

ECLS-B NATIONAL 2-YEAR PARENT QUESTIONNAIRE

SECTION IN - INTRODUCTION

IN000ST

HELP AVAILABLE

THIS INTERVIEW IS BEING CONDUCTED IN THE STATE OF (READ STATE BELOW).

PRESS ENTER TO ACCEPT STATE BELOW OR ENTER STATE ABBREVIATION.

Prefill data entry field with State abbreviation from 9-month interview.

IN001

DISPLAY INSTRUCTIONS:

Display Child's full name from 9-month interview. If child's middle name is 'NMN' then do not display.

**YOU HAVE SELECTED CASE {CASEID OF CASE SELECTED} {CHILD'S FULL NAME}.
IS {CHILD'S FULL NAME} LIVING IN THIS HOUSEHOLD?**

- | | | |
|---|-----|---------|
| 1 | YES | (IN007) |
| 2 | NO | |

IN002PRE

DISPLAY INSTRUCTIONS:

Display Child's full name from 9-month 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.

IN007

DISPLAY INSTRUCTIONS:

Display the household roster from the 9-month 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.

IN008BX

IF 9-MONTH FLAG INDICATES TWIN WAS LIVING IN HOUSEHOLD AT TIME OF 9-MONTH INTERVIEW GO TO IN010.

OTHERWISE, GO TO IN015PRE.

IN010

DISPLAY INSTRUCTIONS:

Display Child's and Twin's full names from 9-month interview. If Child's/Twin's middle name is 'NMN' then do not display.

9-MO. INTERVIEW INDICATES {CHILD'S FULL NAME} HAS A TWIN NAMED {TWIN'S FULL NAME}.

IS {TWIN'S FULL NAME} STILL LIVING IN THIS HOUSEHOLD?

- | | | |
|---|-----|------------|
| 1 | YES | (IN015Pre) |
| 2 | NO | |

IN012

DISPLAY INSTRUCTIONS:

Display Child's and Twin's full names from 9-month interview. If Child's/Twin's middle name is 'NMN' then do not display.

9-MO. INTERVIEW INDICATES {CHILD'S FULL NAME} HAS A TWIN NAMED {TWIN'S FULL NAME}. WHERE IS {TWIN'S FULL NAME} NOW?

- | | |
|---|------------------|
| 1 | LIVING ELSEWHERE |
| 2 | DECEASED |

IN015PRE

DISPLAY INSTRUCTIONS:

Display Child's full name from 9-month interview for {CHILD'S FULL NAME}, and if IN010 = 1 display Twin's full name from 9-month 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 24-month respondent is the same as the 9-month 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 24-month respondent is not the same as the 9-month respondent (FLAGS.SAMERESP=2), then display "some information about {CHILD}..." and "I also have a few questions about you and the other..." and "IF RESPONDENT HAS NOT SIGNED..."

"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."

{IF RESPONDENT HAS NOT SIGNED THE PARENT CONSENT FORM, PRESENT THE PARENT CONSENT FORM TO THE RESPONDENT NOW FOR SIGNATURE BEFORE PROCEEDING WITH THE INTERVIEW.}

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 9-MONTHS)) AND CURRENT 9-MO RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-MO IN035=5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-MO IN035=6), OTHER NON-RELATIVE (9-MO IN035=13), CHILD'S STEPMOTHER (9-MO IN040=3), FOSTER MOTHER OR FEMALE GUARDIAN (9-MO IN040=4), STEPFATHER (9-MO IN045=3), OR FOSTER FATHER OR MALE GUARDIAN (9-MO IN045=4) THEN GO TO IN019.

ELSE, GO TO IN022BX.

IN019

DISPLAY INSTRUCTIONS:

If at 9-months current respondent was GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-mo IN035=5), or BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-mo IN035=6) display "the {girlfriend/boyfriend} or partner of {CHILD}{ and {TWIN}}}'s parent or guardian".

Else if at 9-months current respondent was CHILD's OTHER NON-RELATIVE (9-month IN035=13) then display {9-mo IN035}.

Else if 9-month respondent was CHILD's STEPMOTHER (9-mo IN040=3) or FOSTER MOTHER OR FEMALE GUARDIAN (9-mo IN040=4) then display {9-mo IN040}.

Else if 9-month respondent was CHILD's STEPFATHER (9-mo IN045=3) or FOSTER FATHER OR MALE GUARDIAN (9-mo IN045=4) then display {9-mo IN045}.

Sometimes relationships change. I have recorded that you are {CHILD}{ and {TWIN}}}'s {9-mo IN035/IN040/IN045}. Is this still correct?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

IN022BX

IF FLAGS.SAMERESP=1 (SAME RESPONDENT AS AT 9-MONTHS), IN019 = NO, GO TO IN035.

ELSE IF FLAGS.SAMERESP = 1 (SAME RESPONDENT AS AT 9 MONTH) AND (IN019 = EMPTY (NOT ASKED) OR IN019 = YES), GO TO IN062BX AND AUTOFILL IN025—IN060 WITH 9-MONTH INFORMATION.

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?

ENTER MONTH OF BIRTH.

REFUSED
DON'T KNOW

IN032

DISPLAY INSTRUCTIONS:

Display number entered at IN031 at top of screen.

[What is your birth date?]

ENTER DAY OF BIRTH.

REFUSED
DON'T KNOW

IN033

DISPLAY INSTRUCTIONS:

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

[What is your birth date?]

ENTER FOUR DIGIT YEAR OF BIRTH.

REFUSED
DON'T KNOW

IN033aBX

IF ANY PART OF THE DATE OF BIRTH IS MISSING THEN GO TO IN033b.
ELSE, GO TO IN033BX.

IN033b

How old are you?

REFUSED
DON'T KNOW

IN033BX

IF IN007 = 0 (NEW RESPONDENT DID NOT LIVE IN THE HOUSEHOLD AT 9-MONTHS) THEN GO TO IN034.

ELSE IF IN007 ^= 0 (RESPONDENT LIVED IN THE HOUSEHOLD AT 9-MONTHS) AND THE RESPONDENT WAS GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-MO IN035=5), BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-MO IN035=6), OTHER NON-RELATIVE (9-MO IN035=13), CHILD'S STEPMOTHER (9-MO IN040=3), FOSTER MOTHER OR FEMALE GUARDIAN (9-MO IN040=4), STEPFATHER (9-MO IN045=3), OR FOSTER FATHER OR MALE GUARDIAN (9-MO IN045=4) AND IN019=NO (THE RELATIONSHIP IS NOT THE SAME AS AT 9-MONTHS) THEN GO TO IN035.

ELSE IF IN007 ^= 0 (RESPONDENT LIVED IN THE HOUSEHOLD AT 9-MONTHS) THEN GO TO IN062BX.

IN034

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

ENTER GENDER OF RESPONDENT.

1 MALE
2 FEMALE
REFUSED
DON'T KNOW

IN035**HELP AVAILABLE****What is your relationship to {CHILD}{ and {TWIN}}?**

- | | | |
|----|--|-----------|
| 1 | MOTHER/FEMALE GUARDIAN | |
| 2 | FATHER/MALE GUARDIAN | (IN045) |
| 3 | SISTER | (IN050) |
| 4 | BROTHER | (IN055) |
| 5 | GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN | (IN062BX) |
| 6 | BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN | (IN062BX) |
| 7 | GRANDMOTHER | (IN062BX) |
| 8 | GRANDFATHER | (IN062BX) |
| 9 | AUNT | (IN062BX) |
| 10 | UNCLE | (IN062BX) |
| 11 | COUSIN | (IN062BX) |
| 12 | OTHER RELATIVE | (IN062BX) |
| 13 | OTHER NON-RELATIVE | (IN060) |

IN040**HELP AVAILABLE****Are you {CHILD}{ and {TWIN}}'s...**

- | | | |
|---|-----------------------------------|-----------|
| 1 | Birth mother, | (IN062BX) |
| 2 | Adoptive mother, | (IN062BX) |
| 3 | Stepmother, or | (IN062BX) |
| 4 | Foster mother or female guardian? | (IN062BX) |

IN045**HELP AVAILABLE****Are you {CHILD}{ and {TWIN}}'s...**

- | | | |
|---|---------------------------------|-----------|
| 1 | Birth father, | (IN062BX) |
| 2 | Adoptive father, | (IN062BX) |
| 3 | Stepfather, or | (IN062BX) |
| 4 | Foster father or male guardian? | (IN062BX) |

IN050**HELP AVAILABLE****Are you {CHILD}{ and {TWIN}}'s...**

- | | | |
|---|---------------------|-----------|
| 1 | Full sister, | (IN062BX) |
| 2 | Half sister, | (IN062BX) |
| 3 | Stepsister, | (IN062BX) |
| 4 | Adoptive sister, or | (IN062BX) |
| 5 | Foster sister? | (IN062BX) |

IN055**HELP AVAILABLE****Are you {CHILD}{ and {TWIN}}’s ...**

- | | | |
|---|----------------------|-----------|
| 1 | Full brother, | (IN062BX) |
| 2 | Half brother, | (IN062BX) |
| 3 | Stepbrother, | (IN062BX) |
| 4 | Adoptive brother, or | (IN062BX) |
| 5 | Foster brother? | (IN062BX) |

IN060**HELP AVAILABLE****CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.**

- | | |
|----|--|
| 1 | GIRLFRIEND OR PARTNER OF CHILD’S PARENT/GUARDIAN |
| 2 | BOYFRIEND OR PARTNER OF CHILD’S PARENT/GUARDIAN |
| 3 | FEMALE GUARDIAN |
| 4 | MALE GUARDIAN |
| 5 | DAUGHTER/SON OF CHILD’S PARENT’S PARTNER |
| 6 | OTHER RELATIVE OF CHILD’S PARENT’S PARTNER |
| 91 | OTHER NON-RELATIVE |

IN062BX

IF CURRENT RESPONDENT IS NOT THE BIRTH MOTHER AND THE BIOLOGICAL MOTHER WAS IN THE HOUSEHOLD AT 9-MONTHS, 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 THE CHILD’S BIRTH MOTHER LIVING?

- | | | |
|----|-------------------------------------|------------|
| 1 | LIVING ELSEWHERE | (IN115) |
| 2 | DECEASED | (IN115) |
| 3 | LIVING IN HOUSEHOLD BUT UNAVAILABLE | (IN068PRE) |
| 4 | UNKNOWN | (IN115) |
| 91 | OTHER (SPECIFY) | |

IN066

[WHERE IS THE CHILD'S BIRTH MOTHER LIVING?]

SPECIFY OTHER STATUS OF CHILD'S BIRTH MOTHER.

IN068PRE

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

PLEASE CONFIRM THAT THE CHILD'S BIRTH MOTHER IS UNAVAILABLE FOR THE INTERVIEW FOR A NON-TEMPORARY REASON.

IF CHILD'S BIRTH MOTHER IS UNAVAILABLE FOR A TEMPORARY REASON, PLEASE PRESS "F-10" 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 9-month 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.

- | | | |
|---|------------|-----------|
| 1 | YES | (IN147BX) |
| 2 | NO | |
| | REFUSED | (IN147BX) |
| | DON'T KNOW | (IN147BX) |

IN120

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from 9-month 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 9-month 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'.

IN130

DISPLAY INSTRUCTIONS:

Display Child's/Twin's full name from 9-month 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.

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 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}
{TWIN'S DATE OF BIRTH}	{TWIN'S DOB}
{DATE OF 9-MONTH INTERVIEW:}	{9-MO DATE}

GO TO IN150BX.

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}

{TWIN'S DATE OF BIRTH} {TWIN'S DOB}

{DATE OF 9-MONTH INTERVIEW;} {9-MO DATE}

GO TO SECTION FS.

SECTION FS - FAMILY STRUCTURE

FS002PRE

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

FS003BX

IF THE PRELOADED (9-MO) HOUSEHOLD ROSTER CONTAINS MORE THAN THE CURRENT RESPONDENT, THE CHILD, TWIN, AND CHILD'S BIOLOGICAL MOTHER, OR THE PRELOADED ROSTER CONTAINS AT MOST THE CURRENT RESPONDENT, THE CHILD, TWIN, AND CHILD'S BIOLOGICAL MOTHER AND EITHER THE TWIN OR THE MOTHER IS NOW LIVING ELSEWHERE (IN012=1 OR IN065=1) OR THE MOTHER'S WHEREABOUTS ARE UNKNOWN (IN065=4), GO TO FS005.

ELSE IF THE CURRENT RESPONDENT IS NOT THE CHILD'S BIOLOGICAL MOTHER, BUT THE MOTHER WAS LIVING IN THE HOUSEHOLD AT 9-MONTHS AND IS NO LONGER (IN065^=3), THEN GO TO FS010 FOR BIOLOGICAL MOTHER AND THEN RETURN TO FS005 FOR OTHER HOUSEHOLD MEMBERS (IF ANY).

ELSE, GO TO FS015.

IF IN012=2 (TWIN DECEASED) OR IN065=2 (CHILD'S MOTHER IS DECEASED) ASSIGN VALUES TO FS005/FS010 AS DESCRIBED IN FS005 CAPI INSTRUCTIONS.

IF IN012=1 (TWIN IS NO LONGER IN THE HOUSEHOLD) OR IN065=1 OR 4 (CHILD'S MOTHER IS NO LONGER IN THE HOUSEHOLD) PRE-ASSIGN APPROPRIATE VALUES TO FS005 AS DESCRIBED IN FS005 CAPI INSTRUCTIONS.

FS005

DISPLAY INSTRUCTIONS:

Display name, age, gender, and person type of all household members from 9-month 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 roster), CHILD, TWIN (if on 9-month roster), child’s biological mother (if on 9-month 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.

[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?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

FS007BX

FOR EACH FS005 = 2 (HOUSEHOLD MEMBERS WERE FLAGGED FOR DELETION FROM THE HOUSEHOLD ROSTER, INCLUDING TWIN AND BIOMOM IF FLAGGED FOR DELETION BASED ON DATA COLLECTED IN SECTION IN AND THEY ARE NOT ALREADY KNOWN TO BE DECEASED), GO TO FS010.

AFTER ALL FORMER HOUSEHOLD MEMBERS HAVE BEEN ACCOUNTED FOR IN FS010, GO TO FS015.

FS010

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

- 1 MARRIAGE OR RE-MARRIAGE (FS015)
- 2 SEPARATION OR DIVORCE (FS015)
- 3 ATTENDING COLLEGE OR BOARDING SCHOOL (FS015)
- 4 LIVING ELSEWHERE FOR EMPLOYMENT-RELATED REASONS (FS015)
- 5 LIVING ELSEWHERE FOR OTHER REASONS (FS015)
- 6 DECEASED (FS015)
- 7 IN JAIL OR PRISON (FS015)
- 91 OTHER (SPECIFY)
- REFUSED (FS015)
- DON’T KNOW (FS015)

FS012

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

SPECIFY OTHER REASON.

FS015

DISPLAY INSTRUCTIONS:

Display the household matrix from 9-month interview (name, age, and gender and person type as specified in IN150BX).

Also display new respondent from Section IN, if appropriate.

Protect all preloaded information from update.

Display “We have listed...” if 9- and 24-month respondent is the same and the only entries on the household roster are the respondent, the child, the twin (if IN012 ^=1), and the child’s biological mother (if she in the household at 24-months or in the household at 9-months and reported deceased at IN065). That is, display for cases that did not go through FS005 for any household members.

If {We have listed...} is displayed, then: If mother lives in household (IN065=3), display {and {CHILD}’s mother}.

Else if 24-month responder did not appear on the 9-month household roster (FS007=0) then also display “other”.

When cursor is on a new (blank) line after the first blank line, display “Please tell me...” in brackets [] and do not display “We have listed...”.

[{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 {OTHER} people who have joined your household since our last interview in {TIME FRAME}. Please do not include anyone staying here temporarily who usually lives somewhere else.]

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

ENTER FIRST NAME OF HOUSEHOLD MEMBER OR PRESS ENTER IF NO ONE NEW OR MATRIX IS COMPLETE.

FS016BX

IF CASE FLAGGED AS HAVING NO NEW HOUSEHOLD MEMBERS AT 24-MONTHS (IF NO ENTRY IS MADE THE FIRST TIME FS015 WAS ASKED) THEN GO TO FS034.

ELSE ASK FS017.

FS017

[{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 {OTHER} people who have joined your household since our last interview in {TIME FRAME}. Please do not include anyone staying here temporarily who usually lives somewhere else.]

ENTER MIDDLE NAME OF {NAME}.

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

FS020

[{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 {OTHER} people who have joined your household since our last interview in {TIME FRAME}. Please do not include anyone staying here temporarily who usually lives somewhere else.]

ENTER LAST NAME OF {NAME}.

FS025

DISPLAY INSTRUCTIONS:

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

How old is {NAME}?

ENTER AGE OF {NAME}.

ENTER ZERO IF PERSON'S AGE IS LESS THAN ONE YEAR.

REFUSED
DON'T KNOW

FS027

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}.

1 MALE
2 FEMALE
REFUSED
DON'T KNOW

FS033BX

PUT CHECKS FOR FIRST, MIDDLE, AND LAST NAME, AGE, AND GENDER FOR EACH PERSON ADDED TO THE MATRIX. IF ANY INFORMATION IS MISSING, DISPLAY ERROR MESSAGE AND GO BACK TO FILL IN MISSING INFORMATION.

FS034

IS MATRIX COMPLETE?

- 1 YES
- 2 NO

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?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FS036BX

IF FS035 = 1 (YES MISSED SOMEONE IN HOUSEHOLD), RETURN TO MATRIX.

ELSE IF MORE THAN RESPONDENT AND CHILD (AND TWIN IF IN010=1) LISTED ON ROSTER AND AT LEAST ONE OF THE OTHER PERSONS LISTED IS 14 YEARS OR OLDER, GO TO FS037.

ELSE IF MORE THAN RESPONDENT AND CHILD (AND TWIN IF IN010=1) LISTED ON ROSTER, BUT NONE OF OTHER PERSONS (BESIDES RESPONDENT) ARE AGE 14 AND OLDER, GO TO FS039BX.

ELSE IF ONLY RESPONDENT AND CHILD (AND TWIN IF IN010=1) ARE LISTED ON HOUSEHOLD ROSTER, GO TO FS039BX.

FS037

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

- 1 YES
- 2 NO (FS039BX)
- REFUSED (FS039BX)
- DON'T KNOW (FS039BX)

FS038

DISPLAY INSTRUCTIONS:

Display the names and approximate ages of household members 14 years or older who are not the respondent as response category choices. Do not display household members with FS005 = 2 (NO LONGER LIVING IN HH). Display respondent's first name for "{RESPONDENT}". If same respondent as 9-month, display S to left of name of spouse/partner from 9-month, if applicable.

Who in the household is your spouse or partner?

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 9-MONTH INTERVIEW IS FLAGGED WITH 'S' TO LEFT OF NAME.

REFUSED

FS039BX

IF FLAGS.SAMERESP = YES, AND AT 9-MONTHS, RESPONDENT HAD A SPOUSE/PARTNER IN THE HOUSEHOLD (9-MO FS030=YES) AND THAT PERSON IS STILL IN THE HOUSEHOLD, AND THEIR RELATION TO THE CHILD AT 9-MOS WAS: GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-MOFS040=5); BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN (9-MO FS040=6); OTHER NON-RELATIVE (9-MO FS040=13); CHILD'S STEPMOTHER (9-MO FS045=3); FOSTER MOTHER OR FEMALE GUARDIAN (9-MO FS045=4); STEPFATHER (9-MO FS050=3); OR FOSTER FATHER OR MALE GUARDIAN (9-MO FS050=4) THEN ASK FS040-FS065 FOR THE SPOUSE/PARTNER .

ALSO ASK FS040 - FS065 FOR EACH PERSON ADDED TO THE HOUSEHOLD MATRIX (AT 24-MO FS015) WHO IS NOT FOCAL CHILD OR TWIN OR RESPONDENT OR BIRTH MOTHER.

ELSE IF NO ADDITIONS WERE MADE TO THE ROSTER AT FS015 (NONE FLAGGED AS ADDED AT 24-MONTHS), THEN GO TO FS069BX.

FS040**HELP AVAILABLE****What is {NAME}'s relationship to {CHILD}{ and {TWIN}}?****CODE RELATIONSHIP OF HOUSEHOLD MEMBER.**

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

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

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

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

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

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

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

FS060

HELP AVAILABLE

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

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

FS065

HELP AVAILABLE

CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

- 1 GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN
- 2 BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN
- 3 FEMALE GUARDIAN
- 4 MALE GUARDIAN
- 5 DAUGHTER/SON OF CHILD'S PARENT'S PARTNER
- 6 OTHER RELATIVE OF CHILD'S PARENT'S PARTNER
- 91 OTHER NON-RELATIVE
- REFUSED
- DON'T KNOW

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 IN THE HOUSEHOLD (FS050 ^= 1 FOR ANY CURRENT HOUSEHOLD MEMBERS) AND 9-MONTH DATA DO NOT IDENTIFY BIRTH FATHER AS DECEASED (BASED ON PRELOADED FLAG), AND BIRTH FATHER WAS NOT FLAGGED FOR DELETION AT FS005, 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?

- 1 YES
- 2 NO (FS015)
- REFUSED
- DON'T KNOW

FS074BX

IF EITHER MOTHER OR FATHER FIGURE ADDED TO ROSTER AT 24-MONTHS, OR NEW RESPONDENT, OR NEW SPOUSE/PARTNER, GO TO FS075.

ELSE IF 9-MONTH RESPONDENT OR MOTHER FIGURE (FS040 = 1) OR

FATHER FIGURE (FS040 = 2) OR RESPONDENT'S SPOUSE/PARTNER (IDENTIFIED AT FS038) OR FOCAL CHILD WERE IDENTIFIED AS AMERICAN INDIAN AT 9-MONTHS (FS085 = 3)

AND THE IDENTIFIED PERSON(S) STILL RESIDES IN THE HOUSEHOLD AT 24-MONTHS

AND AT 24-MONTHS THE IDENTIFIED PERSON(S) IS THE RESPONDENT OR MOTHER FIGURE (FS040 = 1) OR FATHER FIGURE (FS040 = 2) OR SPOUSE/PARTNER (IDENTIFIED AT FS038) OR FOCAL CHILD, GO TO FS086a.

ELSE, GO TO FS089BX.

FS075

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

Display in column 1 each person enumerated on 24-month household roster (at FS015) who is focal child, respondent, mother figure (CODE '1' AT FS040), or father figure (CODE '2' AT FS040) or respondent's spouse/partner (identified at FS038).

Note: If respondent or spouse/partner is mother or father figure, only display his/her name once. Display "Are you" for respondent and "Is {NAME}" (display appropriate first name) for someone other than respondent.

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

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (FS085) |
| | REFUSED | (FS085) |
| | DON'T KNOW | (FS085) |

FS080

DISPLAY INSTRUCTIONS:

Display in column 1 each person enumerated on 24-month household roster (at FS015) who is focal child, respondent, mother figure (CODE "1" at FS040), or father figure (CODE "2" at FS040). If no mother or father figures in household (no household members with CODE "1" or "2" at FS040), display in column 1 focal child, respondent, and respondent's spouse/partner (household member selected at FS038, if any).

Note: if respondent is mother or father figure, only display his/her name once. Display "Are you" for respondent and "Is {NAME}" (display appropriate first name) for someone other than respondent.

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

CODE ALL THAT APPLY.

SHOW CARD FS1

1	Mexican, Mexican American, Chicano,	(FS085)
2	Puerto Rican,	(FS085)
3	Cuban, or	(FS085)
91	Another Spanish/Hispanic/Latino group (SPECIFY)	
	REFUSED	(FS085)
	DON'T KNOW	(FS085)

FS082

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

SPECIFY OTHER SPANISH/HISPANIC/LATINO GROUP.

FS085**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

Display in column 1 each person enumerated on 24-month household roster (at FS015) who is focal child, respondent, mother figure (CODE '1' AT FS040), or father figure (CODE '2' AT FS040) or respondent's spouse/partner (identified at FS038).

Note: If respondent or spouse/partner is mother or father figure, only display his/her name once. Display "your" for respondent and "{NAME}'s" (display appropriate first name) for someone other than respondent.

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

CODE ALL THAT APPLY

SHOW CARD FS2

1	WHITE	(FS089BX)
2	BLACK OR AFRICAN AMERICAN	(FS089BX)
3	AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY)	
4	ASIAN INDIAN	(FS089BX)
5	CHINESE	(FS089BX)
6	FILIPINO	(FS089BX)
7	JAPANESE	(FS089BX)
8	KOREAN	(FS089BX)
9	VIETNAMESE	(FS089BX)
10	OTHER ASIAN (SPECIFY)	(FS087)
11	NATIVE HAWAIIAN	(FS089BX)
12	GUAMANIAN OR CHAMORRO	(FS089BX)
13	SAMOAN	(FS089BX)
14	OTHER PACIFIC ISLANDER (SPECIFY)	(FS088)
91	ANOTHER RACE (SPECIFY)	(FS089)
	REFUSED	(FS089BX)
	DON'T KNOW	(FS089BX)

FS086

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

SPECIFY AMERICAN INDIAN TRIBE OR ALASKA NATIVE AFFILIATION.

GO TO FS086d.

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, {your/{NAME}}’s race was reported as American Indian or Alaska Native. We have recorded that {you are/{NAME} is} {{9-MONTH FS086 TEXT}/of an unknown American Indian or Alaska native background}. Is this information correct?

- | | | |
|---|------------|-----------|
| 1 | YES | (FS086d) |
| 2 | NO | |
| | REFUSED | (FS089BX) |
| | DON’T KNOW | (FS089BX) |

IF {9-MONTH FS086 TEXT} IS (BLANK OR “UNKNOWN” OR “REFUSED” OR “DON’T KNOW”) AND 24-MONTH FS086a = 1 (YES), GO TO FS089BX.

FS086b

DISPLAY INSTRUCTIONS:

Display “your” if respondent. Else display “{NAME}’s”.

What is {your/{NAME}}’s race?

- | | | |
|---|--|-----------|
| 1 | AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY) | |
| 2 | OTHER RACE | (FS089BX) |
| | REFUSED | (FS089BX) |
| | DON’T KNOW | (FS089BX) |

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)?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FS086e

DISPLAY INSTRUCTIONS:

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

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

- 1 YES (FS089BX)
- 2 NO (FS089BX)
- REFUSED (FS089BX)
- DON'T KNOW (FS089BX)

FS087

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

SPECIFY THE OTHER ASIAN RACE.

GO TO FS089BX.

FS088

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

SPECIFY THE OTHER PACIFIC ISLANDER RACE.

GO TO FS089BX.

FS089

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

SPECIFY THE OTHER RACE.

FS089BX

PROGRAMMER NOTE: AFTER LAST PERSON DISPLAYED HAS BEEN ASKED FS075-FS089, 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 TO COLLECT RACE/ETHNICITY FOR, GO TO FS075 FOR NEXT PERSON. IF RACE/ETHNICITY COLLECTED FOR RESPONDENT, CHILD/TWIN, FATHER-AND MOTHER-FIGURES, GO TO FS175BX.

SET FLAGS FOR:

NUMBER OF CHILDREN < 12 YEARS OLD (FS025 OR PRELOADED AND NOT FLAGGED FOR DELETION);

NUMBER OF ADULTS > 18 YEARS OLD (FS025 OR PRELOADED AND NOT FLAGGED FOR DELETION);

NUMBER OF ADULTS > 16 YEARS OLD (FS025 OR PRELOADED AND NOT FLAGGED FOR DELETION);

RESPONDENT LIVING WITH SPOUSE/PARTNER (FS037);

PERSON FLAGGED AS SPOUSE/PARTNER AT FS038 IS SAME PERSON FLAGGED DURING 9-MONTH INTERVIEW AT FS035;

RESPONDENT'S SPOUSE/PARTNER IS CHILD'S BIOLOGICAL FATHER (PERSON AT FS050, OR PRELOADED, IS THE SAME PERSON AT FS038);

NUMBER OF PEOPLE IN MATRIX WITH FS040 = 1 OR 2 (OR PRELOADED WITH THIS DATA);

CHILD'S BIRTH MOTHER IN HOUSEHOLD (IF IN040/FS045 = 1, OR PRELOADED WITH THIS DATA AND NOT FLAGGED FOR DELETION).

