

**ECLS-B NATIONAL 9-MONTH 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 preloaded from birth certificate or tracking data.

**IN001**

YOU HAVE SELECTED CASE {CASEID OF CASE SELECTED} {CHILD'S FULL NAME}.

**IS {CHILD'S FULL NAME} LIVING IN THIS HOUSEHOLD?**

- 1 YES (IN005)
- 2 NO

**IN002**

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

**IN005**

{CHILD'S FULL NAME}'S BIRTH CERTIFICATE LISTS {FIRST, MIDDLE, AND LAST NAME OF BIRTH MOTHER FROM THE BIRTH CERTIFICATE} AS THE CHILD'S BIRTH MOTHER.

**IS {FIRST, MIDDLE, AND LAST NAME OF BIRTH MOTHER FROM THE BIRTH CERTIFICATE} THE PARENT RESPONDENT?**

- 1 YES
- 2 NO

**IN008BX**

IF CASE FLAGGED AS PART OF TWIN SAMPLE, GO TO IN010.

OTHERWISE, GO TO IN022PRE.

**IN010**

{CHILD'S FULL NAME}'S BIRTH CERTIFICATE INDICATES {HE/SHE} HAS A TWIN NAMED {TWIN'S FULL NAME FROM BIRTH CERTIFICATE}.

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

- 1 YES (IN022PRE)
- 2 NO

**IN012**

{CHILD'S FULL NAME}'S BIRTH CERTIFICATE INDICATES {HE/SHE} HAS A TWIN NAMED {TWIN'S FULL NAME FROM BIRTH CERTIFICATE}.

**WHERE IS {TWIN'S FULL NAME}?**

- 1 LIVING ELSEWHERE (IN022PRE)
- 2 DECEASED

**IN015**

**WHAT WAS {TWIN FULL NAME}'S MONTH OF DEATH?**

ENTER MONTH.  
REFUSED  
DON'T KNOW

**IN016**

**WHAT WAS {TWIN'S FULL NAME}'S DAY OF DEATH?**

ENTER DAY.  
REFUSED  
DON'T KNOW

**IN017**

**WHAT WAS {TWIN FULL NAME}'S YEAR OF DEATH?**

ENTER FOUR DIGIT YEAR.  
REFUSED  
DON'T KNOW

**IN020**

**WHAT WAS {TWIN'S FULL NAME}'S CAUSE OF DEATH?**

REFUSED  
DON'T KNOW

**IN022PRE**

**DISPLAY INSTRUCTIONS:**

If child's biological mother is the respondent (IN005=1), display (in the third paragraph) "you and about" and "the".

Else if IN005=2, then (in the third paragraph) do not display "you and about" and display and "you and the".

If no twin in household, or not part of twin sample, then do not display the second paragraph. For the first and third paragraphs do not display "{and {TWIN}} " or {and {TWIN}'s}.

Else if twin in household, then display second paragraph "I will ask...about you or your household". Also display "and {TWIN}'s" in first paragraph and "and {TWIN}" in the third paragraph.

**During this interview, I will be asking questions about {CHILD}'s{and {TWIN}'s} early experiences and about you and your household.**

**{I will first ask questions specifically about {CHILD} and general questions about you and your household. Once these questions are finished, I will need to ask some questions specifically about {TWIN}. There will not be as many questions for {TWIN} because I will not need to repeat any questions about you or your household.}**

**Before we begin, I need to verify some information about {you and about} {CHILD}{and {TWIN}}. I also have a few questions about {the/you and the} other people living here.**

**IN023BX**

IF IN005 = 1 (YES) AND THE PRELOADED MOTHER'S FIRST AND LAST NAME ARE BOTH NON-MISSING, GO TO IN024.

ELSE GO TO IN025.

**IN024**

I have recorded your full name as {BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}. Is this correct?

- |   |            |           |
|---|------------|-----------|
| 1 | YES        | (IN028BX) |
| 2 | NO         |           |
|   | REFUSED    | (IN028BX) |
|   | DON'T KNOW | (IN028BX) |

**IN025**

**DISPLAY INSTRUCTIONS:**

If IN005=1 (YES), "MAKE CORRECTIONS...ACCEPT FIRST NAME".

Else if IN005=2 (NO), display "May I have your full name, please?" and "ENTER FIRST NAME".

{May I have your full name, please?}

**IN026**

**DISPLAY INSTRUCTIONS:**

If IN005=1 (YES), display "MAKE CORRECTIONS...ACCEPT MIDDLE NAME".

Else if IN005=2 (NO), display "[May I have your full name, please?]" and "ENTER MIDDLE NAME".

{[May I have your full name, please?]}

**IN027**

**DISPLAY INSTRUCTIONS:**

If IN005=1 (YES), "MAKE CORRECTIONS...ACCEPT LAST NAME".

Else if IN005=2 (NO), display "[May I have your full name, please?]" and "ENTER LAST NAME".

{[May I have your full name, please?]}

**IN028BX**

IF IN005 = YES AND PRELOADED MOTHER'S DATE OF BIRTH IS COMPLETE (NO PARTS ARE MISSING), GO TO IN030.

ELSE GO TO IN031.

**IN030**

**I have recorded your birth date as {BIRTH MOTHER'S BIRTH DATE FROM BIRTH CERTIFICATE}. Is this correct?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        | (IN034) |
| 2 | NO         |         |
|   | REFUSED    | (IN034) |
|   | DON'T KNOW | (IN034) |

**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 IN034.

**IN033b**

**How old are you?**

REFUSED  
DON'T KNOW

**IN034**

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

ENTER GENDER OF RESPONDENT.

1 MALE  
2 FEMALE  
REFUSED  
DON'T KNOW

**IN035**

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

**HELP AVAILABLE**

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**

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

**HELP AVAILABLE**

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**

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

**HELP AVAILABLE**

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

**IN055**

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

**HELP AVAILABLE**

- |   |                      |           |
|---|----------------------|-----------|
| 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                               |

**IN062**

IF IN035 = 2 - 13 (NOT THE MOTHER), OR  
(IN035 = 1 AND IN040 = 3 OR 4 (STEP OR FOSTER MOTHER)), OR  
(IN035 = 1 AND IN040 = 2 (ADOPTIVE MOTHER) AND IN005 ^= 1  
(NOT NAMED ON THE BIRTH CERTIFICATE)), THEN GO TO  
IN065.

ELSE GO TO IN115.

**IN065**

**{FULL NAME OF BIRTH CERTIFICATE MOTHER} HAS NOT BEEN IDENTIFIED AS THE PARENT RESPONDENT.**

**WHERE IS THE CHILD'S BIRTH MOTHER LIVING?**

- |    |                                     |            |
|----|-------------------------------------|------------|
| 1  | LIVING ELSEWHERE                    | (IN115)    |
| 2  | DECEASED                            | (IN070)    |
| 3  | LIVING IN HOUSEHOLD BUT UNAVAILABLE | (IN068PRE) |
| 4  | UNKNOWN                             | (IN115)    |
| 91 | OTHER (SPECIFY)                     |            |

**IN066**

**SPECIFY OTHER STATUS OF CHILD'S BIRTH MOTHER.**

GO TO IN115.

**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 RESCHEDULE THE INTERVIEW FOR A TIME WHEN SHE IS AVAILABLE.**

GO TO IN115.



**IN070**

**DISPLAY INSTRUCTIONS:**

Display month, day, and 4-digit year fields.

**WHAT WAS {CHILD}'S BIRTH MOTHER'S DATE OF DEATH?**

ENTER DATE.  
REFUSED  
DON'T KNOW

**IN075**

**WHAT WAS {CHILD}'S BIRTH MOTHER'S CAUSE OF DEATH?**

REFUSED  
DON'T KNOW

**IN115**

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

1 YES (IN135)  
2 NO (IN135)  
REFUSED (IN135)  
DON'T KNOW (IN135)

**IN120**

**[I have recorded {FIRST, MIDDLE, and LAST NAME FROM BIRTH CERTIFICATE} as {CHILD/TWIN}'s full name. Is this correct?]**

**IN125**

**[I have recorded {CHILD/TWIN}'s {FIRST, MIDDLE, and LAST NAME FROM BIRTH CERTIFICATE} as {CHILD/TWIN}'s full name. Is this correct?]**

**IN130**

**[I have recorded {FIRST, MIDDLE, and LAST NAME FROM BIRTH CERTIFICATE} as {CHILD/TWIN}'s full name. Is this correct?]**

**IN135**

**I have recorded {CHILD/TWIN}'s birth date as {MONTH, DAY, YEAR FROM BIRTH CERTIFICATE}. Is this correct?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        | (IN145) |
| 2 | NO         |         |
|   | REFUSED    | (IN145) |
|   | DON'T KNOW | (IN145) |

**IN140**

**What is {CHILD/TWIN}'s birth date?**

ENTER MONTH.  
REFUSED  
DON'T KNOW

**IN142**

**DISPLAY INSTRUCTIONS:**

Display number entered at IN140 at top of screen.

**[What is {CHILD/TWIN}'s birth date?]**

ENTER DAY.  
REFUSED  
DON'T KNOW

**IN144**

Display numbers entered at IN140 and IN142 at top of screen.

**[What is {CHILD/TWIN}'s birth date?]**

ENTER FOUR DIGIT YEAR.  
REFUSED  
DON'T KNOW

**IN145**

**ASK IF NOT OBVIOUS: I have {CHILD/TWIN} recorded as {male/female}. Is that correct?**

- |   |  |
|---|--|
| 1 | YES, CHILD IS {BIRTH CERTIFICATE GENDER} |
| 2 | NO, CHILD IS {OTHER GENDER}              |
|   | REFUSED                                  |
|   | DON'T KNOW                               |

**IN147BX**

IF TWIN IN HOUSEHOLD AND TWIN INFORMATION NOT YET COLLECTED, GO TO IN115.

OTHERWISE, GO TO FinishIN.

**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}  
{TWIN'S DATE OF BIRTH:} {TWIN'S DOB}  
{STATUS OF TWIN:} {IN010/IN012}

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}  
{TWIN'S DATE OF BIRTH:} {TWIN'S DOB}  
{STATUS OF TWIN:} {IN010/IN012}

GO TO SECTION FS.

## SECTION FS - FAMILY STRUCTURE

### FS002PRE

#### DISPLAY INSTRUCTIONS:

If IN065 = 3 (Birth mother in household) and no twin in household, display "and {CHILD}'s mother".  
Else if IN065 = 3 (Birth mother in household) and twin in household, display "and the twins' mother".

