO TO WP023.
ELSE, GO TO WP040.

WP023

For how many months since {CHILD} {and {TWIN}} turned 4 years old, did you {or anyone else in your household} receive Medicaid benefits?

Answer must be in range from 0 up to 16.

NUMBER OF MONTHS
IF LESS THAN 1, ENTER "0."

REFUSED.....RF
DON'T KNOW.....DK

WP040

HELP AVAILABLE

Did {CHILD}{or {TWIN}} receive benefits from WIC, that is the Special Supplemental Nutrition Program for Woman, Infants, and Children, since {CHILD} {and {TWIN}} turned 4 years old?

YES.....1 (WP042BX)
NO.....2 (WP047aBX)
REFUSED.....3 (WP059BX)
DON'T KNOW.....4 (WP059BX)

WP042BX
IF CHILD IS 60 MONTHS OF AGE OR YOUNGER, GO TO WP045.
ELSE GO TO WP047.

WP045

In the last 30 days, did you use WIC vouchers to buy food for {CHILD}{or {TWIN}}?

- YES.....1 (WP059BX)
- NO.....2 (WP050)
- REFUSED.....3 (WP059BX)
- DON'T KNOW.....4 (WP059BX)

WP047

Children cannot participate in WIC once they reach their 5th birthday. Did {CHILD}{or {TWIN}} participate in WIC up to {his/her/their} 5th birthday?

- YES.....1 (WP059BX)
- NO.....2 (WP050)
- REFUSED.....3 (WP059BX)
- DON'T KNOW.....4 (WP059BX)

WP047ABX

IF CHILD RECEIVED BENEFITS FROM WIC AT TIME OF LAST INTERVIEW, THEN GO TO WP050.

IF CHILD DID NOT RECEIVE BENEFITS FROM WIC AT TIME OF LAST INTERVIEW, THEN GO TO WP059BX.

WP050

How many months ago did you last use WIC vouchers to buy food for {CHILD}{or {TWIN}}?

Answer must be in range from 0 up to 60. (Note: number must be less than or equal to number of months since last interview and greater than the number of months since the child's 5th birthday.)

ENTER NUMBER OF MONTHS.

- REFUSED.....RF
- DON'T KNOW.....DK

WP055

HELP AVAILABLE

Why are you no longer using WIC vouchers to buy food for {CHILD} {or {TWIN}}?

NOT ELIGIBLE ANYMORE1

ELIGIBLE BUT DENIED BENEFITS DUE TO LACK OF PROGRAM FUNDS2

NO LONGER NEEDED FOOD BENEFIT3

BENEFITS ARE NOT WORTH THE TIME AND EFFORT TO GET THEM4

LACK OF TRANSPORTATION AND/OR SCHEDULING PROBLEMS5

TEMPORARY ADMINISTRATION ISSUES PREVENT CHILD FROM PARTICIPATING (PLAN TO RE-APPLY TO PROGRAM).....6

WENT BACK TO WORK7

OTHER91
(SPECIFY) _____

REFUSED.....RF

DON'T KNOW.....DK

WP059BX

IF NO TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS > = 2, GO TO WP060.

ELSE IF TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS > = 3, GO TO WP060.

ELSE IF CHILD AGE IS GREATER THAN 5 AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS >=1, GO TO WP060.

ELSE GO TO WP060BX.

WP060

In the last 30 days, did you use WIC vouchers to buy food for any other child in your household?

YES 1

NO.....2

REFUSED.....RF

DON'T KNOW.....DK

WP060BX

IF CHILD IS IN KINDERGARTEN (SE030 = 2 OR SE032 = 2) AND NOT HOMESCHOOLED (SE015 NE 1), GO TO WP065.

ELSE, GO TO WP075.

WP065

Does {CHILD/TWIN}'s school offer lunch for {CHILD}'s kindergarten class?

- YES..... 1
- NO.....2 (WP070BX)
- DON'T KNOW.....DK (WP070BX)
- REFUSED.....RF (WP070BX)

WP066

Does {CHILD/TWIN} usually receive a complete lunch offered at school?

PROBE: By complete school lunch, I mean a complete meal such as a salad, soup, a sandwich, or a hot meal that is offered each day at a fixed price, not just milk, snacks, ice cream, or a lunch {he/she} brought from home.

- YES..... 1
- NO.....2 (WP070)
- REFUSED.....RF (WP070)
- DON'T KNOW.....DK (WP070)

WP067

Does {CHILD/TWIN} receive free or reduced price lunches at school?

- YES..... 1
- NO.....2 (WP070)
- REFUSED.....RF (WP070)
- DON'T KNOW.....DK (WP070)

WP068

Are these lunches free or reduced price?

- FREE..... 1
- REDUCED PRICE2
- REFUSED.....RF
- DON'T KNOW.....DK

WP069

During the last five days {CHILD/TWIN} was in school, how many complete school lunches did {he/she} receive?

Answer must be in range of 0 to 5.

- ENTER NUMBER OF LUNCHESES.
- REFUSED.....RF
- DON'T KNOW.....DK

WP070

Does {CHILD/TWIN}'s school offer breakfast for {CHILD}'s kindergarten class?