CHILD'S BIRTH FATHER IN HOUSEHOLD (IF IN045/FS050 = 1, OR PRELOADED WITH THIS DATA AND NOT FLAGGED FOR DELETION);

BIRTH FATHER NO LONGER IN HOUSEHOLD (FLAGGED FOR DELETION);

NAME OF SPOUSE/PARTNER (FS038);

BIRTH FATHER LIVED IN HOUSEHOLD WHEN CHILD WAS 9-MOS (EITHER BASED ON PRELOAD FLAG INDICATING THAT AT TIME OF 9-MONTH INTERVIEW THE FATHER LIVED IN HOUSEHOLD, OR 24-MONTH QUESTION FS073=1);

GUARDIAN (FS045 = 4 OR FS050 = 4 OR FS065 = 3 OR 4);

FS174BX (cont.)

NUMBER OF CURRENT HOUSEHOLD MEMBERS;

NUMBER OF CHILDREN < 18 YEARS OLD;

IS RESPONDENT \geq AGE 18

NUMBER OF DELETIONS;

NUMBER OF ADDITIONS.

FS175BX

GO TO SECTION CD.

SECTION CD - CHILD DEVELOPMENT

CD005PRE

DISPLAY INSTRUCTIONS:

If asking about TWIN, display “As I mentioned . . . you and your household.”
Else display “Let’s talk about {CHILD}”.

{As I mentioned earlier, I need to ask some questions specifically about {TWIN}. These questions will not take as long as the first round because I have already asked the general questions about you and your household/Let’s talk about {CHILD}}. In this study we want to learn what kinds of things toddlers can do at different ages. I’d like you to think back to when {CHILD/TWIN} was able to do various things and tell me how old in months {he/she} was when {he/she} first started to do these things. If {he/she} can’t do something yet, just say, “not yet.”

CD010-CD030

How old was {CHILD/TWIN} in months when {he/she}...

CD010

Started walking up stairs alone?

CD012

Started saying {his/her} first words?

CD015

Started turning pages of a picture book, one at a time?

CD020

Started opening a door by turning the knob and pulling?

CD025

Started playing with other children, doing things with them (e.g., cars, dolls, building)?

CD030

Started using an object as if it were something else (e.g., using a block for a phone, using a cardboard box for a car or a doll bed, using a napkin for a doll blanket)?

ENTER NUMBER OF MONTHS.

ENTER 95 IF CHILD HAS NOT DONE YET.

REFUSED
DON'T KNOW

CD035

Some toddlers are starting to learn to go to the toilet by themselves. Which of the following is most true about your family?

- 1 You have not yet begun toilet training with {CHILD/TWIN} (for example, because {he/she} is too young),
 - 2 You are working on toilet training with {CHILD/TWIN}, or
 - 3 {CHILD/TWIN} can use the toilet by {himself/herself} now.
- REFUSED
DON'T KNOW

CD040PRE

We want to know how children learn language. I'm going to read a list of words that children at different ages sometimes can say. For each word, please say "yes" if {CHILD/TWIN} can say it, or "no" if {he/she} can't say it yet. Tell me "yes" if your child uses another word to mean the same thing or pronounces it differently, such as "Nana" for "Grandma," or "dollie" for "doll." We don't need to know how {he/she} says it.

PROBE: Also tell me "yes" if {CHILD/TWIN} says these words in your family's language.

CD040a-1

Can {CHILD/TWIN} say...

- a. Meow
- b. Shoe
- c. Mommy
- d. Fast
- e. Uh oh
- f. Chin
- g. Bye
- h. Hot
- i. Bear
- j. Hand
- k. No
- l. Tiny

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CD042a-ll

Can {CHILD/TWIN} say...

a	Cat	t	Beside
b	Broom	u	Applesauce
c	Thank you	v	Oven
d	After	w	Rip
e	Duck	x	Under
f	Mop	y	Coke
g	Chase	z	Flag
h	Tonight	aa	Taste
i	Airplane	bb	Much
j	Trash	cc	Juice
k	Finish	dd	Star
l	Them	ee	Think
m	Car	ff	Need
n	Towel	gg	Milk
o	Hug	hh	School
p	Us	ii	All gone
q	Book	jj	If
r	Bedroom	kk	Hat
s	Like	ll	Party

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CD043

How frequently does {CHILD/TWIN} combine words, such as “nother cracker” or “doggie bite”?

- REFUSED
- DON'T KNOW

CD044

On the whole, which of these statements best describes the way {CHILD/TWIN} communicates?

SHOW CARD CD1A

- 1 Mostly talking in one-word sentences, such as “milk” or “down”.
 - 2 Talking in 2 to 3 word phrases, such as “give doll” or “me got ball”.
 - 3 Talking in fairly complete, short sentences, such as “I got doll” or “can I go outside?”
 - 4 Talking in long and complicated sentences, such as “when we went to the park, I went on the swings” or “I saw a man standing on the corner”.
- REFUSED
DON'T KNOW

CD045

To talk about more than one thing, we add an “s” to many words. Examples include cars (for more than one car), shoes, dogs, and keys. Has {CHILD/TWIN} begun to do this?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

CD046

To talk about ownership, we add an “s”, for example, Daddy’s keys, kitty’s dish, and baby’s bottle. Has {CHILD/TWIN} begun to do this?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

CD047

To talk about activities, we sometimes add “ing” to verbs. Examples include looking, running, and crying. Has {CHILD/TWIN} begun to do this?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

CD048

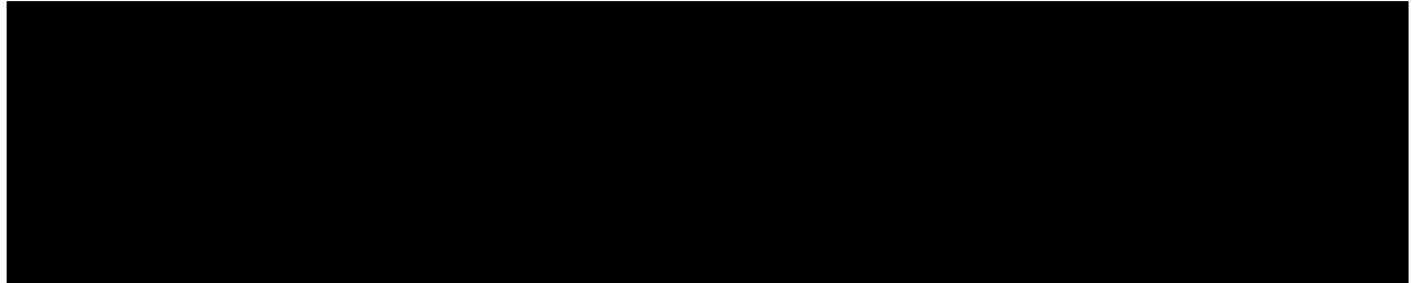
To talk about things that happened in the past, we often add “ed” to the verb. Examples include kissed, opened, and pushed. Has {CHILD/TWIN} begun to do this?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

CD050a



CD055



CD056

Please rate the overall degree of difficulty {CHILD/TWIN} would present for the average parent to raise. Would you say...

SHOW CARD CD2

- 1 Not at all difficult,
 - 2 Not very difficult,
 - 3 About average,
 - 4 Somewhat difficult, or
 - 5 Very difficult?
- REFUSED
DON'T KNOW

CD057BX

IF ASKING ABOUT CHILD AND BOTH TWINS IN HOUSEHOLD AND TWINS ARE THE SAME SEX, GO TO CD058PRE.

ELSE, GO TO CD087BX.

CD058PRE

These next few questions are about your twins.

CD059

Are {CHILD} and {TWIN} identical or fraternal (non-identical) twins?

- 1 IDENTICAL
- 2 FRATERNAL
- REFUSED
- DON'T KNOW

CD060a-f

HELP AVAILABLE

Are there any differences between your twins in the following physical characteristics? Please say whether there is no difference, only a slight difference, or clear differences.

- a. **Textures of your twins' hair (how fine or coarse, or how straight or curly)**
- b. **Shades of your twins' hair colors**
- c. **Eye color**
- d. **Complexion**
- e. **Facial appearance**
- f. **Shapes of your twins' ear lobes**

- 1 NO DIFFERENCE
- 2 ONLY SLIGHT DIFFERENCE
- 3 CLEAR DIFFERENCES
- REFUSED
- DON'T KNOW

CD062

Did the twins' first teeth begin to come in at about the same time? Would you say...

SHOW CARD CD3

- 1 Corresponding teeth on the same side erupted within a few days of one another,
- 2 Corresponding teeth on opposite sides erupted within a few days of one another,
- 3 Different teeth erupted within a few days of one another, or
- 4 First teeth did not erupt within a few days of one another.
- REFUSED
- DON'T KNOW

CD065a-c

DISPLAY INSTRUCTIONS:

Display "NAME" of spouse/partner if FS037=1 and person named at FS038 is the father or the mother (FS040=1 or FS040=2). Display first name only.
Else use null display.

Are {CHILD} and {TWIN} now ever mistaken for one another by...

- a. You {and {NAME}}?**
- b. Other family members?**
- c. Strangers or people meeting them for the first time?**
 - 1 YES
 - 2 NO
 - REFUSED
 - DON'T KNOW

CD066BX

IF CD065a = 1 OR CD065b = 1 OR CD065c = 1, GO TO CD070.

ELSE, GO TO CD075.

CD070

On occasions when the twins are mistaken for one another, does it occur . . .

SHOW CARD CD4

- 1 frequently when they are together,
- 2 sometimes when they are together, or
- 3 almost never when they are together?
- REFUSED
- DON'T KNOW

CD075

Would you say that {CHILD} and {TWIN} are as physically alike as "two peas in a pod" or, are they as similar as typical brothers or sisters at the same age, or do they not look very much alike at all?

SHOW CARD CD5

- 1 LIKE "TWO PEAS"
- 2 ORDINARY LIKENESS
- 3 NOT AT ALL ALIKE
- REFUSED
- DON'T KNOW

CD086

[Is there any medical reason for any physical differences between {CHILD} and {TWIN} (for example, was one twin sick for an extended period and therefore smaller)?]

SPECIFY MEDICAL REASON FOR PHYSICAL DIFFERENCES.

CD087BX

IF ASKING ABOUT TWIN GO TO SECTION PA, ITEM PA032

ELSE, GO TO SECTION HE.

SECTION HE - HOME ENVIRONMENT

HE002PRE

The next questions are about the languages spoken in your home.

HE003

HELP AVAILABLE

What is the primary language spoken in your home?

CODE '23' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

0	ENGLISH	(HE010PRE)
1	ARABIC	(HE005)
2	CHINESE	(HE005)
3	FILIPINO	(HE005)
4	FRENCH	(HE005)
5	GERMAN	(HE005)
6	GREEK	(HE005)
7	ITALIAN	(HE005)
8	JAPANESE	(HE005)
9	KOREAN	(HE005)
10	POLISH	(HE005)
11	PORTUGUESE	(HE005)
12	SPANISH	(HE005)
13	VIETNAMESE	(HE005)
14	AFRICAN	(HE005)
15	EAST EUROPEAN	(HE005)
16	NATIVE AMERICAN	(HE005)
17	SIGN LANGUAGE	(HE005)
18	MIDDLE EASTERN	(HE005)
19	WEST EUROPEAN	(HE005)
20	INDIAN SUBCONTINENT	(HE005)
21	SOUTHEAST ASIAN	(HE005)
22	PACIFIC ISLAND	(HE005)
23	CANNOT CHOOSE	(HE005)
91	SOME OTHER LANGUAGE (SPECIFY)	
	REFUSED	(HE005)
	DON'T KNOW	(HE005)

HE004

[What is the primary language spoken in your home?]

ENTER OTHER PRIMARY LANGUAGE.

HE005

Is English also spoken in your home?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

HE010PRE

The next questions are about reading you do at home.

HE011

With the exception of children's books or books required for work or school, did you read any books in the last 12 months?

- 1 YES
- 2 NO (HE013)
- REFUSED (HE013)
- DON'T KNOW (HE013)

HE012

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

ENTER NUMBER OF BOOKS.

- REFUSED
- DON'T KNOW

HE013

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

- 1 Almost every day,
- 2 At least once a week,
- 3 At least once a month, or
- 4 Hardly ever?
- REFUSED
- DON'T KNOW

HE014

Now I'd like to talk to you about the libraries in your community. How far would you say it is from your home to the closest public library or bookmobile stop? Would you say . . .

- 1 Less than a mile,
 - 2 1 to 2 miles,
 - 3 3 to 5 miles,
 - 4 6 to 10 miles, or
 - 5 More than 10 miles?
- REFUSED
DON'T KNOW

HE015

Do you have a library card?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

HE016a-d

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}".

Parents use public libraries in a number of ways. In the past month, did you use the public library in the following ways? How about to . . .

- a. **Borrow books to read aloud to {CHILD}{ and {TWIN}}?**
- b. **Borrow materials other than books, such as cassettes, CDs, videos, or toys, to share with {CHILD}{ and {TWIN}}?**
- c. **Get information or materials on a parenting topic or concern?**
- d. **Take {CHILD}{ and {TWIN}} to a story hour or program?**

PROBE: "Books to read" should not be limited to just books

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

HE018PRE

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}" and "have".

Now I'd like you to think about the kinds of toys and books {CHILD}{ and {TWIN}} {has/have}.

HE019

DISPLAY INSTRUCTIONS:

If twin in household, display “do” and “and {TWIN}”.

About how many, if any, cuddly, soft or role-playing toys, like a doll, {does/do} {CHILD}{ and {TWIN}} have?

PROBE: These toys may be shared with a brother or sister. Give your best estimate.

ENTER NUMBER OF TOYS.

REFUSED
DON'T KNOW

HE020

DISPLAY INSTRUCTIONS:

If twin in household, display “do” and “and {TWIN}”.

About how many, if any, push or pull toys {does/do} {CHILD}{and {TWIN}} have?

PROBE: These toys may be shared with a brother or sister. Give your best estimate.

ENTER NUMBER OF TOYS.

REFUSED
DON'T KNOW

HE021

DISPLAY INSTRUCTIONS:

If twin in household, display “do”. Else display “does”.

If twin in household, display “and {TWIN}”.

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.

ENTER NUMBER OF BOOKS.

REFUSED
DON'T KNOW

HE022

About how many children’s records, audio tapes, or CDs do you have at home, including any from the library? Please only include what you have for children.

ENTER NUMBER OF RECORDS, TAPES, OR CDS.

REFUSED
DON'T KNOW

HE025PRE

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

Next I have a few questions about {CHILD}{ and {TWIN}}’s family life and family routines you may have.

HE030

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

Children seem to demand attention when their parents are busy, doing chores around the home for example. How often do you talk to {CHILD}{ and {TWIN}} while you are working at home? Would you say. . .

- 1 Never,
 - 2 Rarely,
 - 3 Sometimes,
 - 4 Often, or
 - 5 Always?
- REFUSED
DON’T KNOW

HE035

DISPLAY INSTRUCTIONS:

If twin in household, display “do” and “and {TWIN}”.

On average, about how many hours a day {does/do} {CHILD}{ and {TWIN}} watch television or videos in your household each weekday, that is, Monday through Friday?

ENTER NUMBER OF WEEKDAY HOURS.

IF RESPONDENT REPORTS NOT OWNING A TV, ENTER ‘95’.

IF RESPONDENT REPORTS THAT CHILD DOES NOT WATCH TV, ENTER ‘0’.

REFUSED (HE050a)
DON’T KNOW (HE050a)

IF HE035 = 95, GO TO HE050a.

HE036

DISPLAY INSTRUCTIONS:

If twin in household, display “do” and “and {TWIN}”.

How about on weekends? How many hours a day of television or videos {does/do} {CHILD}{ and {TWIN}} watch then?

ENTER NUMBER OF WEEKEND HOURS.

IF RESPONDENT REPORTS NOT OWNING A TV, ENTER ‘95’.

IF RESPONDENT REPORTS THAT CHILD DOES NOT WATCH TV,

REFUSED
DON’T KNOW

IF HE036 = 95, GO TO HE050a.

IF HE035 AND HE036 = 0, GO TO HE050a.

HE040

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “spend”.

In a typical week, how often do you or another family member watch TV together with {CHILD}{ and {TWIN}}?

PROBE: Please include time spent watching child or adult programming. Please include any time {CHILD}{ and {TWIN}} {spend/spends} with any adult, whether or not siblings are present.

- 1 Often,
 - 2 Sometimes,
 - 3 Hardly ever, or
 - 4 Never? (HE050a)
- REFUSED (HE050a)
DON’T KNOW (HE050a)

HE041

Is this time primarily spent watching mostly adult shows, or mostly children’s shows?

- 1 MOSTLY ADULT SHOWS
 - 2 MOSTLY CHILDREN’S SHOWS
- REFUSED
DON’T KNOW

HE042-HE044

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

In a typical week, when your family watches TV together, how often do you or another family member do the following things with {CHILD}{ and {TWIN}}? Would you say often, sometimes, hardly ever, or never?

HE042.

“Play along” with {him/her/them} during the TV program, for example, sing, dance, talk back to the TV?

HE043.

Talk with {him/her/them} about the TV programs? (either during the show or after)

HE044.

Play games or do activities (like arts and crafts) with {him/her/them} after a show is done based on what you watched together?

SHOW CARD HE1

- 1 OFTEN
 - 2 SOMETIMES
 - 3 HARDLY EVER
 - 4 NEVER
- REFUSED
DON'T KNOW

HE050a-c

HELP AVAILABLE

I'm going to read some statements about things that may occur in your family. In a typical week, please tell me the number of days . . .

- a. At least some of the family eats breakfast together.**
- b. Your family eats the evening meal together.**
- c. The evening meal is served at a regular time.**

PROBE: Count only those times when at least one parent eats with the child(ren).

ENTER NUMBER OF DAYS.

- REFUSED
DON'T KNOW

HE065

DISPLAY INSTRUCTIONS:

If FS037=1 (SPOUSE IN HH), Display “Do you or NAME OF SPOUSE/PARTNER (FS038)”. Display first name only.

If twin in household, display “them” and “and {TWIN}”.

Some families have a routine of things they do when it is time to put a child to sleep. For example, they may give the child a teddy bear or favorite blanket, bathe or wash the child, cuddle the child or rub the child’s back, or tell the child a story. Do you {or {SPOUSE/PARTNER}} have a regular routine of things you do with {CHILD}{ and {TWIN}} when you put {him/her/them} to sleep?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

HE070

DISPLAY INSTRUCTIONS:

If twin in household, display “do” and “and {TWIN}”.

Where {does/do} {CHILD}{ and {TWIN}} usually sleep?

FOR TWINS, “IN OWN ROOM” INCLUDES EACH IN OWN ROOM AND TOGETHER IN OWN ROOM.

- 0 NO REGULAR PLACE (HE075a)
- 1 IN OWN ROOM (HE075a)
- 2 ALONE IN LIVING ROOM (HE075a)
- 3 ALONE IN OTHER ROOM (HE075a)
- 4 WITH PARENT, IN ROOM (HE075a)
- 5 WITH PARENT, IN BED (HE075a)
- 6 WITH PARENT AND OTHER CHILDREN IN ROOM (HE075a)
- 7 WITH OTHER ADULT (HE075a)
- 8 WITH OTHER CHILDREN (HE075a)
- 91 OTHER (SPECIFY) (HE075a)
- REFUSED (HE075a)
- DON’T KNOW (HE075a)

HE071

[Where {does/do} {CHILD}{ and {TWIN}} usually sleep?]

SPECIFY OTHER PLACE.

HE075a-d

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “them”.
If CHILD is a boy, display “him”. Else display “her”.

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 {CHILD}{ and {TWIN}}?**
- b. Tell stories to {him/her/them}?**
- c. Sing songs with {him/her/them}?**
- d. Take {him/her/them} along while doing errands like going to the post office, the bank, or the store?**

SHOW CARD HE2

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

HE076a-c

DISPLAY INSTRUCTIONS:

Display “MONTH” (in words) and “DAY” as one month before interview date.
If twin in household, display “and {TWIN}”.

In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD} {and {TWIN}}?

- a. Visited a zoo, aquarium, or petting farm?**
- b. Visited an art gallery, museum, or historical site?**
- c. Visited a library?**

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

HE079BX

IF RESPONDENT IS NOT CHILD'S FATHER, GO TO HE080a.
ELSE, GO TO HE084a.

HE080a-d

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “them”.
If CHILD is a boy, display “him”. Else display “her”.

In the past month, how often did you do the following things with {CHILD}{ and {TWIN}}?

- a. **Play chasing games?**
- b. **Play with games or toys indoors with {CHILD}{ and {TWIN}}?**
- c. **Go to a restaurant or out to eat with {him/her/them}?**
- d. **Take {him/her/them} outside for a walk or to play in the yard, a park, or a playground?**

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?

PROBE: By rarely I mean once a month.

SHOW CARD HE3

- 1 MORE THAN ONCE A DAY
 - 2 ABOUT ONCE A DAY
 - 3 A FEW TIMES A WEEK
 - 4 A FEW TIMES A MONTH
 - 5 RARELY
 - 6 NOT AT ALL
- REFUSED
DON'T KNOW

GO TO BOX HE090BX.

HE084a-m

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “them”.
If CHILD is a boy, display “him”. Else display “her”.

In the past month, how often did you do the following things with {CHILD}{ and {TWIN}}?

- a. **Play chasing games?**
- b. **Prepare meals for {CHILD}{ and {TWIN}}?**
- c. **Change {CHILD}'s{ and {TWIN}'s} diapers or help {him/her/they} use the toilet?**
- d. **Take {him/her/they} for a ride on your shoulders or back?**
- e. **Play with games or toys indoors with {CHILD}{ and {TWIN}}?**
- f. **Help {him/her/they} to bed?**
- g. **Give {him/her/they} a bath?**
- h. **Take {CHILD}{ and {TWIN}} outside for a walk or to play in the yard, a park, or a playground?**
- i. **Help {him/her/they} get dressed?**
- j. **Go to a restaurant or out to eat with {him/her/they}?**
- k. **Assist {him/her/they} with eating?**
- l. **Help {him/her/they} brush {his/her/their} teeth?**
- m. **Take {him/her/they} with you to a religious service or religious event?**

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?

SHOW CARD HE3

- 1 MORE THAN ONCE A DAY
- 2 ABOUT ONCE A DAY
- 3 A FEW TIMES A WEEK
- 4 A FEW TIMES A MONTH
- 5 RARELY
- 6 NOT AT ALL
- REFUSED
- DON'T KNOW

HE086a-c

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”, “they”, “are”, and “them”.

If CHILD is a boy, display “he”, “is”, and “him”. Else display “she”, “is”, and “her”.

When the following things happen or need to be done, how often are you the one who does them?

Do you...

- a. Soothe {CHILD}{ and {TWIN}} when {he/she/they} {is/are} upset?
- b. Stay home to care for {him/her/them} when {he/she/they} {is/are} ill?
- c. Take {him/her/them} to or from the sitter or day care center?

Is it always, often, sometimes, rarely, or never? PROBE: By rarely I mean once a month or less.

ENTER 0 IF RESPONDENT SAYS CHILD NEVER GETS UPSET.

ENTER 0 IF RESPONDENT SAYS CHILD IS NEVER ILL.

ENTER 0 IF RESPONDENT SAYS CHILD DOES NOT GO TO A SITTING OR DAY CARE CENTER OR IF CARE IS PROVIDED IN CHILD’S HOME.

SHOW CARD HE4

- 0 NOT APPLICABLE
- 1 ALWAYS
- 2 OFTEN
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER
- REFUSED
- DON’T KNOW

HE090BX

IF RESPONDENT HAS SPOUSE/PARTNER IN THE HOUSEHOLD (FS037=1), GO TO HE095PRE.

ELSE, GO TO HE120a.

HE095PRE

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

If twin in household, display “and {TWIN}”.

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

HE100

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.
Display {NAME} from FS038. Display first name only.

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

- 1 Every day,
 - 2 Several times a week,
 - 3 About once a week,
 - 4 A few times a month,
 - 5 Several times a year, or
 - 6 Not at all?
- REFUSED
DON'T KNOW

HE105a-d

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.
Display {NAME} from FS038. Display first name only.

When it comes to making major decisions about {CHILD}{ and {TWIN}}, please tell me if {NAME} has no influence, some influence, or a great deal of influence on such matters as ...

- a. **Discipline?**
 - b. **Nutrition?**
 - c. **Health care?**
 - d. **Child care?**
- 1 No influence,
 - 2 Some influence, or
 - 3 A great deal of influence?
- REFUSED
DON'T KNOW

HE120a-c

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

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 . . .

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

SHOW CARD HE5

- 0 NEVER
 - 1 SOMETIMES
 - 2 MOST OF THE TIME
 - 3 ALWAYS
- REFUSED
DON’T KNOW

IN HE120b, IF RESPONDENT NEVER RIDES IN CAR, GO TO HE125.

HE125

Do you have a gun in your home?

- 1 YES
 - 2 NO (HE132BX)
- REFUSED (HE132BX)
DON’T KNOW (HE132BX)

HE130

Do you keep all guns in a locked cabinet?

- 1 YES
 - 2 NO
- REFUSED
DON’T KNOW

HE132BX

GO TO SECTION PA.

SECTION PA - PARENTING BEHAVIOR AND ATTITUDES

PA002PRE

The next questions are about raising children.

PA010

DISPLAY INSTRUCTIONS:

If twin in household, display “want”, “them”, and “and {TWIN}”.

When you are working around the home and {CHILD}{ and {TWIN}} {wants/want} attention, do you...

- | | | |
|----|---|-----------|
| 1 | Try to finish quickly so you can feed {him/her/they} or tend to {him/her/they}, | (PA015BX) |
| 2 | Talk to or soothe {him/her/they} while you finish your work, or | (PA015BX) |
| 3 | Stop your housework to amuse {him/her/they}? | (PA015BX) |
| 91 | OTHER (SPECIFY) | |
| | REFUSED | (PA015BX) |
| | DON'T KNOW | (PA015BX) |

PA012

[When you are working around the home and {CHILD}{ and {TWIN}} {wants/want} attention, do you...]

SPECIFY OTHER WAY PARENT DEALS WITH CHILD.

PA015BX

IF RESPONDENT IS THE CHILD'S FATHER (IN035=2), THEN GO TO PA017PRE.

ELSE, GO TO PA030a.

PA017PRE

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.

PA018a-e

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

- a. You find yourself giving up more of your life to meet your child's needs than you ever expected.**
- b. Since your child was born, you have been unable to do new and different things.**
- c. You expected to have closer and warmer feelings for your child than you do and this bothers you.**
- d. Your child is able to do less than you expected.**
- e. You feel trapped by your responsibilities as a father.**

SHOW CARD PA1

- 1 STRONGLY AGREE
- 2 AGREE
- 3 DISAGREE
- 4 STRONGLY DISAGREE
- REFUSED
- DON'T KNOW

PA020a-c

Fathers do many things for their children. I'm going to show you a list of six things fathers do.

- a. Please tell me which is the most important for you, as a father, to do.**
- b. Please tell me which is the second most important for you.**
- c. Please tell me which is the third most important for you.**

SHOW CARD PA2.

- 1 SHOWING YOUR CHILD LOVE AND AFFECTION
- 2 TAKING TIME TO PLAY WITH YOUR CHILD
- 3 TAKING CARE OF YOUR CHILD FINANCIALLY
- 4 GIVING YOUR CHILD MORAL AND ETHICAL GUIDANCE
- 5 MAKING SURE YOUR CHILD IS SAFE AND PROTECTED
- 6 TEACHING YOUR CHILD AND ENCOURAGING (HIS/HER/THEIR) CURIOSITY
- REFUSED

IF PA020a = RF, GO TO PA024.

IF PA020b = RF, GO TO PA024.