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

**We have listed that you and {CHILD}{and {TWIN}} {and {CHILD}'s mother/and the twins' mother} currently live in this household. Please tell me the names and ages of all the other people who normally live here. Please do not include anyone staying here temporarily who usually lives somewhere else.**

### FS005

**[Please tell me the names and ages of all the other people who normally live here. Please do not include anyone staying here temporarily who usually lives somewhere else.]**

PROBE: Anyone else (living in this household)?

### FS008

**ENTER MIDDLE NAME OF {NAME}.**

### FS010

**ENTER LAST NAME OF {NAME}.**

### FS015

#### DISPLAY INSTRUCTIONS:

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

Display appropriate first name for {NAME}.

**How old is {NAME}?**

**ENTER AGE OF {NAME}.**

ENTER ZERO IF PERSON'S AGE IS LESS THAN ONE YEAR.  
REFUSED  
DON'T KNOW

**FS020**

**DISPLAY INSTRUCTIONS:**

Display this question when cursor is positioned in gender column.

Display "Is {NAME}" (display appropriate first name) when cursor is positioned in gender column for someone other than respondent's row.

**CODE IF OBVIOUS. OTHERWISE, ASK: Is {NAME} male or female?**

- 1 MALE
- 2 FEMALE
- REFUSED
- DON'T KNOW

**FS023**

**IS THE MATRIX COMPLETE?**

- 1 YES
- 2 NO (RETURN TO MATRIX AND COMPLETE)

**FS025**

**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 (FS005)
- 2 NO
- REFUSED
- DON'T KNOW

**FS026BX**

IF FS025 = 1 (YES MISSED SOMEONE IN HOUSEHOLD), RETURN TO MATRIX.

ELSE IF MORE THAN RESPONDENT AND CHILD (AND TWIN IF IN010=1) LISTED ON ROSTER, GO TO FS030.

ELSE IF ONLY RESPONDENT AND CHILD (AND TWIN IF IN010=1) ARE LISTED ON HOUSEHOLD ROSTER, GO TO FS037BX.

**S030**

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

- |   |            |           |
|---|------------|-----------|
| 1 | YES        |           |
| 2 | NO         | (FS037BX) |
|   | REFUSED    | (FS037BX) |
|   | DON'T KNOW | (FS037BX) |

**FS035**

**DISPLAY INSTRUCTIONS:**

Display household members 14 years or older who are not the respondent as response category choices. If age is missing treat as 14 years or older.

Display respondent's first name for "{RESPONDENT}".

{DISPLAY HH MEMBER NAME 1}  
{DISPLAY HH MEMBER NAME 2}  
{DISPLAY HH MEMBER NAME 3}  
{DISPLAY HH MEMBER NAME 4}  
{DISPLAY HH MEMBER NAME 5}  
{DISPLAY HH MEMBER NAME 6}  
{DISPLAY HH MEMBER NAME 7}  
{DISPLAY HH MEMBER NAME 8}

**Who in the household is your spouse or partner?**

**FS040****HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

Display relationship matrix.

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

- |    |   |           |
|----|---|-----------|
| 1  | MOTHER/FEMALE GUARDIAN                              |           |
| 2  | FATHER/MALE GUARDIAN                                | (FS050)   |
| 3  | SISTER  | (FS055)   |
| 4  | BROTHER   | (FS060)   |
| 5  | GIRLFRIEND OR PARTNER OF CHILD'S<br>PARENT/GUARDIAN | (FS068BX) |
| 6  | BOYFRIEND OR PARTNER OF CHILD'S<br>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****Is {NAME} {CHILD}{and {TWIN}}'s ...****HELP AVAILABLE**

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

- |   |                                 |           |
|---|---------------------------------|-----------|
| 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**

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

**HELP AVAILABLE**

- 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**

ASK 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 FS050 NE 1 (NO BIRTH FATHER LISTED IN MATRIX) AND  
IN045 NE 1 (RESPONDENT IS NOT BIRTH FATHER), GO TO  
FS070.

ELSE, GO TO FS075.

**FS070**

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

- 1 YES
  - 2 NO (RETURN TO MATRIX AND COMPLETE)
- REFUSED  
DON'T KNOW

**FS075**

**DISPLAY INSTRUCTIONS:**

**HELP AVAILABLE**

Display in column 1 each person enumerated on household roster (at FS040) 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 FS035).

Note: If respondent is mother or father figure, only display his/her name once.

**{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 household roster (at FS040) 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 FS035).

Note: If respondent is mother or father figure, only display his/her name once.

**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**

**SPECIFY OTHER SPANISH/HISPANIC/LATINO GROUP.**

**FS085**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

Display in column 1 each person enumerated on household roster (at FS040) 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 FS035).

Note: If respondent is mother or father figure, only display his/her name once.

**Please select one or more of the following categories on this card to best describe {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 (FS090BX)
- DON'T KNOW (FS090BX)

**FS086**

**SPECIFY THE AMERICAN INDIAN TRIBE.**

**FS087**

**SPECIFY THE OTHER ASIAN RACE.**

**FS088**

**SPECIFY THE OTHER PACIFIC ISLANDER RACE.**

**FS089**

**SPECIFY THE OTHER RACE.**

**FS090BX**

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 SECTION CD (CHILD DEVELOPMENT).

**SECTION CD - CHILD DEVELOPMENT**

**CD001PRE**

**DISPLAY INSTRUCTIONS:**

IF TWIN IN HOUSEHOLD and currently asking about TWIN, display “As I mentioned...you and your household”.

Else use null display.

**{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.} To begin, I have some questions about feeding {CHILD/TWIN}, things that {he/she} can do, and what {he/she} is like.**

**CD002BX**

IF BIOLOGICAL MOTHER IS LIVING IN HOUSEHOLD (IN040 = 1  
OR ANY FS045=1),  
GO TO CD005.

ELSE, GO TO CD025.

**CD005**

**DISPLAY INSTRUCTIONS:**

If respondent is the biological mother (IN040=1), display “you”.

Else display “{CHILD/TWIN}’s mother”.

**Did {you/{CHILD/TWIN}’s mother} ever breast-feed {CHILD/TWIN}?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (CD025) |
|   | REFUSED    | (CD025) |
|   | DON'T KNOW | (CD025) |

**CD015**

**DISPLAY INSTRUCTIONS:**

If respondent is the biological mother (IN040=1), display “Are you.” Else display “Is {CHILD/TWIN}’s mother”.

**{Are you/Is {CHILD/TWIN}’s mother} still breast-feeding {CHILD/TWIN} now?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        | (CD025) |
| 2 | NO         |         |
|   | REFUSED    |         |
|   | DON'T KNOW |         |

**CD020**

**DISPLAY INSTRUCTIONS:**

If respondent is the biological mother (IN040=1), display “you”.  
Else display “{CHILD/TWIN}’s mother”.

**For how many months did {you/{CHILD/TWIN}’s mother} breast-feed {him/her}?**

ENTER 0 IF LESS THAN A MONTH.

ENTER NUMBER OF MONTHS.  
REFUSED  
DON'T KNOW

**CD025**

**DISPLAY INSTRUCTIONS:**

If CD015 = 1, display {breast-fed,} and {,} Else, use null display.

**During the past 7 days, was {CHILD/TWIN}{breast-fed,} formula-fed{,} or fed regular cow’s milk?**

CODE ALL THAT APPLY.

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

**CD027BX**

IF CD025 = 2 (FORMULA FED) OR CD025 = 3 (FED COW'S MILK),  
GO TO CD030.

ELSE, GO TO CD037BX.

**CD030**

**How old was {CHILD/TWIN} in months when you began feeding {him/her} formula?**

IF CHILD HAS NEVER BEEN FED FORMULA, ENTER 995.  
IF CHILD WAS LESS THAN 1 MONTH OLD WHEN FIRST FED  
FORMULA, ENTER 0.

ENTER NUMBER OF MONTHS.  
REFUSED  
DON'T KNOW

**CD037BX**

IF CD025 = 3 (FED COW'S MILK), GO TO CD040.

ELSE, GO TO CD045.

**CD040**

**How old was {CHILD/TWIN} in months when you began feeding {him/her} cow's milk?**

IF CHILD WAS LESS THAN 1 MONTH OLD WHEN FIRST FED COW'S MILK, ENTER 0.

ENTER NUMBER OF MONTHS.

REFUSED

DON'T KNOW

**CD045**

**How old was {CHILD/TWIN} in months when solid food was first introduced? Solid foods include cereal and baby food in jars, but not finger foods.**

IF CHILD HAS NOT YET STARTED EATING SOLID FOOD, ENTER 995.

ENTER NUMBER OF MONTHS.

REFUSED

DON'T KNOW

IF CD045 = 995, GO TO CD060. ELSE GO TO CD055.

**CD055**

**How old was {CHILD/TWIN} in months when {he/she} was first given finger foods, such as Cheerios, teething biscuits, crackers, bread, noodles, rice, grits, tortillas, or potatoes?**

IF CHILD NOT GIVEN FINGER FOODS, ENTER 995.

ENTER NUMBER OF MONTHS.

REFUSED

DON'T KNOW

**CD060**

**HELP AVAILABLE**

**Is {CHILD/TWIN} able to drink from a self-held cup?**

- 1 YES
- 2 NO (CD070)  
REFUSED (CD070)  
DON'T KNOW (CD070)

**CD065**

**HELP AVAILABLE**

**How old was {CHILD/TWIN} in months when {he/she} began drinking from a self-held cup?**

ENTER NUMBER OF MONTHS.  
REFUSED  
DON'T KNOW

**CD070**

**HELP AVAILABLE**

**Is {CHILD/TWIN} able to feed {him/her}self?**

- 1 YES
- 2 NO (CD080)  
REFUSED (CD080)  
DON'T KNOW (CD080)

**CD075**

**HELP AVAILABLE**

**How old was {CHILD/TWIN} in months when {he/she} started feeding {him/her}self?**

REFUSED  
DON'T KNOW

**CD080 - CD110**

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

- CD080 Sit alone, steady, without support?**
- CD190 Crawl on hands and knees?**
- CD100 Pull {him/her}self to a standing position?**
- CD110 First walk while holding on to something, such as furniture?**

ENTER NUMBER OF MONTHS.  
ENTER 95 IF CHILD HAS NOT DONE YET.  
REFUSED  
DON'T KNOW



CD120a - g

Now I have some descriptions about what babies may be like at {CHILD/TWIN}'s age. For each description, please tell me if {CHILD/TWIN} is never like this, used to be like this, is like this sometimes, or is like this most times.