- YES..... 1
- NO.....2 (WP075)
- DON'T KNOW.....DK (WP075)
- REFUSED.....RF (WP075)

WP071

Does {CHILD/TWIN} usually receive a breakfast provided by the school?

- YES..... 1
- NO.....2 (WP075)
- REFUSED.....RF (WP075)
- DON'T KNOW.....DK (WP075)

WP072

During the last five days {CHILD/TWIN} was in school, how many school breakfasts did {he/she} receive?

Answer must be in range of 0 to 5.

ENTER NUMBER OF BREAKFASTS.

- DON'T KNOW.....DK
- REFUSED.....RF

WP075

Since {CHILD} {and {TWIN}} turned 4 years old, have you (or any member of your household) received any of the following other sources of household income or support?

- a. Unemployment Insurance.
- b. Child support.
- c. SSI or SSDI.
- d. Social Security Retirement or Survivor's benefits.
- e. Loan repayments – for example, from friends, relatives, and so forth.
- f. Payments for providing foster care.
- g. Money given to the family.
- h. Another source of income not from a job?

Specify_____

- YES..... 1
- NO.....2
- REFUSED.....3
- DON'T KNOW.....4

WP076BX

IF THERE IS A TWIN IN THE HOUSEHOLD AND IF THE TWIN IS IN KINDERGARTEN (SE030 = 2 OR SE032 = 2) AND NOT HOMESCHOOLED (SE015 NE 1), GO TO WP065.

ELSE GO TO SECTION HI.

SECTION HI: HOUSEHOLD INCOME AND ASSETS

HI005BX

IF THE NUMBER OF HOUSEHOLD MEMBERS AGE >=18 EQUALS 1, SET HI005=1 AND GO TO HI010.

ELSE GO TO SECTION HI005.

HI005

Now I have a few questions about your household.

Including yourself, how many adults contribute to your household income?

Answer must be in range from 1 up to 50.

NUMBER OF ADULTS

REFUSED.....RF
DON'T KNOW.....DK

HI010

HELP AVAILABLE

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

Was it...

\$25,000 or less, or..... 1
More than \$25,000?2
REFUSED.....RF (HI025)
DON'T KNOW.....DK (HI025)

DISPLAY INSTRUCTIONS:

If HI010 = 1 (\$25,000 or less), display response codes 1-5 (\$5,000 or less - \$20,001 to 25,000);

Else if HI010 = 2 (More than \$25,000), display response codes 6-13 (\$25,001 to \$30,000 to \$200,001 or more).

HI015

Was it . . .

\$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
\$25,001 to \$30,000,	6
\$30,001 to \$35,000,	7
\$35,001 to \$40,000,	8
\$40,001 to \$50,000,	9
\$50,001 to \$75,000,	10
\$75,001 to \$100,000,	11
\$100,001 to \$200,000, or	12
\$200,001 or more?	13
REFUSED.....	RF (HI025)
DON'T KNOW.....	DK (HI025)

HI017BX

IF FAMILY INCOME (HI015) IS BELOW 200% OF THE POVERTY THRESHOLD (PER CENSUS), BASED ON INCOME AND FAMILY SIZE, GO TO HI020. (NOTE: ECLS AND CENSUS INCOME CATEGORIES DO NOT MATCH UP PERFECTLY).

IF (# OF HOUSEHOLD MEMBERS = 2 AND HI015 <= 6) OR
 (# OF HOUSEHOLD MEMBERS = 3 AND HI015 <= 7) OR
 (# OF HOUSEHOLD MEMBERS = 4 AND HI015 <= 8) OR
 (# OF HOUSEHOLD MEMBERS = 5 AND HI015 <= 9) OR
 (# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 10) OR
 (# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 10) OR
 (# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 10) OR
 (# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 11),
 GO TO HI020.
 ELSE, GO TO HI025.

HI020

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

Answer must be in range from 1 up to 80,000.

\$|_|_|_|,|_|_|_|_|
TOTAL INCOME

REFUSED.....	RF
DON'T KNOW.....	DK

HI025

HELP AVAILABLE

ASK IF NOT OBVIOUS: In what type of housing do you now live? Is it...

- A house or townhouse,.....1
- An apartment or condominium,2
- A mobile home or trailer,.....3
- A community shelter,.....4
- A hotel or motel room,.....5
- Are you homeless, or6
- Do you live in another type of housing?91
- SPECIFY _____
- REFUSED.....RF
- DON'T KNOW.....DK

HI030

HELP AVAILABLE

- What is your current housing situation? Do you...
 - Own your own home.....1 (HI037BX)
 - Rent your house or apartment,2
 - Exchange services for housing,.....3
 - Live with friends or relatives and pay part of the expenses,.....4
 - Live with friends or relatives and not pay for housing?5
 - Live in temporary housing or a shelter,6
 - Not pay for housing as part of a job, such as military or
 - clergy, or.....7
 - Have another type of housing arrangement 91
 - (SPECIFY)? _____
 - REFUSED.....RF
 - DON'T KNOW.....DK

HI035

Do you live in public housing or do you and your family receive a rent subsidy or pay a lower rent because the government pays part of the cost?