PA024

PA025a-f

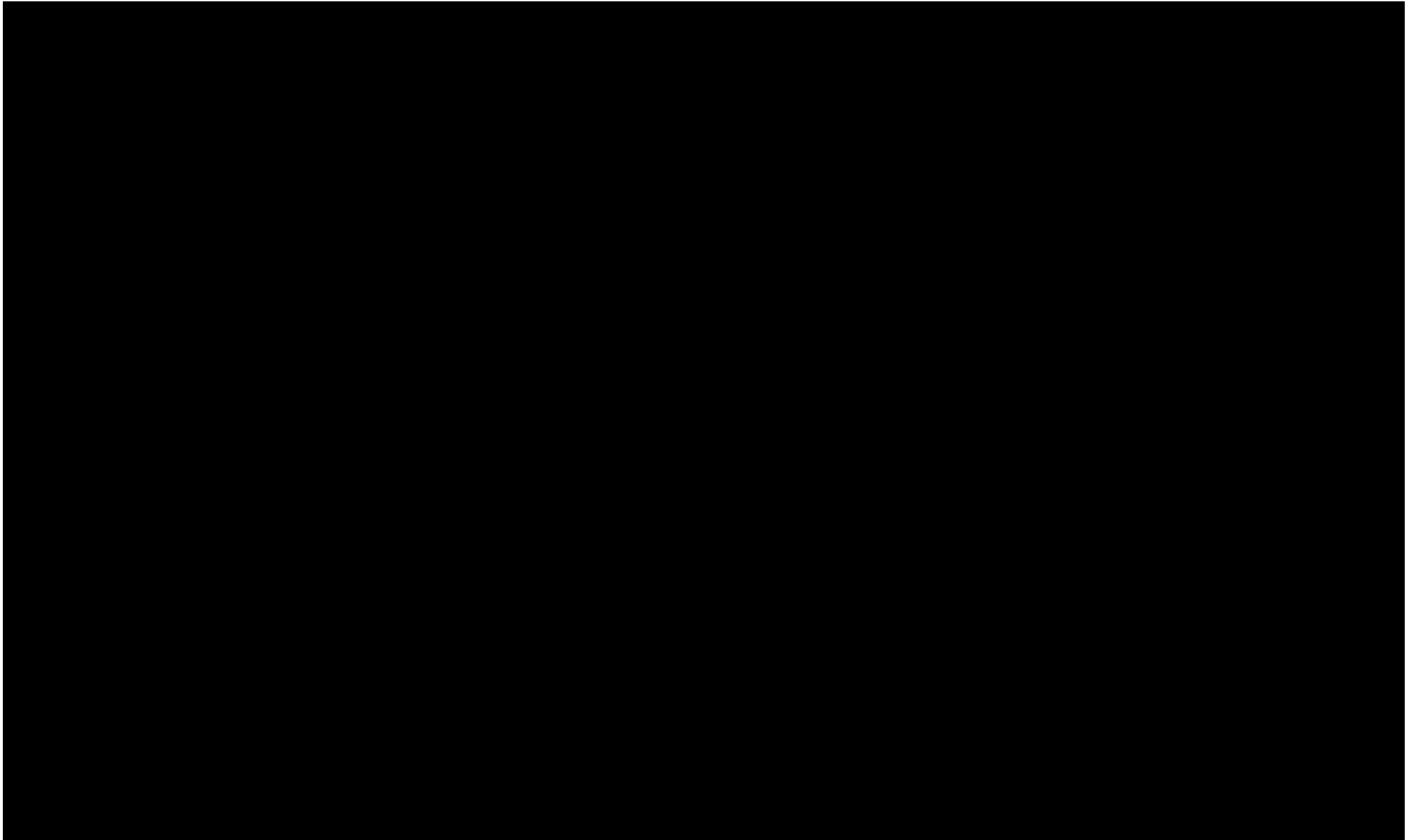
We are also interested in learning about how much support in being a father/father-figure you get from others. In general, would you say that each of these people are very supportive of your being a father, are somewhat supportive, are neither supportive nor unsupportive, or are unsupportive?

- a. Your spouse/partner?
- b. Your in-laws/partner's family?
- c. Your spouse or partner's friends?
- d. Your adult relatives?
- e. Your friends?
- f. Your co-workers?

SHOW CARD PA3.

- 1 VERY SUPPORTIVE
- 2 SOMEWHAT SUPPORTIVE
- 3 NEITHER SUPPORTIVE NOR UNSUPPORTIVE
- 4 UNSUPPORTIVE
- REFUSED
- DON'T KNOW

PA028a-f



PA029

To what extent do you use the way your father or father-figure raised you as a model for raising your own children? Would you say . . .

- 1 Very much,
 - 2 Somewhat,
 - 3 Not very much, or
 - 4 Not at all?
- REFUSED
DON'T KNOW

PA030a-f

DISPLAY INSTRUCTIONS:

If twin in household, display “they” and “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.

- a. I teach my {child/children} that misbehavior or breaking the rules will always be punished one way or another.
- b. I do not allow my {child/children} to get angry with me.
- c. I express my affection by hugging, kissing, and holding my {child/children}.
- d. I am easygoing and relaxed with my {child/children}.
- e. There are times I just don’t have the energy to make my {child/children} behave as {he/she/they} should.
- f. I have little or no difficulty sticking with my rules for my {child/children} even when close relatives, including grandparents, are there.

SHOW CARD PA5.

- 1 EXACTLY LIKE
- 2 VERY MUCH LIKE
- 3 SOMEWHAT LIKE
- 4 NOT MUCH LIKE
- 5 NOT AT ALL LIKE
- REFUSED
- DON’T KNOW

PA032

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

PAUSE AFTER EACH OPTION TO ALLOW RESPONDENT TIME TO RESPOND.

CODE ALL THAT APPLY.

- 1 Spank {him/her}, (PA034)
- 2 Have {him/her} take a time out, (PA034)
- 3 Hit {him/her} back, (PA034)
- 4 Talk to {him/her} about what {he/she} did wrong, (PA034)
- 5 Ignore it, (PA034)
- 6 Make {him/her} do some work around the house, (PA034)
- 7 Make fun of {him/her}, (PA034)
- 8 Make {him/her} apologize, (PA034)
- 9 Take away a privilege, (PA034)
- 10 Give a warning, or (PA034)
- 11 Yell at or threaten {him/her}? (PA034)
- 91 OTHER (SPECIFY)
- REFUSED (PA034)
- DON’T KNOW (PA034)

PA033

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

SPECIFY OTHER DISCIPLINE.

PA034

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?

ENTER NUMBER OF TIMES.

IF RESPONDENT REPORTS THEY DO NOT SPANK, ENTER '95'.

REFUSED
DON'T KNOW

PA035

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?

ENTER NUMBER OF TIMES.

IF RESPONDENT REPORTS NOT USING TIME OUT/SENDING

CHILD TO ROOM, ENTER '95'.

REFUSED
DON'T KNOW

PA040BX

GO TO SECTION CC.

SECTION CC - CHILD CARE ARRANGEMENTS

CC001BX

IF ASKING ABOUT TWIN, GO TO CC005.

ELSE, GO TO CC010PRE.

CC005

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC015=1 for CHILD, display "--RELATIVE(S)"
If CC120=1 for CHILD, display "--NON-RELATIVE(S)"
If CC220=1 for CHILD, display "--CHILD CARE CENTER(S)"
If one or zero type of care is used, display "CARE ARRANGEMENT".
If more than one type of care is used, display "CARE ARRANGEMENTS".
If zero type of care is used, display "--NO ARRANGEMENT".

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}?

RESPONDENT REPORTED THAT {CHILD} HAS THE FOLLOWING CHILD CARE ARRANGEMENT{S}:

- {--RELATIVE(S)}
- {--NON-RELATIVE(S)}
- {--CHILD CARE CENTER(S)}
- {--NO ARRANGEMENT}.

- | | | |
|---|------------|-----------|
| 1 | YES | (CC312BX) |
| 2 | NO | (CC015) |
| | REFUSED | (CC015) |
| | DON'T KNOW | (CC015) |

CC010PRE

DISPLAY INSTRUCTIONS:

If respondent is {CHILD}'s biological or adoptive mother (IN040 = 1 or 2) or the biological or adoptive father (IN045 = 1 or 2), display "... from someone other than (his/her) parents."
Else display "... from someone other than you or {his/her} parents or guardians."

Next, I'd like to talk to you about different types of child care {CHILD} may now receive on a regular basis from someone other than {{his/her} parents/you or {his/her} parents or guardians}. This includes regular care and early childhood programs, whether or not there is a charge or fee, but not occasional baby-sitting.

CC015

HELP AVAILABLE

Is {CHILD/TWIN} now receiving care from a relative other than a parent on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CC018BX

IF AT 9-MONTH INTERVIEW CHILD/TWIN HAD NOT EVER RECEIVED REGULAR RELATIVE CARE (9-MO CC015 ^= 1 AND CC020 ^= 1) AND IS NOT NOW RECEIVING REGULAR RELATIVE CARE (CC015 ^= 1), GO TO CC020.

ELSE IF AT 9-MONTH INTERVIEW CHILD/TWIN HAD NOT EVER RECEIVED REGULAR RELATIVE CARE (9-MO CC015 ^= 1 AND CC020 ^= 1) AND IS NOW RECEIVING REGULAR RELATIVE CARE (CC015 = 1), GO TO CC025.

ELSE, GO TO CC032BX.

CC020

HELP AVAILABLE

Has {CHILD/TWIN} ever received care from a relative on a regular basis?

- 1 YES
- 2 NO (CC120)
- REFUSED (CC120)
- DON'T KNOW (CC120)

CC025

HELP AVAILABLE

How old was {CHILD/TWIN} in months when {he/she} first received care from any relative on a regular basis?

ENTER NUMBER OF MONTHS.

- REFUSED
- DON'T KNOW

CC032BX

IF CHILD IS CURRENTLY RECEIVING CARE FROM A RELATIVE (CC015 = 1), GO TO CC035.

ELSE, GO TO CC120.

CC035**HELP AVAILABLE**

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

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

CC040**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

If CC035 = 2, 3, or 4, display the sentence "Let's talk about... {CHILD/TWIN} now."
 Else, use a null display.

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

- 1 Grandparent, (CC045)
- 2 Aunt, (CC045)
- 3 Uncle, (CC045)
- 4 Brother, (CC045)
- 5 Sister, or (CC045)
- 91 Another relative? (SPECIFY)
- REFUSED (CC045)
- DON'T KNOW (CC045)

CC042

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

SPECIFY OTHER RELATIVE.

CC045**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

If CC040 = 1, 2, 3, 4, or 5, display “{RELATIVE}”.
 Else, if CC040 = 91, DK or RF, display “that relative”.
 For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
 Else if CC040 = 2 then display “aunt”;
 Else if CC040 = 3 then display “uncle”;
 Else if CC040 = 4 then display “brother”;
 Else if CC040 = 5 then display “sister”.

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

- | | | |
|---|-------------|---------|
| 1 | OWN HOME | |
| 2 | OTHER HOME | (CC065) |
| 3 | BOTH/VARIES | |
| | REFUSED | |
| | DON’T KNOW | |

CC048**DISPLAY INSTRUCTIONS:**

If CC040 = 1, 2, 3, 4, or 5 then display “{RELATIVE}”.
 Else, if CC040 = 91, DK or RF, display “that relative”.
 For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
 Else if CC040 = 2 then display “aunt”;
 Else if CC040 = 3 then display “uncle”;
 Else if CC040 = 4 then display “brother”;
 Else if CC040 = 5 then display “sister”.

Does {{CHILD/TWIN}}’s {RELATIVE}/that relative} who provides this care live in your household?

PROBE: Include persons living in in-law suites, above garages, or in quarters attached to house.

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON’T KNOW |

CC065

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
Else, if CC040 = 91, DK or RF, display “that relative”.
For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
Else if CC040 = 2 then display “aunt”;
Else if CC040 = 3 then display “uncle”;
Else if CC040 = 4 then display “brother”;
Else if CC040 = 5 then display “sister”.

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

ENTER NUMBER OF HOURS.

REFUSED
DON'T KNOW

CC070

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
Else, if CC040 = 91, DK or RF, display “that relative”.
For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
Else if CC040 = 2 then display “aunt”;
Else if CC040 = 3 then display “uncle”;
Else if CC040 = 4 then display “brother”;
Else if CC040 = 5 then display “sister”.

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

ENTER NUMBER OF DAYS.

REFUSED
DON'T KNOW

CC075

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
Else, if CC040 = 91, DK or RF, display “that relative”.
For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
Else if CC040 = 2 then display “aunt”;
Else if CC040 = 3 then display “uncle”;
Else if CC040 = 4 then display “brother”;
Else if CC040 = 5 then display “sister”.

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}?

ENTER NUMBER OF CHILDREN.

REFUSED
DON’T KNOW

CC080

HELP AVAILABLE

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

ENTER NUMBER OF ADULTS.

REFUSED
DON’T KNOW

CC085

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
Else, if CC040 = 91, DK or RF, display “that relative”.
For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
Else if CC040 = 2 then display “aunt”;
Else if CC040 = 3 then display “uncle”;
Else if CC040 = 4 then display “brother”;
Else if CC040 = 5 then display “sister”.

If 24-MONTH CC025 was asked (^EMPTY) and CC025 ^=DK or RF, then fill {NUMBER OF MONTHS ENTERED IN 24-MONTH CC025} with response to CC025.
Else if 9-MONTH CC025 was asked (^EMPTY) and CC025 ^= DK or RF, then fill {NUMBER OF MONTHS ENTERED IN 9-MONTH CC025} with response to 9-month CC025.
Else do not display {[{CHILD/TWIN} WAS {NUMBER OF MONTHS ENTERED}...]}

How old was {CHILD/TWIN} in months when this particular regular care arrangement with {{his/her} {RELATIVE}/that relative} began?

{{{CHILD/TWIN} WAS {NUMBER OF MONTHS ENTERED IN 9-MONTH CC025/24-MONTH CC025} MONTH(S) OLD WHEN {HE/SHE} FIRST RECEIVED CARE FROM ANY RELATIVE.}}

ENTER NUMBER OF MONTHS.

REFUSED
DON'T KNOW

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
 Else, if CC040 = 91, DK or RF, display “that relative”.
 For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
 Else if CC040 = 2 then display “aunt”;
 Else if CC040 = 3 then display “uncle”;
 Else if CC040 = 4 then display “brother”;
 Else if CC040 = 5 then display “sister”.

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

0	ENGLISH	(CC095)
1	ARABIC	(CC095)
2	CHINESE	(CC095)
3	FILIPINO	(CC095)
4	FRENCH	(CC095)
5	GERMAN	(CC095)
6	GREEK	(CC095)
7	ITALIAN	(CC095)
8	JAPANESE	(CC095)
9	KOREAN	(CC095)
10	POLISH	(CC095)
11	PORTUGUESE	(CC095)
12	SPANISH	(CC095)
13	VIETNAMESE	(CC095)
14	AFRICAN	(CC095)
15	EAST EUROPEAN	(CC095)
16	NATIVE AMERICAN	(CC095)
17	SIGN LANGUAGE	(CC095)
18	MIDDLE EASTERN	(CC095)
19	WEST EUROPEAN	(CC095)
20	INDIAN SUBCONTINENT	(CC095)
21	SOUTHEAST ASIAN	(CC095)
22	PACIFIC ISLAND	(CC095)
91	SOME OTHER LANGUAGE (SPECIFY)	
	REFUSED	(CC095)
	DON’T KNOW	(CC095)

CC092

What language is that?

SPECIFY OTHER LANGUAGE.

CC095

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
Else, if CC040 = 91, DK or RF, display “that relative”.
For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
Else if CC040 = 2 then display “aunt”;
Else if CC040 = 3 then display “uncle”;
Else if CC040 = 4 then display “brother”;
Else if CC040 = 5 then display “sister”.

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?

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (CC016BX) |
| | REFUSED | (CC116BX) |
| | DON'T KNOW | (CC116BX) |

CC105

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
Else, if CC040 = 91, DK or RF, display “that relative”.
For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
Else if CC040 = 2 then display “aunt”;
Else if CC040 = 3 then display “uncle”;
Else if CC040 = 4 then display “brother”;
Else if CC040 = 5 then display “sister”.

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

ENTER AMOUNT.

- | | |
|------------|-----------|
| REFUSED | (CC116BX) |
| DON'T KNOW | (CC116BX) |

IF CC105=0, GO TO CC109BX.

ELSE IF CC105 > 0, GO TO CC107.

CC107

DISPLAY INSTRUCTIONS:

If CC040 = 1, 2, 3, 4, or 5 display “{RELATIVE}”.
 Else, if CC040 = 91, DK or RF, display “that relative”.
 For “{RELATIVE}”, if CC040 = 1, display “grandparent”;
 Else if CC040 = 2 then display “aunt”;
 Else if CC040 = 3 then display “uncle”;
 Else if CC040 = 4 then display “brother”;
 Else if CC040 = 5 then display “sister”.

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

ENTER UNIT.

- | | | |
|----|-------------------------------|-----------|
| 1 | PER HOUR | (CC109BX) |
| 2 | PER DAY | (CC109BX) |
| 3 | PER WEEK | (CC109BX) |
| 4 | PER BI-WEEKLY (EVERY 2 WEEKS) | (CC109BX) |
| 5 | PER MONTH | (CC109BX) |
| 6 | PER YEAR | (CC109BX) |
| 91 | OTHER (SPECIFY) | |

CC108

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

SPECIFY OTHER UNIT.

CC109BX

IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER BESIDES CHILD/TWIN IN THE HOUSEHOLD (ANYONE IN FS025 <= AGE 12), CONTINUE WITH CC110.

ELSE, GO TO CC116BX.

CC110

HELP AVAILABLE

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

- | | | |
|---|--------------------|-----------|
| 1 | CHILD ONLY | (CC116BX) |
| 2 | CHILD AND OTHER(S) | |
| | REFUSED | (CC116BX) |
| | DON’T KNOW | (CC116BX) |

CC115

HELP AVAILABLE

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

ENTER NUMBER OF CHILDREN.

REFUSED
DON'T KNOW

CC116BX

IF CC035=2, 3, OR 4, GO TO CC118.

ELSE, GO TO CC120.

CC118

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC035 = 2, display "1" for NUMBER and display "relative" and "this".

If CC035 = 3, display "2" for NUMBER and display "relatives" and "these".

If CC035 = 4, display "relatives" and "these". Do not display {NUMBER}.

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}?

ENTER TOTAL NUMBER OF HOURS.

REFUSED
DON'T KNOW

CC120

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. 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}?

PROBE: Home child care providers are also called family child care providers.

1 YES
2 NO
REFUSED
DON'T KNOW

CC122BX

IF AT 9-MONTH INTERVIEW CHILD/TWIN HAD NOT EVER RECEIVED REGULAR NON-RELATIVE CARE (9-MO CC120 ^= 1 AND CC125 ^= 1) AND IS NOT NOW RECEIVING REGULAR NON-RELATIVE CARE (CC120 ^= 1), GO TO CC125.

ELSE IF AT 9-MONTH INTERVIEW CHILD/TWIN HAD NOT EVER RECEIVED REGULAR NON-RELATIVE CARE (9-MO CC120 ^= 1 AND CC125 ^= 1) AND IS NOW RECEIVING REGULAR NON-RELATIVE CARE (CC120 = 1), GO TO CC130.

ELSE, GO TO CC137BX.

CC125

HELP AVAILABLE

Has {CHILD/TWIN} ever received care in a private home from a nonrelative on a regular basis?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (CC220) |
| | REFUSED | (CC220) |
| | DON'T KNOW | (CC220) |

CC130

HELP AVAILABLE

How old was {CHILD/TWIN} in months when {he/she} first received regular care in a private home from any nonrelative?

ENTER NUMBER OF MONTHS.

- REFUSED
DON'T KNOW

CC137BX

IF CC120 = 1 (CHILD IS CURRENTLY RECEIVING CARE FROM A NON-RELATIVE), GO TO CC140.

ELSE, GO TO CC220.

CC140

HELP AVAILABLE

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

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

CC145

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC140 = 2, 3, or 4, display the sentence "Let's talk about...{CHILD/TWIN}." Else, use a null display.

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

- 1 OWN HOME
- 2 OTHER HOME (CC165)
- 3 BOTH/VARIES
- REFUSED
- DON'T KNOW

CC148

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

PROBE: Include persons living in in-law suites, above garages, or in quarters attached to house.

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CC165

HELP AVAILABLE

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

ENTER NUMBER OF HOURS.

- REFUSED
- DON'T KNOW

CC170

HELP AVAILABLE

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

ENTER NUMBER OF DAYS.

- REFUSED
- DON'T KNOW

CC175

HELP AVAILABLE

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

ENTER NUMBER OF CHILDREN.

- REFUSED
- DON'T KNOW

CC180

HELP AVAILABLE

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

ENTER NUMBER OF ADULTS.

REFUSED
DON'T KNOW

CC185

DISPLAY INSTRUCTIONS:

If 24-MONTH CC130 was asked (^EMPTY) and CC130 ^=DK or RF, then fill {NUMBER OF MONTHS ENTERED IN 24-MONTH CC130} with response to CC130.

Else if 9-MONTH CC130 was asked (^EMPTY) and CC130 ^= DK or RF, then fill {NUMBER OF MONTHS ENTERED IN 9-MONTH CC130} with response to 9-month CC130.

Else do not display {[{CHILD/TWIN} WAS {NUMBER OF MONTHS ENTERED}...]}

How old was {CHILD/TWIN} in months when this particular care arrangement began?

[{CHILD/TWIN} WAS {NUMBER OF MONTHS ENTERED IN 9-MONTH CC130/24-MONTH CC130} MONTH(S) OLD WHEN {HE/SHE} FIRST RECEIVED CARE FROM ANY NONRELATIVE.]

ENTER NUMBER OF MONTHS.

REFUSED
DON'T KNOW

CC190**HELP AVAILABLE****What language does {CHILD/TWIN}'s care provider speak most when caring for {CHILD/TWIN}?**

0	ENGLISH	(CC195)
1	ARABIC	(CC195)
2	CHINESE	(CC195)
3	FILIPINO	(CC195)
4	FRENCH	(CC195)
5	GERMAN	(CC195)
6	GREEK	(CC195)
7	ITALIAN	(CC195)
8	JAPANESE	(CC195)
9	KOREAN	(CC195)
10	POLISH	(CC195)
11	PORTUGUESE	(CC195)
12	SPANISH	(CC195)
13	VIETNAMESE	(CC195)
14	AFRICAN	(CC195)
15	EAST EUROPEAN	(CC195)
16	NATIVE AMERICAN	(CC195)
17	SIGN LANGUAGE	(CC195)
18	MIDDLE EASTERN	(CC195)
19	WEST EUROPEAN	(CC195)
20	INDIAN SUBCONTINENT	(CC195)
21	SOUTHEAST ASIAN	(CC195)
22	PACIFIC ISLAND	(CC195)
91	SOME OTHER LANGUAGE (SPECIFY)	
	REFUSED	(CC195)
	DON'T KNOW	(CC195)

CC192**What language is that?****SPECIFY OTHER LANGUAGE.****CC195****HELP AVAILABLE****Is there any charge or fee for the care {CHILD/TWIN} receives from this person, paid either by you or someone else?**

1	YES	
2	NO	(CC216BX)
	REFUSED	(CC216BX)
	DON'T KNOW	(CC216BX)

CC205

HELP AVAILABLE

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

ENTER AMOUNT.

- | | |
|------------|-----------|
| REFUSED | (CC216BX) |
| DON'T KNOW | (CC216BX) |

IF CC205=0, GO TO CC209BX.

ELSE IF CC205 > 0, GO TO CC207.

CC207

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

ENTER UNIT.

- | | | |
|----|-------------------------------|-----------|
| 1 | PER HOUR | (CC209BX) |
| 2 | PER DAY | (CC209BX) |
| 3 | PER WEEK | (CC209BX) |
| 4 | PER BI-WEEKLY (EVERY 2 WEEKS) | (CC209BX) |
| 5 | PER MONTH | (CC209BX) |
| 6 | PER YEAR | (CC209BX) |
| 91 | OTHER (SPECIFY) | |

CC208

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

SPECIFY OTHER UNIT.

CC209BX

IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD (ANYONE IN FS025 AGE <= 12), GO TO CC210.

ELSE, GO TO CC216BX.

CC210

HELP AVAILABLE

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

- | | | |
|---|--------------------|-----------|
| 1 | CHILD ONLY | (CC216BX) |
| 2 | CHILD AND OTHER(S) | |
| | REFUSED | (CC216BX) |
| | DON'T KNOW | (CC216BX) |

CC215

HELP AVAILABLE

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

ENTER NUMBER OF CHILDREN.

REFUSED
DON'T KNOW

CC216BX

IF CC140 = 2, 3, OR 4, GO TO CC218.

ELSE, GO TO CC220.

CC218

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC140 = 2, display "1" for NUMBER and display "relative" and "this".

If CC140 = 3, display "2" for NUMBER and display "relatives" and "these".

If CC140 = 4, display "relatives" and "these". Do not display {NUMBER}.

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}?

ENTER TOTAL NUMBER OF HOURS.

REFUSED
DON'T KNOW

CC220

HELP AVAILABLE

Now I want to ask you about child care centers {CHILD/TWIN} may attend. Such centers include early learning centers, nursery schools, and preschools. Is {CHILD/TWIN} now attending a child care center on a regular basis?

1 YES
2 NO
REFUSED
DON'T KNOW

CC222BX

IF AT 9-MONTH INTERVIEW CHILD/TWIN HAD NOT EVER RECEIVED REGULAR CENTER-BASED CARE (9-MO CC220 ^= 1 AND CC225 ^= 1) AND IS NOT NOW RECEIVING REGULAR CENTER-BASED CARE (CC220 ^= 1), GO TO CC225.

ELSE IF AT 9-MONTH INTERVIEW CHILD/TWIN HAD NOT EVER RECEIVED REGULAR CENTER-BASED CARE (9-MO CC220 ^= 1 AND CC225 ^= 1) AND IS NOW RECEIVING REGULAR CENTER-BASED CARE (CC220 = 1), GO TO CC230.

ELSE, GO TO CC237BX.

CC225

HELP AVAILABLE

Has {CHILD/TWIN} ever attended a child care center on a regular basis?

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (CC312BX) |
| | REFUSED | (CC312BX) |
| | DON'T KNOW | (CC312BX) |

CC230

HELP AVAILABLE

How old was {CHILD/TWIN} in months when {he/she} first attended any child care center on a regular basis?

ENTER NUMBER OF MONTHS.

- REFUSED
DON'T KNOW

CC237BX

IF CC220 = 1 (CURRENTLY GOES TO CENTER), GO TO CC240.

ELSE, GO TO CC312BX.

CC240

HELP AVAILABLE

How many different child care centers does {CHILD/TWIN} currently go to?

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

CC255

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC240 = 2, 3, or 4, display the sentence "Let's talk about...{CHILD/TWIN} spends the most time."

{Let's talk about the program where {CHILD/TWIN} spends the most time.} How many hours each week does {CHILD/TWIN} go to that program?

ENTER NUMBER OF HOURS.

REFUSED
DON'T KNOW

CC260

HELP AVAILABLE

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

ENTER NUMBER OF DAYS.

REFUSED
DON'T KNOW

CC265

HELP AVAILABLE

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

ENTER NUMBER OF CHILDREN.

REFUSED
DON'T KNOW

CC270

HELP AVAILABLE

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

ENTER NUMBER OF ADULTS.

REFUSED
DON'T KNOW

CC275

DISPLAY INSTRUCTIONS:

If 24-MONTH CC230 was asked (^EMPTY) and CC230 ^=DK or RF, then fill {NUMBER OF MONTHS ENTERED IN 24-MONTH CC230} with response to CC230.

Else if 9-MONTH CC230 was asked (^EMPTY) and CC230 ^= DK or RF, then fill {NUMBER OF MONTHS ENTERED IN 9-MONTH CC230} with response to 9-month CC230.

Else do not display {{{CHILD/TWIN} WAS {NUMBER OF MONTHS ENTERED}...}}

How old was {CHILD/TWIN} in months when {he/she} started going to this particular program?