- a. {CHILD/TWIN} is frequently irritable or fussy.
- b. {He/She} goes easily from a whimper to an intense cry.
- c. {He/She} demands your attention and company constantly.
- d. {He/She} wakes up 3 or more times in the night and is unable to go back to sleep. **HELP AVAILABLE**
- e. {He/She} needs a lot of help to fall asleep (e.g., rocking, long walks, stroking hair, car rides, etc.).
- f. {He/She} startles or is upset by loud sounds such as a vacuum, doorbell, or barking dog.
- g. {He/She} is unable to wait for food or toys without crying or whining

SHOW CARD CD1

- 0 NEVER
- 1 USED TO BE
- 2 SOMETIMES
- 3 MOST TIMES
- REFUSED
- DON'T KNOW

CD125

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

Would you say...

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

**CD127BX**

GO TO SECTION HE (HOME ENVIRONMENT).

**SECTION HE - HOME ENVIRONMENT**

**HE000BX**

IF ASKING ABOUT CHILD, GO TO HE001PRE.

ELSE IF ASKING ABOUT TWIN, GO TO HE050PRE .

**HE001PRE**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {twin}”.

**The next questions are about {CHILD}{and {TWIN}}'s family life, including the language spoken in your home.**

**HE005**

**Is any language other than English regularly spoken in your home?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (HE040) |
|   | REFUSED    | (HE040) |
|   | DON'T KNOW | (HE040) |

**HE010**

**What languages other than English are spoken in your home?**

**HELP AVAILABLE**

CODE ALL THAT APPLY.

- |    |                               |         |
|----|-------------------------------|---------|
| 1  | ARABIC                        | (HE015) |
| 2  | CHINESE                       | (HE015) |
| 3  | FILIPINO LANGUAGE             | (HE015) |
| 4  | FRENCH                        | (HE015) |
| 5  | GERMAN                        | (HE015) |
| 6  | GREEK                         | (HE015) |
| 7  | ITALIAN                       | (HE015) |
| 8  | JAPANESE                      | (HE015) |
| 9  | KOREAN                        | (HE015) |
| 10 | POLISH                        | (HE015) |
| 11 | PORTUGUESE                    | (HE015) |
| 12 | SPANISH                       | (HE015) |
| 13 | VIETNAMESE                    | (HE015) |
| 14 | AFRICAN                       | (HE015) |
| 15 | EAST EUROPEAN                 | (HE015) |
| 16 | NATIVE AMERICAN               | (HE015) |
| 17 | SIGN LANGUAGE                 | (HE015) |
| 18 | MIDDLE EASTERN                | (HE015) |
| 19 | WEST EUROPEAN                 | (HE015) |
| 20 | INDIAN SUBCONTINENT           | (HE015) |
| 21 | SOUTHEAST ASIAN               | (HE015) |
| 22 | PACIFIC ISLAND                | (HE015) |
| 91 | SOME OTHER LANGUAGE (SPECIFY) |         |
|    | REFUSED                       | (HE015) |
|    | DON'T KNOW                    | (HE015) |

**HE012**

**[What languages other than English are spoken in your home?]**

**HELP AVAILABLE**

ENTER OTHER LANGUAGES SPOKEN.

**HE015**

**Is English also spoken in your home?**

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

**HE017BX**

IF HE010 HAS MORE THAN ONE LANGUAGE CODED (1-22 OR 91)  
OR HE015 = 1 (ENGLISH ALSO SPOKEN IN HOME), ASK HE020.  
ELSE, GO TO HE025a.

**HE020**

**What is the primary language spoken in your home?**

**HELP AVAILABLE**

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

- 0 ENGLISH (HE023)
- 1 ARABIC (HE023)
- 2 CHINESE (HE023)
- 3 FILIPINO LANGUAGE (HE023)
- 4 FRENCH (HE023)
- 5 GERMAN (HE023)
- 6 GREEK (HE023)
- 7 ITALIAN (HE023)
- 8 JAPANESE (HE023)
- 9 KOREAN (HE023)
- 10 POLISH (HE023)
- 11 PORTUGUESE (HE023)
- 12 SPANISH (HE023)
- 13 VIETNAMESE (HE023)
- 14 AFRICAN (HE023)
- 15 EAST EUROPEAN (HE023)
- 16 NATIVE AMERICAN (HE023)
- 17 SIGN LANGUAGE (HE023)
- 18 MIDDLE EASTERN (HE023)
- 19 WEST EUROPEAN (HE023)
- 20 INDIAN SUBCONTINENT (HE023)
- 21 SOUTHEAST ASIAN (HE023)
- 22 PACIFIC ISLAND (HE023)
- 23 CANNOT CHOOSE (HE023)
- 91 SOME OTHER LANGUAGE (SPECIFY)  
REFUSED (HE023)  
DON'T KNOW (HE023)

**HE022**

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

**HELP AVAILABLE**

ENTER OTHER PRIMARY LANGUAGE.

**HE023**

What is your primary language?

**HELP AVAILABLE**

PROBE: What language do you speak the most?

- 1 ENGLISH (HE028BX)
- 2 SPANISH
- 3 OTHER LANGUAGE

**HE025a - d**

How well do you...

- a. **Speak English?**
- b. **Read English?**
- c. **Write English?**
- d. **Understand someone speaking English?**

Would you say very well, pretty well, not very well, or not well at all?

SHOW CARD HE1

- 1 VERY WELL
- 2 PRETTY WELL
- 3 NOT VERY WELL
- 4 NOT WELL AT ALL  
REFUSED  
DON'T KNOW

**HE028BX**

IF HE010 HAS MORE THAN ONE LANGUAGE SELECTED (1-22 OR 91), OR  
HE010 HAS EXACTLY ONE LANGUAGE SELECTED AND  
HE015=1 (ENGLISH ALSO SPOKEN IN THE HOUSEHOLD), OR  
HE010=DK OR RF (DON'T KNOW OR REFUSED) AND HE015=1  
(ENGLISH ALSO SPOKEN IN THE HOUSEHOLD), GO TO HE030  
  
ELSE GO TO HE040.

## HE030

### DISPLAY INSTRUCTIONS:

If there is a twin, display “and {TWIN}”.

### CAPI ROSTER INSTRUCTION:

Display in column 1 each person enumerated in the Introduction (IN035) or on household roster (FS040) who meets any of the following conditions:

Is the respondent,

Is a mother figure (CODE '1' at IN035/FS040),

Is a father figure (CODE '2' at IN035/FS040),

Is the partner of child's parent (CODE '5' or '6' at IN035/FS040),

Or is the respondent's spouse.

If only one language coded in HE010 and HE010 = 1-13, 17, or 91, display language coded in HE010 or HE012. If HE010 = 14-16, or 18-22, then also display “[a/an] {NON-ENGLISH LANGUAGE} language.”

Else if HE010 = DON'T KNOW or REFUSED, display “a language other than English”.

Else if HE010 has more than one language coded (1–22 or 91), display second sentence “On average,...speaking to {CHILD}?”

If asking about respondent, display "do you".

Else display "does {NAME}”.

Display appropriate first name for {NAME}.

**{How often {do you/does {NAME}} use {{NON-ENGLISH LANGUAGE}/[a/an] {NON-ENGLISH LANGUAGE} language/a language other than English} in speaking to {CHILD}{and {TWIN}}?/  
On average, how often {do you/does {NAME}} use all languages, other than English, in speaking to {CHILD}{and {TWIN}}?**

**Would you say never, sometimes, often, or very often?**

PROBE: We just need to know in general.

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

**HE040**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**Have you used any books or magazines about babies or parenting to help you with {CHILD}{and {TWIN}}?**

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

**HE050PRE**

**Now I have some questions about your routine when it's time to put {CHILD/TWIN} to bed.**

**HE055**

**When you put {CHILD/TWIN} to bed, is {he/she} usually awake or asleep?**

- 1 AWAKE
- 2 ASLEEP
- REFUSED
- DON'T KNOW

**HE060**

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

- 1 YES
- 2 NO (HE075)
- REFUSED (HE075)
- DON'T KNOW (HE075)

**HE070**

**Does the bottle usually contain...**

- 1 Juice,
- 2 Milk,
- 3 Water,
- 4 Formula, or
- 5 Something else?
- REFUSED
- DON'T KNOW

**HE075**

**When {CHILD/TWIN} was a newborn, in what position did you put {him/her} to sleep?**

- 1 LYING ON STOMACH WITH FACE TO SIDE
- 2 LYING ON STOMACH WITH FACE DOWN
- 3 LYING ON BACK
- 4 LYING ON SIDE
- 5 PROPPED IN A SITTING POSITION
- 6 NO SPECIAL WAY
- 7 CHANGED POSITION/ROTATED BABY
- 91 OTHER  
REFUSED  
DON'T KNOW

**HE080**

**When {CHILD/TWIN} was about 3 months old, in what position did you usually put {him/her} to sleep?**

- 1 LYING ON STOMACH WITH FACE TO SIDE
- 2 LYING ON STOMACH WITH FACE DOWN
- 3 LYING ON BACK
- 4 LYING ON SIDE
- 5 PROPPED IN A SITTING POSITION
- 6 NO SPECIAL WAY
- 7 CHANGED POSITION/ROTATED BABY
- 91 OTHER  
REFUSED  
DON'T KNOW

**HE085**

**DISPLAY INSTRUCTIONS:**

If respondent is biological mother (IN040=1) or biological father (IN045=1) display "came home after birth".

Else display "began living with you".

**Since {CHILD/TWIN} {came home after birth/began living with you}, have there ever been periods of one week or more when you and {CHILD/TWIN} did not live together, either because you were away from home or {CHILD/TWIN} was away from home?**

- 1 YES
- 2 NO (HE097BX)  
REFUSED (HE097BX)  
DON'T KNOW (HE097BX)



**HE090**

**DISPLAY INSTRUCTIONS:**

If respondent is the biological mother (IN040=1) or the biological father (IN045=1), display “came home after birth”.

Else display “began living with you”.

**Since {CHILD/TWIN} {came home after birth/began living with you}, how many times have you and {CHILD/TWIN} been separated for one week or more?**

REFUSED  
DON'T KNOW

<p style="text-align: center;"><b>HE097BX</b></p> <p>IF ASKING ABOUT TWIN, GO TO HE117BX .</p> <p>ELSE, CONTINUE WITH HE100PRE.</p>
---

**HE100PRE**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**Now I'd like to ask you about {CHILD}{and {TWIN}}'s activities with family members.**

**HE102a - d**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**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

**HE103PRE**

Next I'd like to ask about activities you do with {CHILD}{and {TWIN}}.

**HE103BX**

IF RESPONDENT IS FATHER (IN035 = 2), GO TO HE106a.

