

## 24-MONTH NON RESIDENT FATHER QUESTIONNAIRE

**Q1. How long has it been since you last saw your child?**

*Please give your answers in days, weeks, or months – whichever is most appropriate.*

|\_|\_| DAYS → *If more than 90 days, skip to Q6*

*or*

|\_|\_| WEEKS → *If more than 12 weeks, skip to Q6*

*or*

|\_|\_| MONTHS → *If more than 3 months, skip to Q6*

**Q2. In the last 3 months, on how many days have you seen your child?**

*Your best guess is fine.*

|\_|\_| DAYS

**Q3. In the past month, how often have you spent one or more hours a day with your child? Was it...**

*Mark (X) one*

- Every day or almost every day,
- A few times a week,
- A few times a month,
- Once or twice, or
- Never? → *Skip to Q6*

**Q4. In the past month, how often have you looked after your child while child's mother did other things? Was it . . .**

*Mark (X) one*

- Every day or almost every day,
- A few times a week,
- A few times a month,
- Once or twice, or
- Never?

**Q5. In the past month, how often did you do the following things with your child? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all?**

*For each item, mark (X) one response*

Rarely would be once a month.

	<u>More than once a day</u>	<u>About once a day</u>	<u>A few times a week</u>	<u>A few times a month</u>	<u>Rarely</u>	<u>Not at all</u>
a. Play chasing games with your child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prepare meals for your child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Change your child's diapers or help your child use the toilet? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take your child for a ride on your shoulders or back? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Play with games or toys indoors with your child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Help your child to bed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Give your child a bath? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Take your child outside for a walk or to play in the yard, a park, or a playground? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help your child get dressed? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Go to a restaurant or out to eat with your child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Assist your child with eating? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Help your child brush his or her teeth? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Take him or her with you to a religious service or religious event? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q6. In a typical week, how often do you do the following things with your child? Would you say not at all, once or twice, 3 to 6 times, or every day:**

*For each item, mark (X) one response*

	<u>Not at all</u>	<u>Once or twice</u>	<u>3 to 6 times</u>	<u>Every day</u>
a. Read books to your child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tell stories to your child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sing songs with your child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Take your child along while doing errands like going to the post office, the bank, or the store? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q7. In a typical week, how often do you or another family member watch TV together with your child? Would you say...**

*Mark (X) one*

- Often,
- Sometimes,
- Hardly ever, or
- Never? → *Skip to Q10*

**Q8. Is this time primarily spent watching mostly adult shows or mostly children's shows?**

*Mark (X) one*

- Mostly adult shows
- Mostly children's shows

**Q9. In a typical week, when your family watches TV together, how often do you or another family member do the following things with your child? Would you say often, sometimes, hardly ever, or never?**

*For each item, mark (X) one response*

	<u>Often</u>	<u>Sometimes</u>	<u>Hardly ever</u>	<u>Never</u>
a. Play along with him or her during the TV program, for example sing, dance, talk back to the TV? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk with him or her about the TV programs (either during the show or after)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Play games or do activities (like arts and crafts) with him or her after a show is done based on what you watched together? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q10. 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.**

*For each item, mark (X) one response*

	<u>Exactly like me</u>	<u>Very much like me</u>	<u>Some-what like me</u>	<u>Not much like me</u>	<u>Not at all like me</u>
a. I teach my children that misbehavior will be punished one way or another .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I do not allow my children to get angry with me .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I express my affection by hugging, kissing, and holding my children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am easygoing and relaxed with my children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There are times I just don't have the energy to make my children behave as they should .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have little or no difficulty sticking with my rules for my children even when close relatives, including grandparents, are there ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Being a father can sometimes be stressful. The next question is about how stressful being a father has been for you and the ways in which you have had to adjust your life.