- YES 1
- NO2
- REFUSED.....RF
- DON'T KNOW.....DK

HI037BX

IF HI030 = 1 (OWNS HOME), GO TO HI040.
 ELSE, GO TO HI055.

HI040

Could you tell me what the present value of your home is – I mean about how much would it bring if you sold it today?

ENTER VALUE.

Answer must be in range from 1 up to 9,999,999.

\$|_|_|_|_|,|_|_|_|_|,|_|_|_|_|
TOTAL VALUE

IF ANSWERED, SKIP TO HI045.

REFUSED.....RF (HI041)
DON'T KNOW.....DK (HI041)

HI041

Would it amount to \$50,000 or more?

YES1
NO2 (HI044)
REFUSED.....RF (HI045)
DON'T KNOW.....DK (HI045)

HI042

Would it amount to \$150,000 or more?

YES1 (HI045)
NO2 (HI045)
REFUSED.....RF (HI045)
DON'T KNOW.....DK (HI045)

HI044

Would it amount to \$5,000 or more?

YES1
NO2
REFUSED.....RF
DON'T KNOW.....DK

HI045

Do you have a mortgage on this property?

YES1
NO2
REFUSED.....RF
DON'T KNOW.....DK

HI055

Do you {or anyone in your household} own a car or truck?

Display “or anyone in your household” if any HH members are 16 years of age or older.

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

HI056BX

IF HE200 = 1 THEN HI056 = 1, AND SKIP TO HI060.

ELSE ASK HI056.

HI056

Is there a computer in this household?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

HI060

Do you {or anyone in your household} have any shares of stock in publicly held corporations, mutual funds, or investment trusts, including stocks in IRAs?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

HI065

Do you {or anyone in your household} have any money in checking or savings accounts, money market funds, certificates of deposit, or government savings bonds, or Treasury bills, including IRAs?

- YES.....1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

GO TO SECTION NQ.

SECTION NQ: NEIGHBORHOOD QUALITY/SAFETY

NQ005

These next questions are about your home and neighborhood.

Have you moved since {CHILD}{and {TWIN}} {was/were} about four years old?

- YES.....1
- NO.....2 (Section HF)
- REFUSED.....RF (Section HF)
- DON'T KNOW.....DK (Section HF)

NQ010

How many times have you moved since {CHILD}{and {TWIN}} {was/were} about four years old?

Answer must be in range from 1 to 10.

Interviewer may override range up to 30.

NUMBER OF TIMES

- REFUSED.....RF
- DON'T KNOW.....DK

NQ018

Do you consider your neighborhood very safe from crime, fairly safe, fairly unsafe, or very unsafe?

SHOW CARD NQ-1

- VERY SAFE.....1
- FAIRLY SAFE.....2
- FAIRLY UNSAFE.....3
- VERY UNSAFE.....4
- REFUSED.....RF
- DON'T KNOW.....DK

<p>NQ06OBX</p> <p>RESPONDENTS WHO HAVE NOT MOVED SINCE LAST INTERVIEW, SKIP TO SECTION HF.</p>

NQ065

HELP AVAILABLE

How many of your relatives live in your area?

Answer must be in range from 0 up to 100.

|_|_|
NUMBER OF RELATIVES

REFUSED.....RF
DON'T KNOW.....DK

GO TO SECTION HF.

SECTION HF: HOUSEHOLD FOOD SUFFICIENCY

HF020 BX

IF (# OF HOUSEHOLD MEMBERS = 2 AND HI015 <= 6) OR
 (# OF HOUSEHOLD MEMBERS = 3 AND HI015 <= 7) OR
 (# OF HOUSEHOLD MEMBERS = 4 AND HI015 <= 8) OR
 (# OF HOUSEHOLD MEMBERS = 5 AND HI015 <= 9) OR
 (# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 10) OR
 (# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 10) OR
 (# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 10) OR
 (# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 11),
 OR HI010 = DK OR RF,
 OR HI015 = DK OR RF, GO TO HF020.
 ELSE, GO TO PARENT ACASI INTERVIEW.

HF020

These next questions are about the food eaten in your household and whether you were able to afford the food you need.

I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for {you/your household} since {CHILD}{and {TWIN}} turned 4 years old.

[Was that often true, sometimes true, or never true for your household since {CHILD}{and {TWIN}} turned 4 years old?]

DISPLAY INSTRUCTIONS:

Display “we,” “our,” and “your household” if there is a household member, besides the respondent, who is 18 years of age or older. Else display “I,” “my,” and “you.”

SHOW CARD HF-1

- a. {I/we} worried whether {my/our} food would run out before {I/we} got money to buy more.
- b. The food that {I/we} bought just didn’t last, and {I/we} didn’t have money to get more.
- c. {I/We} couldn’t afford to eat balanced meals.
- d. {I/We} relied on only a few kinds of low-cost food to feed {{CHILD}/the children} because {I was/we were} running out of money to buy food.
- e. {I/We} couldn’t feed {{CHILD}/the children} a balanced meal because {I/we} couldn’t afford that.