ELSE, GO TO HE105a.

**HE105a - c**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}", "their", and "bellies".

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

- a. Play peek-a-boo?
- b. Do things like tickle {him/her/them}, blow on {his/her/their} {belly/bellies}, or move {his/her/their} arms and legs around in a playful way?
- c. Take {CHILD}{and {TWIN}} outside for a walk or to play in the yard, a park, or a playground?

PROBE: Rarely would be once a month.

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

GO TO HE117BX.

HE106a - j

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}", "diapers", "them", "bottles", "their", and "bellies".

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

- a. **Change {CHILD}'s{and {TWIN}'s} {diaper/diapers}?**
- b. **Prepare meals or bottles for {him/her/them}?**
- c. **Feed {CHILD}{and {TWIN}} or give {him/her/them} {a bottle/bottles}?**
- d. **Play peek-a-boo with {CHILD}{and {TWIN}}?**
- e. **Hold {him/her/them}?**
- f. **Do things like tickle {him/her/them}, blow on {his/her/their} {belly/bellies}, or move {his/her/their} arms and legs around in a playful way?**
- g. **Put {CHILD}{and {TWIN}} to sleep?**
- h. **Wash or bathe {him/her/them}?**
- i. **Take {him/her/them} outside for a walk or to play in the yard, a park, or a playground?**
- j. **Dress {him/her/them}?**

PROBE: Rarely would be once a month.

**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

**HE107a - e**

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

- a. **Get up with {CHILD}{and {TWIN}} when {he/she/they} {wakes/wake} up during the night?**
- b. **Soothe {CHILD}{and {TWIN}} when {he/she/they} {is/are} upset?**
- c. **Take {CHILD}{and {TWIN}} to the doctor?**
- d. **Stay home to care for {CHILD}{and {TWIN}} when {he/she/they} {is/are} ill?**
- e. **Take {CHILD}{and {TWIN}} to or from the sitter or day care center?**

**Do you always, often, sometimes, rarely, or never do them?**

SHOW CARD HE4

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

**HE117BX**

IF ASKING ABOUT TWIN, GO TO CC001BX.

ELSE, GO TO SECTION PA (PARENT ATTITUDES AND EXPECTATIONS).

**SECTION PA - PARENT ATTITUDES AND EXPECTATIONS**

**PA005a - g**

**HELP AVAILABLE**

**Next, I'm going to read some opinions that some parents have. I'm going to read two statements at a time. Please choose the one that is closest to your own ideas, either statement 1 or 2.**

SHOW CARD PA1

- 1 You can spoil a tiny baby by picking him up every time he cries, or
  - 2 You cannot spoil a tiny baby by picking him up every time he cries.
- REFUSED  
DON'T KNOW

**PA005b**

**HELP AVAILABLE**

**[Please choose the one that is closest to your own ideas, either statement 1 or 2.]**

SHOW CARD PA2

- 1 If a mother trains her baby properly, he will not need diapers after he is one year old, or
  - 2 It is better not to start toilet training a baby until he is at least a year old.
- REFUSED  
DON'T KNOW

**PA005c**

**HELP AVAILABLE**

**[Please choose the one that is closest to your own ideas, either statement 1 or 2.]**

SHOW CARD PA3

- 1 Small babies should be fed when they are hungry, or
  - 2 Small babies should be fed on a regular schedule.
- REFUSED  
DON'T KNOW

**PA005d**

**HELP AVAILABLE**

**[Please choose the one that is closest to your own ideas, either statement 1 or 2.]**

SHOW CARD PA4

- 1 It is important to see that a young child does not form bad habits, or
  - 2 If a young child is happy, he will not form bad habits.
- REFUSED  
DON'T KNOW



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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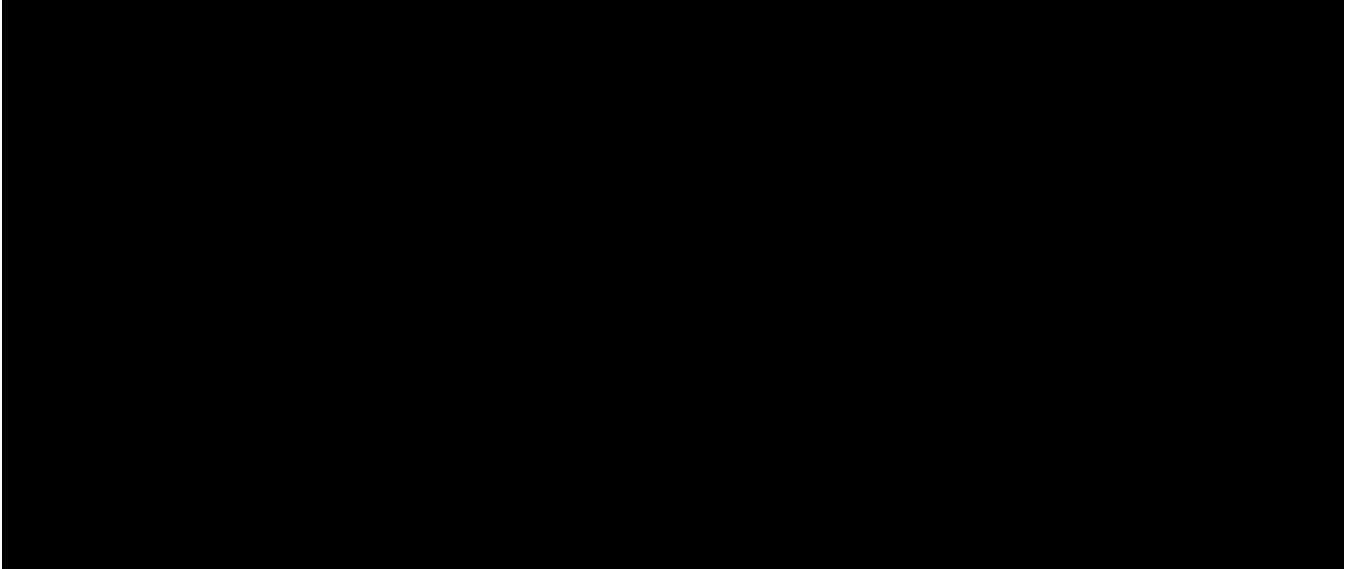
**PA052BX**

IF RESPONDENT IS THE FATHER (IN035 = 2), GO TO PA055a.

ELSE, GO TO PA060BX.

PA055a -g

Now I have some statements that men have made about their role as fathers. For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree.



SHOW CARD PA6

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

PA056a

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

Please tell me which is the most important for you, as a father, to do.

SHOW CARD PA7

- 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 PA056a = RF, GO TO PA057.

**PA056b**

**DISPLAY INSTRUCTIONS:**

Display selection from PA056a for {MOST IMPORTANT}.

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

**Please tell me which is the second most important for you.**

[MOST IMPORTANT: {MOST IMPORTANT}.]

SHOW CARD PA7

- 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 PA056b = RF, GO TO PA057.

PA056c

**DISPLAY INSTRUCTIONS:**

Display item selected at PA056a for {MOST IMPORTANT} and item selected at PA056b for {SECOND IMPORTANT}.

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

**Please tell me which is the third most important.**

[MOST IMPORTANT: {MOST IMPORTANT}]

[SECOND MOST IMPORTANT: {SECOND IMPORTANT}]

SHOW CARD PA7

- 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



**PA058a - e**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {twin}”.

**How often do you feel the following ways or do the following things?**

PROBE: Your best guess is fine.

- a. You talk a lot about {CHILD}{and {TWIN}} to your friends and family.**
- b. You carry pictures of {him/her/them} with you wherever you go.**
- c. You often find yourself thinking about {him/her/them}.**
- d. You think holding and cuddling {CHILD}{and {TWIN}} is fun.**
- e. You think it's more fun to get {him/her/them} something new than to get yourself something new.**

**Would you say you feel this way all of the time, some of the time, rarely, or never?**

SHOW CARD PA8

- 1 ALL OF THE TIME
- 2 SOME OF THE TIME
- 3 RARELY
- 4 NEVER  
REFUSED

**PA060BX**

GO TO SECTION CC (CHILD CARE).

**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 more than one type of care is used, display "ARRANGEMENTS".  
Else, display "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 ARRANGEMENTS}.

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

**CC010PRE**

**DISPLAY INSTRUCTIONS:**

If respondent is {CHILD}'s biological or adoptive mother (IN40=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 babysitting.**

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 (CC025)
- 2 NO
- REFUSED
- DON'T KNOW

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 CC015 = 1 (CHILD IS CURRENTLY RECEIVING CARE FROM A RELATIVE), 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****SPECIFY OTHER RELATIVE.****CC045****HELP AVAILABLE****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".

**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     | (CC048) |
|   | DON'T KNOW  | (CC048) |

**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 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".

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

- ENTER NUMBER OF DAYS.
- REFUSED
- DON'T KNOW

CC070

HELP AVAILABLE

**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".

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

ENTER NUMBER OF HOURS.  
REFUSED  
DON'T KNOW

CC075

HELP AVAILABLE

**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".

**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

**CC090****HELP AVAILABLE****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".

**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 LANGUAGE             | (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 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".

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

**CC105**

**HELP AVAILABLE**

**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".

**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)

**CC107**

**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".

**[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 MONTH        | (CC109BX) |
| 5 PER YEAR         | (CC109BX) |
| 91 OTHER (SPECIFY) |           |

**CC108**

**SPECIFY OTHER UNIT.**

<p><b>CC109BX</b></p> <p>IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER BESIDES CHILD/TWIN IN THE HOUSEHOLD (ANYONE IN FS025 &lt;= AGE 12), CONTINUE WITH CC110.</p> <p>ELSE GO TO CC116BX.</p>
--

**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}?**

1 YES (CC130)  
2 NO  
REFUSED  
DON'T KNOW

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

- ENTER NUMBER OF DAYS.
- REFUSED
- DON'T KNOW

CC170

HELP AVAILABLE

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

- ENTER NUMBER OF HOURS.
- 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

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 LANGUAGE	(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)

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 MONTH (CC209BX)
- 5 PER YEAR (CC209BX)
- 91 OTHER (SPECIFY)

CC208

**SPECIFY OTHER UNIT.**

<p><b>CC209BX</b></p> <p>IF THERE ARE OTHER CHILDREN AGE 12 OR YOUNGER IN THE HOUSEHOLD (ANYONE IN FS025 AGE &lt;= 12), GO TO CC210.</p> <p>ELSE, GO TO CC216BX.</p>
--

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

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

HELP AVAILABLE

ENTER NUMBER OF CHILDREN.  
REFUSED  
DON'T KNOW

CC216BX

IF CC140 = 2, 3, OR 4 (MORE THAN ONE CARE ARRANGEMENT),  
GO TO CC218.