[[{CHILD/TWIN} WAS {NUMBER OF MONTHS ENTERED IN 9-MONTH CC230/24-MONTH CC230} MONTH(S) OLD WHEN {HE/SHE} FIRST ATTENDED ANY CENTER OR PROGRAM.]

ENTER NUMBER OF MONTHS.

REFUSED
DON'T KNOW

CC280

HELP AVAILABLE

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

- 0 ENGLISH (CC285)
- 1 ARABIC (CC285)
- 2 CHINESE (CC285)
- 3 FILIPINO (CC285)
- 4 FRENCH (CC285)
- 5 GERMAN (CC285)
- 6 GREEK (CC285)
- 7 ITALIAN (CC285)
- 8 JAPANESE (CC285)
- 9 KOREAN (CC285)
- 10 POLISH (CC285)
- 11 PORTUGUESE (CC285)
- 12 SPANISH (CC285)
- 13 VIETNAMESE (CC285)
- 14 AFRICAN (CC285)
- 15 EAST EUROPEAN (CC285)
- 16 NATIVE AMERICAN (CC285)
- 17 SIGN LANGUAGE (CC285)
- 18 MIDDLE EASTERN (CC285)
- 19 WEST EUROPEAN (CC285)
- 20 INDIAN SUBCONTINENT (CC285)
- 21 SOUTHEAST ASIAN (CC285)
- 22 PACIFIC ISLAND (CC285)
- 91 SOME OTHER LANGUAGE (SPECIFY)
- REFUSED (CC285)
- DON'T KNOW (CC285)

CC282

What language is that?

SPECIFY OTHER LANGUAGE.

CC285

HELP AVAILABLE

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

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (CC307BX) |
| | REFUSED | (CC307BX) |
| | DON'T KNOW | (CC307BX) |

CC295

HELP AVAILABLE

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

ENTER AMOUNT.

- | | | |
|--|------------|-----------|
| | REFUSED | (CC307BX) |
| | DON'T KNOW | (CC307BX) |

IF CC295=0, GO TO CC2999BX.

ELSE IF CC295 > 0, GO TO CC297.

CC297

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

ENTER UNIT.

- | | | |
|----|-------------------------------|-----------|
| 1 | PER HOUR | (CC299BX) |
| 2 | PER DAY | (CC299BX) |
| 3 | PER WEEK | (CC299BX) |
| 4 | PER BI-WEEKLY (EVERY 2 WEEKS) | (CC299BX) |
| 5 | PER MONTH | (CC299BX) |
| 6 | PER YEAR | (CC299BX) |
| 91 | OTHER (SPECIFY) | |

CC298

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

SPECIFY OTHER UNIT.

CC299BX

IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER BESIDES CHILD/TWIN IN THE HOUSEHOLD (ANYONE IN FS025 AGE <= 12), GO TO CC300.

ELSE, GO TO CC307BX.

CC300

HELP AVAILABLE

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

- | | | |
|---|--------------------|-----------|
| 1 | CHILD ONLY | (CC307BX) |
| 2 | CHILD AND OTHER(S) | |
| | REFUSED | (CC307BX) |
| | DON'T KNOW | (CC307BX) |

CC305

HELP AVAILABLE

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

ENTER NUMBER OF CHILDREN.

REFUSED
DON'T KNOW

CC307BX

IF CC240 = 2, 3, OR 4, GO TO CC308.

ELSE, GO TO CC312BX.

CC308

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CC240 = 2, display "1" for NUMBER and display "center" and "this".
If CC240 = 3, display "2" for NUMBER and display "centers" and "these".
If CC240 = 4, display "centers" and "these". Do not display {NUMBER}.

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

ENTER TOTAL NUMBER OF HOURS.

REFUSED
DON'T KNOW

CC313BX

IF CC005=YES (TWIN HAS SAME CHILD CARE ARRANGEMENTS) GO TO CC318BX.

ELSE IF {CHILD/TWIN} FLAGGED AS HAVING A PAID CHILD CARE ARRANGEMENT, GO TO CC315a.

ELSE, GO TO CC318BX.

CC315a-d

DISPLAY INSTRUCTIONS:

If Paid Care Provider flag (Flag 9 above) = relative care, and CC040 = 1, display “grandparent”

If Flag 9 = relative care and CC040 = 2, display “aunt”.

If Flag 9 = relative care and CC040 = 3, display “uncle”.

If Flag 9 = relative care and CC040 = 4, display “brother”.

If Flag 9 = relative care and CC040 = 5, display “sister”.

If Flag 9 = relative care and CC040 = 91, DK or RF, display “relative care giver”.

If Flag 9 = nonrelative care then display “non-relative care giver”.

If Flag 9 = center based care, display “child care center”.

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}?

How about...

- 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?
 - 1 YES
 - 2 NO
 - REFUSED
 - DON'T KNOW

CC318BX

GO TO SECTION CH.

SECTION CH - CHILD HEALTH

CH001PRE

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

CH002BX

IF CHILD'S BIOLOGICAL MOTHER WAS NOT IN HOUSEHOLD AT 9-MONTHS (PRELOADED FLAG) AND IS LIVING IN HOUSEHOLD NOW (FLAGGED IN FS), GO TO CH003.

ELSE, GO TO CH005.

CH003

DISPLAY INSTRUCTIONS:

If respondent is the biological mother (flagged in section IN), display "you".
Else display "CHILD {and {TWIN}}'s mother".

Did {you/{CHILD}}{ and {TWIN}}'s mother} ever breast-feed {CHILD/TWIN}?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH005

DISPLAY INSTRUCTIONS:

If CH003 = 1 (EVER BREAST-FED) or the current respondent is the biological mother, CH003 is EMPTY, and CD015 = 1 (CHILD WAS STILL BREAST-FED) from 9-month interview, display "breast-fed,".

At this point in time, is {CHILD/TWIN} {breast-fed,} formula-fed, or given cow or soy milk?

CODE ALL THAT APPLY

- 1 BREAST-FED
- 2 FORMULA-FED
- 3 COW OR SOY MILK
- REFUSED
- DON'T KNOW

CH007BX

IF CH005 = 3 ONLY (COW OR SOY MILK) AND 9-MO CD025 = 2 (CHILD WAS FORMULA-FED IN LAST 7 DAYS), GO TO CH010.

ELSE, GO TO CH014BX.

CH010

DISPLAY INSTRUCTIONS:

Display the child's age in months from section IN for {AGE}, and the preloaded value of child's age in months at time of 9-month interview for {Ch9MoAgeMo}.

How old was {CHILD/TWIN} in months when you completely stopped feeding {him/her} infant formula?

ENTER NUMBER OF MONTHS.

REFUSED
DON'T KNOW

CH014BX

IF CH005 ^= 1 (CHILD IS NOT BREAST-FED) AND AT 9 MONTHS CD015 = 1 (CHILD STILL BEING BREAST FED), GO TO CH015.

ELSE, GO TO CH020.

CH015

DISPLAY INSTRUCTIONS:

Display the child's age in months from section IN for {AGE}, and the preloaded value of child's age in months at time of 9-month interview for {Ch9MoAgeMo}.

If respondent is the biological mother (flagged in section IN), display "you".

Else display "CHILD {and {TWIN}}'s mother".

How old was {CHILD/TWIN} in months when {you/{CHILD}{and {TWIN}}'s mother} completely stopped breast feeding {him/her}?

ENTER NUMBER OF MONTHS.

IF LESS THAN 1 MONTH, ENTER 0.

REFUSED
DON'T KNOW

CH020

Does {CHILD/TWIN} primarily drink from a bottle, sippy cup, or a regular cup?

- 1 BOTTLE
- 2 SIPPY CUP
- 3 REGULAR CUP
- REFUSED
- DON'T KNOW

CH025

Do you usually put {CHILD/TWIN} to bed with a bottle?

- 1 YES
- 2 NO (CH030)
- REFUSED (CH030)
- DON'T KNOW (CH030)

CH026

HELP AVAILABLE

Does the bottle usually contain...

- 1 Juice, (CH028)
- 2 Milk, (CH028)
- 3 Water, (CH028)
- 4 Formula, or (CH028)
- 91 Something else? (SPECIFY)
- REFUSED (CH028)
- DON'T KNOW (CH028)

CH027

[Does the bottle usually contain...]

SPECIFY OTHER CONTENTS OF BOTTLE.

CH028

Do you usually add a sweetener to the bottle, such as sugar or honey?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH030

HELP AVAILABLE

What type of beverage does {CHILD/TWIN} usually drink with meals?

CODE ALL THAT APPLY.

- 1 MILK (CH040)
- 2 100% FRUIT JUICE (CH040)
- 3 A FRUIT-FLAVORED DRINK (JUICE LESS THAN 100%, LEMONADE, KOOL-AID, ETC.) (CH040)
- 4 SODAS OR COLA (CH040)
- 5 WATER (CH040)
- 91 OTHER DRINK (SPECIFY) (CH040)
- REFUSED (CH040)
- DON'T KNOW (CH040)

CH032

[What type of beverage does {CHILD/TWIN} usually drink with meals?]

SPECIFY OTHER TYPE OF BEVERAGE.

CH040

HELP AVAILABLE

What type of beverage does {CHILD/TWIN} usually drink between meals or before bedtime?

CODE ALL THAT APPLY.

- 1 MILK (CH043BX)
- 2 100% FRUIT JUICE (CH043BX)
- 3 A FRUIT-FLAVORED DRINK (JUICE LESS THAN 100%, LEMONADE, KOOL-AID, ETC.) (CH043BX)
- 4 SODAS OR COLA (CH043BX)
- 5 WATER (CH043BX)
- 91 OTHER DRINK (SPECIFY) (CH043BX)
- REFUSED (CH043BX)
- DON'T KNOW (CH043BX)

CH042

[What type of beverage does {CHILD/TWIN} usually drink between meals or before bedtime?]

SPECIFY OTHER TYPE OF BEVERAGE.

CH043BX

IF CH005=3 OR CH030=1 OR CH040=1, GO TO CH045.

ELSE, GO TO CH055.

CH045

Does {CHILD/TWIN} usually drink whole milk, low-fat milk, skim milk, or soy milk?

- 1 WHOLE OR 2% MILK
- 2 LOW-FAT MILK (1% OR 1/2%)
- 3 SKIM MILK (NON-FAT)
- 4 SOY MILK
- REFUSED
- DON'T KNOW

CH055

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

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

CH058

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

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH060

Since our last interview in {TIME FRAME}, 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.

ENTER NUMBER OF TIMES.

- REFUSED
- DON'T KNOW

IF CH060 = 0, GO TO CH080a.

CH065

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

- 1 CLINIC OR HEALTH CENTER
 - 2 DOCTOR'S OFFICE OR HMO
 - 3 HOSPITAL EMERGENCY ROOM
 - 4 HOSPITAL OUTPATIENT DEPARTMENT
 - 5 SOME OTHER PLACE
 - 6 DOESN'T GO TO ONE PLACE MOST OFTEN
- REFUSED
DON'T KNOW

CH080a-d

HELP AVAILABLE

Since our last interview in {TIME FRAME}, 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. **A severe gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration?**
 - d. **An ear infection?**
- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

CH082BX

IF CH080a = 1 (ASTHMA), GO TO CH090.
ELSE, GO TO CH103BX.

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.

- 1 INHALER/NEBULIZER (CH095)
 - 2 ALBUTEROL (CH095)
 - 3 NO TREATMENT/WATCH AND WAIT (CH095)
 - 4 ANTIBIOTICS (CH095)
 - 5 STEROIDS/ANTI-INFLAMMATORIES (CH095)
 - 91 OTHER (SPECIFY)
- REFUSED (CH095)
DON'T KNOW (CH095)

CH092

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

SPECIFY OTHER TREATMENT.

CH095

Since our last interview in {TIME FRAME}, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of asthma?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH103BX

IF CH080b = 1 (RESPIRATORY ILLNESS), GO TO CH105.

ELSE, GO TO CH112BX.

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.

- 1 NO TREATMENT/WATCH AND WAIT (CH110)
- 2 ANTIBIOTICS (CH110)
- 3 ALBUTEROL (CH110)
- 4 INHALER/NEBULIZER (CH110)
- 5 DECONGESTANTS/ANTIHISTAMINES (CH110)
- 6 ANALGESICS (E.G., FEVER REDUCER OR PAIN RELIEVER) (CH110)
- 91 OTHER (SPECIFY) (CH110)
- REFUSED (CH110)
- DON'T KNOW (CH110)

CH107

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

SPECIFY OTHER TREATMENT.

CH110

Since our last interview in {TIME FRAME}, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of bronchitis, pneumonia, or bronchiolitis?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH112BX

IF CH080c = 1 (GASTROINTESTINAL ILLNESS), GO TO CH115.

ELSE, GO TO CH122BX.

CH115

HELP AVAILABLE

How was {CHILD/TWIN}'s most recent severe gastrointestinal illness treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

- 1 NO TREATMENT/WATCH AND WAIT (CH120)
- 2 ANTIBIOTICS (CH120)
- 3 CHANGED DIET (CH120)
- 4 ANTACIDS/GAS DROPS (E.G., MAALOX; MYLICON) (CH120)
- 5 ACID BLOCKERS (E.G., ZANTAC, PEPCID, PREVACID, PRILOSEC, TAGAMET) (CH120)
- 6 DEHYDRATION PREVENTATIVES (E.G., PEDIALYTE; FLUIDS) (CH120)
- 91 OTHER (SPECIFY) (CH120)
- REFUSED (CH120)
- DON'T KNOW (CH120)

CH117

[How was {CHILD/TWIN}'s most recent severe gastrointestinal illness treated by your doctor, nurse, or other medical professional?]

SPECIFY OTHER TREATMENT.

CH120

Since our last interview in {TIME FRAME}, has {CHILD/TWIN} been taken to an emergency room or hospitalized for at least one night because of a severe gastrointestinal illness?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH122BX

IF CH080d = 1 (EAR INFECTION), GO TO CH125.

ELSE, GO TO CH150.

CH125

Since our last interview in {TIME FRAME}, how many times has a doctor, nurse, or other medical professional told you that {CHILD/TWIN} had an ear infection?

ENTER NUMBER OF TIMES.

REFUSED
DON'T KNOW

CH130

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CH125=1, use null display.

Else, if CH125=DK or RF, display "most recent".

Otherwise, for the first time at this question, display "first". For the second time at this question, display "second". For the third time at this question, display "third".

How was {CHILD/TWIN}'s {most recent/first/second/third} ear infection since our last interview treated by your doctor, nurse, or other medical professional?

CODE ALL THAT APPLY.

- | | | |
|----|---|-----------|
| 1 | NO TREATMENT/WATCH AND WAIT | (CH134BX) |
| 2 | DECONGESTANTS/ANTIHISTAMINES | (CH134BX) |
| 3 | ANTIBIOTICS | (CH134BX) |
| 4 | WITH EAR TUBES | (CH134BX) |
| 5 | ANALGESICS (E.G., FEVER REDUCER OR PAIN RELIEVER) | (CH134BX) |
| 6 | EAR DROPS | (CH134BX) |
| 91 | OTHER (SPECIFY) | |
| | REFUSED | (CH134BX) |
| | DON'T KNOW | (CH134BX) |

CH133

[How was {CHILD/TWIN}'s {most recent/first/second/third} ear infection since our last interview treated by your doctor, nurse, or other medical professional?]

SPECIFY OTHER TREATMENT.

CH134BX

IF CH125 >= 2, GO TO CH130 FOR SECOND/THIRD EAR INFECTION.

ELSE, GO TO CH135BX.

CH135BX

IF CH130 = 4 FOR MOST RECENT, FIRST, SECOND, OR THIRD EAR INFECTION, AUTOCODE CH138 AS 1 (YES) AND GO TO CH140.

ELSE, GO TO CH138.

CH138

HELP AVAILABLE

Since our last interview in {TIME FRAME}, has {CHILD/TWIN} had ear tubes inserted?

- 1 YES
- 2 NO (CH145)
- REFUSED (CH145)
- DON'T KNOW (CH145)

CH140

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CH130 = 4 (EAR TUBES) for most recent, first, second, or third ear infection, display "You said . . . ear tubes."

Else use null display.

{You said {CHILD/TWIN} received ear tubes.} Were the ear tubes inserted into . . .

- 1 the left ear only,
- 2 the right ear only, or
- 3 both ears?

CH143

HELP AVAILABLE

Why were the ear tubes inserted? Were they inserted because of . . .

CODE ALL THAT APPLY.

- 1 fluid in the ears, (CH145)
- 2 ear infections, (CH145)
- 3 hearing loss, or (CH145)
- 91 for some other reason? (SPECIFY)
- REFUSED (CH145)
- DON'T KNOW (CH145)

CH144

[Why were the ear tubes inserted? Were they inserted because of . . .]

SPECIFY OTHER REASON FOR EAR TUBES.

CH145

Since our last interview in {TIME FRAME}, how many other times do you think {CHILD/TWIN} has had an ear infection or earache for which you did not seek medical treatment?

- 0 NEVER
- 1 ONCE
- 2 TWICE
- 3 3-5 TIMES
- 4 6 OR MORE TIMES
- REFUSED
- DON'T KNOW

CH150

HELP AVAILABLE

Now, I want to ask you about any injuries {CHILD/TWIN} has had. Since our last interview in {TIME FRAME}, how many times has {he/she} seen a doctor or other medical professional or visited a clinic or emergency room for an injury?

- 0 NEVER (CH178PRE)
- 1 ONCE
- 2 TWICE
- 3 THREE OR MORE TIMES
- REFUSED (CH178PRE)
- DON'T KNOW (CH178PRE)

CH155

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If CH150=1, display "this".
Else display "the most serious".

Tell me about {this/the most serious} injury. What caused it?

- 1 FALL (CH160)
- 2 CHOKING (CH160)
- 3 AUTO/TRUCK ACCIDENT: CHILD IN CAR (CH160)
- 4 AUTO/TRUCK ACCIDENT: CHILD NOT IN CAR (CH160)
- 5 HEAT, HOT WATER, FIRE OR ELECTRICITY (CH160)
- 6 ANIMAL OR INSECT BITE (CH160)
- 7 POISONING, SOMETHING CHILD ATE, DRANK, OR INHALED (CH160)
- 8 CUT OR PIERCED WITH A SHARP OBJECT (CH160)
- 9 STRUCK BY OR AGAINST AN OBJECT OR PERSON (CH160)
- 10 ACCIDENTAL SELF-INFLICTED INJURY (CH160)
- 91 OTHER (SPECIFY)
- REFUSED (CH160)
- DON'T KNOW (CH160)

CH156

HELP AVAILABLE

[Tell me about {this/the most serious} injury. What caused it?]

SPECIFY OTHER INJURY.

CH160

Did it occur in the last 3 months?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH165

Where did this injury happen?

CODE ALL THAT APPLY.

- 1 AT CHILD'S HOME (CH170)
- 2 AT OTHER'S HOME (CH170)
- 3 AT CHILD CARE CENTER/NURSERY (CH170)
- 4 STREET/HIGHWAY (CH170)
- 5 PLAYGROUND, PLACE OF RECREATION OR SPORTS (CH170)
- 6 ANOTHER PUBLIC BUILDING OR SPACE (CH170)
- 91 OTHER (SPECIFY) (CH170)
- REFUSED (CH170)
- DON'T KNOW (CH170)

CH166

[Where did this injury happen?]

SPECIFY OTHER LOCATION.

CH170

DISPLAY INSTRUCTIONS:

If no one in household is flagged in FS as CHILD/TWIN's parent/guardian, or if only the respondent is flagged as CHILD/TWIN's parent/guardian, then use null display.

Else if respondent is not flagged as parent/guardian, and someone else in the household is flagged as CHILD/TWIN's parent/guardian, display "or {CHILD/TWIN}'s parent(s)".

Else if respondent is flagged in FS as parent/guardian, and at least one other person is flagged as child's parent/guardian, then display "or {CHILD/TWIN}'s other parent".

Were you {or {CHILD/TWIN}'s {other parent/parent(s)}} caring for {CHILD/TWIN} when this injury occurred?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH175

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

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH178PRE

Now I have some questions about specific conditions or health problems {CHILD/TWIN} may have.

CH180a-m

HELP AVAILABLE

Has a doctor ever told you that {CHILD/TWIN} has the following conditions? Does {he/she} have...

- a. Blindness?**
- b. Difficulty seeing, including nearsightedness or farsightedness, correctable?**
- c. A crossed eye, or a lazy or wandering eye?**
- d. Difficulty hearing or deafness? (Do not include a temporary loss of hearing due to a cold or congestion.)**
- e. A problem with mobility such as cerebral palsy?**
- f. A delay in learning to walk?**
- g. A delay in learning to talk?**
- h. Another developmental delay?**
- i. Epilepsy or seizures?**
- j. A heart defect?**
- k. Mental retardation?**
- l. A lactose intolerance?**
- m. Food allergies or sensitivities such as to peanuts?**

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

IF CH180a = YES, THEN GO TO CH180d.

CH181

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

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH182

Does {CHILD/TWIN} have any impairment or health problem that limits {his/her} ability to walk, run, or play?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH182BX

IF CH181=1 OR CH182=1 GO TO CH183.

ELSE, GO TO CH184.

CH183

Is this an impairment or health problem that has lasted, or is expected to last 12 months or longer?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH184

There are services available to families with children who may have special needs. For example, parents may seek language or physical therapy for their children. They may place their children in special classes with other children who have similar needs, or they may seek support or training for themselves.

Does {CHILD/TWIN} or your family receive any services to help with special needs that {CHILD/TWIN} may have?

- 1 YES
- 2 NO (CH222PRE)
- REFUSED (CH222PRE)
- DON'T KNOW (CH222PRE)

CH185a-j

HELP AVAILABLE

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

- a. **Speech or language therapy?**
- b. **Occupational therapy?**
- c. **Physical therapy?**
- d. **Vision services?**
- e. **Hearing services?**
- f. **Social work services?**
- g. **Psychological services?**
- h. **Home visits?**
- i. **Parent support or training?**
- j. **Special classes with other children, some or all of whom also had special needs?**

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH187BX

IF ANY CH185a-j = 1 (YES), GO TO CH190.

ELSE, GO TO CH195a.

CH190

About how many hours of service per month are received?

PROBE: If more than one service is received, tell me the total number of hours per month for all services.

ENTER NUMBER OF HOURS.

- REFUSED
- DON'T KNOW

CH195a-d

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If more than one CH180a-m = 1 (CHILD HAS MORE THAN ONE DISABILITY), display “conditions”;
Else, display “condition”.

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?**

IF RESPONDENT NAMES SPECIFIC PROGRAM, PROBE FOR TYPE OF ORGANIZATION.

- 1 YES
- 2 NO
REFUSED
DON'T KNOW

IF CH195d = YES, GO TO CH197. ELSE, GO TO CH222PRE.

CH197

What is that other source?

SPECIFY OTHER SOURCE.

IF RESPONDENT NAMES SPECIFIC PROGRAM, PROBE FOR TYPE OF ORGANIZATION.

CH222PRE

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.

CH223BX

IF ASKING ABOUT TWIN, GO TO CH224.

ELSE, GO TO CH224BX.

CH224

DISPLAY INSTRUCTIONS:

If CH232=2 for CHILD, display "--NO COVERAGE"
If CH235a=1 for CHILD, display, "--PRIVATE HEALTH INSURANCE"
If CH235b=1 for CHILD, display, "--MEDICAID {or name of state program}"
If CH235c=1 for CHILD, display, "--CHIP {or name of state program}"
If CH235d=1 for CHILD, display, "--MILITARY HEALTH CARE"
If CH235e=1 for CHILD, display, "--INDIAN HEALTH CARE"
If CH235f=1 for CHILD, display, "--ANOTHER GOVERNMENT PROGRAM
Else if CH225=2 for CHILD, display, "--SAME COVERAGE AS AT 9-MONTHS"
Else if CH232=DK/RF or ((CH235a=DK or RF) and CH235b=DK or RF) and CH235c=DK or RF....and
CH235f=DK or RF), display "--DON'T KNOW/REFUSED TO REPORT" .

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

RESPONDENT REPORTED THAT {CHILD} HAS THE FOLLOWING HEALTH INSURANCE COVERAGE:

- NO COVERAGE
- PRIVATE HEALTH INSURANCE
- MEDICAID {or name of state program}
- CHIP {or name of state program}"
- MILITARY HEALTH CARE
- INDIAN HEALTH CARE
- ANOTHER GOVERNMENT PROGRAM
- SAME COVERAGE AS AT 9-MONTHS

IF NEITHER CHILD NOR TWIN HAS HEALTH INSURANCE COVERAGE, ENTER 0.

- | | | |
|---|---|---------|
| 0 | YES, NEITHER TWIN HAS HEALTH INSURANCE COVERAGE | (CH250) |
| 1 | YES, BOTH TWINS HAVE THE SAME HEALTH INSURANCE | (CH245) |
| 2 | NO, TWINS HAVE DIFFERENT HEALTH INSURANCE | |
| | REFUSED | (CH245) |
| | DON'T KNOW | (CH245) |

CH224BX

IF CHILD/TWIN HAD HEALTH INSURANCE AT TIME OF 9-MONTH INTERVIEW (ANY OF 9-MO CH200a-f = 1), GO TO CH225.

ELSE, GO TO CH232.

CH225

Has there been any change in {CHILD/TWIN}'s health care coverage or health insurance since our last interview in {TIME FRAME}?

- 1 YES (CH232)
- 2 NO (CH245)
- REFUSED (CH232)
- DON'T KNOW (CH232)

CH232

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

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.

- 1 YES
- 2 NO (CH250)
- REFUSED (CH260)
- DON'T KNOW (CH260)

CH235a-f

HELP AVAILABLE

Display State name for Medicaid if any for "or name of state program"; else, use null display.

Display State name for CHIP if any for "or name of state program"; else, use null display.

If there is a state-sponsored health plan, fill display for {,{State-sponsored health plan}}

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

- 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}?**
- 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}})?**

SHOW CARD CH1

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH245

Since our last interview in {TIME FRAME}, was there any time when {CHILD/TWIN} did not have any health care coverage or health insurance?

- 1 YES
- 2 NO (CH260)
- REFUSED (CH260)
- DON'T KNOW (CH260)

CH250

Since our last interview in {TIME FRAME}, about how many months was {he/she} without coverage?

ENTER NUMBER OF MONTHS.

- REFUSED
- DON'T KNOW

CH260

Since our last interview in {TIME FRAME}, was there ever a time when {CHILD/TWIN} needed health care, but you couldn't obtain it?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CH262BX

IF ASKING ABOUT TWIN, GO TO SECTION CM.

ELSE, GO TO SECTION FH.

SECTION FH - FAMILY HEALTH

FH002PRE

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

If respondent is child’s biological mother (as flagged in section IN) and is a different respondent than the 9-month respondent, display “I will also be asking . . .”.

Else use null display.

Now I have some questions about the health and health-related behaviors of you and your family. {I will also be asking questions about when you were pregnant with {CHILD}{and {TWIN}}.}

FH010

In general, would you say that your health is . . .

- 1 Excellent,
 - 2 Very good,
 - 3 Good,
 - 4 Fair, or
 - 5 Poor?
- REFUSED
DON’T KNOW

FH015

Where do you usually go for routine medical care?

- 1 CLINIC OR HEALTH CENTER
 - 2 DOCTOR’S OFFICE OR HMO
 - 3 HOSPITAL EMERGENCY ROOM
 - 4 HOSPITAL OUTPATIENT DEPARTMENT
 - 5 SOME OTHER PLACE
 - 6 DOESN’T GO TO ONE PLACE MOST OFTEN
- REFUSED
DON’T KNOW

FH016

DISPLAY INSTRUCTIONS:

If CHILD HAS A DISABILITY (any CH180a-k = 1), then display “Other than {CHILD}, do”.
Else display “Do”.

{Other than {CHILD}, do/Do} any household members have a special need, delay, or disability?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH017BX

IF RESPONDENT IS CHILD'S BIOLOGICAL MOTHER (AS FLAGGED IN SECTION IN) AND IS A DIFFERENT RESPONDENT THAN THE 9-MONTH RESPONDENT, GO TO FH020.