**Q11. For each of the following statements, please indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.**

*For each item, mark (X) one response*

	<u>Strongly agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly disagree</u>
a. You find yourself giving up more of your life to meet your child's needs than you ever expected .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Since your child was born, you have been unable to do new and different things .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You expected to have closer and warmer feelings for your child than you do and this bothers you.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your child is able to do less than you expected .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You feel trapped by your responsibilities as a father ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

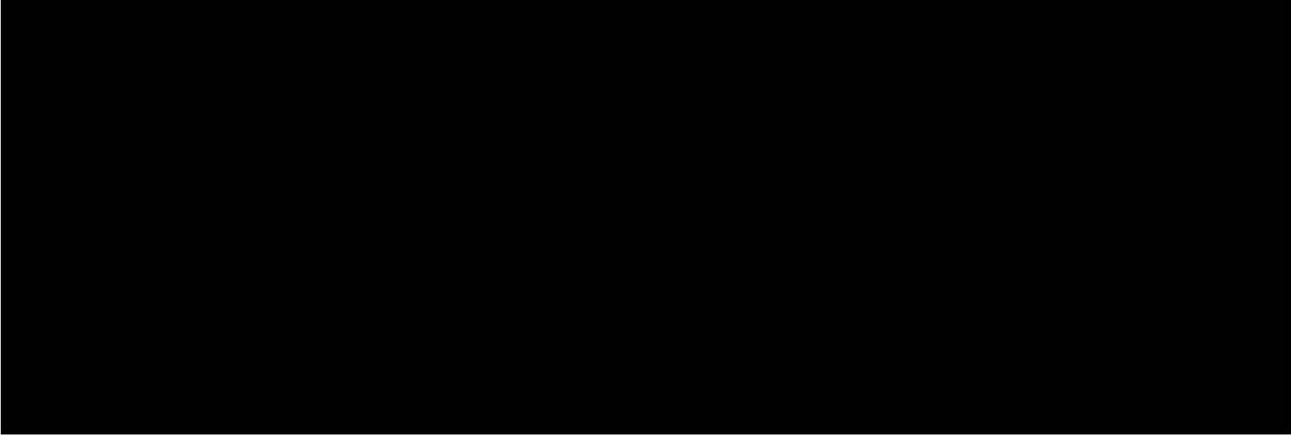
**Q12. Fathers do many things for their children. Of the list of things below, which 3 do you think are most important for you, as a father, to do?**

*Please rank them by entering 1 (most important), 2 (second most important), and 3 (third most important) next to the 3 things you think are the most important for you to do. Select only three.*

Rank

- Showing my child love and affection
- Taking time to play with my child
- Taking care of my child financially
- Giving my child moral and ethical guidance
- Making sure my child is safe and protected
- Teaching my child and encouraging his or her curiosity

**Q13.**



**Q14. About how many hours each week do you usually care for your child?**

NUMBER OF HOURS     NA (DO NOT USUALLY TAKE CARE OF CHILD)

We want to learn more about how parents with young children make important decisions in their children's lives.

**Q15. How much influence do you feel that you have in making major decisions about discipline, nutrition, health care, and child care? Would you say no influence, some influence, or a great deal of influence?**

*For each item, mark (X) one response*

	<u>No influence</u>	<u>Some influence</u>	<u>A Great deal of influence</u>
a. Discipline.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nutrition.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we have some questions about how you discipline your child.

**Q16. Most children get angry at their parents from time to time. If your child got so angry that he/she hit you, yelled at you, or threw a temper tantrum, what would you do? Would you...**

*For each item, mark (X) one response*

	<u>Yes</u>	<u>No</u>
a. Spank him/her?..... <input type="checkbox"/>	<input type="checkbox"/>	
b. Have him/her take a time out?..... <input type="checkbox"/>	<input type="checkbox"/>	
c. Hit him/her back?..... <input type="checkbox"/>	<input type="checkbox"/>	
d. Talk to him/her about what he/she did wrong?..... <input type="checkbox"/>	<input type="checkbox"/>	
e. Ignore it?..... <input type="checkbox"/>	<input type="checkbox"/>	
f. Make him/her do some work around the house?..... <input type="checkbox"/>	<input type="checkbox"/>	
g. Make fun of him/her?..... <input type="checkbox"/>	<input type="checkbox"/>	
h. Make him/her apologize?..... <input type="checkbox"/>	<input type="checkbox"/>	
i. Take away a privilege?..... <input type="checkbox"/>	<input type="checkbox"/>	

j. Give a warning?.....

k. Yell at or threaten him/her? .....