OFTEN TRUE1
 SOMETIMES TRUE.....2
 NEVER TRUE.....3
 REFUSED.....RF
 DON’T KNOW.....DK

HF021BX

IF ANY HF020 A-E = 1 (OFTEN TRUE) OR 2 (SOMETIMES TRUE) GO TO HF022.
ELSE, GO TO SECTION AC.

HF022

Please tell me whether the following statement was often true, sometimes true, or never true for {you/your household} in the last 12 months.

{{CHILD} was/The children were} not eating enough because {I/we} just couldn't afford enough food.

[Was that often true, sometimes true, or never true for your household in the last 12 months?]

DISPLAY INSTRUCTIONS:

Display "we" and "your household" if there is a household member, besides the respondent, who is 18 years of age or older. Else display "I" and "you."

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "The children were"; Else, display "{CHILD} was."

- OFTEN TRUE 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... RF
- DON'T KNOW..... DK

HF025

In the last 12 months, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?

- YES..... 1
- NO..... 2 (HF035)
- REFUSED..... RF (HF035)
- DON'T KNOW..... DK (HF035)

HF030

How often did this happen? Would you say...

- Almost every month,..... 1
- Some months, but not every month, or 2
- In only 1 or 2 months? 3
- REFUSED..... RF
- DON'T KNOW..... DK

HF035

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

HF040

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

HF045

In the last 12 months, did you lose weight because you didn't have enough money for food?

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

HFO46BX

HF022 = 1 OR 2 OR IF HF025 = 1, OR ANY OF HF035-HF045 = 1 (ATE LESS/WENT HUNGRY/LOST WEIGHT), THEN ASK HF050.

OTHERWISE, GO TO SECTION AC.

HF050

In the last 12 months, did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

Display "you or other adults in your household" if there is a household member, besides the respondent, who is 18 years of age or older. Else display "you."

- YES..... 1
- NO..... 2 (HF060)
- REFUSED..... RF (HF060)
- DON'T KNOW..... DK (HF060)

HF055

How often did this happen? Would you say...

- Almost every month,..... 1
- Some months, but not every month, or2
- In only 1 or 2 months?3
- REFUSED.....RF
- DON'T KNOW.....DK

HF060

The next questions are about children living in the household who are under 18 years of age.

In the last 12 months, did you ever cut the size of {{CHILD}'s/any of the children's} meals because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "any of the children's." Else, display "{CHILD}'s."

- YES..... 1
- NO.....2
- REFUSED.....RF
- DON'T KNOW.....DK

HF065

In the last 12 months, did {{CHILD}/any of the children} ever skip a meal because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "any of the children's." Else, display "{CHILD}'s."

- YES..... 1
- NO.....2 (HF075)
- REFUSED.....RF (HF075)
- DON'T KNOW.....DK (HF075)

HF070

How often did this happen? Would you say...

- Almost every month,..... 1
- Some months, but not every month, or2
- In only 1 or 2 months?3
- REFUSED.....RF
- DON'T KNOW.....DK

HF075

In the last 12 months, {was {CHILD}/were the children} ever hungry but you just couldn't afford more food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "were the children." Else, display "was {CHILD}."

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

HF080

In the last 12 months, did {{CHILD}/any of the children} ever not eat for a whole day because there wasn't enough money for food?

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display "any of the children." Else, display "{CHILD}."

- YES..... 1
- NO..... 2
- REFUSED..... RF
- DON'T KNOW..... DK

GO TO PARENT ACASI INTERVIEW.

SECTION CM: CLOSING MATERIAL

CMINTRO

Thank you for taking the time to participate in the parent interview portion of this important study. As I promised you earlier, this interview is completely confidential and we won't share any information with anyone else.

CM160BX

IF CHILD IS ENROLLED (SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1), GO TO CM160PRE.

ELSE IF TWIN IS ENROLLED (SE010 = 1 AND SE015 NE 1 AND SE030 NE 1 AND SE032 NE 1), GO TO CM160PRE FOR TWIN.

ELSE GO TO CM051BX.

CM160PRE

{FOR CHILD: As/FOR TWIN: As I said before, As} part of this study, we will be interviewing the teachers of children in the study.

{We will be contacting the legal guardian for permission to contact {CHILD/TWIN}'s teacher./TAKE OUT THE PERMISSION FORM, NOTIFICATION LETTER AND FACT SHEET.

We would like your permission to contact {CHILD/TWIN}'s teacher. We have a permission form and a letter that we would like you to sign, and we also have a fact sheet that tells you a little more about the teacher part of the study.

HAND RESPONDENT A COPY OF THE FACT SHEET.}

DISPLAY:

When IN000LG = 2, display "We will be contacting the legal guardian for permission to contact {CHILD/TWIN}'s teacher."

CM165BX

IF IN000LG = 2, GO TO CM177BX.

ELSE GO TO CM165.