ELSE, GO TO FH030.

FH020

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

Did you ever visit a doctor or clinic for prenatal care when you were pregnant with {CHILD}{ and {TWIN}}?

- 1 YES
- 2 NO (FH030)
- REFUSED (FH030)
- DON'T KNOW (FH030)

FH025

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

Thinking back to when you were pregnant with {CHILD}{ and {TWIN}}, when was your first prenatal visit? Was it during your...

- 1 First trimester (1-3 months),
- 2 Second trimester (4-6 months), or
- 3 Third trimester (7-9 months)?
- REFUSED
- DON'T KNOW

FH030

Do you currently drink any alcoholic beverages?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (FH042) |
| | REFUSED | (FH042) |
| | DON'T KNOW | (FH042) |

FH035

How many alcoholic drinks do you have in an average week now?

- | | |
|---|-------------|
| 1 | LESS THAN 1 |
| 2 | 1 TO 3 |
| 3 | 4 TO 6 |
| 4 | 7 TO 13 |
| 5 | 14 TO 19 |
| 6 | 20 OR MORE |
| | REFUSED |
| | DON'T KNOW |

FH040

DISPLAY INSTRUCTIONS:

If respondent is female, display "four" and "4".

Else display "five" and "5".

In the last month, how many times did you drink {four/five} or more alcoholic drinks at one sitting?

IF RESPONDENT DID NOT HAVE {4/5} OR MORE DRINKS AT ONE SITTING, ENTER 0.

- | | |
|--|------------|
| | REFUSED |
| | DON'T KNOW |

FH042

Do you smoke cigarettes now?

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (FH049BX) |
| | REFUSED | (FH049BX) |
| | DON'T KNOW | (FH049BX) |

FH045

How many cigarettes or packs of cigarettes do you smoke on an average day now?

ENTER '1' IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY.

REFUSED
DON'T KNOW

IF FH045 = 1 OR MORE, GO TO FH047.

ELSE, GO TO FH049BX.

FH047

DISPLAY INSTRUCTIONS:

Display number collected in FH045 on top portion of screen.

[How many cigarettes or packs of cigarettes do you smoke on an average day now?]

- 1 CIGARETTES A DAY
- 2 PACKS A DAY

FH049BX

IF NO TWIN IN HOUSEHOLD (IN010 ^= YES) OR NOT A TWIN HOUSEHOLD AND NUMBER OF PEOPLE IN HOUSEHOLD IS GREATER THAN 2, OR IF TWIN IN HOUSEHOLD (IN010 = YES) AND NUMBER OF PEOPLE IN HOUSEHOLD IS GREATER THAN THREE, GO TO FH050.

ELSE, GO TO FH052BX.

FH050

DISPLAY INSTRUCTIONS:

If FH042 = 1 (RESPONDENT SMOKES), display "Other than yourself, how". Else, display "How".
{Other than yourself, how/How} many people smoke at home now?

PROBE: Please include smoking that occurs either inside or outside the home.

ENTER 0 IF NO ONE IN HOUSEHOLD SMOKES AT HOME NOW.

REFUSED
DON'T KNOW

FH052BX

IF FH042 = 1 (RESPONDENT CURRENTLY SMOKES) OR FH050 > 0 (OTHER HOUSEHOLD MEMBER SMOKES), GO TO FH055.

ELSE, GO TO FH060.

FH055

DISPLAY INSTRUCTIONS:

If FH042 = 1 (RESPONDENT SMOKES) and FH050 = 0 (NO OTHER HH MEMBERS SMOKE), display “Do you”.

Else, if FH050 >= 1 (NUMBER OF OTHER HH MEMBERS WHO SMOKE), display “Does anyone”.

{Do you/Does anyone} smoke inside the house?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH060

In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for any emotional or psychological problem?

- 1 YES (FH090)
- 2 NO
- REFUSED
- DON'T KNOW

FH065

During the past 12 months, have you felt, or has anyone suggested, that you needed help for any emotional or psychological problem?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH090

Since our last interview in {TIME FRAME}, was there ever a time when you felt sad, blue, or depressed for two weeks or more in a row?

- 1 YES
- 2 NO FH180
- 3 WAS ON MEDICATION/ANTI-DEPRESSANTS FH180
- REFUSED FH180
- DON'T KNOW FH180

FH095

For the next few questions, please think of the two-week period since our last interview in {TIME FRAME} when these feelings were worst. During that time did the feelings of being sad, blue, or depressed usually last all day long, most of the day, about half the day, or less than half the day?

- 1 ALL DAY LONG
- 2 MOST
- 3 ABOUT HALF
- 4 LESS THAN HALF (FH180)
- REFUSED (FH180)
- DON'T KNOW (FH180)

FH100

During those two weeks, did you feel this way every day, almost every day, or less often?

- 1 EVERY DAY
- 2 ALMOST EVERY DAY
- 3 LESS OFTEN (FH180)
- REFUSED (FH180)
- DON'T KNOW (FH180)

FH105

During those two weeks, did you lose interest in most things like hobbies, work, or activities that usually give you pleasure?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH110

Thinking about those same two weeks, did you feel more tired out or low on energy than is usual for you?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH115

Did you gain or lose weight without trying, or did you stay about the same?

- 1 GAIN
- 2 LOSE
- 3 BOTH GAINED & LOST
- 4 WAS ON DIET (FH125)
- 5 STAYED ABOUT THE SAME (FH125)
- REFUSED (FH125)
- DON'T KNOW (FH125)

FH120

DISPLAY INSTRUCTIONS:

If FH115 = 1, display “you gain”; if FH115 = 2, display “you lose”; if FH115 = 3, display “your weight change”.

About how much did {you gain/you lose/your weight change}?

ENTER NUMBER OF POUNDS.

- REFUSED
- DON'T KNOW

FH125

Did you have more trouble falling asleep than you usually do during those two weeks?

- 1 YES
- 2 NO (FH135)
- REFUSED (FH135)
- DON'T KNOW (FH135)

FH130

Did that happen every night, nearly every night, or less often during those two weeks?

- 1 EVERY NIGHT
- 2 NEARLY EVERY NIGHT
- 3 LESS OFTEN
- REFUSED
- DON'T KNOW

FH135

During those two weeks, did you have a lot more trouble concentrating than usual?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH140

People sometimes feel down on themselves, no good, or worthless. During that two week period, did you feel this way?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH145

Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH146BX

IF FH105=1 OR FH110=1 OR FH120>9 OR FH130=1 OR FH130=2 OR FH135=1 OR FH140=1 OR FH145=1, GO TO FH150.

ELSE, GO TO FH265a.

FH150

To review, since our last interview in {TIME FRAME}, you had two weeks in a row when you were sad, blue, or depressed and also had some other feelings or problems. About how many weeks altogether did you feel this way since {TIME FRAME}?

IF RESPONDENT REPORTS THE WHOLE TIME/ALL 15 MONTHS, ENTER 95

ENTER NUMBER OF WEEKS.

- REFUSED
- DON'T KNOW

IF FH150 = 95, GO TO FH160.

ELSE, GO TO FH155.

FH155

Think about the most recent time when you had two weeks in a row of feeling this way. How many months ago was that?

ENTER NUMBER OF MONTHS.

ENTER "0" IF RESPONDENT CURRENTLY FEELS THIS WAY.

- REFUSED
- DON'T KNOW

FH160

HELP AVAILABLE

Did you tell a doctor about these problems? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

PROBE: Do not include psychologists, social workers, nurses, etc.

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH165

Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH170

Did you take medication or use drugs or alcohol more than once for these problems?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH175

How much did these problems interfere with your life or activities - a lot, some, a little, or not at all?

- 1 A LOT (FH265a)
- 2 SOME (FH265a)
- 3 A LITTLE (FH265a)
- 4 NOT AT ALL (FH265a)
- REFUSED (FH265a)
- DON'T KNOW (FH265a)

FH180

Since our last interview in {TIME FRAME}, was there ever a time lasting two weeks or more when you lost interest in most things like hobbies, work, or activities that usually give you pleasure?

- 1 YES
- 2 NO (FH265a)
- 3 WAS ON MEDICATION/ANTI-DEPRESSANTS (FH265a)
- REFUSED (FH265a)
- DON'T KNOW (FH265a)

FH185

Please think of the two-week period since our last interview in {TIME FRAME} when you had the most complete loss of interest in things. During that two-week period, did the loss of interest usually last all day long, most of the day, about half the day, or less than half the day?

- 1 ALL DAY LONG
- 2 MOST
- 3 ABOUT HALF
- 4 LESS THAN HALF (FH265a)
- REFUSED (FH265a)
- DON'T KNOW (FH265a)

FH190

Did you feel this way every day, almost every day, or less often during the two weeks?

- 1 EVERY DAY
- 2 ALMOST EVERY DAY
- 3 LESS OFTEN (FH265a)
- REFUSED (FH265a)
- DON'T KNOW (FH265a)

FH195

During those two weeks, did you feel more tired out or low on energy than is usual for you?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH200

Did you gain or lose weight without trying, or did you stay about the same?

- 1 GAIN
- 2 LOSE
- 3 BOTH GAINED & LOST
- 4 WAS ON DIET (FH210)
- 5 STAYED ABOUT THE SAME (FH210)
- REFUSED (FH210)
- DON'T KNOW (FH210)

FH205

DISPLAY INSTRUCTIONS:

If FH200 = 1, display “you gain”; if FH200 = 2, display “you lose”; if FH200 = 3, display “your weight change”.

About how much did {you gain/you lose/your weight change}?

ENTER NUMBER OF POUNDS.

REFUSED
DON'T KNOW

FH210

Did you have more trouble falling asleep than you usually do during those two weeks?

1 YES
2 NO (FH220)
REFUSED (FH220)
DON'T KNOW (FH220)

FH215

Did that happen every night, nearly every night, or less often during those two weeks?

1 EVERY NIGHT
2 NEARLY EVERY NIGHT
3 LESS OFTEN
REFUSED
DON'T KNOW

FH220

During those two weeks, did you have a lot more trouble concentrating than usual?

1 YES
2 NO
REFUSED
DON'T KNOW

FH225

People sometimes feel down on themselves, no good, or worthless. Did you feel this way during that two week period?

1 YES
2 NO
REFUSED
DON'T KNOW

FH230

Did you think a lot about death - either your own, someone else's, or death in general during those two weeks?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH232BX

IF FH195=1 OR FH205>9 OR FH215=1 OR FH215=2 OR FH220=1 OR FH225=1 OR FH230=1, GO TO FH235.

ELSE, GO TO FH265a.

FH235

To review, since our last interview in {TIME FRAME}, you had two weeks in a row when you lost interest in most things like hobbies, work, or activities that usually give you pleasure and also had some other feelings or problems. About how many weeks altogether did you feel this way since {TIME FRAME}?

IF RESPONDENT REPORTS THE WHOLE TIME/ALL 15 MONTHS, ENTER 95

ENTER NUMBER OF WEEKS.

- REFUSED
- DON'T KNOW

IF FH235=95, GO TO FH245

ELSE, GO TO FH240.

FH240

Think about the most recent time when you had two weeks in a row of feeling this way. How many months ago was that?

ENTER NUMBER OF MONTHS.

ENTER "0" IF RESPONDENT CURRENTLY FEELS THIS WAY.

- REFUSED
- DON'T KNOW

FH245

HELP AVAILABLE

Did you tell a doctor about these problems? (By “doctor” I mean either a medical doctor or osteopath, or a student in training to be either a medical doctor or osteopath.)

PROBE: Do not include psychologists, social workers, nurses, etc.

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH250

Did you tell any other professional (such as a psychologist, social worker, counselor, nurse, clergy, or other helping professional)?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH255

Did you take medication or use drugs or alcohol more than once for these problems?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH260

How much did these problems interfere with your life or activities - a lot, some, a little, or not at all?

- 1 A LOT
- 2 SOME
- 3 A LITTLE
- 4 NOT AT ALL
- REFUSED
- DON'T KNOW

FH265a-h

Now thinking about your relatives, whether they live with you or not, have you or any of your blood relatives ever had ...

- a. Asthma?
- b. Allergies?
- c. A serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar disorder, or manic episodes?
- d. Diabetes?
- e. Major depression?
- f. A learning disability?
- g. An alcohol abuse problem or disorder?
- h. A drug abuse problem or disorder?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

FH267BX

FOR EACH YES AT FH265a-h, GO TO FH270a-h AS APPROPRIATE.

IF ALL FH265a-h=2, DK OR RF, GO TO FH272BX.

FH270a

You said that you have a relative with asthma, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
- 2 MOTHER
- 3 FATHER
- 4 BROTHER
- 5 SISTER
- 6 OTHER BLOOD RELATIVE
- REFUSED
- DON'T KNOW

FH270b

You said that you have a relative with allergies, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
- 2 MOTHER
- 3 FATHER
- 4 BROTHER
- 5 SISTER
- 6 OTHER BLOOD RELATIVE
- REFUSED
- DON'T KNOW

FH270c

You said that you have a relative with a serious mental illness, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
- 2 MOTHER
- 3 FATHER
- 4 BROTHER
- 5 SISTER
- 6 OTHER BLOOD RELATIVE
- REFUSED
- DON'T KNOW

FH270d

You said that you have a relative with diabetes, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
- 2 MOTHER
- 3 FATHER
- 4 BROTHER
- 5 SISTER
- 6 OTHER BLOOD RELATIVE
- REFUSED
- DON'T KNOW

FH270e

You said that you have a relative with major depression, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
- 2 MOTHER
- 3 FATHER
- 4 BROTHER
- 5 SISTER
- 6 OTHER BLOOD RELATIVE
- REFUSED
- DON'T KNOW

FH270f

You said that you have a relative with a learning disability, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
- 2 MOTHER
- 3 FATHER
- 4 BROTHER
- 5 SISTER
- 6 OTHER BLOOD RELATIVE
- REFUSED
- DON'T KNOW

FH270g

You said that you have a relative with an alcohol abuse problem or disorder, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
- 2 MOTHER
- 3 FATHER
- 4 BROTHER
- 5 SISTER
- 6 OTHER BLOOD RELATIVE
- REFUSED
- DON'T KNOW

FH270h

You said that you have a relative with a drug abuse problem or disorder, was that you, your mother, father, brother, sister or another blood relative?

CODE ALL THAT APPLY.

- 1 SELF
 - 2 MOTHER
 - 3 FATHER
 - 4 BROTHER
 - 5 SISTER
 - 6 OTHER BLOOD RELATIVE
- REFUSED
DON'T KNOW

FH272BX

GO TO SECTION OM.

SECTION OM - MARITAL HISTORY AND PARTNER RELATIONSHIPS

OM001BX

IF RESPONDENT IS DIFFERENT FROM 9-MONTH RESPONDENT, GO TO OM005.

ELSE, GO TO OM080BX.

OM005

Next are a few questions about your marital history. Are you now...

- 1 Married,
- 2 Separated,
- 3 Divorced,
- 4 Widowed, or
- 5 Have you never been married?
REFUSED
DON'T KNOW

OM007BX

IF OM005 = 1-4 (MARRIED, SEPARATED, DIVORCED, OR WIDOWED), GO TO OM010.

ELSE, GO TO OM012BX.

OM010

How many times have you been married?

ENTER NUMBER OF TIMES MARRIED.

REFUSED
DON'T KNOW

OM012BX

IF OM005 = 1 (MARRIED) AND FS037 = 1 (LIVING WITH SPOUSE/PARTNER), GO TO OM020.

ELSE, GO TO OM022BX.

OM020

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

In what month and year did you marry {NAME}?

ENTER MONTH.

REFUSED
DON'T KNOW

OM022

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

Display number from OM020 at top of screen. If response is DK or RF, do not display.

[In what month and year did you marry {NAME}??]

ENTER FOUR DIGIT YEAR.

REFUSED
DON'T KNOW

OM022BX

IF RESPONDENT IS ONE OF CHILD'S BIOLOGICAL PARENTS (AS FLAGGED IN SECTION IN) AND CHILD'S OTHER BIOLOGICAL PARENT IS NOT IN THE HOUSEHOLD (FS050 ^= 1 AND FS045 ^=1 FOR ANY HH MEMBER) AND RESPONDENT HAS EVER BEEN MARRIED (OM005 = 1, 2, 3, 4), GO TO OM025.

ELSE IF RESPONDENT IS ONE OF CHILD'S BIOLOGICAL PARENTS (IN040=1 OR IN045=1) AND CHILD'S OTHER BIOLOGICAL PARENT IS NOT IN THE HOUSEHOLD (FS050 ^= 1 AND FS045 ^=1 FOR ANY HH MEMBER) AND RESPONDENT HAS NEVER BEEN MARRIED (OM005 = 5, DK, OR RF), GO TO OM035.

ELSE, GO TO OM080BX.

OM025

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

Were you ever married to {CHILD}{ and {TWIN}}’s biological {father/mother}?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (OM035) |
| | REFUSED | (OM035) |
| | DON’T KNOW | (OM035) |

OM030

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

In what month and year did you marry {CHILD}{ and {TWIN}}’s biological {father/mother}?

ENTER MONTH.

- REFUSED
- DON’T KNOW

OM032

DISPLAY INSTRUCTIONS:

Display number entered at OM030 at top of screen.

If response is DK or RF, do not display.

If twin in household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

[In what month and year did you marry {CHILD}{ and {TWIN}}’s biological {father/mother}?

ENTER FOUR DIGIT YEAR.

- REFUSED
- DON’T KNOW

OM035

DISPLAY INSTRUCTIONS:

If OM025=1 (YES), display “Before you got married, did”, else display, “Did”.

If twin in household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

{Before you got married, did/Did} you ever live together with {CHILD}{ and {TWIN}}’s biological {father/mother} in a marriage-like relationship?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

OM042BX

IF OM005 = 2, 3, OR 4 (SEPARATED, DIVORCED, OR WIDOWED) AND OM010 = 1 (MARRIED ONCE) AND OM025 = 1 (EVER MARRIED TO BIOLOGICAL PARENT), THEN AUTOFILL OM045 AS FOLLOWS:

IF OM005 = 2 (SEPARATED), THEN SET OM045 = 3 (SEPARATION);

IF OM005 = 3 (DIVORCED), THEN SET OM045 = 2 (DIVORCE);

IF OM005 = 4 (WIDOWED), THEN SET OM045 = 1 (DEATH), AND GO TO OM047BX.

ELSE, IF OM025 = 1 (EVER MARRIED TO BIOLOGICAL PARENT) AND OM010 > = 2 (MARRIED TWO OR MORE TIMES), GO TO OM045;

ELSE, GO TO OM047BX.

OM045

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

Was your marriage to {CHILD}{ and {TWIN}}’s biological {father/mother} ended by...

- 1 Death, (OM080BX)
- 2 Divorce,
- 3 Separation, or
- 4 Annulment?
- REFUSED
- DON’T KNOW

OM047BX

IF RESPONDENT IS CHILD'S BIOLOGICAL MOTHER (AS FLAGGED IN SECTION IN) AND EITHER HER MARRIAGE TO CHILD'S BIOLOGICAL FATHER DID NOT END IN DEATH (OM045 ^= 1), OR SHE WAS NEVER MARRIED TO THE CHILD'S BIOLOGICAL FATHER (OM025 ^=1 INCLUDING EMPTY BECAUSE RESPONDENT NEVER MARRIED), GO TO OM050.

ELSE, GO TO OM057BX.

OM050

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}".

Is {CHILD}{ and {TWIN}}'s biological father still living?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

OM057BX

IF THE CHILD'S OTHER BIOLOGICAL PARENT IS ALIVE (OM045 ^= 1 AND OM050 ^=2) AND EITHER THE RESPONDENT WAS EVER MARRIED TO (OM025=1) OR LIVED WITH CHILD'S OTHER BIOLOGICAL PARENT IN A MARRIAGE-LIKE RELATIONSHIP (OM035=1), GO TO OM060.

ELSE, GO TO OM080BX.

OM060

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}".

If respondent is child's biological mother (flagged in FS), display "father".

Else if respondent is child's biological father (flagged in FS), display "mother".

In what month and year did you stop living with {CHILD}{ and {TWIN}}'s biological {father/mother}?

ENTER MONTH.

- REFUSED
- DON'T KNOW

OM062

DISPLAY INSTRUCTIONS:

Display number entered at OM060 at top of screen.

If response is DK or RF, do not display.

If twin in household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

[In what month and year did you stop living with {CHILD}{ and{TWIN}}’s biological {father/mother}?)

ENTER FOUR DIGIT YEAR.

REFUSED

DON’T KNOW

OM080BX

GO SECTION MH.

SECTION MH - UPDATE MARRIAGES AND PARTNER RELATIONSHIPS

MH001BX

IF 9-MONTH AND 24-MONTH RESPONDENTS ARE THE SAME, GO TO MH002PRE.

ELSE, GO TO MH042BX.

MH002PRE

Next are a few questions about your marital history.

MH003BX

IF 9-MONTH MH005 = 1 (MARRIED), 2 (SEPARATED), 3 (DIVORCED), OR 5 (NEVER MARRIED), GO TO MH004.

ELSE, GO TO MH005.

MH004

DISPLAY INSTRUCTIONS:

If 9-month MH005 = 1, display “were married”.

If 9-month MH005 = 2, display “were separated”.

If 9-month MH005 = 3, display “were divorced”.

If 9-month MH005 = 5, display “had never been married”.

During our last interview in {TIME FRAME}, you said that you {were married/were separated/were divorced/had never been married}. Is this information still correct?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

MH005

Are you now...

- 1 Married,
- 2 Separated,
- 3 Divorced,
- 4 Widowed, or
- 5 Have you never been married?
- REFUSED
- DON'T KNOW

MH017BX

IF THE RESPONDENT IS THE CHILD'S BIOLOGICAL MOTHER (AS FLAGGED IN SECTION IN) AND THE BIOLOGICAL FATHER IS NOT CURRENTLY LIVING IN HOUSEHOLD (AS FLAGGED IN FS):

IF FATHER WAS IN THE HOUSEHOLD AT 9-MONTHS BASED ON PRELOADED FLAG AND FS010 ^= 2, 3, OR 4 (FATHER IS NOT LIVING IN HOUSEHOLD BECAUSE HE ATTENDS COLLEGE, IS LIVING ELSEWHERE, OR IS DECEASED) OR FATHER WAS NOT IN THE HOUSEHOLD AT 9-MONTHS BASED ON PRELOADED FLAG AND MH045 ^= 1 (MARRIAGE TO CHILD'S FATHER DID NOT END IN DEATH) AND MH050 ^= 2 (FATHER WAS NOT DEAD), GO TO MH018.

ELSE IF FATHER WAS IN THE HOUSEHOLD AT 9-MONTHS BASED ON PRELOADED FLAG AND FS010 = 2 OR 3 (FATHER IS NOT LIVING IN HOUSEHOLD BECAUSE HE ATTENDS COLLEGE OR IS LIVING ELSEWHERE), AUTOCODE MH018 AS 1 (YES, BIOLOGICAL FATHER IS STILL LIVING) AND GO TO MH022BX.

ELSE IF FATHER WAS IN THE HOUSEHOLD AT 9-MONTHS BASED ON PRELOADED FLAG AND FS010 = 4 (FATHER IS NOT LIVING IN HOUSEHOLD BECAUSE HE IS DECEASED) AUTOCODE MH018 AS 2 (NO, BIOLOGICAL FATHER IS NOT LIVING) AND GO TO MH022BX.

ELSE, GO TO MH022BX.

MH018

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}".

Is {CHILD}{ and {TWIN}}'s biological father still living?

- 1 YES
- 2 NO (MH042BX)
- REFUSED
- DON'T KNOW

MH022BX

IF RESPONDENT IS CHILD'S BIOLOGICAL PARENT (AS FLAGGED IN SECTION IN) AND CHILD'S OTHER BIOLOGICAL PARENT WAS LIVING IN HOUSEHOLD AT 9-MONTH INTERVIEW (FS045=1 OR FS050=1 IN 9-MO ROSTER) AND RESPONDENT PARENT SAYS OTHER PARENT IS NOT DECEASED (MH018 ^= 2 AND IN065 ^=2), AND THEY ARE ALSO NOT LIVING IN THE HOUSEHOLD, GO TO MH025.

ELSE, GO TO MH042BX.

MH025

DISPLAY INSTRUCTIONS:

If twin in the household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

In what month and year did you stop living with {CHILD}{ and {TWIN}}’s biological {father/mother}?

ENTER MONTH.

REFUSED

DON’T KNOW

MH027

DISPLAY INSTRUCTIONS:

Display number entered at MH025 at top of screen.

Else if response is DK or RF, do not display.

If twin in the household, display “and {TWIN}”.

If respondent is child’s biological mother (flagged in FS), display “father”.

Else if respondent is child’s biological father (flagged in FS), display “mother”.

[In what month and year did you stop living with {CHILD}{ and{TWIN}}’s biological {father/mother}?

ENTER FOUR DIGIT YEAR.

REFUSED

DON’T KNOW

MH042BX

GO TO SECTION NQ.

SECTION NQ - NEIGHBORHOOD QUALITY/SAFETY

NQ002PRE

These next questions are about your home and neighborhood.

NQ005

Have you moved since our last interview in {TIMEFRAME}?

- 1 YES
- 2 NO (NQ015)
- REFUSED (NQ015)
- DON'T KNOW (NQ015)

NQ010

How many times have you moved since our last interview in (TIME FRAME)?

- REFUSED
- DON'T KNOW

NQ015

DISPLAY INSTRUCTIONS:

If NQ005 = 2 (NOT MOVED SINCE LAST INTERVIEW) and at 9-month interview HI025 = 1 (HOUSE, TOWNHOUSE) or 3 (MOBILE HOME, TRAILER), display "house".
Else, display "building".

How would you rate your {house/building} as a place to raise children? Would you say it is...

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

NQ016

How would you rate your neighborhood as a place to raise children? Would you say it is...

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

NQ018

Do you consider your neighborhood very safe from crime, fairly safe, fairly unsafe, or very unsafe?

- 1 VERY SAFE
 - 2 FAIRLY SAFE
 - 3 FAIRLY UNSAFE
 - 4 VERY UNSAFE
- REFUSED
DON'T KNOW

NQ020

How long have you lived in this neighborhood?

ENTER NUMBER.

- REFUSED (NQ040)
- DON'T KNOW (NQ040)

NQ022

[How long have you lived in this neighborhood?]

ENTER UNIT.

- 1 MONTHS
- 2 YEARS

DISALLOW DON'T KNOW AND REFUSED.

NQ040

Using the scale on this card, please tell me whether the following statement is mostly false or mostly true on this 5 point scale, with 1 being Mostly False and 5 being Mostly True.

SHOW CARD NQ1

Most families have lived in this neighborhood for a long time.

- | | | | | |
|---------------------|------------|----------|----------|--------------------|
| 1 | 2 | 3 | 4 | 5 |
| MOSTLY FALSE | | | | MOSTLY TRUE |
| | REFUSED | | | |
| | DON'T KNOW | | | |

NQ055

How many people in your neighborhood do you know by name?

ENTER NUMBER.

- REFUSED
- DON'T KNOW

NQ065

HELP AVAILABLE

How many of your relatives live in the area?

ENTER NUMBER.

REFUSED
DON'T KNOW

NQ077BX

GO TO SECTION CS.

SECTION CS - COMMUNITY SUPPORT

CS005a-e

HELP AVAILABLE

Now I have some questions about your household's experiences with various community agencies. Since our last interview in {TIME FRAME}, 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?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

CS010PRE

These next questions ask about your community involvement.

CS015

DISPLAY INSTRUCTIONS:

If respondent is an adoptive or foster mother (IN040=2 or 4) or is an adoptive or foster father (IN045=2 or 4) display "began living with you." Else, display "was born".

If FS037 = 1 display " and {NAMEOF SPOUSE/PARTNER} ". Else, display should be null.

If IN010 = 1 (TWIN IS IN HOUSEHOLD), display " and {TWIN} " and "were".