ELSE, GO TO CC220.

CC218

HELP AVAILABLE

**DISPLAY INSTRUCTIONS:**

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

If CC140 = 3, display "2" for NUMBER also 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 (CC230)
- 2 NO
- REFUSED
- DON'T KNOW

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

ENTER NUMBER OF DAYS.  
REFUSED  
DON'T KNOW

CC260

HELP AVAILABLE

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

ENTER NUMBER OF HOURS.  
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

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 LANGUAGE             | (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)

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 MONTH (CC299BX)

5 PER YEAR (CC299BX)

91 OTHER (SPECIFY)

CC298

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) (CC307BX)

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 also display "center" and "this".

If CC240 = 3, display "2" for NUMBER and also 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

### CC312BX

SET FLAGS FOR CHILD:

PAID CARE PROVIDER WHERE MOST TIME SPENT. This flag is used for CC315a-d below.

IF CC015 ^=1 AND CC120 ^=1 AND CC220 ^=1 (CHILD DOES NOT CURRENTLY RECEIVE CHILD CARE ON A REGULAR BASIS) THEN DO NOT SET THIS FLAG.

ELSE IF CC070 IS EMPTY, DK, OR RF AND CC170 IS EMPTY, DK, OR RF AND CC260 IS EMPTY, DK, OR RF THEN DO NOT SET THIS FLAG.

ELSE IF CC095 ^= 1 AND CC195 ^=1 AND CC285 ^= 1 (NO PAID CARE) THEN DO NOT SET THIS FLAG.

ELSE IF CC095=1 AND (CC070 > CC170 OR CC195 ^=1) AND (CC070 > CC260 OR CC285 ^=1) THEN SET THIS FLAG TO RELATIVE CARE.

ELSE IF CC195=1 AND (CC170 > CC070 OR CC095 ^=1) AND (CC170 > CC260 OR CC285 ^= 1) THEN SET THIS FLAG TO NONRELATIVE CARE.

ELSE IF CC285=1 AND (CC260 > CC070 OR CC095 ^=1) AND (CC260 > CC170 OR CC195 ^= 1) THEN SET THIS FLAG TO CENTER-BASED CARE.

ELSE IF NONE ARE LARGER, THAT IS IF THE LARGEST NUMBER OF HOURS SPENT IN PAID CARE IS SHARED BY TWO OR MORE PROVIDER TYPES, THEN RANDOMLY SELECT ONE FROM AMONG THOSE WITH THE HIGHEST VALUE

IF TWIN IS IN HOUSEHOLD, ALSO SET FLAGS FOR TWIN:

IF CC005=YES, THEN SET TWIN FLAGS TO EQUAL CHILD FLAGS.

ELSE SET TWIN FLAGS BASED ON THE RULES AS ABOVE.

**CC313BX**

IF CC005=YES (TWIN HAS SAME CHILD CARE ARRANGEMENTS)  
GO TO CC316BX.

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

ELSE, GO TO CC316BX.

**CC315a - d**

**DISPLAY INSTRUCTIONS:**

If Paid Care Provider flag = relative care, and CC040 = 1, display "grandparent".

If Flag = relative care and CC040 = 2, display "aunt".

If Flag = relative care and CC040 = 3, display "uncle".

If Flag = relative care and CC040 = 4, display "brother".

If Flag = relative care and CC040 = 5, display "sister".

If Flag = relative care and CC040 = 91, DK or RF, display "relative care giver".

If Flag = nonrelative care then display "non-relative care giver".

If Flag = 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

**CC316BX**

IF ASKING ABOUT CHILD, GO TO CC317a.

ELSE, GO TO CC318BX.

**CC317a - f**

**DISPLAY INSTRUCTIONS:**

If CC015 = 1 (RECEIVING CARE FROM RELATIVE) or CC120 = 1 (RECEIVING CARE FROM NON-RELATIVE) or CC220 = 1 (ATTENDING CHILD CARE CENTER) then display "is" and "Is that";

Else display "would be" and "Would that be".

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

**I'm going to read some things that people look for in selecting child care arrangements. For each one, please tell me if you think it {is/would be} very important, somewhat important, or not important in selecting an arrangement for {CHILD}{and {TWIN}}. How about...**

- a. **A caregiver who has special training in taking care of children.**
- b. **A place where children will be cared for when they are sick.      HELP AVAILABLE**
- c. **A place close to your home.**
- d. **A reasonable cost.**
- e. **A small number of children in the same group.**
- f. **A caregiver who speaks English with your child.**

SHOW CARD CC1

**{Is that/Would that be} very important, somewhat important, or not important?**

- 1 VERY IMPORTANT,
- 2 SOMEWHAT IMPORTANT, OR
- 3 NOT IMPORTANT?
- 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 health.

**CH005**

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

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

**CH006BX**

IF ASKING ABOUT TWIN, GO TO CH010.

ELSE, IF CHILD AND TWIN ARE IN SAMPLE, AND TWIN IS ALIVE, AND GENDER OF CHILD AND TWIN ARE THE SAME, GO TO CH007.

ELSE, GO TO CH010.

**CH007**

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

- 1 IDENTICAL
  - 2 FRATERNAL
- REFUSED (CH010)  
DON'T KNOW (CH010)

**CH008**

**DISPLAY INSTRUCTIONS:**

If CH007=1 (IDENTICAL) then display 'identical'.  
Else if CH007=2 (FRATERNAL) display 'fraternal'.

**How do you know {CHILD} and {TWIN} are {identical/fraternal} twins?**

PROBE: Anything else?

CODE ALL THAT APPLY.

- 1 CHEEK SWAB DNA TEST
- 2 BLOOD DNA TEST
- 3 PLACENTAL MEMBRANE DNA TEST
- 4 BLOOD TYPING TEST
- 5 OBSERVATION OF PLACENTA
- 6 DOCTOR/MIDWIFE TOLD ME
- 7 COMPLETED A QUESTIONNAIRE
- 8 SOMEONE ELSE NOT PRESENT AT DELIVERY TOLD ME
- 91 OTHER (SPECIFY)  
REFUSED  
DON'T KNOW

**CH009**

**SPECIFY OTHER WAY KNOW {CHILD} AND {TWIN} ARE {IDENTICAL/FRATERNAL}**

**CH010**

**HELP AVAILABLE**

**Please think back to when {CHILD/TWIN} was born. As a newborn, did {CHILD/TWIN} have to stay longer in the hospital because of medical problems?**

PROBE: Please include only the days {he/she} stayed in the hospital because of medical problems. Do not include the time spent in the hospital at birth.

- 1 YES
- 2 NO (CH035)  
REFUSED (CH035)  
DON'T KNOW (CH035)

**CH015**

**How many days did {CHILD/TWIN} stay in the hospital because of medical problems?**

ENTER NUMBER OF DAYS.  
REFUSED  
DON'T KNOW

**CH020**

**Were any of these days in the Neonatal Intensive Care Unit (NICU), or were they all in the regular nursery?**

- 1 ALL IN NICU (CH030)
- 2 SOME IN NICU
- 3 ALL IN REGULAR NURSERY (CH030)
- REFUSED (CH030)
- DON'T KNOW (CH030)

**CH025**

**How many days did {CHILD/TWIN} stay in the NICU after birth?**

- ENTER NUMBER OF DAYS.
- REFUSED
- DON'T KNOW

**CH030**

**HELP AVAILABLE**

**Did {CHILD/TWIN} require assisted ventilation for more than 30 minutes?**

- 1 YES
- 2 NO (CH035)
- REFUSED (CH035)
- DON'T KNOW (CH035)

**CH033**

**How many days did {CHILD/TWIN} require ventilation?**

- ENTER NUMBER OF DAYS.
- REFUSED
- DON'T KNOW

**CH035**

**HELP AVAILABLE**

**Sometimes babies are sent home from the hospital with an apnea monitor if they have problems with their breathing. Was an apnea monitor ever prescribed or recommended for use with {CHILD/TWIN} at home?**

- 1 YES
- 2 NO (CH045)
- REFUSED (CH045)
- DON'T KNOW (CH045)

**CH040**

**Did you ever use an apnea monitor at home for {CHILD/TWIN} for one week or more?**

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

**CH045**

**While at home, has {CHILD/TWIN} ever stopped breathing to the extent of turning blue or needing stimulation to begin breathing again? (Do not include times when your baby stopped breathing after prolonged coughing or crying, or while in the hospital).**

- 1 YES
- 2 NO (CH052)
- REFUSED (CH052)
- DON'T KNOW (CH052)

**CH050**

**How many times did this happen?**

- ENTER NUMBER OF TIMES.
- REFUSED
- DON'T KNOW

**CH052**

**Since {CHILD/TWIN} was born, how many times has {he/she} gone for well-baby checkups? These are visits to the doctor when {he/she} isn't sick, but to get {him/her} checked over or to get vaccinations.**

- REFUSED (CH054)
- DON'T KNOW (CH054)

**CH053**

**What kind of place do you usually take {CHILD/TWIN} for well-baby 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



**CH054**

**Has {CHILD/TWIN} ever needed to see a medical specialist or has your pediatrician or regular doctor ever sent {CHILD/TWIN} to be seen by someone else?**

PROBE: From the time {CHILD/TWIN} was born until now.

- 1 YES
- 2 NO (CH057)
- REFUSED (CH057)
- DON'T KNOW (CH057)

**CH055**

**When {CHILD/TWIN} has gone to a medical specialist or place for special care, did {he/she} need approval or a referral?**

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

**CH057**

**Has {CHILD/TWIN} ever had {his/her} hearing tested?**

CODE ALL THAT APPLY.

PROBE: IF YES, ASK: Was that in the birth hospital or after going home or both?

CODE ALL THAT APPLY.

- 1 YES, IN BIRTH HOSPITAL
- 2 YES, AFTER GOING HOME
- 3 NO
- REFUSED
- DON'T KNOW

**CH060a - d**

**HELP AVAILABLE**

**Has a doctor, nurse, or other medical professional ever 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

**CH062BX**

IF CH060a = 1 (ASTHMA), GO TO CH070.

ELSE, GO TO CH077BX.