CM165

DISPLAY INSTRUCTIONS:

- 1. REVIEW PERMISSION FORM WITH RESPONDENT.**
- 2. FILL OUT THE PERMISSION FORM (THE COPY YOU JUST REVIEWED WITH RESPONDENT).**
- 3. HAND RESPONDENT PERMISSION FORM TO READ AND SIGN.**
- 4. AFTER FORM IS SIGNED, HAND GOLD COPY TO RESPONDENT.**
- 5. PLACE REMAINING COPIES IN CASE FOLDER.**
- 6. ASK RESPONDENT TO SIGN NOTIFICATION LETTER.**
- 7. PLACE SIGNED NOTIFICATION LETTER IN CASE FOLDER.**

Will you give your written permission for RTI to contact {CHILD/TWIN}'s teacher?

IF NECESSARY TO ANSWER PARENT QUESTIONS, REFER TO TEACHER FAQ LOCATED IN THE BACK OF THE MANUAL.

DID THE RESPONDENT SIGN THE PERMISSION FORM?

YES:[SET TPermt to YES] 1
NO.....2 (CM220BX)

CM177BX

IF ASKING ABOUT CHILD, GO TO SC035

IF ASKING ABOUT TWIN AND SE005 NE 1, GO TO SC035.

IF ASKING ABOUT TWIN AND SE005 = 1 (SAME SCHOOL AS CHILD) AND SE098 = 1 (SAME TEACHER AS CHILD), GO TO CM051BX.

IF ASKING ABOUT TWIN AND SE005 = 1 (SAME SCHOOL AS CHILD) AND SE098 NE 1 (NOT SAME TEACHER AS CHILD), GO TO CM195.

SC035

Now I'd like to find out the name and address of {CHILD/TWIN}'s school. In what state is the school located?

ENTER STATE ABBREVIATION.

IF YOU ARE UNCERTAIN OF THE STATE ABBREVIATION, PRESS THE F1 KEY TO SEE A LIST OF ABBREVIATIONS.

SC040

What is the name of the school?

TO LOOKUP THE SCHOOL ID, ENTER AT LEAST FIRST THREE LETTERS OF SCHOOL NAME. THE MORE LETTERS YOU ENTER THE MORE LIKELY YOU WILL FIND THE RIGHT SCHOOL.

ONCE YOU HAVE FOUND THE CORRECT SCHOOL

- **HIGHLIGHT THE SCHOOL DESIRED BY USING THE UP AND DOWN ARROWS**
- **PRESS “ENTER” TO SELECT THE SCHOOL**
- **PRESS “ENTER” AGAIN TO SELECT THE ID**

IF YOU CANNOT FIND THE SCHOOL, TRY ENTERING DIFFERENT LETTERS IN THE SCHOOL NAME.

IF YOU STILL CANNOT FIND THE SCHOOL, TYPE “NOTFOUND” AND PRESS “ENTER” TO SELECT.

SC044BX
 IF “NOTFOUND” ENTERED FOR SC040 CONTINUE,
 ELSE GO TO SC049.

SC044

What is the name of the school where {CHILD/TWIN} attends school?

ENTER NAME OF SCHOOL.

VERIFY SPELLING.

SC045a

What is the address of {SCHOOL NAME}?

ENTER MAILING ADDRESS – LINE 1.

VERIFY SPELLING.

DON'T KNOW.....DK
 REFUSED.....RF

SC045b

[What is the address of the school?]

ENTER MAILING ADDRESS – LINE 2.

VERIFY SPELLING.

DON'T KNOW.....DK
 REFUSED.....RF

SC046

[What is the address of the school?]

ENTER CITY.

VERIFY SPELLING.

DON'T KNOW.....DK
REFUSED.....RF

SC047

[What is the address of the school?]

ENTER ZIP.

VERIFY SPELLING.

DON'T KNOW.....DK
REFUSED.....RF

SC048

What is the phone number of the school?

ENTER PHONE NUMBER.

DON'T KNOW.....DK
REFUSED.....RF

SKIP TO SC050a

SC049

Let me confirm the school information I have. Is this information correct?

[INSERT SCHOOL NAME, ADDRESS, AND PHONE NUMBER]

YES, SCHOOL NAME, ADDRESS AND PHONE
NUMBER ARE CORRECT.....1 (CM195)
NO, WRONG SCHOOL – RESELECT.....2 (Back to SC040)
NO, SCHOOL NAME IS CORRECT, BUT
ADDRESS IS INCORRECT.....3 (CONTINUE TO SC050b)
NO, SCHOOL NAME AND ADDRESS ARE
CORRECT, BUT PHONE NUMBER IS
INCORRECT.....4 (SC050F)
DON'T KNOW.....DK
REFUSED.....RF

SC050b

What is the mailing address for {SCHOOL NAME}?

DATABASE HAS: [INSERT ADDRESS]

MAKE CORRECTIONS TO THE MAILING ADDRESS – LINE 1 BELOW OR PRESS “ENTER” TO ACCEPT [INSERT ADDRESS]

VERIFY SPELLING

SC050c

[What is the mailing address for the school?]

MAKE CORRECTIONS TO THE MAILING ADDRESS – LINE 2 BELOW OR PRESS “ENTER” TO ACCEPT

VERIFY SPELLING

PRESS “ENTER” IF INFORMATION IS CORRECT

SC050d

[In what city is the school?]

DATABASE HAS: [INSERT CITY]

MAKE CORRECTIONS TO THE CITY BELOW OR PRESS “ENTER” TO ACCEPT [INSERT CITY]

SC050e

[What is the zip code for the school?]