Since {CHILD}{ and {TWIN}} {began living with you/{was/were} born}, how often do you {and {NAME OF SPOUSE/PARTNER}} get together socially with friends or neighbors? Would you say .

..

SHOW CARD CS1.

- 0 Never,
- 1 Less than once a month,
- 2 About once or twice a month,
- 3 About once a week, or
- 4 Several times a week?
- REFUSED
- DON'T KNOW

CS018

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

SHOW CARD CS2.

- 0 Never or almost never,
 - 1 Several times a year,
 - 2 Several times a month,
 - 3 Once a week, or
 - 4 Several times a week?
- REFUSED
DON'T KNOW

CS022BX

GO TO SECTION RI.

SECTION RI - RESPONDENT INFORMATION

RI005PRE

The next questions are about you and your background.

RI010

In what country were you born?

- | | | |
|---|---|---------|
| 1 | UNITED STATES (50 STATES OR DC) | (RI030) |
| 2 | U.S. TERRITORIES: PUERTO RICO, GUAM, AMERICAN SAMOA,
U.S. VIRGIN ISLANDS, MARIANA ISLANDS, SOLOMON ISLANDS | (RI015) |
| 3 | SOME OTHER COUNTRY (SPECIFY) | |
| | REFUSED | (RI015) |
| | DON'T KNOW | (RI015) |

RI012

[In what country were you born?]

SPECIFY OTHER COUNTRY.

RI015

DISPLAY INSTRUCTIONS:

Display "United States" if RI010 = 3, DK or RF; display "50 states or the District of Columbia" if RI010 = 2.

How old were you when you first moved to the {United States/50 states or the District of Columbia}?

ENTER '0' IF LESS THAN 1 YEAR OLD.

REFUSED
DON'T KNOW

RI017BX

IF RESPONDENT IS NOT FROM THE U.S. OR ITS TERRITORIES (RI010 = 3, DK, OR RF), GO TO RI020.

ELSE, GO TO RI030.

RI020

Are you a citizen of the United States?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

RI030

HELP AVAILABLE

What is your primary language?

PROBE: What language do you speak the most?

- 1 ENGLISH (RI045)
- 2 SPANISH (RI045)
- 3 ENGLISH AND SPANISH EQUALLY (RI045)
- 4 OTHER LANGUAGE
- REFUSED (RI045)
- DON'T KNOW (RI045)

RI032

[What is your primary language?]

SPECIFY OTHER LANGUAGE.

RI045

HELP AVAILABLE

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

IF NECESSARY, SAY: Any information you can provide will be helpful.

- 0 NO FORMAL SCHOOLING (RI050)
- 1 1ST GRADE
- 2 2ND GRADE
- 3 3RD GRADE
- 4 4TH GRADE
- 5 5TH GRADE
- 6 6TH GRADE
- 7 7TH GRADE
- 8 8TH GRADE
- 9 9TH GRADE
- 10 10TH GRADE
- 11 11TH GRADE
- 12 12TH GRADE BUT NO DIPLOMA
- 13 HIGH SCHOOL DIPLOMA/EQUIVALENT (RI047)
- 14 VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA
- 15 VOC/TECH DIPLOMA AFTER HIGH SCHOOL
- 16 SOME COLLEGE BUT NO DEGREE
- 17 ASSOCIATE’S DEGREE (RI050)
- 18 BACHELOR’S DEGREE (RI050)
- 19 GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE (RI050)
- 20 MASTER’S DEGREE (MA, MS) (RI050)
- 21 DOCTORATE DEGREE (PHD, EDD) (RI050)
- 22 PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (RI050)
(MD, DDS, JD, LLB, ETC.)
- REFUSED
- DON’T KNOW

RI046

HELP AVAILABLE

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

- 1 YES
- 2 NO (RI050)
- REFUSED (RI050)
- DON’T KNOW (RI050)

RI047

Which do you have, a high school diploma or a GED?

- 1 HIGH SCHOOL DIPLOMA
- 2 GED
- REFUSED
- DON’T KNOW

RI050

Are you currently attending or enrolled in any courses from a school, college, or university?

- 1 YES
- 2 NO (RI060)
- REFUSED (RI060)
- DON'T KNOW (RI060)

RI055

HELP AVAILABLE

Are you currently taking courses full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME
- REFUSED
- DON'T KNOW

RI060

HELP AVAILABLE

Are you currently participating in a job-training or on-the-job-training program?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

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).

- 1 YES (RI105)
- 2 NO
- REFUSED
- DON'T KNOW

RI075

HELP AVAILABLE

Were you on leave or vacation from a job or business?

- 1 YES
- 2 NO (RI160)
- REFUSED (RI160)
- DON'T KNOW (RI160)

RI105

How many jobs do you have now?

ENTER NUMBER OF JOBS.

REFUSED
DON'T KNOW

RI110

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If RI105 > 1, display "counting all jobs".

About how many total hours per week do you usually work for pay {counting all jobs}?

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

ENTER NUMBER OF WEEKLY HOURS.

REFUSED
DON'T KNOW

RI115

DISPLAY INSTRUCTIONS:

If RI105 > 1 (MORE THAN 1 JOB), display "Counting all jobs, about".
Else display "About".

{Counting all jobs, about/About} how much do you earn before taxes and other deductions?

ENTER DOLLAR AMOUNT.

REFUSED (RI120a)
DON'T KNOW (RI120a)

RI117

DISPLAY INSTRUCTIONS:

If RI105 > 1 (MORE THAN 1 JOB), display "Counting all jobs, about".
Else display "About".

[{Counting all jobs, about/About} how much do you earn before taxes and other deductions?]

{DISPLAY AMOUNT COLLECTED IN RI115.}

ENTER UNIT.

1	PER HOUR	(RI120a)
2	PER DAY	(RI120a)
3	PER WEEK	(RI120a)
4	PER BI-WEEKLY (EVERY 2 WEEKS)	(RI120a)
5	PER MONTH	(RI120a)
6	PER YEAR	(RI120a)
91	OTHER (SPECIFY)	

RI118

[{Counting all jobs, about/About} how much do you earn before taxes and other deductions?]

SPECIFY OTHER TYPE OF EARNINGS UNIT.

RI120a-e

DISPLAY INSTRUCTIONS:

If RI105>1 (MORE THAN 1 JOB), display “any of” and “jobs”;
Else display “job”.

Are you eligible for the following benefits through {any of} your 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?**
 - 1 YES
 - 2 NO
 - REFUSED
 - DON'T KNOW

RI125

DISPLAY INSTRUCTIONS:

If RI105 > 1 (MORE THAN 1 JOB), display “at your main job” and “PROBE: Main job is the job where you work the most hours.”

Which of the following best describes the hours you usually work {at your main job}?

{PROBE: Main job is the job where you work the most hours.}

PROBE: These hours are approximate; if the hours actually worked do not exactly match any one shift, please choose the closest possible shift.

SHOW CARD RI1/SI1

- 1 A regular daytime shift - any time between 6 A.M. and 6 P.M., (RI130)
- 2 A regular evening shift - any time between 2 P.M. and Midnight, (RI130)
- 3 A regular night shift - any time between 9 P.M. and 8 A.M., (RI130)
- 4 A rotating shift - one that changes periodically from days to evenings (RI130)
or nights,
- 5 A split shift - one consisting of two distinct periods each day, or (RI130)
- 91 Some other schedule (SPECIFY)? (RI130)
- REFUSED (RI130)
- DON'T KNOW (RI130)

RI127

[Which of the following best describes the hours you usually work {at your main job}?]

SPECIFY OTHER SCHEDULE RESPONDENT USUALLY WORKS.

RI130

DISPLAY INSTRUCTIONS:

If RI105 > 1 (MORE THAN 1 JOB), display "main".

As part of your {main} job, do you do any of your work at home?

PROBE: This means you have a formal arrangement with your employer to work at home, not just taking work home from the job.

- 1 YES
- 2 NO
- 3 SELF-EMPLOYED
REFUSED
DON'T KNOW

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.

REFUSED
DON'T KNOW

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.

REFUSED
DON'T KNOW

RI150

What kind of work are you doing?

PROBE: What is your job called? For example, electrical engineer, stock clerk, typist, farmer.

REFUSED
DON'T KNOW

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.

REFUSED
DON'T KNOW

RI157BX

IF RESPONDENT WAS NOT WORKING LAST WEEK (RI070 ^= 1) AND WAS NOT ON VACATION (RI075 ^=1), GO TO RI160.

ELSE, GO TO RI176a.

RI160

HELP AVAILABLE

Have you been actively looking for work in the past 4 weeks?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (RI170) |
| | REFUSED | (RI170) |
| | DON'T KNOW | (RI170) |

RI165

HELP AVAILABLE

What have you been doing in the past 4 weeks to find work?

CODE ALL THAT APPLY.

- | | | |
|----|--|---------|
| 1 | CHECKED WITH PUBLIC EMPLOYMENT AGENCY | |
| 2 | CHECKED WITH PRIVATE EMPLOYMENT AGENCY | |
| 3 | CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME | |
| 4 | CHECKED WITH FRIENDS OR RELATIVES | |
| 5 | PLACED OR ANSWERED ADS/SENT RESUME | |
| 6 | READ WANT-ADS | |
| 91 | SOMETHING ELSE (SPECIFY) | |
| | REFUSED | (RI170) |
| | DON'T KNOW | (RI170) |

IF ANY OF CODES 1-5 WERE SELECTED, GO TO RI175.

ELSE IF 6 WAS SELECTED BUT NOT ALSO 91, GO TO RI170.

ELSE IF 91 WAS SELECTED, GO TO RI167.

RI167

[What have you been doing in the past 4 weeks to find work?]

SPECIFY OTHER ACTIVITY IN PAST 4 WEEKS TO FIND WORK.

RI170**HELP AVAILABLE****What were you doing most of last week? Would you say...**

- | | | |
|----|---------------------------------------|-----------|
| 1 | Keeping house or caring for children, | (RI172BX) |
| 2 | Going to school, | (RI172BX) |
| 3 | Retired, | (RI172BX) |
| 4 | Unable to work, or | (RI172BX) |
| 91 | Something else? (SPECIFY) | |
| | REFUSED | (RI172BX) |
| | DON'T KNOW | (RI172BX) |

RI171**[What were you doing most of last week? Would you say...]****SPECIFY OTHER ACTIVITY RESPONDENT WAS DOING MOST OF LAST WEEK.****RI172BX**

IF RI165 = 91 (DID SOMETHING ELSE TO FIND WORK), GO TO RI175.

ELSE IF (RI165 = 6 (READ WANT ADS) AND (RI165 = 1, 2, 3, 4, OR 5)),
GO TO RI175.

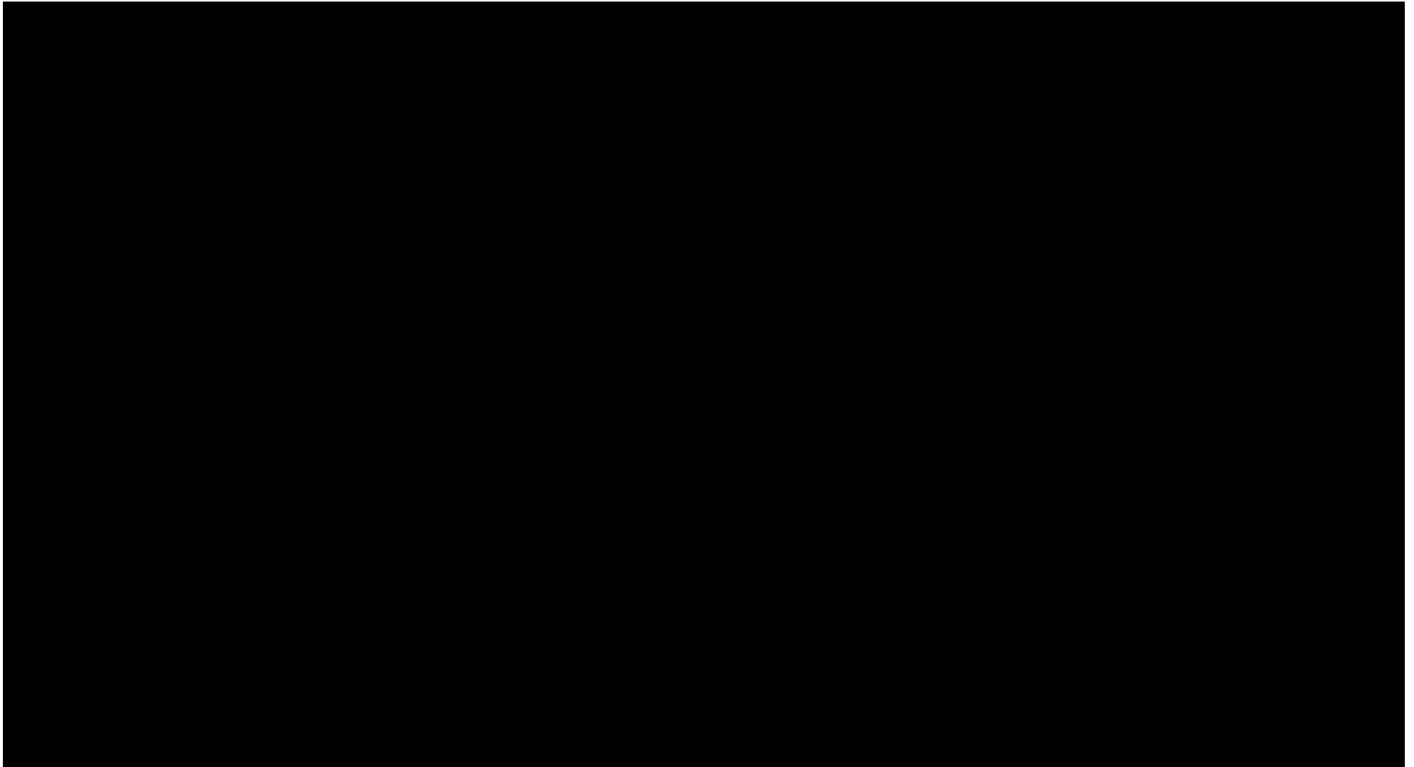
ELSE, GO TO RI178BX.

RI175**Could you have taken a job last week if one had been offered?**

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON'T KNOW |

GO TO RI178BX.

RI176a-h



RI178BX

IF 24-MONTH RESPONDENT IS CHILD'S BIOLOGICAL MOTHER (AS FLAGGED IN SECTION IN) AND:

THIS IS A NEW RESPONDENT (THE 9-MONTH RESPONDENT WAS NOT THE CHILD'S BIOLOGICAL MOTHER), GO TO RI180PRE.

ELSE, GO TO RI195BX.

RI180PRE

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}" and "were".

The next questions are about your employment in the months before {CHILD}{ and {TWIN}} {was/were} born.

RI185

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “were”.

Did you work any time during the 12 months before {CHILD}{ and {TWIN}} {was/were} born?

PROBE: Include active duty in the Armed Forces.

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (RI195BX) |
| | REFUSED | (RI195BX) |
| | DON'T KNOW | (RI195BX) |

RI190

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “were”.

Did you take any maternity leave, either paid or unpaid, from your job while you were pregnant or right after {CHILD}{ and {TWIN}} {was/were} born?

PROBE: Maternity leave is any leave (paid or unpaid) due to pregnancy and child birth that a woman takes from a job to which she expects to return, at least when she starts the leave.

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON'T KNOW |

RI195BX

GO TO SECTION SI.

SECTION SI - SPOUSE/PARTNER INFORMATION

SI002BX

IF RESPONDENT HAS A SPOUSE/PARTNER LIVING IN THE HOUSEHOLD
(FS037 = 1), GO TO SI005PRE.

ELSE, GO TO SI132BX.

SI005PRE

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

Now I have a few questions about {NAME}'s current education, job training, and employment.

SI015**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

Display {NAME} from FS038. Display first name only.

What is the highest grade or year of school that {NAME} has completed?

- | | | |
|----|---|---------|
| 0 | NO FORMAL SCHOOLING | (SI020) |
| 1 | 1 ST GRADE | |
| 2 | 2ND GRADE | |
| 3 | 3RD GRADE | |
| 4 | 4TH GRADE | |
| 5 | 5TH GRADE | |
| 6 | 6TH GRADE | |
| 7 | 7TH GRADE | |
| 8 | 8TH GRADE | |
| 9 | 9TH GRADE | |
| 10 | 10TH GRADE | |
| 11 | 11TH GRADE | |
| 12 | 12TH GRADE BUT NO DIPLOMA | |
| 13 | HIGH SCHOOL DIPLOMA/EQUIVALENT | (SI017) |
| 14 | VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA | |
| 15 | VOC/TECH DIPLOMA AFTER HIGH SCHOOL | |
| 16 | SOME COLLEGE BUT NO DEGREE | |
| 17 | ASSOCIATE'S DEGREE | (SI020) |
| 18 | BACHELOR'S DEGREE | (SI020) |
| 19 | GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE | (SI020) |
| 20 | MASTER'S DEGREE (MA, MS) | (SI020) |
| 21 | DOCTORATE DEGREE (PHD, EDD) | (SI020) |
| 22 | PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MD, DDS, JD, LLB, ETC.) | (SI020) |
| | REFUSED | |
| | DON'T KNOW | |

SI016**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

If person flagged at FS038 is male, display "he". Else, display "she".

Does {he/she} have a high school diploma or its equivalent, such as a GED?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (SI020) |
| | REFUSED | (SI020) |
| | DON'T KNOW | (SI020) |

SI017

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he”. Else, display “she”.

Which does {he/she} have, a high school diploma or a GED?

- 1 HIGH SCHOOL DIPLOMA
- 2 GED
- REFUSED
- DON'T KNOW

SI020

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038.

Is {NAME} now attending or enrolled in any courses from a school, college, or university?

- 1 YES
- 2 NO (SI030)
- REFUSED (SI030)
- DON'T KNOW (SI030)

SI025

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he”. Else, display “she”.

Is {he/she} currently taking courses full-time or part-time?

- 1 FULL-TIME
- 2 PART-TIME
- REFUSED
- DON'T KNOW

SI030

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he”. Else, display “she”.

Is {he/she} currently participating in a job-training or on-the-job-training program?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

SI040

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

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).

- | | | |
|---|------------|---------|
| 1 | YES | (SI050) |
| 2 | NO | |
| | REFUSED | |
| | DON'T KNOW | |

SI045

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display "he". Else, display "she".

Was {he/she} on leave or vacation from a job or business?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (SI110) |
| | REFUSED | (SI110) |
| | DON'T KNOW | (SI110) |

SI050

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

How many jobs does {NAME} have now?

ENTER NUMBER OF JOBS.

- | |
|------------|
| REFUSED |
| DON'T KNOW |

SI055

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If SI050 > 1 (MORE THAN 1 JOB), display "counting all jobs".

If person flagged at FS038 is male, display "he". Else, display "she".

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.

ENTER NUMBER OF WEEKLY HOURS.

- | |
|------------|
| REFUSED |
| DON'T KNOW |

SI056

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.
If SI050 > 1 (MORE THAN 1 JOB), display “Counting all jobs, about”.
Else display “About”.

{Counting all jobs, about/About} how much does {NAME} earn before taxes and other deductions?

ENTER DOLLAR AMOUNT.

REFUSED	(SI059a)
DON'T KNOW	(SI059a)

SI057

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.
If SI050 > 1 (MORE THAN 1 JOB), display “Counting all jobs, about”.
Else display “About”.
Display amount from SI056.

[[Counting all jobs, about/About how much does {NAME} earn before taxes and other deductions?]

[[DOLLAR AMOUNT]]

ENTER UNIT.

1	PER HOUR	(SI059a)
2	PER DAY	(SI059a)
3	PER WEEK	(SI059a)
4	PER BI-WEEKLY (EVERY 2 WEEKS)	(SI059a)
5	PER MONTH	(SI059a)
6	PER YEAR	(SI059a)
91	OTHER (SPECIFY)	

SI058

[[Counting all jobs, about/About how much does {NAME} earn before taxes and other deductions?]

SPECIFY OTHER TYPE OF EARNINGS UNIT.

SI059a-e

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

If SI050 > 1 (MORE THAN 1 JOB), display “any of” and “jobs”; Else display “job”.

If person flagged at FS038 is male, display “his”. Else, display “her”.

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?**

1	YES
2	NO
	REFUSED
	DON'T KNOW

SI060

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

If SI050 > 1 (MORE THAN 1 JOB), display “at {his/her} main job” and “PROBE: Main job is the job where {he/she} works the most hours.”

If person flagged at FS038 is male, display “his” and “he”. Else, display “her” and “she”.

Which of the following best describes the hours {NAME} usually works {at {his/her} main job}?

{PROBE: Main job is the job where {he/she} works the most hours.}

PROBE: These hours are approximate; if the hours actually worked do not exactly match any one shift, please choose the closest possible shift.

SHOW CARD RI1/SI1.

1	A regular daytime shift - any time between 6 A.M. and 6 P.M.,	(SI065)
2	A regular evening shift - any time between 2 P.M. and Midnight,	(SI065)
3	A regular night shift - any time between 9 P.M. and 8 A.M.,	(SI065)
4	A rotating shift - one that changes periodically from days to evenings or nights,	(SI065)
5	A split shift - one consisting of two distinct periods each day, or	(SI065)
91	Some other schedule (SPECIFY)?	
	REFUSED	(SI065)
	DON'T KNOW	(SI065)

SI062

[Which of the following best describes the hours {NAME} usually works {at {his/her} main job?}]
SPECIFY OTHER SCHEDULE SPOUSE/PARTNER USUALLY WORKS.

SI065

DISPLAY INSTRUCTIONS:

If SI050 > 1 (MORE THAN 1 JOB), display “ main”.

If person flagged at FS038 is male, display “he” and “his”. Else, display “she” and “her”.

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.

- 1 YES
- 2 NO
- 3 SELF-EMPLOYED
REFUSED
DON'T KNOW

SI075

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038.

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.

- REFUSED
- DON'T KNOW

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.

- REFUSED
- DON'T KNOW

SI090

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he”. Else, display “she”.

What kind of work is {he/she} now doing?

PROBE: For example, electrical engineer, stock clerk, typist, farmer.

REFUSED
DON'T KNOW

SI095

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he” and “his”. Else, display “she” and “her”.

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.

REFUSED
DON'T KNOW

SI107BX
GO TO SI132BX.

SI110

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038. Display first name only.

Has {NAME} been actively looking for work in the past 4 weeks?

- 1 YES
- 2 NO (SI121)
- REFUSED (SI121)
- DON'T KNOW (SI121)

SI115

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he”. Else, display “she”.

What has {he/she} been doing in the past 4 weeks to find work?

CODE ALL THAT APPLY

- 1 CHECKED WITH PUBLIC EMPLOYMENT AGENCY
- 2 CHECKED WITH PRIVATE EMPLOYMENT AGENCY
- 3 CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME
- 4 CHECKED WITH FRIENDS OR RELATIVES
- 5 PLACED OR ANSWERED ADS/SENT RESUME
- 6 READ WANT-ADS
- 91 SOMETHING ELSE (SPECIFY)
- REFUSED (SI121)
- DON'T KNOW (SI121)

IF ANY OF CODES 1-5 WERE SELECTED, GO TO SI126.

ELSE IF 6 WAS SELECTED BUT NOT ALSO 91 THEN GO TO SI121.

ELSE IF 91 WAS SELECTED, GO TO SI117.

SI117

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038.

[What has {he/she} been doing in the past 4 weeks to find work?]

SPECIFY OTHER WAY {NAME} HAS LOOKED FOR WORK IN PAST 4 WEEKS.

SI121

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he”. Else, display “she”.

What was {he/she} doing most of last week? Would you say...

- 1 Keeping house or caring for children, (SI125BX)
- 2 Going to school, (SI125BX)
- 3 Retired, (SI125BX)
- 4 Unable to work, or (SI125BX)
- 91 Something else? (SPECIFY)
- REFUSED (SI132BX)
- DON'T KNOW (SI132BX)

SI123

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038.

[What was {he/she} doing most of last week? Would you say...]

SPECIFY OTHER ACTIVITY {NAME} WAS DOING MOST OF LAST WEEK.

GO TO SI132BX.

SI125BX

IF SI115 = 91 (DID SOMETHING ELSE TO FIND WORK), GO TO SI126.

ELSE IF (SI115 = 6 (READ WANT ADS) AND (SI115 = 1, 2, 3, 4, OR 5)), GO TO SI126.

ELSE, GO TO SI132BX.

SI126

DISPLAY INSTRUCTIONS:

If person flagged at FS038 is male, display “he”. Else, display “she”.

Could {he/she} have taken a job last week if one had been offered?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

SI132BX

IF THE CURRENT RESPONDENT IS THE CHILD'S BIRTH MOTHER AND WAS NOT THE 9-MONTH RESPONDENT AND THE PERSON FLAGGED AS SPOUSE/PARTNER IS THE CHILD'S BIOLOGICAL FATHER (PERSON FLAGGED AT FS038 HAS FS050=1)) AND AT LEAST ONE OF THE FOLLOWING IS TRUE:

RESPONDENT IS NOT MARRIED TO BIOLOGICAL FATHER (OM005=5 (NEVER MARRIED))

OR

MARRIAGE OCCURRED AFTER CHILD'S BIRTH (OM020 AND OM022 > CHILD'S DATE OF BIRTH (FROM 9-MONTH IN140, 1N142))

OR

THE DATE OF MARRIAGE (OM020 AND OM022) IS DON'T KNOW OR REFUSED, THEN GO TO SI135.

ELSE, GO TO SI140BX.

SI135

DISPLAY INSTRUCTIONS:

Display {NAME} from FS038.

Did {NAME} ever sign the application for {CHILD}'s { and {TWIN}'s} birth certificate or sign a statement that legally says he is {his/her/their} father?

- 1 YES
- 2 NO

SI140BX

IF RESPONDENT HAS A SPOUSE/PARTNER IN THE HOUSEHOLD (FS038=1), GO TO SI145.

ELSE, GO TO SI155.

SI145

PREPARE THE SAQ FOR THE RESIDENT FATHER, FOLLOWING THESE STEPS (USE BLACK BALL POINT PEN TO COMPLETE FORMS):

- 1. PUT THE CASE ID MINI-LABEL ON THE COVER OF THE RESIDENT FATHER SAQ (BLUE COVER).**
- 2. COMPLETE THE COVER LETTER FOR THE FATHER AND PUT THE CASE ID MINI-LABEL ON THE LETTER.**
- 3. INSERT A SELF-ADDRESSED POSTAGE-PAID ENVELOPE, THE RESIDENT FATHER SAQ, THE ‘I AM AN ECLS-B DAD’ PEN, AND THE FATHER COVER LETTER INTO AN ECLS-B ENVELOPE AND SEAL IT.**

SI150PRE

DISPLAY INSTRUCTIONS:

If respondent is child’s biological mother (IN040=1) and child’s biological father lives in the household (set in FS), display “As part of...fathers as well as mothers play in children’s lives”.

Else display “NAME” from FS038.

If twin in household (IN010=YES), display “lives” and “and {TWIN}” and “and {TWIN}’s”;

Else display “life”.

If the respondent’s spouse/partner is male, display “he” and “his”; Else display “she” and “her”.

As part of this study, we are very interested in the role that {fathers as well as mothers play in children’s lives./ {NAME OF PARENT RESPONDENT’S PARTNER/SPOUSE FROM FS038} plays in {CHILD}’s {and {TWIN}’s} {life/lives}.

We have a questionnaire to leave with you for {{CHILD}{and {TWIN}}’s father/{NAME OF PARENT RESPONDENT’S PARTNER/SPOUSE FROM FS038} to complete.

The questionnaire includes questions about things {he/she} does with {CHILD}{and {TWIN}}, {his/her} education, and {his/her} family background.

HAND RESPONDENT THE RESIDENT FATHER SAQ PACKAGE.

The package also contains instructions and a postage-paid envelope that {CHILD} {and {TWIN}}’s {father/{NAME OF PARENT RESPONDENT’S PARTNER/SPOUSE FROM FS038} can use to return the questionnaire to the Home Office.