**CH070**

**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 (CH075)
- 2 ALBUTEROL (CH075)
- 3 NO TREATMENT/WATCH AND WAIT (CH075)
- 4 ANTIBIOTICS (CH075)
- 5 OVER-THE-COUNTER MEDICATION (SPECIFY)
- 91 OTHER (SPECIFY) (CH072)
- REFUSED (CH075)
- DON'T KNOW (CH075)

**CH071**

**SPECIFY OVER-THE-COUNTER MEDICATION.**

**CH072**

**SPECIFY OTHER TREATMENT.**

**CH075**

**Has {CHILD/TWIN} ever been taken to an emergency room or hospitalized for at least one night because of asthma?**

- 1 YES
- 2 NO  
REFUSED  
DON'T KNOW

**CH077BX**

IF CH060b = 1 (BRONCHITIS), GO TO CH085.

ELSE, GO TO CH092BX.

**CH085**

**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 (CH090)
- 2 ANTIBIOTICS (CH090)
- 3 ALBUTEROL (CH090)
- 4 INHALER/NEBULIZER (CH090)
- 5 OVER-THE-COUNTER MEDICATION (SPECIFY)
- 91 OTHER (SPECIFY) (CH087)  
REFUSED (CH090)  
DON'T KNOW (CH090)

**CH086**

**SPECIFY OVER-THE-COUNTER MEDICATION.**

**CH087**

**SPECIFY OTHER TREATMENT.**

**CH090**

**Has {CHILD/TWIN} ever 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

**CH092BX**

IF CH060c = 1 (GASTROINTESTINAL ILLNESS), GO TO CH095.

ELSE, GO TO CH100BX.

**CH095**

**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           | CH099)  |
| 2  | ANTIBIOTICS                           | CH099)  |
| 3  | CHANGED FORMULA/DIET                  | CH099)  |
| 4  | OVER-THE-COUNTER MEDICATION (SPECIFY) |         |
| 91 | OTHER (SPECIFY)                       | (CH097) |
|    | REFUSED                               | (CH099) |
|    | DON'T KNOW                            | (CH099) |

**CH096**

**SPECIFY OVER-THE-COUNTER MEDICATION.**

**CH097**

**SPECIFY OTHER TREATMENT.**

**CH099**

**Has {CHILD/TWIN} ever 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

**CH100BX**

IF CH060d = 1 (EAR INFECTION), GO TO CH102.

ELSE, GO TO CH135.

**CH102**

**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

**CH105**

**How old was {CHILD/TWIN} in months when {he/she} had the first ear infection?**

ENTER NUMBER OF MONTHS.  
REFUSED (CH110)  
DON'T KNOW (CH110)

**CH110**

**DISPLAY INSTRUCTIONS:**

If CH102=1, use null display.  
Else, If CH102=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 treated by your doctor, nurse, or other medical professional?**

CODE ALL THAT APPLY.

- |    |                                       |           |
|----|---------------------------------------|-----------|
| 1  | NO TREATMENT/WATCH AND WAIT           | (CH114BX) |
| 2  | DECONGESTANTS                         | (CH114BX) |
| 3  | ANTIBIOTICS                           | (CH114BX) |
| 4  | WITH EAR TUBES                        | (CH114BX) |
| 5  | OVER-THE-COUNTER MEDICATION (SPECIFY) |           |
| 6  | EAR DROPS                             | (CH114BX) |
| 91 | OTHER (SPECIFY)                       | (CH113)   |
|    | REFUSED                               | (CH114BX) |
|    | DON'T KNOW                            | (CH114BX) |

**CH112**

**SPECIFY OVER-THE-COUNTER MEDICATION.**

**CH113**

**SPECIFY OTHER TREATMENT.**

**CH114BX**

IF CH102 >= 2, GO TO CH110 FOR SECOND/THIRD EAR INFECTION.

ELSE GO TO CH115.

**CH115**

**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

**CH135**

**HELP AVAILABLE**

**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 "came home after birth".

**Now, I want to ask you about any injuries {CHILD/TWIN} has had. Since {CHILD/TWIN} {began living with you/came home after birth}, 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
  - 1 ONCE
  - 2 TWICE
  - 3 THREE OR MORE
- REFUSED  
DON'T KNOW

**CH137BX**

IF CH135 = 0 (NEVER AN INJURY), DK OR RF, GO TO CH162.

ELSE, GO TO CH140.

**CH140**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

If CH135 = 1, display "this".

If CH135 = 2 or 3, display "the most serious".

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

- |    |  |         |
|----|--|---------|
| 1  | FALL   | (CH145) |
| 2  | CHOKING  | (CH145) |
| 3  | AUTO/TRUCK ACCIDENT: CHILD IN CAR                    | (CH145) |
| 4  | AUTO/TRUCK ACCIDENT: CHILD NOT IN CAR                | (CH145) |
| 5  | HEAT, HOT WATER, FIRE OR ELECTRICITY                 | (CH145) |
| 6  | ANIMAL BITE  | (CH145) |
| 7  | POISONING, SOMETHING CHILD ATE, DRANK,<br>OR INHALED | (CH145) |
| 8  | CUT OR PIERCED WITH A SHARP OBJECT                   | (CH145) |
| 91 | OTHER (SPECIFY)                                      |         |
|    | REFUSED  | (CH145) |
|    | DON'T KNOW   | (CH145) |

**CH141**

**HELP AVAILABLE**

**SPECIFY OTHER CAUSE OF INJURY.**

**CH145**

**Did it occur in the last 3 months?**

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

**CH150**

**Where did this injury happen?**

CODE ALL THAT APPLY.

- |    |   |         |
|----|---|---------|
| 1  | AT CHILD'S HOME                           | (CH155) |
| 2  | AT OTHER'S HOME                           | (CH155) |
| 3  | AT CHILD CARE CENTER/NURSERY              | (CH155) |
| 4  | STREET/HIGHWAY                            | (CH155) |
| 5  | PLAYGROUND, PLACE OF RECREATION OR SPORTS | (CH155) |
| 6  | ANOTHER PUBLIC BUILDING OR SPACE          | (CH155) |
| 91 | OTHER (SPECIFY)                           |         |
|    | REFUSED                                   | (CH155) |
|    | DON'T KNOW                                | (CH155) |

**CH152**

**SPECIFY OTHER LOCATION.**

**CH155**

**HELP AVAILABLE**

**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 |

**CH160**

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

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



**CH162PRE**

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

**CH165a - g**

**HELP AVAILABLE**

Has a doctor ever told you that {CHILD/TWIN} has the following conditions?

- a. **Blindness?** (IF = 1 (YES), SKIP TO CH165c)
- b. **Difficulty seeing, including nearsightedness and farsightedness?**
- c. **Difficulty hearing or deafness? (Do not include a temporary loss of hearing due to a cold or congestion.)**
- d. **A cleft lip or palate?**
- e. **A heart defect?**
- f. **Failure to thrive?**
- g. **A problem with mobility or using {his/her} legs to get around?**
- h. **A problem with using {his/her} arms or hands?**
- i. **Down Syndrome?**
- j. **Turner's Syndrome?**
- k. **Spina Bifida?**
- l. **Any other types of special needs or limitations?**

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

**CH167**

**What are these special needs or limitations?**

SPECIFY OTHER SPECIAL NEEDS.

**CH169BX**

IF ANY OF CH165a-l = 1 (YES), GO TO CH170a.

ELSE, GO TO CH185BX.

**CH170a - g**

**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.**

- a. Physical therapy?**
- b. Vision services?**
- c. Hearing services?**
- d. Social work services?**
- e. Psychological services?**
- f. Home visits?**
- g. Parent support or training?**

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

**CH172BX**

IF ANY OF CH170a-g = 1 (YES), GO TO CH175.

ELSE, GO TO CH185BX.

**CH175**

**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

**CH180a - f**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

If more than one CH165a-k = 1 (child has more than one special need/condition) then 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 agency?**
- c. A social service agency?**
- d. A private doctor's office?**
- e. A clinic?**
- f. Some other source?**

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

**CH182**

**What is that other source?**

SPECIFY OTHER SOURCE.

**CH185BX**

IF ASKING ABOUT TWIN, GO TO CH190.

ELSE, GO TO CH192PRE.

**CH190**

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

IF NEITHER TWIN HAS HEALTH INSURANCE COVERAGE, ENTER 0.

- 0 NEITHER TWIN HAS HEALTH INSURANCE COVERAGE (CH220)
- 1 YES (CH235)
- 2 NO (CH255BX)
- REFUSED (CH255BX)
- DON'T KNOW (CH255BX)

**CH192PRE**

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.

**CH195**

Is {CHILD/TWIN} covered by any kind of health insurance or some other kind of health care plan?

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.

SHOW CARD CH1

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (CH203) |
|   | REFUSED    | (CH250) |
|   | DON'T KNOW | (CH250) |

**CH200a - f**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

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...**

- 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

**CH202BX**

IF CH200e = 1 (INDIAN HEALTH SERVICE) AND CH200c ^= 1, GO TO CH203.

ELSE, GO TO CH209BX.

**CH203**

**DISPLAY INSTRUCTIONS:**

Display State name for CHIP if available; else, display " or {STATE OF RESIDENCE}'s CHIP".

**Have you heard of CHIP (Children's Health Insurance Program) {or State name for CHIP/or {STATE OF RESIDENCE}'s CHIP}?**

- 1 YES
- 2 NO (CH209BX)
- REFUSED (CH209BX)
- DON'T KNOW (CH209BX)

**CH205**

**Why are you not a participant?**

CODE ALL THAT APPLY.

- 1 DIDN'T KNOW I COULD QUALIFY (CH209BX)
- 2 DIDN'T KNOW HOW TO JOIN IT (CH209BX)
- 3 TRIED BUT DID NOT QUALIFY FOR CHIP (CH209BX)
- 4 TOO MUCH TROUBLE TO GET ON PROGRAM (CH209BX)
- 5 CHILD WAS NOT SICK (CH209BX)
- 6 PAPERWORK IS IN PROGRESS (CH209BX)
- 91 OTHER (SPECIFY)
- REFUSED (CH209BX)
- DON'T KNOW (CH209BX)

**CH207**

**SPECIFY OTHER REASON.**

<p><b>CH209BX</b></p> <p>IF CH200a = 1 (PRIVATE HEALTH INSURANCE), GO TO CH210.</p> <p>ELSE, IF CH195 = 2 (NO HEALTH INSURANCE), GO TO CH220.</p> <p>ELSE, GO TO CH235.</p>
---

**CH210**

**HELP AVAILABLE**

**Who pays for this health insurance plan?**

CODE ALL THAT APPLY.