DATABASE HAS: [INSERT ZIP CODE]

MAKE CORRECTIONS TO THE ZIP CODE BELOW OR PRESS “ENTER” TO ACCEPT [INSERT ZIP CODE]

SC050f

[What is the phone number for the school?]

DATABASE HAS: [INSERT PHONE NUMBER]

MAKE CORRECTIONS TO THE PHONE NUMBER BELOW OR PRESS “ENTER” TO ACCEPT [INSERT PHONE NUMBER]

→ALL SKIP TO CM195

SC050a

Let me confirm the school information I have. Is this information correct?

INSERT SCHOOL NAME AND ADDRESS INFORMATION

YES..... 1 (CM195)
NO..... 2 (BACK TO SCHOOL ADDRESS SCREEN SC044)

SC051

Let me confirm address and phone number for {SCHOOL NAME}. Is this information correct?

YES..... 1 (CM195)
NO..... 2 (BACK TO SCHOOL ADDRESS SCREEN SC050b)

CM195

What is the name of {CHILD/TWIN}'s teacher?

ENTER FIRST NAME.

VERIFY SPELLING.

DON'T KNOW.....DK
REFUSED.....RF

CM196

[What is the name of {CHILD/TWIN}'s teacher?]

ENTER LAST NAME.

VERIFY SPELLING.

DON'T KNOW.....DK
REFUSED.....RF

CM200

What is the teacher's gender?

MALE 1
FEMALE 2
DON'T KNOW.....DK
REFUSED.....RF

CM205

What is {CHILD/TWIN}'s classroom number?

ENTER CLASSROOM NUMBER.

VERIFY NUMBER.

DON'T KNOW.....DK
REFUSED.....RF

CM210BX

IF ASKING ABOUT TWIN AND SE005 = 1 (SAME SCHOOL AS CHILD), GO TO CM051BX.

ELSE IF TWIN SE005 NE 1, GO TO CM210.

CM210

What is the name of the school’s administrator?

ENTER FIRST NAME.

VERIFY SPELLING.

DON’T KNOW.....DK
REFUSED.....RF

CM215

[What is the name of the school’s administrator?]

ENTER LAST NAME.

VERIFY SPELLING.

DON’T KNOW.....DK
REFUSED.....RF

CM220

What is the administrator’s gender?

MALE1
FEMALE2
DON’T KNOW.....DK
REFUSED.....RF

CM220BX

IF ASKING ABOUT TWIN, THEN GO BACK TO CM160PRE.

ELSE, GO TO CM051BX.

CM051BX

IF ASKING ABOUT CHILD, AND CHILD IS FLAGGED AS HAVING A CHILD CARE PROVIDER (CHCCARE = YES), GO TO CM060PRE.

ELSE IF ASKING ABOUT TWIN, AND TWIN IS FLAGGED AS HAVING A CHILD CARE PROVIDER (TWCCARE = YES), GO TO CM060PRE.

ELSE, GO TO SECTION LF.

CM060PRE

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care are home care and relative care hours are greater than or equal non-relative care hours, then display “relative caregiver.”

If child care provider where most hours of care are home care and relative care hours are less than non-relative care, then display “non-relative caregiver.”

If child care provider where most hours of care are center-based care or Head Start then display “center director and teacher.”

If child care provider where most hours of care are public school care then display “preschool director and teacher.”

{FOR CHILD: As/FOR TWIN: As I said before, As} part of this study, we will be interviewing the early care and education provider of children in the study. We would like to talk to {CHILD/TWIN}'s { see display note}.

TAKE OUT THE PERMISSION FORM, NOTIFICATION LETTER AND FACT SHEET.

We would like your permission to contact {CHILD/TWIN}'s { see display note} We have a permission form and a letter that we would like you to sign, and we also have a fact sheet that tells you a little more about the child care part of the study.

HAND RESPONDENT A COPY OF THE FACT SHEET.

CM065

- 1. REVIEW PERMISSION FORM WITH RESPONDENT.**
- 2. FILL OUT THE PERMISSION FORM (THE COPY YOU JUST REVIEWED WITH RESPONDENT).**
- 3. HAND RESPONDENT PERMISSION FORM TO READ AND SIGN.**
- 4. AFTER FORM IS SIGNED, HAND GOLD COPY TO RESPONDENT.**
- 5. PLACE REMAINING COPIES IN CASE FOLDER.**
- 6. ASK RESPONDENT TO SIGN NOTIFICATION LETTER.**
- 7. PLACE SIGNED NOTIFICATION LETTER IN CASE FOLDER.**

IF NECESSARY TO ANSWER PARENT QUESTIONS, REFER TO CHILD CARE FAQ LOCATED IN THE BACK OF THE MANUAL

DID THE RESPONDENT SIGN THE PERMISSION TO CONTACT THE CHILD’S PROVIDER FORM?

YES.....1
 NO.....2 (SECTION LF)?

CM075BX

IF ASKING ABOUT CHILD, GO TO CM079.

ELSE IF ASKING ABOUT TWIN AND CC005 = YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED ARE CENTER-BASED, THEN GO TO CM095.