SI155

BEFORE YOU PRESENT THE PSAQ TO THE RESPONDENT, DETERMINE IF THE RESPONDENT HAS SUFFICIENT PRIVACY TO COMPLETE THE PSAQ. THE RESPONDENT HAS SUFFICIENT PRIVACY IF THE SPOUSE OR PARTNER OR ANOTHER ADULT IS NOT IN THE IMMEDIATE INTERVIEWING AREA.

IF NOT, PRESENT THE PSAQ AT A LATER TIME WHEN THERE IS SUFFICIENT PRIVACY.

SI160

Here are a few questions that I would like you to answer on your own. Please take a few minutes to fill this out in private. As with all of the information that you give us, the answers to these questions are completely confidential. When you are done, put the booklet in this envelope and seal it.

HAND PSAQ (WITH A CASE ID MINI-LABEL ON THE COVER), PEN, AND ENVELOPE TO RESPONDENT.

SI165

DID YOU GIVE THE RESPONDENT THE PSAQ?

- | | | |
|---|-----|---------|
| 1 | YES | (SI180) |
| 2 | NO | |

SI170

WHY DIDN'T YOU GIVE THE RESPONDENT THE PSAQ?

- | | | |
|----|-------------------------------------|-----------|
| 1 | RESPONDENT REFUSED TO TAKE THE PSAQ | (SI190BX) |
| 2 | THERE WAS AN INTERRUPTION | (SI190BX) |
| 3 | NO PRIVACY TO COMPLETE PSAQ | (SI190BX) |
| 4 | LANGUAGE PROBLEM/USED INTERPRETER | (SI190BX) |
| 91 | OTHER REASON (SPECIFY) | |

SI175

[WHY DIDN'T YOU GIVE THE RESPONDENT THE PSAQ?]

SPECIFY THE OTHER REASON YOU DID NOT GIVE THE RESPONDENT THE PSAQ.

GO TO SI190BX.

SI180

DID THE RESPONDENT COMPLETE AND RETURN THE PSAQ TO YOU?

- | | | |
|---|-----|-----------|
| 1 | YES | (SI190BX) |
| 2 | NO | |

SI185

WHY DIDN'T THE RESPONDENT COMPLETE THE PSAQ?

SI190BX
GO TO SECTION BF.

SECTION BF - BIOLOGICAL FATHER'S INFORMATION

BF001BX

IF RESPONDENT IS THE CHILD'S BIOLOGICAL MOTHER (BASED ON FLAG SET IN SECTION IN) AND THE CHILD'S BIOLOGICAL FATHER IS ALIVE (THAT IS CHILD'S BIOLOGICAL FATHER IS ALIVE IF (MH018=1 OR MH018=DON'T KNOW OR REFUSED) AND PRELOADED FLAG (BASED ON 9-MONTH MH045/MH050) INDICATES FATHER WAS ALIVE AT 9-MONTH INTERVIEW) OR (OM050 = 1 OR OM050 = DON'T KNOW OR REFUSED), GO TO BF002BX.

ELSE, GO TO BF180BX.

BF002BX

IF CHILD'S BIOLOGICAL FATHER IS NOT CURRENTLY IN THE HOUSEHOLD (AS FLAGGED IN FS), GO TO BF002PRE.

ELSE, GO TO BF160BX.

BF002PRE

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}".

Now I have some questions about {CHILD}{ and {TWIN}}'s biological father.

BF003BX

IF THE CHILD'S BIOLOGICAL FATHER DID NOT LIVE IN THE HOUSEHOLD AT 9-MONTHS (AS INDICATED BY PRELOADED 9-MO FLAG), THEN GO TO BF005.

ELSE, GO TO BF010.

BF005

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”, “they”, and “were”.

Has {CHILD}{ and {TWIN}}’s father ever lived with you since {{CHILD}/they} {was/were} born?

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (BF024BX) |
| | REFUSED | (BF024BX) |
| | DON’T KNOW | (BF024BX) |

BF010

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”, “were”, and “their”..

Since {CHILD}{ and {TWIN}} {was/were} born, how many months did {his/her/their} biological father live with you?

ENTER NUMBER OF MONTHS.

IF LESS THAN 1 MONTH, ENTER 1.

REFUSED
DON’T KNOW

BF024BX

IF THE 9-MONTH RESPONDENT WAS NOT THE BIOLOGICAL MOTHER OR
THE BIOLOGICAL FATHER, GO TO BF025.

ELSE, GO TO BF051.

BF025

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

What is {CHILD}{ and {TWIN}}’s biological father’s birth date?

ENTER MONTH.

REFUSED
DON’T KNOW

BF026

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.
Display number entered at BF025 at top of screen.
Else, if response is DK or RF, do not display.

[What is {CHILD}{ and {TWIN}}’s biological father’s birth date?]

ENTER DAY.

REFUSED
DON’T KNOW

BF027

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.
Display numbers entered at BF025 and BF026 separated by a “/”.
If either response is DK or RF, do not display.

[What is {CHILD}{ and {TWIN}}’s biological father’s birth date?]

ENTER FOUR DIGIT YEAR.

REFUSED
DON’T KNOW

BF028BX

IF BF027 = “DON’T KNOW”, THEN GO TO BF030.
ELSE, GO TO BF051.

BF030

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

What is {CHILD}{ and {TWIN}}’s biological father’s age?

ENTER AGE.

REFUSED
DON’T KNOW

BF051

What is the highest grade or year of school that he has completed?

- | | | |
|----|---|---------|
| 0 | NO FORMAL SCHOOLING | (BF063) |
| 1 | 1 ST GRADE | |
| 2 | 2ND GRADE | |
| 3 | 3RD GRADE | |
| 4 | 4TH GRADE | |
| 5 | 5TH GRADE | |
| 6 | 6TH GRADE | |
| 7 | 7TH GRADE | |
| 8 | 8TH GRADE | |
| 9 | 9TH GRADE | |
| 10 | 10TH GRADE | |
| 11 | 11TH GRADE | |
| 12 | 12TH GRADE BUT NO DIPLOMA | |
| 13 | HIGH SCHOOL DIPLOMA/EQUIVALENT | (BF060) |
| 14 | VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA | |
| 15 | VOC/TECH DIPLOMA AFTER HIGH SCHOOL | |
| 16 | SOME COLLEGE BUT NO DEGREE | |
| 17 | ASSOCIATE'S DEGREE | (BF063) |
| 18 | BACHELOR'S DEGREE | (BF063) |
| 19 | GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE | (BF063) |
| 20 | MASTER'S DEGREE (MA, MS) | (BF063) |
| 21 | DOCTORATE DEGREE (PHD, EDD) | (BF063) |
| 22 | PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MD, DDS, JD, LLB, ETC.) | (BF063) |
| | REFUSED | |
| | DON'T KNOW | |

BF055

HELP AVAILABLE

Does he have a high school diploma or its equivalent, such as a GED?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (BF063) |
| | REFUSED | (BF063) |
| | DON'T KNOW | (BF063) |

BF060

Which does he have, a high school diploma or a GED?

- | | |
|---|---------------------|
| 1 | HIGH SCHOOL DIPLOMA |
| 2 | GED |
| | REFUSED |
| | DON'T KNOW |

BF063

Do you want {CHILD} {and {TWIN}}’s father to be involved in raising {CHILD} {and {TWIN}} in the coming years?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

BF065BX

IF THE CHILD’S BIOLOGICAL FATHER DOES NOT LIVE IN THE HOUSEHOLD (AS FLAGGED IN FS), GO TO BF068PRE.
ELSE, GO TO BF115BX.

BF068PRE

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “them”.

Now I have some questions about how far away {CHILD} {and {TWIN}}’s father lives and the amount of contact he has with {him/her/them}.

BF070

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “them”.

How many minutes away does {CHILD}{ and {TWIN}}’s biological father live from {him/her/them}?

USE CATEGORIES AS PROBES IF NECESSARY.

- 1 10 MINUTES OR LESS
- 2 11 TO 30 MINUTES
- 3 31 TO 59 MINUTES
- 4 1 TO 2 HOURS
- 5 MORE THAN 2 HOURS
- REFUSED
- DON’T KNOW

BF080

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “their”.

**How long has it been since {CHILD}{ and {TWIN}} last had a visit from {his/her/their} father?
Would you say...**

- | | | |
|---|---|----------|
| 1 | Less than one month, | |
| 2 | More than a month but less than a year | (BF090) |
| 3 | More than a year, or | (BF090) |
| 4 | No contact since birth or since {his/her/their} father last lived
with {CHILD}{ and {TWIN}}. | |
| | REFUSED | (BF090) |
| | DON'T KNOW | (BF090) |

BF085

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”, “have”, and “their”.

How many days {has/have} {CHILD}{ and {TWIN}} seen {his/her/their} father in the past 4 weeks?

ENTER NUMBER OF DAYS.

REFUSED
DON'T KNOW

BF090

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “their”.

How often do you talk about {CHILD}{ and {TWIN}} with {his/her/their} father?

Would you say . . .

- | | | |
|---|---|--|
| 1 | Daily, | |
| 2 | Several times a week, | |
| 3 | About once a week, | |
| 4 | A few times a month, | |
| 5 | Several times a year, | |
| 6 | Once or twice in {CHILD}{and {TWIN}}'s life, or | |
| 7 | Not at all? | |
| | REFUSED | |
| | DON'T KNOW | |

BF093BX

IF BF090 >= 1 AND <= 5 (TALK TO CHILD'S FATHER SEVERAL TIMES A YEAR OR MORE) OR BF090 = DON'T KNOW OR REFUSED, GO TO BF095a.

ELSE, GO TO BF099BX.

BF095a - d

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}".

When it comes to making major decisions, please tell me if {CHILD}{ and {TWIN}}'s father has no influence, some influence, or a great deal of influence on such matters as ...

- a. **Discipline?**
 - b. **Nutrition?**
 - c. **Health care?**
 - d. **Child care?**
 - 1 No influence,
 - 2 Some influence, or
 - 3 A great deal of influence?
- REFUSED
DON'T KNOW

BF096a - f

DISPLAY INSTRUCTIONS:

If twin in household, display "and {TWIN}", "are", "them", "their", and "live".

I am going to read you a list of issues that you and {CHILD} {and {TWIN}}'s biological father may have disagreements about. For each one, please tell me if you have none, some, or a great deal of disagreement.

- a. **How {CHILD}{and {TWIN}} {is/are} raised.**
 - b. **How {CHILD}{and {TWIN}}'s father spends money on {{CHILD}/them}.**
 - c. **How you spend money on {{CHILD}/them}.**
 - d. **How much time {CHILD}{and {TWIN}}'s father spends with {{CHILD}/them}.**
 - e. **{{CHILD's}/their} father's financial contribution to {{CHILD's}/their} support.**
 - f. **Where {CHILD}{and {TWIN}} {lives/live}.**
 - 1 NO DISAGREEMENT
 - 2 SOME DISAGREEMENT
 - 3 A GREAT DEAL OF DISAGREEMENT
- REFUSED
DON'T KNOW

BF097a - f

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

People deal with serious disagreements in different ways. When you have a serious disagreement with {CHILD}{and {TWIN}}’s biological father, do you often, sometimes, hardly ever, or never . . .

- 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?**

SHOW CARD BF1

- 1 OFTEN
 - 2 SOMETIMES
 - 3 HARDLY EVER
 - 4 NEVER
- REFUSED
DON’T KNOW

BF098

Which of the following statements best describes your current relationship with {CHILD}{and {TWIN}}’s biological father?

SHOW CARD BF2

- 1 We generally get along pretty well,
 - 2 We don’t get along too well,
 - 3 We fight a lot and do not get along well, or
 - 4 We avoid seeing each other.
- REFUSED
DON’T KNOW

BF099BX

IF BF080 = 1 (VISITED CHILD IN LAST MONTH), THEN GO TO BF105.

ELSE, GO TO BF110a.

BF105

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

In a typical week, does {CHILD}{ and {TWIN}}’s father spend a lot, some, very little, or no time taking care of {CHILD}{ and {TWIN}}?

- 1 A LOT
 - 2 SOME
 - 3 VERY LITTLE
 - 4 NO TIME
- REFUSED
DON’T KNOW

BF110a - d

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

I’m going to ask you how often {CHILD}{ and {TWIN}}’s biological father has done the following things for {CHILD}{ and {TWIN}}. Please tell me whether he has done them often, sometimes, or never. How often has he...

- a. **Bought clothes, diapers, toys, or presents for {CHILD}{ and {TWIN}}?**
- b. **Paid for {CHILD}{ and {TWIN}}’s medical insurance, doctor bills, or medicines?**
- c. **Helped pay for {CHILD}{ and {TWIN}}’s child care expenses?**
- d. **Given you extra money to help out, not including child support?**

- 1 OFTEN
 - 2 SOMETIMES
 - 3 NEVER
- REFUSED
DON’T KNOW

BF115BX

IF SAME RESPONDENT AS 9-MOS AND THE CHILD’S BIOLOGICAL FATHER DID NOT LIVE IN THE HOUSEHOLD AT THE TIME OF THE 9-MONTH INTERVIEW, AND SHE HAD A LEGAL, INFORMAL, OR NO CHILD SUPPORT AGREEMENT WITH HIM (9-MONTH BF200 >=1 AND <= 3) THEN GO TO BF120.

ELSE, GO TO BF129.

BF120

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If 9-month BF200=1 display “a legal”. Else if 9-month BF200=2 display “an informal”. Else if 9-month BF200=3 display “no”.

If twin in household, display “and {TWIN}”.

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?

- | | | |
|---|------------|-----------|
| 1 | YES | (BF130BX) |
| 2 | NO | |
| | REFUSED | |
| | DON’T KNOW | |

BF120BX

IF BF120=1 (YES), FILL BF129 AND GO TO BF130BX.

BF129

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If respondent answered BF120, begin “Do you now”.

Else display “Thinking about child support, do you”.

If twin in household, display “and {TWIN}”.

{Thinking about child support, do you/Do you now} have a legal agreement, an informal agreement or no arrangement at all with {CHILD}{ and {TWIN}}’s father?

- | | | |
|---|----------------|-----------|
| 1 | LEGAL | |
| 2 | INFORMAL | |
| 3 | NO ARRANGEMENT | (BF160BX) |
| | REFUSED | (BF160BX) |
| | DON’T KNOW | (BF160BX) |

BF130BX

IF AT THE TIME OF THE 9-MO INTERVIEW THE CHILD’S MOTHER HAD A LEGAL OR INFORMAL CHILD SUPPORT AGREEMENT WITH THE CHILD’S FATHER (9-MONTH QUESTION BF200=1 OR BF200=2), GO TO BF132.

ELSE, GO TO BF149BX.

BF132

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

Has the legal or informal agreement with {CHILD}{ and {TWIN}}’s father been changed at all since our last interview in {TIME FRAME}?

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (BF149BX) |
| | REFUSED | (BF160BX) |
| | DON’T KNOW | (BF160BX) |

BF133

How has your agreement changed since our last interview in {TIME FRAME}?

CODE ALL THAT APPLY.

- | | | |
|----|----------------------------------|---------|
| 1 | CUSTODY ARRANGEMENT | (BF138) |
| 2 | VISITATION | (BF138) |
| 3 | PROPERTY SETTLEMENT | (BF138) |
| 4 | CHILD SUPPORT PAYMENTS INCREASED | (BF138) |
| 5 | CHILD SUPPORT PAYMENTS DECREASED | (BF138) |
| 91 | OTHER (SPECIFY) | |
| | REFUSED | (BF138) |
| | DON’T KNOW | (BF138) |

BF135

[How has your agreement changed since our last interview in {TIME FRAME}?

SPECIFY OTHER CHANGE.

BF138

HELP AVAILABLE

Would you say the change in the legal or informal agreement has been positive, negative, or made no difference?

- | | |
|---|---------------|
| 1 | POSITIVE |
| 2 | NEGATIVE |
| 3 | NO DIFFERENCE |
| | REFUSED |
| | DON’T KNOW |

BF149BX

IF BF129 = 1 OR 2 (HAS LEGAL OR INFORMAL SUPPORT ARRANGEMENT), GO TO BF150.

ELSE, GO TO BF160BX.

BF150

DISPLAY INSTRUCTIONS:

If BF133 = 4 or BF133 = 5, display “now”.
If twin in household, display “and {TWIN}”.

How much per month is he {now} supposed to pay for {CHILD}{ and {TWIN}}’s support?

PROBE: Your best estimate will be fine.

ENTER DOLLAR AMOUNT.

REFUSED
DON’T KNOW

BF155

DISPLAY INSTRUCTIONS:

If BF133 = 4 or BF133 = 5, display “now”.
If twin in household, display “and {TWIN}”.

How much per month {now} do you usually get for {CHILD}{ and {TWIN}}’s support?

PROBE: Your best estimate will be fine.

ENTER AMOUNT.

REFUSED
DON’T KNOW

BF160BX

IF 9-MO RESPONDENT WAS THE CHILD’S BIOLOGICAL MOTHER, AND AT THE TIME OF THE 9-MONTH INTERVIEW PATERNITY HAD NOT BEEN ESTABLISHED (9-MO BF215 = NO, DK, OR RF OR 9-MO SI168 = NO, DK, OR RF)

OR

THE CURRENT RESPONDENT WAS NOT THE 9-MONTH RESPONDENT AND SHE WAS NEVER MARRIED TO THE BIOLOGICAL FATHER (OM005=5, DK, RF OR OM025=2, DK, RF)

OR

THE CURRENT RESPONDENT WAS NOT THE 9-MONTH RESPONDENT AND HER DATE OF MARRIAGE TO THE BIOLOGICAL FATHER (OM030 AND OM032) WAS AFTER THE CHILD WAS BORN OR WAS DON’T KNOW OR REFUSED, THEN GO TO BF165.

ELSE, GO TO BF180BX.

BF165

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “their”.

Did {CHILD}{ 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?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

BF168BX

(IF RESPONDENT’S SPOUSE/PARTNER IS NOT THE CHILD’S BIOLOGICAL FATHER OR RESPONDENT HAS NO SPOUSE/PARTNER) AND RESPONDENT WAS NEVER MARRIED TO CHILD’S BIOLOGICAL FATHER (EITHER 9-MONTH MH025 = 2 , DK, OR RF OR 24-MONTH OM025 = 2, DK OR RF), THEN GO TO BF170.

ELSE, GO TO BF180BX.

BF170

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

Did you have to go to court to establish that he was {CHILD}{and {TWIN}}’s legal father?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

BF175

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}”.

Was {CHILD}{ and {TWIN}}’s father ever legally identified by a blood test or other genetic test?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

BF180BX

GO TO SECTION WP.

SECTION WP - WELFARE AND OTHER PUBLIC ASSISTANCE

WP005PR

Now, I have a few questions about government benefits you may receive.

WP010a-c

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If no twin in household and number of household members (set in FS) is > 2, or twin in household and number of household members (set in FS) is > 3, then display “or anyone else in your household”.

Display state name for TANF, if applicable.

At any time since our last interview in {TIME FRAME}, have you {or anyone else in your household} received...

- a. Food Stamps?**
- b. TANF {or {STATE NAME FOR TANF}} or welfare?**
- c. Medicaid benefits?**
 - 1 YES
 - 2 NO
 - REFUSED
 - DON'T KNOW

WP012BX

IF WP010a = 1 (RECEIVED FOOD STAMPS), GO TO WP015.
ELSE, GO TO WP017BX.

WP015

DISPLAY INSTRUCTIONS:

If no twin in household and number of household members (set in FS) is > 2, or twin in household and number of household members (set in FS) is > 3, then display “or anyone else in your household”.

For how many months since our last interview in {TIME FRAME}, did you {or anyone else in your household} receive Food Stamps?

ENTER NUMBER OF MONTHS.

REFUSED
DON'T KNOW

WP017BX

IF WP010b = 1 (RECEIVED TANF), GO TO WP019.

ELSE, GO TO WP021BX.

WP019

DISPLAY INSTRUCTIONS:

If no twin in household and number of household members (set in FS) is > 2, or twin in household and number of household members (set in FS) is > 3, then display “or anyone else in your household”. Display state name for TANF, if available.

For how many months since our last interview in {TIME FRAME}, did you {or anyone else in your household} receive TANF {or {STATE NAME FOR TANF}} or welfare?

ENTER NUMBER OF MONTHS.

REFUSED
DON'T KNOW

WP021BX

IF WP010c = 1 (RECEIVED MEDICAID), GO TO WP023.

ELSE, GO TO WP040.

WP023

DISPLAY INSTRUCTIONS:

If no twin in household and number of household members (set in FS) is > 2, or twin in household and number of household members (set in FS) is > 3, then display “or anyone else in your household”.

For how many months since our last interview in {TIME FRAME}, did you {or anyone else in your household} receive Medicaid benefits?

ENTER NUMBER OF MONTHS.

REFUSED
DON'T KNOW

WP040

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in household, display “or {TWIN}”.

Did {CHILD}{ or {TWIN}} receive benefits from WIC, that is the Special Supplemental Nutrition Program for Women, Infants, and Children, since our last interview in {TIME FRAME}?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

WP042BX

IF 9-MONTH WP035 = 2, RF, DK, or EMPTY FOR EITHER CHILD OR TWIN (CHILD OR TWIN DID NOT RECEIVE WIC BENEFITS AT 9-MONTH INTERVIEW) AND WP040 = 1 (CHILD OR TWIN RECEIVED WIC BENEFITS IN LAST 15 MONTHS), GO TO WP043.

ELSE, IF 9-MONTH WP035 = 1 FOR EITHER CHILD OR TWIN (CHILD OR TWIN RECEIVED WIC VOUCHERS AT 9-MONTH INTERVIEW) AND WP040 = 1 (CHILD OR TWIN RECEIVED WIC BENEFITS IN LAST 15 MONTHS), GO TO WP045.

ELSE, IF 9-MONTH WP035 = 1 FOR EITHER CHILD OR TWIN (CHILD OR TWIN RECEIVED WIC VOUCHERS AT 9-MONTH INTERVIEW) AND WP040 = 2 (CHILD OR TWIN DID NOT RECEIVE WIC BENEFITS IN LAST 15 MONTHS), GO TO WP050.

ELSE, IF 9-MONTH WP035 = 2 FOR EITHER CHILD OR TWIN (CHILD OR TWIN DID NOT RECEIVE WIC VOUCHERS AT 9-MONTH INTERVIEW) AND WP040 = 2 (CHILD AND TWIN DID NOT RECEIVE WIC BENEFITS IN LAST 15 MONTHS), GO TO WP059BX.

WP043

DISPLAY INSTRUCTIONS:

If twin in household, display “or {TWIN}”.

How many months ago did you first use WIC vouchers to buy food or formula for {CHILD}{ or {TWIN}}?

ENTER NUMBER OF MONTHS.

- REFUSED
- DON'T KNOW

WP045

DISPLAY INSTRUCTIONS:

This question is asked for the CHILD, and the TWIN if there is one.

In the last 30 days, did you use WIC vouchers to buy food or formula for {CHILD/TWIN}?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

WP048BX

IF TWIN IN HOUSEHOLD AND WP045 NOT YET ASKED FOR TWIN,
GO TO WP045.

ELSE, GO TO WP049BX.

WP050

DISPLAY INSTRUCTIONS:

If twin in household, display “or {TWIN}”.

How many months ago did you last use WIC vouchers to buy food or formula for {CHILD}{ or {TWIN}}?

ENTER NUMBER OF MONTHS.

- REFUSED
- DON'T KNOW

WP055

HELP AVAILABLE

DISPLAY INSTRUCTIONS:

If twin in household, display “or {TWIN}”.

Why are you no longer using WIC vouchers to buy food or formula for {CHILD}{ or {TWIN}}?

- 1 NOT ELIGIBLE ANYMORE (WP059BX)
- 2 ELIGIBLE BUT DENIED BENEFITS DUE TO LACK OF PROGRAM FUNDS (WP059BX)
- 3 NO LONGER NEED FOOD BENEFIT (WP059BX)
- 4 PROGRAM IS TOO MUCH EFFORT (BENEFITS ARE NOT WORTH THE TIME AND EFFORT TO GET THEM) (WP059BX)
- 5 LACK OF TRANSPORTATION AND/OR SCHEDULING PROBLEMS (WP059BX)
- 6 TEMPORARY ADMINISTRATION ISSUES PREVENT CHILD FROM PARTICIPATING (PLAN TO REAPPLY TO PROGRAM) (WP059BX)
- 91 OTHER (SPECIFY)
 - REFUSED (WP059BX)
 - DON'T KNOW (WP059BX)

WP057

[Why are you no longer using WIC vouchers to buy food or formula for {CHILD}{ or {TWIN}}?]

SPECIFY OTHER REASON.

WP059BX

IF TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS ≥ 3 , GO TO WP060.

ELSE IF NO TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS ≥ 2 , GO TO WP060.

ELSE, GO TO WP065a.

WP060

In the last 30 days, did you use WIC vouchers to buy food or formula for any other child in your household?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

WP065a-d

DISPLAY INSTRUCTIONS:

If no twin in household and number of household members (set in FS) is > 2, or twin in household and number of household members (set in FS) is > 3, then display “or anyone else in your household”.

Since our last interview, which was in {TIME FRAME}, have you {or any member of your household} received any of the following other sources of household income or support ...

- a. Unemployment Insurance?**
- b. SSI or SSDI?**
- c. Social Security Retirement or Survivor’s benefits?**
- d. Payments for providing foster care?**
 - 1 YES
 - 2 NO
 - REFUSED
 - DON’T KNOW

WP070BX

GO TO SECTION HI.

SECTION HI - HOUSEHOLD INCOME AND ASSETS

HI001PRE

Now I have a few questions about your household.

HI003BX

IF RESPONDENT IS THE ONLY ADULT IN THE HOUSEHOLD, GO TO HI010.
ELSE, GO TO HI005.

HI005

HELP AVAILABLE

Including yourself, how many adults contribute to your household income?

ENTER NUMBER OF ADULTS.

REFUSED
DON'T KNOW

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...

PROBE: Total income means gross income - that is, income before taxes are taken out.

- 1 \$25,000 or less, or
- 2 More than \$25,000?
- REFUSED (HI025)
- DON'T KNOW (HI025)

HI015

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).

Was it . . .

PROBE: Total income means gross income - that is, income before taxes are taken out.

- 1 \$5,000 or less,
 - 2 \$5,001 to \$10,000,
 - 3 \$10,001 to \$15,000,
 - 4 \$15,001 to \$20,000, or
 - 5 \$20,001 to \$25,000?
 - 6 \$25,001 to \$30,000,
 - 7 \$30,001 to \$35,000,
 - 8 \$35,001 to \$40,000,
 - 9 \$40,001 to \$50,000,
 - 10 \$50,001 to \$75,000,
 - 11 \$75,001 to \$100,000
 - 12 \$100,001 to \$200,000 or
 - 13 \$200,001 or more.
- REFUSED (HI025)
DON'T KNOW (HI025)

HI017BX

IF (# OF HOUSEHOLD MEMBERS = 2 AND HI015 <= 3) OR
(# OF HOUSEHOLD MEMBERS = 3 AND HI015 <= 3) OR
(# OF HOUSEHOLD MEMBERS = 4 AND HI015 <= 4) OR
(# OF HOUSEHOLD MEMBERS = 5 AND HI015 <= 5) OR
(# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 5) OR
(# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 6) OR
(# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 7) OR
(# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 8),
GO TO HI020.

ELSE, GO TO HI025.

HI020

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

ENTER TOTAL INCOME.

PROBE: Total income means gross income - that is, income before taxes are taken out.

- REFUSED
- DON'T KNOW

HI025

HELP AVAILABLE

ASK IF NOT OBVIOUS: In what type of housing do you now live? Is it...

PROBE: A house or townhouse includes row houses, duplexes, triplexes, and military housing that is in a house or townhouse.

- 1 A house or townhouse, (HI030)
- 2 An apartment or condominium, (HI030)
- 3 A mobile home or trailer, (HI030)
- 4 A community shelter, (HI030)
- 5 A hotel or motel room, (HI030)
- 6 Are you homeless, or (HI030)
- 91 Do you live in another type of housing? (SPECIFY)
REFUSED (HI030)
DON'T KNOW (HI030)

HI026

[ASK IF NOT OBVIOUS: In what type of housing do you now live? Is it...]