- |    |  |         |
|----|--|---------|
| 1  | SELF OR FAMILY                             | (CH235) |
| 2  | EMPLOYER OR UNION                          | (CH235) |
| 3  | SOMEONE OUTSIDE THE HOUSEHOLD              | (CH235) |
| 4  | MEDICAID                                   | (CH235) |
| 5  | CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM) | (CH235) |
| 6  | STATE OR LOCAL GOVERNMENT OR COMMUNITY     | (CH235) |
| 91 | OTHER (SPECIFY)                            |         |
|    | REFUSED                                    | (CH235) |
|    | DON'T KNOW                                 | (CH235) |

**CH212**

**SPECIFY OTHER SOURCE.**

GO TO CH235.

**CH220**

**Since {he/she} was born, has {CHILD/TWIN} ever had health care coverage or health insurance?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (CH230) |
|   | REFUSED    | (CH230) |
|   | DON'T KNOW | (CH230) |

**CH225**

**About how many months has it been since {CHILD/TWIN} last had health care coverage or health insurance?**

ENTER NUMBER OF MONTHS.  
REFUSED  
DON'T KNOW

**CH230**

**Looking at this list, please tell me the reasons {he/she} isn't covered by health insurance.**

CODE ALL THAT APPLY.

SHOW CARD CH2

- |    |   |         |
|----|---|---------|
| 1  | GOT DIVORCED/SEPARATED OR WIDOWED   | (CH250) |
| 2  | GOT MARRIED OR REMARRIED  | (CH250) |
| 3  | PERSON IN FAMILY WITH HEALTH INSURANCE<br>LOST JOB OR CHANGED EMPLOYERS   | (CH250) |
| 4  | EMPLOYER DOES NOT OFFER COVERAGE  | (CH250) |
| 5  | NOT ELIGIBLE FOR COVERAGE   | (CH250) |
| 6  | COST IS TOO HIGH  | (CH250) |
| 7  | INSURANCE COMPANY REFUSED COVERAGE  | (CH250) |
| 8  | LOST MEDICAID OR MEDICAL PLAN BECAUSE<br>OF NEW JOB OR INCREASE IN INCOME | (CH250) |
| 9  | LOST MEDICAID (OTHER REASON)  | (CH250) |
| 10 | BECAME INELIGIBLE FOR CHIP  | (CH250) |
| 91 | OTHER (SPECIFY)   |         |
|    | REFUSED   | (CH250) |
|    | DON'T KNOW  | (CH250) |

**CH232**

**SPECIFY OTHER REASON.**

GO TO CH250.

**CH235**

**Since {CHILD/TWIN} was born, was there any time when {he/she} did not have any health insurance or coverage?**

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

**CH240**

**About how many months was {CHILD/TWIN} without health insurance or health care coverage?**

ENTER NUMBER OF MONTHS.  
REFUSED  
DON'T KNOW

**CH245**

**Looking at this list, please tell me the reasons {he/she} was not covered by health insurance for this period of time.**

CODE ALL THAT APPLY.

SHOW CARD CH2

- |    |   |         |
|----|---|---------|
| 1  | GOT DIVORCED/SEPARATED OR WIDOWED   | (CH250) |
| 2  | GOT MARRIED OR REMARRIED  | (CH250) |
| 3  | PERSON IN FAMILY WITH HEALTH INSURANCE<br>LOST JOB OR CHANGED EMPLOYERS   | (CH250) |
| 4  | EMPLOYER DOES NOT OFFER COVERAGE  | (CH250) |
| 5  | NOT ELIGIBLE FOR COVERAGE   | (CH250) |
| 6  | COST IS TOO HIGH  | (CH250) |
| 7  | INSURANCE COMPANY REFUSED COVERAGE  | (CH250) |
| 8  | LOST MEDICAID OR MEDICAL PLAN BECAUSE<br>OF NEW JOB OR INCREASE IN INCOME | (CH250) |
| 9  | LOST MEDICAID (OTHER REASON)  | (CH250) |
| 10 | BECAME INELIGIBLE FOR CHIP  | (CH250) |
| 91 | OTHER (SPECIFY)   |         |
|    | REFUSED   | (CH250) |
|    | DON'T KNOW  | (CH250) |

**CH246**

**SPECIFY OTHER REASON.**

**CH250**

**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



**CH255BX**

IF ASKING ABOUT TWIN, GO TO SECTION CM (CLOSING).

ELSE, GO TO SECTION FH (FAMILY HEALTH).

## SECTION FH - FAMILY HEALTH

### FH002PRE

#### DISPLAY INSTRUCTIONS:

If there is a twin, display "and {TWIN}".

If respondent is biological mother (IN040 = 1), 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

Would you say your health in general 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

### FH017

Do you have a physical or mental health problem now that keeps you from working at a job or business or attending school or limits the kind or amount of work you can do?

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

**FH020**

**DISPLAY INSTRUCTIONS:**

If any of CH165a-1 = 1 (YES, SOME TYPE OF SPECIAL NEED OR DISABILITY) for CHILD, 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

**FH025BX**

IF IN040 = 1 (BIOLOGICAL MOTHER), GO TO FH030.

ELSE, GO TO FH060.

**FH030**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**Thinking back to when you were pregnant with {CHILD}{and {TWIN}}, how many weeks pregnant were you when you first found out that you were pregnant?**

IF LESS THAN 1 WEEK, ENTER 0.

- ENTER NUMBER OF WEEKS.
- REFUSED
- DON'T KNOW

**FH035**

**DISPLAY INSTRUCTIONS:**

If respondent's spouse/partner is child's biological father (person named at FS035 is same as person at FS050=1), display "NAME" from FS035.

Else if there is a twin in the household (IN010=Yes), display "{CHILD} {and {TWIN}}'s father".

Else display {CHILD}'s father";

**How soon after you found out that you were pregnant did you tell {{NAME}}/{CHILD}{and {TWIN}}'s father}?**

- 1 WITHIN 1 DAY
  - 2 WITHIN 2-3 DAYS
  - 3 WITHIN 1 WEEK
  - 4 WITHIN 1 MONTH
  - 5 MORE THAN A MONTH LATER
  - 6 AFTER THE BABY WAS BORN
  - 7 NEVER TOLD FATHER
- REFUSED  
DON'T KNOW

**FH036BX**

IF CHILD IS PART OF A MULTIPLE BIRTH (BASED ON BIRTH CERTIFICATE DATA),  
GO TO FH037.

ELSE, GO TO FH040.

**FH037**

**DISPLAY INSTRUCTIONS:**

If respondent's spouse/partner is child's biological father (person named at FS035 is same as person at FS050=1), display "NAME" from FS035.

Else if there is a twin in the household (IN010=Yes), display "{CHILD} {and {TWIN}}'s father".

Else display {CHILD}'s father";

**Did you or {{NAME}}/ {CHILD}{and {TWIN}}'s father} ever go to a doctor or other medical care provider to talk about ways to help you become pregnant with {CHILD}{and {TWIN}}?**

- 1 YES
  - 2 NO (FH040)
- REFUSED (FH040)  
DON'T KNOW (FH040)

**DISPLAY INSTRUCTIONS:**

If respondent's spouse/partner is child's biological father (person named at FS035 is same as person at FS050=1), display "NAME" from FS035.

Else if there is a twin in the household (IN010=Yes), display "{CHILD} {and {TWIN}}'s father".

Else display "{CHILD}'s father";

**Which of the following services did you or {{NAME}}/{CHILD}{and {TWIN}}'s father have to help you become pregnant? How about ...**

- a. Infertility testing?**
- b. Drugs to improve your ovulation?**
- c. Surgery to correct blocked tubes?**
- d. Artificial insemination?**

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

**FH040**

**DISPLAY INSTRUCTIONS:**

If there is a twin, 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 (FH051BX)
- REFUSED (FH051BX)
- DON'T KNOW (FH051BX)

**FH041**

**HELP AVAILABLE**

**During the first trimester of your pregnancy, about how many visits for prenatal care did you have? If you don't know exactly how many, please give your best guess. Don't count visits for the Women, Infants, and Children nutritional program (WIC).**

PROBE: By first trimester, I mean from about the first month through the third month that you were pregnant.

IF NO PRENATAL CARE VISITS DURING FIRST TRIMESTER, ENTER 0.

ENTER NUMBER OF VISITS.  
REFUSED  
DON'T KNOW

**FH042**

**HELP AVAILABLE**

**During the second trimester of your pregnancy, about how many visits for prenatal care did you have?**

**[If you don't know exactly how many, please give your best guess. Don't count visits for WIC.]**

PROBE: By second trimester, I mean from about the fourth month through the sixth month that you were pregnant.

IF NO PRENATAL CARE VISITS DURING SECOND TRIMESTER, ENTER 0.

ENTER NUMBER OF VISITS.  
REFUSED  
DON'T KNOW

**FH043**

**HELP AVAILABLE**

**During the third trimester of your pregnancy, about how many visits for prenatal care did you have?**

**[If you don't know exactly how many, please give your best guess. Don't count visits for WIC.]**

PROBE: By third trimester, I mean from about the seventh month through the ninth month that you were pregnant.

IF NO PRENATAL CARE VISITS DURING THIRD TRIMESTER, ENTER 0.

IF RESPONDENT GAVE BIRTH BEFORE THIRD TRIMESTER, ENTER 95.

ENTER NUMBER OF VISITS.  
REFUSED  
DON'T KNOW

**FH044**

**Where did you go most of the time for your prenatal visits?**

PROBE: Don't include visits for WIC.

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

**FH045**

**How was your prenatal care paid for?**

**HELP AVAILABLE**

PROBE: Anything else?

CODE ALL THAT APPLY.

- 1 MEDICAID (FH047a)
- 2 PERSONAL INCOME (CASH, CHECK, OR CREDIT CARD) (FH047a)
- 3 HEALTH INSURANCE (FH047a)
- 4 INDIAN HEALTH SERVICE (IHS) (FH047a)
- 5 CITY OR COUNTY INDIGENT FUND (FH047a)
- 91 OTHER (SPECIFY)
- REFUSED (FH047a)
- DON'T KNOW (FH047a)

**FH046**

**SPECIFY OTHER METHOD OF PAYMENT FOR PRE-NATAL CARE.**

**FH047a - h**

**DISPLAY INSTRUCTIONS:**

If twin in the household (IN010=yes), display "babies" in FH047b, c, and d.  
Else display "baby".

**During any of your prenatal care visits, did a doctor, nurse, or other health care worker talk with you about any of the following? How about...**

- a. What you should eat during your pregnancy?**
- b. How smoking during your pregnancy could affect your {babies/baby}?**
- c. Breast-feeding your {babies/baby}?**
- d. How drinking alcohol during pregnancy could affect your {babies/baby}?**
- e. The kinds of medicines that were safe to take during your pregnancy?**
- f. How your baby grows and develops during your pregnancy?**
- g. What to do if your labor starts early?**
- h. Getting your blood tested for HIV (the virus that causes AIDS)?**

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

**FH051BX**

IF FH030 <= 20 WEEKS OR FH041 >= 1 OR FH042 >= 1, GO TO FH052.