ELSE IF ASKING ABOUT TWIN AND CC005 = YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED ARE HOME-BASED, THEN GO TO SECTION LF.

CM079

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care are home care and relative care hours are greater than or equal non-relative care hours, then display “relative caregiver.”

If child care provider where most hours of care are home care and relative care hours are less than non-relative care, then display “non-relative caregiver.”

If child care provider where most hours of care are center-based care or Head Start then display “center director and teacher.”

If child care provider where most hours of care are public school care then display “preschool director and teacher.”

Please feel free to mention to {CHILD/TWIN}'s {see display note} that I will be contacting them soon.

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care are home care and relative care hours are greater than or equal non-relative care hours, then display “relative caregiver.”

If child care provider where most hours of care are home care and relative care hours are less than non-relative care, then display “non-relative caregiver.”

If child care provider where most hours of care are center-based care or Head Start then display “center director and teacher.”

If child care provider where most hours of care are public school care then display “preschool director and teacher.”

Please tell me anything special that I should know about contacting your {see display note}.

PROBE: For example, the best time to call your child care provider about the interview.

CM080

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care are home care and relative care hours are greater than or equal non-relative care hours, then display “relative caregiver.”

If child care provider where most hours of care are home care and relative care hours are less than non-relative care, then display “non-relative caregiver.”

If child care provider where most hours of care are center-based care or Head Start then display “center director.”

If child care provider where most hours of care are public school care then display “preschool director.”

What is the name of {CHILD/TWIN}'s {see display note}?

ENTER FIRST NAME.

REFUSED.....RF

DON'T KNOW.....DK

CM085

DISPLAY INSTRUCTIONS:

Use the instruction from CM080.

[What is the name of {CHILD/TWIN}'s {see display note}?]

ENTER LAST NAME.

REFUSED.....RF

DON'T KNOW.....DK

IF TMOSTCARE = HOMECARE, GO TO CM108BX.

CM086

What is {PROVNAME}'s primary language?

DISPLAY INSTRUCTIONS:

Display name entered at CM080/CM085 for {PROVNAME}.

ENGLISH	1
ARABIC	2
CHINESE.....	3
FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.)	4
FRENCH.....	5
GERMAN	6
GREEK	7
ITALIAN	8
JAPANESE	9
KOREAN.....	10
POLISH	11
PORTUGUESE	12
SPANISH.....	13
VIETNAMESE	14
AFRICAN	15
EAST EUROPEAN	16
NATIVE AMERICAN	17
SIGN LANGUAGE	18
MIDDLE EASTERN	19
WEST EUROPEAN	20
INDIAN SUBCONTINENT.....	21
SOUTHEAST ASIAN	22
PACIFIC ISLAND	23
CANNOT CHOOSE.....	24
ENTER SOME OTHER LANGUAGE	91
(Specify) [<i>What primary language does the provider speak?</i>]	
REFUSED.....	RF
DON'T KNOW	DK

CM087

ASK IF NECESSARY. Is {PROVNAME} male or female?

DISPLAY INSTRUCTIONS:

Display name entered at CM080/CM085 for {PROVNAME}.

MALE	1
FEMALE	2
REFUSED.....	3
DON'T KNOW	4

CM090ABX

IF SC040 IS MISSING, SKIP CM090A.

CM090a

Is this care provided at [FILL WITH SCHOOL NAME FROM SC040/SCHOOL LOOK-UP]?

YES..... 1 (CM093)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CM090

What is the name of {CHILD/TWIN}'s child care center?

REFUSED.....RF
DON'T KNOW.....DK

CM093

DISPLAY INSTRUCTIONS:

Use the instruction from CM080 where it says {display note}. If child care provider where most hours of care are home care or center-based care, then display "caregiver."

If child care provider where most hours of care are Head Start or public school care then display "teacher."

Is {CHILD/TWIN}'s {see display note} the same person as {his/her} primary {caregiver/teacher}?

YES..... 1 (SECTION LF)
NO.....2
REFUSED.....RF
DON'T KNOW.....DK

CM095

DISPLAY INSTRUCTIONS:

Display name entered for CHILD at CM100/CM105 for {PROVNAME}. SHOULD THIS BE CM80/MC85?

Does {TWIN} also have {PROVNAME} as {his/her} primary {caregiver/teacher} at {CENTER NAME}?

YES..... 1 (SECTION LF)
NO.....2
REFUSED.....3 (SECTION LF)
DON'T KNOW.....4 (SECTION LF)

CM100

DISPLAY INSTRUCTIONS:

If asking about CHILD, or if asking about TWIN and CC005 ^ = YES, display response to CM090 for “{CENTER NAME}.”

Else if asking about TWIN and CC005 = YES, then display CHILD’s response for CM090 for “{CENTER NAME}.”

What is the name of {CHILD/TWIN}’s primary {caregiver/teacher} at {CENTER NAME}?

VERIFY SPELLING.

ENTER FIRST NAME.

REFUSED.....RF
DON’T KNOW.....DK

CM105

DISPLAY INSTRUCTIONS:

Display response to CM090 for “{CENTER NAME}.”