**Q17. Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you spanked your child in the past week for not minding?**

I\_\_I\_\_I NUMBER OF TIMES

NA (I DO NOT SPANK)

**Q18. About how many times, if any, have you used time out or sent your child to his/her room in the past week for not minding?**

I\_\_I\_\_I NUMBER OF TIMES

NA (I DO NOT USE TIMEOUT/SEND CHILD TO ROOM)

We are also interested in any reading you may do at home.

**Q19. About how many books did you read during the past 12 months?**

I\_\_I\_\_I NUMBER OF BOOKS

**Q20. How often do you read a newspaper? Would it be. . .**

*Mark (X) one*

- Almost every day,
- At least once a week,
- At least once a month, or
- Hardly ever?

**Q21. How often do you talk about your child with your child's mother? Would you say...**

*Mark (X) one*

- Every day,
- Several times a week,
- About once a week,
- A few times a month,
- Several times a year, or
- Not at all?

**Q22. Do you want to be involved in raising your child in the coming years?**

- Yes
- No



Next is a question about your current relationship with the child's mother.

**Q23. Which of the following statements best describes your current relationship with the child's mother?**

*Mark (X) one*

- We generally get along pretty well.
- We don't get along too well.
- We fight a lot and do not get along well.
- We avoid seeing each other.

**Q24. Next is a list of issues that you and the child's mother may have disagreements about. For each one, please tell me if you have none, some, or a great deal of disagreement.**

*For each item, mark (X) one response*

	<u>None</u>	<u>Some</u>	<u>A great deal</u>
a. How the child is raised .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How you spend money on the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How the child's mother spends money on the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How much time you spend with the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your financial contribution to the child's support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Where the child lives .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q25. People deal with serious disagreements in different ways. When you have a serious disagreement with your child's mother, how often do you . . .**

*For each item, mark (X) one response*

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>
a. Just keep your opinions to yourself? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Discuss your disagreements calmly? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Argue heatedly or shout at each other?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. End up hitting or throwing things at each other? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach a compromise? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Criticize each other? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now, we have some questions about things you may do for your child or for your child's household.

**Q26. How often have you done any of the following for your child?**

*For each item, mark (X) one response*

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>	<u>Not Applicable</u>
a. Bought clothes, diapers, toys, or presents for your child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Paid for your child's medical insurance, doctor bills, or medicines .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Helped pay for your child's child care expenses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Given your child's mother extra money to help out, not including child support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Q27. Have you given anyone in the child's household help by . . .**

*For each item, mark (X) one response*

	<u>Yes</u>	<u>No</u>
a. Helping with repairs around the house or to the car.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Buying food—either groceries or meals out .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Making car payments, paying for repairs, or purchasing or loaning a car .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Making rent or mortgage payments.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping pay for utilities or other household bills .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Some other kind of help <i>Please specify</i> ↪ .....	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_

**Q28. Thinking about child support, do you have a legal agreement, an informal agreement, or no arrangement at all with the child's mother?**

*Mark (X) one*

Legal  
 Informal  
 No arrangement → *Skip to Q30*

**Q29. How much per month are you supposed to pay for the child's support?**

*Your best estimate will be fine.*

\$ \_\_\_\_\_ PER MONTH

**Q30. How much did you pay for the child's support last month?**

*Your best estimate will be fine.*

\$ \_\_\_\_\_ PER MONTH

**Q31. Altogether, how many biological or natural children do you have?**

*Please include the subject child – that is the child selected for this survey.*

|\_|\_| NUMBER OF BIOLOGICAL CHILDREN

**Q32. Do you participate in any ongoing community service activity, for example, volunteering at a school, coaching a sports team, or working with a church or neighborhood association?**

Yes

No

**Q33. How often did you attend religious services in the past year? Was it...**

*Mark (X) one*

Never or almost never,

Several times a year,

Several times a month,

Once a week, or

Several times a week?

Now we have some questions about your health and the health of your family.

**Q34. Would you say your health in general is. . .**

*Mark (X) one*

Excellent,

Very good,

Good,

Fair, or

Poor?