SPECIFY OTHER TYPE OF HOUSING.

HI030

HELP AVAILABLE

What is your current housing situation? Do you...

- 1 Own your own home, (HI037BX)
- 2 Rent your house or apartment, (HI035)
- 3 Exchange services for housing, (HI035)
- 4 Live with friends or relatives and pay part of the expenses, (HI035)
- 5 Live with friends or relatives and not pay for housing, (HI035)
- 6 Live in temporary housing or a shelter, (HI035)
- 7 Not pay for housing as part of a job (e.g., military, clergy), or (HI035)
- 91 Have another type of housing arrangement? (SPECIFY)
REFUSED (HI035)
DON'T KNOW (HI035)

HI031

[What is your current housing situation? Do you...]

SPECIFY OTHER TYPE OF HOUSING ARRANGEMENT.

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?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

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?

REFUSED (HI041)
DON'T KNOW (HI041)

GO TO HI045

HI041

Would it amount to \$50,000 or more?

1 YES
2 NO (HI044)
REFUSED (HI045)
DON'T KNOW (HI045)

HI042

Would it amount to \$150,000 or more?

1 YES (HI045)
2 NO (HI045)
REFUSED (HI045)
DON'T KNOW (HI045)

HI044

Would it amount to \$5,000 or more?

1 YES
2 NO
REFUSED
DON'T KNOW

HI045

Do you have a mortgage on this property?

1 YES
2 NO
REFUSED
DON'T KNOW

HI055

DISPLAY INSTRUCTIONS:

If any other ADULTS IN HOUSEHOLD \geq 16 YEARS OLD besides the Parent Respondent, display “or anyone in your household.”

Do you {or anyone in your household} own a car or truck?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

HI060

DISPLAY INSTRUCTIONS:

If any other ADULTS IN HOUSEHOLD \geq 16 YEARS OLD besides the Parent Respondent, display “or anyone in your household.”

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?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

HI065

DISPLAY INSTRUCTIONS:

If any other ADULTS IN HOUSEHOLD \geq 16 YEARS OLD besides the Parent Respondent, display “or anyone in your household.”

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?

- 1 YES
- 2 NO
- REFUSED
- DON'T KNOW

HI067BX

IF (# OF HOUSEHOLD MEMBERS = 2 AND HI015 <= 8) OR
(# OF HOUSEHOLD MEMBERS = 3 AND HI015 <= 9) OR
(# OF HOUSEHOLD MEMBERS = 4 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 5 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 10) OR
(# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 11) OR
(# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 11) OR
(# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 12),
OR HI015 = DK OR RF, GO TO HF002PRE.

ELSE, GO TO HF082BX.

SECTION HF - HOUSEHOLD FOOD SUFFICIENCY

HF002PRE

These next questions are about the food eaten in your household and whether you were able to afford the food you need.

HF020a-e

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”.

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “the children”;

Else, display “{CHILD}”.

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 our last interview in {TIME FRAME}.

PROBE: Was that often true, sometimes true, or never true for {you/your household} since {TIMEFRAME}?

- 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.

SHOW CARD HF1

- 1 OFTEN TRUE
- 2 SOMETIMES TRUE
- 3 NEVER TRUE
- REFUSED
- DON’T KNOW

HF030

How often did this happen? Would you say . .

- 1 Almost every month,
 - 2 Some months, but not every month, or
 - 3 In only 1 or 2 months?
- REFUSED
DON'T KNOW

HF035

Since our last interview in {TIME FRAME}, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

HF040

Since our last interview in {TIME FRAME}, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

HF045

Since our last interview in {TIME FRAME}, did you lose weight because you didn't have enough money for food?

- 1 YES
 - 2 NO
- REFUSED
DON'T KNOW

HF047BX

IF HF022 = 1 or 2 OR HF025 = 1 (MEAL SIZE CUT/MEALS SKIPPED) OR ANY OF HF035 - HF045 = 1 (ATE LESS/WENT HUNGRY/LOST WEIGHT), THEN ASK HF050.

ELSE, GO TO HF082BX.

HF050**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”.

Since our last interview in {TIME FRAME}, did {you/you or other adults in your household} ever not eat for a whole day because there wasn’t enough money for food?

- | | | |
|---|------------|------------|
| 1 | YES | |
| 2 | NO | (HF059PRE) |
| | REFUSED | (HF059PRE) |
| | DON’T KNOW | (HF059PRE) |

HF055

How often did this happen? Would you say . . .

- | | |
|---|--------------------------------------|
| 1 | Almost every month, |
| 2 | Some months, but not every month, or |
| 3 | In only 1 or 2 months? |
| | REFUSED |
| | DON’T KNOW |

HF059PRE

The next questions are about children living in the household who are under 18 years of age.

HF060**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”.

Since our last interview in {TIME FRAME}, did you ever cut the size of {{CHILD}}’s/any of the children’s} meals because there wasn’t enough money for food?

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON’T KNOW |

HF065

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “any of the children”.

Else, display “{CHILD}”.

Since our last interview in {TIME FRAME}, did {{CHILD}/any of the children} ever skip a meal because there wasn’t enough money for food?

- | | | |
|---|------------|---------|
| 1 | YES | |
| 2 | NO | (HF075) |
| | REFUSED | (HF075) |
| | DON’T KNOW | (HF075) |

HF070

How often did this happen? Would you say . .

- | | |
|---|--------------------------------------|
| 1 | Almost every month, |
| 2 | Some months, but not every month, or |
| 3 | In only 1 or 2 months? |
| | REFUSED |
| | DON’T KNOW |

HF075

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN) display “were the children”.

Else, display {CHILD}

Since our last interview in {TIME FRAME}, {was {CHILD}/were the children} ever hungry but you just couldn’t afford more food?

- | | |
|---|------------|
| 1 | YES |
| 2 | NO |
| | REFUSED |
| | DON’T KNOW |

HF080

DISPLAY INSTRUCTIONS:

If there are other children younger than 18 in household besides {CHILD} (including TWIN), display “any of the children”.

Else, display “{CHILD}”.

Since our last interview in {TIME FRAME}, did {{CHILD}/any of the children} ever not eat for a whole day because there wasn’t enough money for food?

- 1 YES
- 2 NO
- REFUSED
- DON’T KNOW

HF082BX

GO TO SECTION CM.

SECTION CM - CLOSING STATEMENT

CM010PRE

DISPLAY INSTRUCTIONS:

If twin in household, display “and {TWIN}” and “are”.

Thank you for taking the time to participate in the parent interview portion of this important study.

HAND RESPONDENT THE PARENT CONTACTING AND LOCATING FORM.

I'd like to make sure I can reach you for the next interview, which will take place when {CHILD}{ and {TWIN} {is/are} about 48 months old. I'd like to verify that the information given to us last time is still correct. Please take a look at the information printed on this form and verify that it is still correct, or make corrections where needed.

REVIEW FORM AND CONFIRM OR CORRECT ALL LOCATING ITEMS. FILL IN MISSING INFORMATION WHERE NEEDED.

CM015BX

IF THE RESPONDENT IS THE BIOLOGICAL MOTHER (IN040 = 1), AND CHILD'S BIOLOGICAL FATHER IS ALIVE (MH018 = 1 (YES) OR OM050 = 1 (YES)) AND NOT LIVING IN THE HOUSEHOLD (FS050 ^= 1 FOR ANYONE ON THE HOUSEHOLD ROSTER), AND ANY OF THE FOLLOWING ARE TRUE:

IT HAS BEEN LESS THAN 1 MONTH SINCE CHILD HAS HAD A VISIT FROM THE FATHER (BF080 = 1)

CHILD HAS SEEN FATHER AT LEAST ONCE IN THE LAST 4 WEEKS (BF085 >= 1)

THE MOTHER TALKS ABOUT CHILD (AND TWIN) WITH FATHER AT LEAST SEVERAL TIMES A YEAR (BF090 >= 1 AND <= 5),

GO TO CM020.

ELSE, GO TO CM050BX.

CM020

As I promised you earlier, this interview is completely confidential and we won't share any information with anyone else.

As part of this study, we are very interested in fathers as well as mothers. I would like your permission to contact {CHILD}{ and {TWIN}}'s father for an interview. I won't tell {CHILD}{ and {TWIN}}'s father anything you've told me in this interview. I'll just tell him that you are participating in this important study, that you have identified him as {CHILD}{ and {TWIN}}'s father, and that you gave me his name and number. If he doesn't want to participate, we'll respect his decision – it's entirely up to him. Do I have your permission to contact him?

PROBE: We will be asking him about things fathers do with their children and attitudes about things fathers should do for their children.

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (CM050BX) |
| | REFUSED | (CM050BX) |
| | DON'T KNOW | (CM050BX) |

CM025

To be sure that I can reach {CHILD}{ and {TWIN}}'s father, I need to collect some information about him. Please fill out this form so that we can contact him.

HAND THE FATHER CONTACTING AND LOCATING FORM TO THE RESPONDENT.

<p>CM030BX</p> <p>IF CHILD'S BIOLOGICAL FATHER DOES NOT LIVE IN THE HOUSEHOLD AND FATHER VISITED CHILD (AND TWIN) IN LAST MONTH (BF080 = 1), GO TO CM035.</p> <p>ELSE, GO TO CM050BX.</p>
--

CM035

Earlier you said that {CHILD} {and {TWIN}} had a visit from {his/her/their} father in the last month. Do you expect to see him in the next week or so?

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (CM050BX) |
| | REFUSED | (CM050BX) |
| | DON'T KNOW | (CM050BX) |

CM040

May we leave this package with you to give to him? It contains some information about the Early Childhood Longitudinal Study and a short questionnaire for him to fill out.

The package also contains instructions and a postage-paid envelope that he can use to return the questionnaire to the Home Office.

- | | | |
|---|------------|-----------|
| 1 | YES | |
| 2 | NO | (CM050BX) |
| | REFUSED | (CM050BX) |
| | DON'T KNOW | (CM050BX) |

CM045

PREPARE THE NONRESIDENT FATHER SAQ PACKAGE FOR THIS CASE AS FOLLOWS:

- 1. PUT A CASE ID MINI-LABEL ON THE COVER OF THE NONRESIDENT FATHER SAQ (TAN COVER).**
- 2. COMPLETE THE COVER LETTER FOR THE FATHER AND PUT CASE ID MINI-LABEL ON THE LETTER.**
- 3. FILL OUT CHECK FOR \$20 WITH NONRESIDENT FATHER'S NAME.**
- 4. FILL OUT RESPONDENT RECEIPT FORM.**
- 5. COMPLETE CHECK LOG.**
- 6. INSERT A SELF-ADDRESSED, POSTAGE-PAID ENVELOPE, THE CHECK, THE COVER LETTER, AND THE NONRESIDENT FATHER SAQ INTO AN ECLS-B ENVELOPE, AND SEAL IT.**
- 7. HAND THE ENVELOPE TO THE RESPONDENT.**

CM050BX

IF ASKING ABOUT CHILD, AND CHILD IS FLAGGED AS HAVING A CHILD CARE PROVIDER (CHILD FLAG 8 IN BOX CC312BX), GO TO CM055BX.

ELSE IF ASKING ABOUT TWIN, AND TWIN IS FLAGGED AS HAVING A CHILD CARE PROVIDER (TWIN FLAG 8 IN BOX CC312BX) AND RESPONSE TO QUESTION CM070 FOR CHILD IS YES, THEN COPY ACYF FLAG, POVERTY FLAG, AND CONSTRUCTED INCOME VARIABLE FROM CHILD, AND GO TO CM060PRE.

ELSE IF ASKING ABOUT TWIN, AND TWIN IS FLAGGED AS HAVING A CHILD CARE PROVIDER (TWIN FLAG 8 IN BOX CC312BX) AND CM060PRE WAS NOT ASKED (EMPTY) FOR CHILD, GO TO CM055BX.

ELSE, GO TO CM143BX.

CM055BX

1. USING INCOME DATA FROM THE 24-MONTH INTERVIEW, CREATE A VARIABLE FOR 24-MONTH INCOME:

IF (24-MONTH HI020 >= 1), THEN ASSIGN INCOME = 24-MONTH HI020

ELSE IF 24-MONTH HI015 = 1, THEN ASSIGN INCOME = 1

ELSE IF 24-MONTH HI015 = 2, THEN ASSIGN INCOME = 5,001

ELSE IF 24-MONTH HI015 = 3, THEN ASSIGN INCOME = 10,001

ELSE IF 24-MONTH HI015 = 4, THEN ASSIGN INCOME = 15,001

ELSE IF 24-MONTH HI015 = 5, THEN ASSIGN INCOME = 20,001

ELSE IF 24-MONTH HI015 = 6, THEN ASSIGN INCOME = 25,001

ELSE IF 24-MONTH HI015 = 7, THEN ASSIGN INCOME = 30,001

ELSE IF 24-MONTH HI015 = 8, THEN ASSIGN INCOME = 35,001

ELSE IF 24-MONTH HI015 = 9, THEN ASSIGN INCOME = 40,001

ELSE IF 24-MONTH HI015 = 10, THEN ASSIGN INCOME = 50,001

ELSE IF 24-MONTH HI015 = 11, THEN ASSIGN INCOME = 75,001

ELSE IF 24-MONTH HI015 = 12, THEN ASSIGN INCOME = 100,001

ELSE IF 24-MONTH HI015 = 13, THEN ASSIGN INCOME = 200,001

2. USING THE VARIABLE INCOME, DETERMINE WHETHER THE HOUSEHOLD IS BELOW THE POVERTY LEVEL:

IF (# HOUSEHOLD MEMBERS AT 24-MONTHS = 2 AND INCOME < (1.50*11,920)

OR

(# HOUSEHOLD MEMBERS AT 24-MONTHS = 3 AND INCOME < (1.50*14,128)

OR

(# HOUSEHOLD MEMBERS AT 24-MONTHS = 4 AND INCOME < (1.50*18,104)

OR

(# HOUSEHOLD MEMBERS AT 24-MONTHS = 5 AND INCOME < (1.50*21,405)

OR

(# HOUSEHOLD MEMBERS AT 24-MONTHS = 6 AND INCOME < (1.50*24,195)

OR

(# HOUSEHOLD MEMBERS AT 24-MONTHS = 7 AND INCOME < (1.50*27,517)

OR

(# HOUSEHOLD MEMBERS AT 24-MONTHS = 8 AND INCOME < (1.50*30,627)

OR

(# HOUSEHOLD MEMBERS AT 24-MONTHS >= 9 AND INCOME < (1.50*36,286)

THEN HOUSEHOLD IS BELOW THE POVERTY LEVEL.

3. ASSIGN A FLAG TO DETERMINE WHICH CASES ARE PART OF THE ACYF SAMPLE:

IF CASE IS PART OF AI SAMPLE OR IF CASE IS LOCATED IN AK OR HI, SET THE ACYF FLAG TO NO.

CM055BX (CONT.)

ELSE IF THE HOUSEHOLD IS BELOW 150 PERCENT OF THE POVERTY LEVEL AND THE CHILD RECEIVES AT LEAST 10 HOURS A WEEK OF CARE FROM THE CARE PROVIDER FLAGGED AS PROVIDING THE MOST CARE AND THE PROVIDER PROVIDING THE MOST CARE IS CENTER CARE, THEN SET ACYF FLAG TO YES.

ELSE IF POVERTY STATUS COULD NOT BE DETERMINED (NONRESPONSE TO HI015 AND HI020) AND THE CHILD RECEIVES AT LEAST 10 HOURS A WEEK OF CARE FROM THE CARE PROVIDER FLAGGED AS PROVIDING THE MOST CARE AND THE PROVIDER PROVIDING THE MOST CARE IS CENTER CARE, THEN SET ACYF FLAG TO YES.

ELSE IF THE CHILD RECEIVES AT LEAST 10 HOURS A WEEK OF CARE FROM THE CARE PROVIDER FLAGGED AS PROVIDING THE MOST CARE, THEN SAMPLE THESE CASES AT A RATE OF 0.7470 AND SET ACYF FLAG TO YES FOR THE SAMPLED CASES

ELSE SET THE ACYF FLAG TO NO.

CM060PRE

DISPLAY INSTRUCTIONS:

If CHILD, or if TWIN and CHILD did not have any child care (CHILD's flag 8 from section CC is not set), then display "Children are growing up...".

Else do not display.

If TWIN, and CHILD also has child care (CHILD's flag 8 from section CC is set), then display "As I said before...".

Else display "As".

If ACYF flag = YES (case selected for ACYF Observation Study), in the second paragraph display "and observing the child care settings" and "to observe {CHILD/TWIN}'s child care setting".

Else do not display.

If ACYF flag = YES (case selected for ACYF Observation Study), display "YELLOW" in the interviewer instructions.

Else, display "BLUE" in the interviewer instructions.

{Children are growing up under very different circumstances today than they did just a generation ago. Child care has become an important part of many children's lives.}

{As I said before, as/As} part of this study, we will be interviewing the child care providers {and observing the child care settings} of children in the study. We would like to talk to {CHILD/TWIN}'s caregiver {and to observe {CHILD/TWIN}'s child care setting}.

TAKE OUT THE {YELLOW/BLUE} CHILD CARE PACKET.

We would like your permission to contact {CHILD/TWIN}'s caregiver. We have a permission form that we would like you to sign, and we also have an information sheet that tells you a little more about the child care part of the study.

HAND RESPONDENT A COPY OF THE CHILD CARE SUMMARY SHEET FROM THE {YELLOW/BLUE} PACKET.

CM065

DISPLAY INSTRUCTIONS:

If, based on CC312BX, child care provider where most hours of care is provided is set to equal CC040 = 1, 2, 3, 4, or 5, then display {RELATIVE} from CC040.

If child care provider where most hours of care is provided is set equal to CC040=91, DK, or RF, then display “relative caregiver”.

If child care provider where most hours of care is provided is non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care is provided is center-based care, then display “center director and primary caregiver at the center”.

If ACYF Flag = YES (case selected for ACYF Observation Study), display “and to observe {CHILD/TWIN}’s child care setting”.

Else do not display.

If ACYF Flag = YES (case selected for ACYF Observation Study), display “YELLOW”.

Else, display “BLUE”.

- 1. TAKE OUT PERMISSION FORM FROM THE {YELLOW/BLUE} CHILD CARE PACKET WITH RESPONDENT,**
- 2. REVIEW PERMISSION FORM WITH RESPONDENT.**

Will you give your written permission for us to contact {CHILD/TWIN}’s {{RELATIVE}/relative caregiver/non-relative caregiver/center director and primary caregiver at the center} {and to observe {CHILD/TWIN}’s child care setting}?

IF NECESSARY TO ANSWER PARENT QUESTIONS, REFER TO {YELLOW/BLUE} CHILD CARE STUDY FAQs LOCATED IN THE BACK OF THE SHOW CARD BINDER.

- | | | |
|---|---|------------|
| 1 | YES | |
| 2 | NO | (CM145PRE) |
| 3 | NO, RESPONDENT WANTS TO CONTACT CAREGIVER FIRST | (CM143BX) |
| | REFUSED | (CM145PRE) |
| | DON’T KNOW | (CM145PRE) |

CM070

DISPLAY INSTRUCTIONS:

If ACYF Flag = YES (case selected for ACYF observation study), then display “A CHILD CARE OBSERVATION” and “OBSERVATION”

Else display “CHILD CARE PROVIDER”, and null display.

If ACYF Flag = YES (case selected for ACYF Observation Study), display “YELLOW”.

Else, display “BLUE”.

1. **FILL OUT {A CHILD CARE OBSERVATION/ CHILD CARE} PROVIDER PERMISSION FORM (THE COPY YOU JUST REVIEWED WITH RESPONDENT),**
2. **HAND RESPONDENT PERMISSION FORM TO READ AND SIGN,**
3. **AFTER FORM IS SIGNED, HAND BOTTOM COPY TO RESPONDENT,**
4. **PUT NEXT BOTTOM COPY IN THE {YELLOW/BLUE} CHILD CARE PROVIDER PACKET,**
5. **PLACE REMAINING COPIES IN CASE FOLDER.**

DID THE RESPONDENT SIGN THE {CHILD CARE OBSERVATION} PERMISSION FORM?

1 YES

2 NO

(CM145PRE)

CM075BX

IF ASKING ABOUT CHILD, OR IF ASKING ABOUT TWIN AND CC005 ^= YES, GO TO CM077.

ELSE IF ASKING ABOUT TWIN AND CC005=YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED IS CENTER-BASED, THEN GO TO CM095.

ELSE IF ASKING ABOUT TWIN AND CC005=YES AND PROVIDER WHERE MOST HOURS OF CARE PROVIDED IS RELATIVE OR NON-RELATIVE CARE, THEN GO TO CM143BX.

CM077

DISPLAY INSTRUCTIONS:

If based on CC312BX, child care provider where most hours of care is provided is set to equal CC040 = 1, 2, 3, 4, or 5 then display {RELATIVE} from CC040.

If child care provider where most hours of care is provided is set to equal CC040 = 91, DK, or RF then display “relative caregiver”.

If child care provider where most hours of care is provided is non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care is provided is center-based care, then display “center director”.

I have a packet of information about the child care part of the study for {CHILD/TWIN}'s caregiver. It includes a letter and summary sheet explaining this part of our study, an ECLS-B brochure, and a copy of the permission form you just signed. It also contains letters of support from various child care organizations. Would you help us by giving this packet to {CHILD/TWIN}'s {RELATIVE/relative caregiver/non-relative caregiver/center director} and mentioning that someone from the study will be calling soon?

- 1 YES
- 2 NO

(CM079)

CM078

DISPLAY INSTRUCTIONS:

If ACYF Flag=YES (case selected for ACYF observation study), display “CHILD CARE PROVIDER TELEPHONE INTERVIEW AND ACYF OBSERVATION” at the top of the screen, and display “Yellow envelope”.

Else display “CHILD CARE PROVIDER TELEPHONE INTERVIEW ONLY” at the top of the screen, and display “blue envelope”.

HAND THE {YELLOW/BLUE} ENVELOPE CONTAINING THE COPY OF THE SIGNED PERMISSION FORM TO THE RESPONDENT.

CM079

DISPLAY INSTRUCTIONS:

If child care provider where most hours of care is provided is relative care or nonrelative care, display “child care provider”.

Please tell me anything special that the telephone interviewer should know about contacting your {child care provider/center director and caregiver at the center}.

PROBE: For example, the best time to call your child care provider about the interview.

CM080

DISPLAY INSTRUCTIONS:

If, based on CC312BX, child care provider where most hours of care is provided is set to equal CC040 = 1, 2, 3, 4, or 5, then display {RELATIVE} from CC040.

If child care provider where most hours of care is provided is set equal to CC040 = 91, DK, or RF then display “relative caregiver”.

If child care provider where most hours of care is provided is non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care is provided is center-based care, then display “center director”.

What is the name of {CHILD/TWIN}'s {{RELATIVE}}/relative caregiver/non-relative caregiver/center director}?

VERIFY SPELLING.

ENTER FIRST NAME.

CM085

DISPLAY INSTRUCTIONS:

If, based on CC312BX, child care provider where most hours of care is provided is set to equal CC040 = 1, 2, 3, 4, or 5, then display {RELATIVE} from CC040.

If child care provider where most hours of care is provided is set equal to CC040 = 91, DK, or RF then display “relative caregiver”.

If child care provider where most hours of care is provided is non-relative care, then display “non-relative caregiver”.

If child care provider where most hours of care is provided is center-based care, then display “center director”.

[What is the name of {CHILD/TWIN}'s {{RELATIVE}}/relative caregiver/non-relative caregiver/center director}??]

VERIFY SPELLING.

ENTER LAST NAME.

IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS PROVIDED IS CENTER-BASED CARE, GO TO CM090.

ELSE, GO TO CM115.

CM090

What is the name of {CHILD/TWIN}'s child care center?

GO TO CM100.

CM095

DISPLAY INSTRUCTIONS:

Display name entered for CHILD at CM100/CM105 for {PROVNAME}.

Does {TWIN} also have {PROVNAME} as {his/her} primary caregiver at {CENTER NAME}?

- | | | |
|---|-----|-----------|
| 1 | YES | (CM143BX) |
| 2 | NO | (CM100) |

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 at {CENTER NAME}?

VERIFY SPELLING.

ENTER FIRST NAME.

CM105

DISPLAY INSTRUCTIONS:

Display response to CM090 for “{CENTER NAME}”.

[What is the name of {CHILD/TWIN}’s primary caregiver at {CENTER NAME}??]

VERIFY SPELLING.

ENTER LAST NAME.

<p style="text-align: center;">CM110BX</p> <p>IF ASKING ABOUT CHILD, OR ASKING ABOUT TWIN AND CC005 ^= YES, THEN GO TO CM115.</p> <p>ELSE, GO TO CM143BX.</p>
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CM115

DISPLAY INSTRUCTIONS:

If, based on CC312BX, child care provider where most hours of care is 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 is center-based care, display name entered at CM090 for “{CENTER NAME}”.

What is the address of {{RELATIVE/CAREGIVER’S NAME}}/{CENTER NAME}}?

ENTER FIRST ADDRESS.

VERIFY SPELLING.

CM120

DISPLAY INSTRUCTIONS:

If, based on CC312BX, child care provider where most hours of care is 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 is center-based care, display name entered at CM090 for “{CENTER NAME}”.

[What is the address of {{RELATIVE/CAREGIVER’S NAME}}/{CENTER NAME}}?]

ENTER SECOND STREET ADDRESS.

VERIFY SPELLING.

{STREET ADDRESS1}

CM125

DISPLAY INSTRUCTIONS:

If, based on CC312BX, child care provider where most hours of care is 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 is center-based care, display name entered at CM090 for “{CENTER NAME}”.

[What is the address of {{RELATIVE/CAREGIVER’S NAME}}/{CENTER NAME}}?]

ENTER CITY.

VERIFY SPELLING.

{STREET ADDRESS1}

{STREET ADDRESS2}

CM130**HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

If, based on CC312BX, child care provider where most hours of care is 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 is center-based care, display name entered at CM090 for “{CENTER NAME}”.

[What is the address of {{RELATIVE/CAREGIVER’S NAME}}/{CENTER NAME}}?]

ENTER STATE.

VERIFY SPELLING.

{STREET ADDRESS1}

{STREET ADDRESS2}

{CITY}

CM135**DISPLAY INSTRUCTIONS:**

If, based on CC312BX, child care provider where most hours of care is 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 is center-based care, display name entered at CM090 for “{CENTER NAME}”.

[What is the 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 CC312BX, child care provider where most hours of care is 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 is 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.

CM143BX

IF TWIN IN HOUSEHOLD AND CARE PROVIDER CONTACT INFORMATION (CM050BX - CM140) HASN'T BEEN ASKED OF TWIN, GO TO CM050BX.

ELSE, GO TO CM145PRE.

CM145PRE

DISPLAY INSTRUCTIONS:

Display parent respondent's name from IN025, IN026, and IN027.

If twin in household, display "\$60", "BOOKS" and "these books";

Else display "\$30", "BOOK" and "this book".

USE BLACK BALL POINT PEN TO COMPLETE CHECKS AND FORMS.

1. **FILL OUT CHECK FOR {\$30/\$60} WITH PARENT RESPONDENT'S NAME: {PARENT RESPONDENT'S NAME FROM IN025/IN026/IN027}**
2. **COMPLETE RESPONDENT RECEIPT FORM.**
3. **COMPLETE CHECK LOG.**
4. **GIVE RESPONDENT CHECK AND SAY:**

Thank you again for your cooperation in this important research. This check for {\$30/\$60} is payment for taking the time today to participate in this study.

5. **HAND RESPONDENT THE RECEIPT FORM AND HAVE {HIM/HER} SIGN IT.**
6. **HAND RESPONDENT THE GIFT {BOOK/BOOKS} AND SAY:**

We would also like to give you {this book/these books} for {CHILD}{ and {TWIN}} as a token of appreciation for participating.