[What is the name of {CHILD/TWIN}’s primary {caregiver/teacher} at {CENTER NAME}??]

VERIFY SPELLING.

ENTER LAST NAME.

REFUSED.....RF
DON’T KNOW.....DK

CM108BX

IF ASKING ABOUT CHILD, OR ASKING ABOUT TWIN AND CC005 ^ = YES,
THEN GO TO CM108.

ELSE, GO TO SECTION LF.

CM108

What is {PROVNAME}'s primary language?

DISPLAY INSTRUCTIONS:

If TMOSTCARE = CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE = HOMECARE, display name entered at CM080/CM085 for {PROVNAME}.

ENGLISH	1
ARABIC	2
CHINESE.....	3
FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.)	4
FRENCH.....	5
GERMAN	6
GREEK	7
ITALIAN	8
JAPANESE.....	9
KOREAN.....	10
POLISH	11
PORTUGUESE	12
SPANISH.....	13
VIETNAMESE.....	14
AFRICAN.....	15
EAST EUROPEAN.....	16
NATIVE AMERICAN	17
SIGN LANGUAGE.....	18
MIDDLE EASTERN.....	19
WEST EUROPEAN	20
INDIAN SUBCONTINENT.....	21
SOUTHEAST ASIAN.....	22
PACIFIC ISLAND	23
CANNOT CHOOSE.....	24
ENTER SOME OTHER LANGUAGE.....	91
(Specify) [<i>What primary language does the provider speak?</i>]	
REFUSED.....	RF
DON'T KNOW.....	DK

CM110

ASK IF NECESSARY. Is {PROVNAME} male or female?

DISPLAY INSTRUCTIONS:

If TMOSTCARE = CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE = HOMECARE, display name entered at CM080/CM085 for {PROVNAME}.

MALE	1
FEMALE	2
REFUSED.....	3
DON'T KNOW.....	4

CM113

Is {PROVNAME} 18 years of age or older?

DISPLAY INSTRUCTIONS:

If TMOSTCARE = CENTERBASED, display name entered at CM100/CM105 for {PROVNAME}.

If TMOSTCARE = HOMECARE, display name entered at CM080/CM085 for {PROVNAME}.

- YES.....1
- NO.....2
- REFUSED.....3
- DON'T KNOW.....4

CM114BX

IF CM113 NE 1 (CAREGIVER IS A MINOR) AND INTERVIEW IS BEING CONDUCTED IN WASHINGTON STATE,
DO NOT CONDUCT ECEP INTERVIEW.

CM115BX

IF ASKING ABOUT CHILD, OR ASKING ABOUT TWIN AND CC005 ^ = YES,
THEN GO TO CM115.
ELSE, GO TO SECTION LF.

CM115

DISPLAY INSTRUCTIONS:

If, based on TMOSTCARE, child care provider where most hours of care are relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/{CAREGIVER/TEACHER}'S NAME}.”

If child care provider where most hours of care are center-based care, display name entered at CM090 for “{CENTER NAME}.”

What is the mailing address of {{RELATIVE/CAREGIVER’S NAME)/(CENTER NAME}}?

ENTER FIRST ADDRESS.

VERIFY SPELLING.

CM120

DISPLAY INSTRUCTIONS:

If, based on TMOSTCARE, child care provider where most hours of care are relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}.”

If child care provider where most hours of care are center-based care, display name entered at CM090 for “{CENTER NAME}.”

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER SECOND STREET ADDRESS.

VERIFY SPELLING.

{STREET ADDRESS1}

CM125

DISPLAY INSTRUCTIONS:

If, based on TMOSTCARE, child care provider where most hours of care are relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}.”

If child care provider where most hours of care are center-based care, display name entered at CM090 for “{CENTER NAME}.”

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER CITY.

VERIFY SPELLING.

{STREET ADDRESS1}

{STREET ADDRESS2}

CM130**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care are relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}.”

If child care provider where most hours of care are center-based care, display name entered at CM090 for “{CENTER NAME}.”

DATA CHECK: If state entered does not match state entered in (IN000ST) please display “The state entered differs from the state in which the interview is being conducted, please modify the provider state if necessary and press ‘enter’ to continue.”

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER STATE.

VERIFY SPELLING.

{STREET ADDRESS1}

{STREET ADDRESS2}

{CITY}

CM135**DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care are relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}.”

If child care provider where most hours of care are center-based care, display name entered at CM090 for “{CENTER NAME}.”

[What is the mailing address of {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}?]

ENTER ZIP CODE.

VERIFY ZIP CODE.

{STREET ADDRESS1}

{STREET ADDRESS2}

{CITY} {STATE}

CM140**DISPLAY INSTRUCTIONS:**

If, based on TMOSTCARE, child care provider where most hours of care are relative or non-relative caregiver, display name entered at CM080/CM085 for “{RELATIVE/CAREGIVER’S NAME}.”

If child care provider where most hours of care are center-based care, display name entered at CM090 for “{CENTER NAME}.”

What is {{RELATIVE/CAREGIVER’S NAME}/{CENTER NAME}}’s telephone number?

IF NO TELEPHONE, ENTER 000.