**Q35. Have you or any of your blood relatives ever had .....**

Mark (X) all that apply

If YES, mark (X) for each person

	<u>NO</u>	<u>Self</u>	<u>Mother</u>	<u>Father</u>	<u>Brother</u>	<u>Sister</u>	<u>Other blood relative (e.g. Cousin, Grandparent)</u>
a. an alcohol abuse problem or disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. a drug abuse problem or disorder? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. major depression? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. a serious mental illness such as schizophrenia, a paranoid disorder, bipolar disorder, or manic episodes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. asthma? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. a learning disability? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. allergies? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. diabetes? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We also have a few questions about any work you do for pay and your current household income.

**Q36. About how many total hours per week do you usually work for pay, counting all jobs?**

|\_\_|\_\_| HOURS PER WEEK

**Q37. What was your total income last year, (before taxes) to the nearest thousand?**

\$\_\_\_\_\_TOTAL INCOME

**NOTE:** The next few questions are **only** for fathers who are new to the study.

If you filled out a father questionnaire when your child was about 9 months old,  
please check here  and → **Skip to the tracing information sheet on page 16.**

**Q38. At the time your spouse/partner became pregnant with your child, did you want her to have a(nother) baby at some time?**

Mark (X) one

- Yes  
 No → Skip to Q40

**Q39. Did she become pregnant sooner than you wanted, later than you wanted, or at about the right time?**

Mark (X) one

- Sooner  
 Later  
 At about the right time

**Q40. When did you first hold your child?**

Mark (X) one

- Within an hour after delivery  
 The day of birth, but more than an hour after delivery  
 1 day after birth  
 2-3 days after birth  
 4-7 days after birth  
 8-14 days after birth  
 15 or more days after birth
- Couldn't hold child because child was in the neonatal intensive care unit (NICU)

We would like to ask a few more questions about your background.

**Q41. How old were you when your first child was born?**

|\_|\_|\_| AGE WHEN FIRST CHILD WAS BORN

**Q42. What is your birth date?**

|\_|\_|\_| MONTH |\_|\_|\_| DAY |\_|\_|\_|\_|\_| YEAR

**Q43. In what country were you born?**

*Mark (X) one*

- United States (50 states or DC)
- U.S. territories: Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, Mariana Islands, or Solomon Islands
- Some other country *Please specify* ↷

} → *Skip to Q45*



\_\_\_\_\_

**Q44. Are you a citizen of the United States?**

- Yes
- No

**Q45. What is the highest grade or year of school that you have completed?**

Mark (X) one

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, **NO DIPLOMA**
- HIGH SCHOOL GRADUATE** - high school DIPLOMA or the equivalent (*for example: GED*)
- Voc/tech program after high school, but no voc/tech diploma
- Voc/tech diploma after high school
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional school, but no degree
- Master's degree (MA, MS)
- Doctorate degree (Ph.D., Ed.D.)
- Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)

Skip to  
Statement  
before  
Q47

**Q46. Do you have a high school diploma or its equivalent, such as a GED?**

- Yes
- No

We also want to know what you think about being a father.

**Q47. Here are some statements that men have made about their role as fathers. For each of the following statements, please indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.**

*For each item, mark (X) one response*


	<u>Strongly agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly disagree</u>
a. It is essential for the child's well being that fathers spend time playing with their children .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is difficult for men to express affectionate feelings toward babies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A father should be as heavily involved as the mother in the care of the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The way a father treats his baby has long-term effects on the child .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The activities a father does with his children don't matter. What matters more is whether he provides for them .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. One of the most important things a father can do for his children is to give their mother encouragement and emotional support.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. All things considered, fatherhood is a highly rewarding experience .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Tracing Information

Thank you for taking the time to complete this questionnaire. We may want to interview you again when your child is older. Just to make sure we can reach you in the future, we'd like to ask a few questions about how to find you.

Is there a relative or friend, who does not live in this household, who will always know how to get in touch with you?

  YES  
 NO

What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_


ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (|\_|\_|\_|\_|) |\_|\_|\_|\_|-|\_|\_|\_|\_|\_|

Relationship to you: \_\_\_\_\_

Aside from the person named above, is there another relative or friend, who does not live in this household, who will always know how to get in touch with you?

  YES  
 NO

What is the name, address, and telephone number of that person? We will only contact this person if we cannot find you.

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

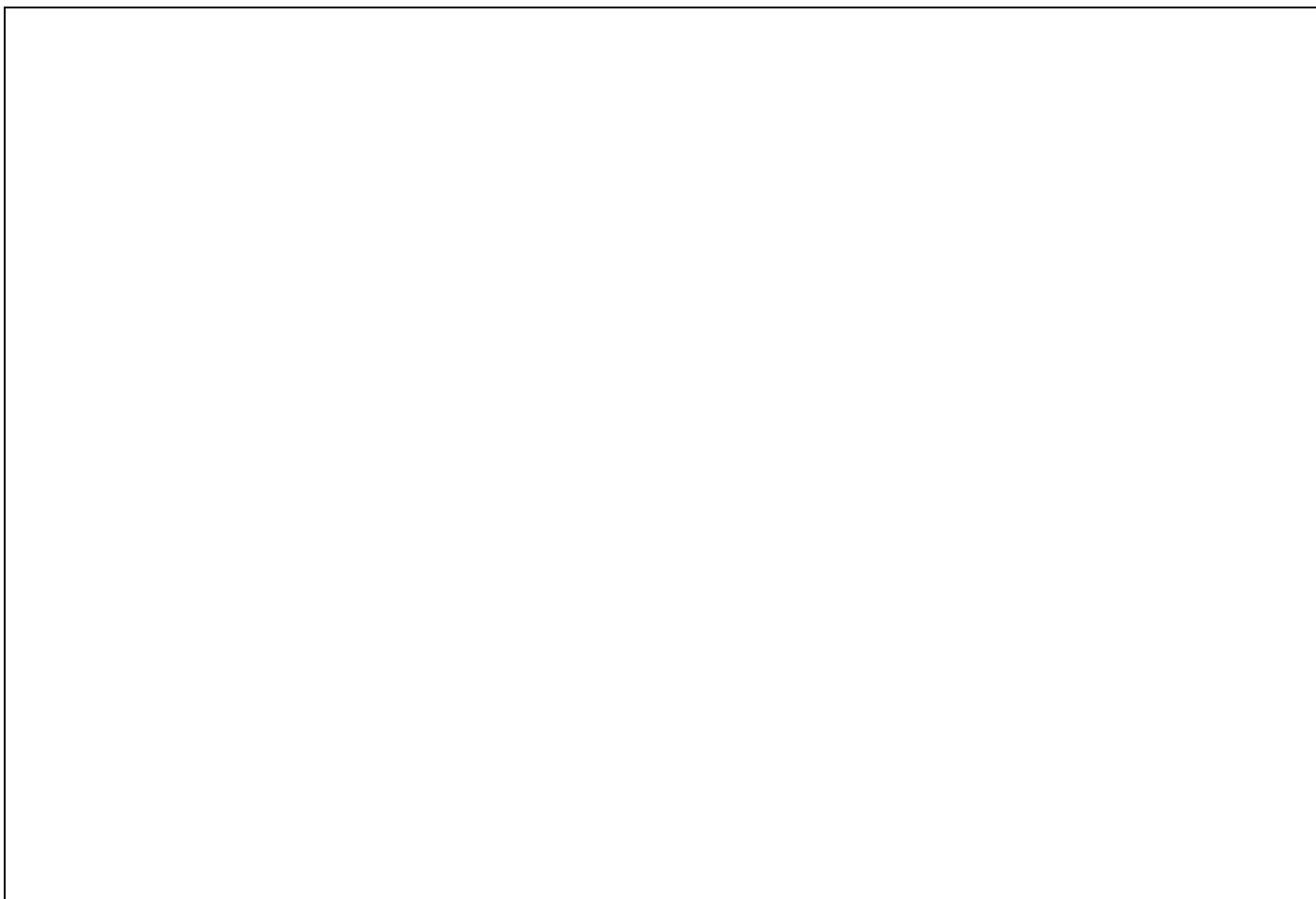
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: (|\_|\_|\_|\_|) |\_|\_|\_|\_|-|\_|\_|\_|\_|\_|

Relationship to you: \_\_\_\_\_

Your comments will be appreciated, either here or in a separate envelope.



Thank you again for taking the time to complete this questionnaire.

Please return your completed questionnaire in the enclosed envelope to:

National Center for Education Statistics  
c/o Westat – Study 7020.40 (ECLS-B)  
G9, Room 250F  
9274 Gaither Road  
Gaithersburg, MD 20877-1420