ELSE, GO TO FH055.

**FH052**

**HELP AVAILABLE**

**Did you have an ultrasound or sonogram during the first half of your pregnancy (that is, before 20 weeks)?**

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



**FH055**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**How much did you weigh just before you became pregnant with {CHILD}{and {TWIN}}?**

PROBE: Your best estimate will be fine.

ENTER WEIGHT.	
REFUSED	(FH057)
DON'T KNOW	(FH057)

**FH056**

**[How much did you weigh just before you became pregnant with {CHILD}{and {TWIN}}?]**

[{NUMBER COLLECTED IN FH055}].

ENTER UNIT.

1	POUNDS
2	KILOGRAMS

**FH057**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**How much weight did you gain during your pregnancy with {CHILD}{and {TWIN}}?**

PROBE: Your best estimate will be fine.

IF RESPONDENT REPORTS THAT SHE LOST WEIGHT, ENTER 995.

ENTER WEIGHT GAINED.	
REFUSED	(FH060)
DON'T KNOW	(FH060)

IF FH057 = 995, GO TO FH060.

**FH058**

**[How much weight did you gain during your pregnancy with {CHILD}{and {TWIN}}?]**

[{NUMBER COLLECTED IN FH057}]

ENTER UNIT.

- 1 POUNDS
- 2 KILOGRAMS

**FH060**

**How tall are you?**

ENTER THE UNIT OF MEASURE REPORTED.

- 1 FEET/INCHES
- 2 CENTIMETERS (FH063)
- REFUSED (FH065BX)
- DON'T KNOW (FH065BX)

**FH061**

**[How tall are you?]**

ENTER FEET.

**FH062**

**[How tall are you?]**

ENTER INCHES.

**FH063**

**[How tall are you?]**

ENTER CENTIMETERS.

**FH065BX**

IF IN040 = 1 (BIOLOGICAL MOTHER), GO TO FH070.

ELSE GO TO FH080.

**FH070**

**Did you take vitamin and/or mineral supplements at least 3 days a week during the 3 months before you found out that you were pregnant?**

- 1 YES
- 2 NO  
REFUSED  
DON'T KNOW

**FH075**

**Did you take vitamin and/or mineral supplements at least 3 days a week during the 3 months after you found out that you were pregnant?**

- 1 YES
- 2 NO  
REFUSED  
DON'T KNOW

**FH080**

**Have you smoked at least 100 cigarettes in your entire life?**

- 1 YES
- 2 NO (FH088BX)  
REFUSED (FH088BX)  
DON'T KNOW

**FH081BX**

IF IN040 = 1 (BIOLOGICAL MOTHER), GO TO FH082.

ELSE, GO TO FH088BX.

**FH082**

**In the 3 months before you got pregnant, how many cigarettes or packs did you smoke on an average day?**

PROBE: A pack has 20 cigarettes.

ENTER '0' IF RESPONDENT DID NOT SMOKE.

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

ENTER NUMBER.

REFUSED (FH086)

DON'T KNOW (FH086)

IF 0 (ZERO) ENTERED, GO TO FH086.

**FH085**

**[In the 3 months before you got pregnant, how many cigarettes or packs did you smoke on an average day?]**

[{NUMBER COLLECTED IN FH082}]

ENTER UNIT

1 CIGARETTES/DAY

2 PACKS/ DAY

**FH086**

**In the last 3 months of your pregnancy, how many cigarettes or packs did you smoke on an average day?**

PROBE: A pack has 20 cigarettes.

ENTER '0' IF RESPONDENT DID NOT SMOKE.

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

ENTER NUMBER.

REFUSED (FH090)

DON'T KNOW (FH090)

IF 0 (ZERO) ENTERED, GO TO FH090.

**FH087**

[In the last 3 months of your pregnancy, how many cigarettes or packs did you smoke on an average day?]

ENTER UNIT.

[{NUMBER COLLECTED IN FH086;}]

- 1 CIGARETTES/DAY
- 2 PACKS/ DAY

**FH088BX**

IF FH080 = 1 (SMOKED 100 CIGARETTES), DK, OR RF, GO TO FH090.

ELSE, GO TO FH096BX.

**FH090**

**Do you smoke cigarettes now?**

- 1 YES
- 2 NO (FH096BX)
- REFUSED (FH096BX)
- DON'T KNOW (FH096BX)

**FH092**

**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 FH092 = 1 OR MORE, GO TO FH095; ELSE, GO TO FH096BX.

**FH095**

**DISPLAY INSTRUCTIONS:**

Display number collected in FH092 on top portion of screen.

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

- 1 CIGARETTES/DAY
- 2 PACKS/ DAY

**FH096BX**

IF NO TWIN IN HOUSEHOLD AND NUMBER OF PEOPLE IN HOUSEHOLD IS GREATER THAN TWO, OR IF TWIN IN HOUSEHOLD AND NUMBER OF PEOPLE IN HOUSEHOLD IS GREATER THAN THREE, GO TO FH097.

ELSE GO TO FH098BX.

**FH097**

**DISPLAY INSTRUCTIONS:**

If FH090 = 1 (YES), display "Other than yourself, how". Else, display "How".

**{Other than yourself, how/How} many people smoke at home now?**

ENTER 0 IF NO ONE IN HOUSEHOLD SMOKES AT HOME NOW.  
REFUSED  
DON'T KNOW

**FH098BX**

IF FH090 = 1 (RESPONDENT SMOKES) OR FH097 > 0 (OTHER HOUSEHOLD MEMBER SMOKES), GO TO FH099.

ELSE, GO TO FH100BX.

**FH099**

**DISPLAY INSTRUCTIONS:**

If FH090 = 1 (YES, SMOKES) and FH097 = 0 (NO OTHER HH MEMBERS SMOKE), display "Do you".

Else, if FH097 = 1 (OTHER HH MEMBER SMOKES), display "Does anyone".

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

1 YES  
2 NO  
REFUSED  
DON'T KNOW

**FH100BX**

IF IN040 = 1 (BIOLOGICAL MOTHER), GO TO FH101.

ELSE, GO TO FH105.

**FH101**

**In the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?**

PROBE: A drink is: One glass of wine, one wine cooler, one can or bottle of beer, one shot of liquor, or one mixed drink.

- 0 DIDN'T DRINK THEN
- 1 LESS THAN 1 DRINK
- 2 1 TO 3 DRINKS
- 3 4 TO 6 DRINKS
- 4 7 TO 13 DRINKS
- 5 14 TO 19 DRINKS
- 6 20 OR MORE DRINKS
- REFUSED
- DON'T KNOW

**FH103**

**During the last 3 months of your pregnancy, how many alcoholic drinks did you have in an average week?**

- 0 DIDN'T DRINK THEN
- 1 LESS THAN 1 DRINK
- 2 1 TO 3 DRINKS
- 3 4 TO 6 DRINKS
- 4 7 TO 13 DRINKS
- 5 14 TO 19 DRINKS
- 6 20 OR MORE DRINKS
- REFUSED
- DON'T KNOW

**FH105**

**Do you currently drink any alcoholic beverages?**

- 1 YES
- 2 NO (FH120BX)
- REFUSED (FH120BX)
- DON'T KNOW (FH120BX)

**FH110**

**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

**FH115**

**DISPLAY INSTRUCTIONS:**

If the 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

**FH120BX**

GO TO SECTION MH (MARITAL HISTORY).



**SECTION MH - MARITAL HISTORY AND PARTNER RELATIONSHIP**

**MH005**

**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? (MH012BX)
- REFUSED (MH012BX)  
DON'T KNOW (MH012BX)

**MH010**

**How many times have you been married?**

ENTER NUMBER OF TIMES MARRIED.  
REFUSED  
DON'T KNOW

**MH012BX**

IF LIVING WITH SPOUSE/PARTNER (FS030=1), GO TO MH015.  
ELSE GO TO MH022BX.

**MH015**

**DISPLAY INSTRUCTIONS:**

Display name of person flagged as PARTNER/SPOUSE in FS035.

**In what month and year did you first start living with {NAME}?**

ENTER MONTH.  
REFUSED  
DON'T KNOW

**MH017**

**DISPLAY INSTRUCTIONS:**

Display name of person flagged as PARTNER/SPOUSE in FS035.

If MH015 = DK, RF, do not display "MONTH COLLECTED IN MH015".

[{MONTH COLLECTED IN MH015}/]

[In what month and year did you first start living with {NAME}??]

ENTER FOUR DIGIT YEAR.  
REFUSED  
DON'T KNOW

**MH018BX**

IF MH005=1 (MARRIED), GO TO MH020. ELSE GO TO MH022BX.

**MH020**

**DISPLAY INSTRUCTIONS:**

Display name of person flagged as PARTNER/SPOUSE in FS035.

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

ENTER MONTH.  
REFUSED  
DON'T KNOW

**MH022**

**DISPLAY INSTRUCTIONS:**

Display name of person flagged as PARTNER/SPOUSE in FS035.

If MH020 = DK, RF, do not display "MONTH COLLECTED IN MH020".

[{MONTH COLLECTED IN MH020}]

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

ENTER FOUR DIGIT YEAR.  
REFUSED  
DON'T KNOW

**MH022BX**

IF RESPONDENT IS THE BIOLOGICAL PARENT (IN040=1 OR IN045=1) AND RESPONDENT IS EVER MARRIED (MH005=MARRIED, SEPARATED, DIVORCED, OR WIDOWED) AND EITHER: HAS NO SPOUSE PARTNER IN HOUSEHOLD (FS030 ^=1) OR PERSON FLAGGED AS SPOUSE PARTNER IS NOT THE BIOLOGICAL PARENT (PERSON FLAGGED AT FS035 DOES NOT HAVE FS045=1 OR FS050=1), GO TO MH025.

ELSE GO TO MH033BX.

**MH025**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

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

- |   |            |           |
|---|------------|-----------|
| 1 | YES        |           |
| 2 | NO         | (MH033BX) |
|   | REFUSED    | (MH033BX) |
|   | DON'T KNOW | (MH033BX) |

**MH030**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

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

ENTER MONTH.  
REFUSED  
DON'T KNOW

**MH032**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

If MH030 = DK, RF, do not display "MONTH COLLECTED IN MH030"

**[{MONTH COLLECTED IN MH030}]**

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

ENTER FOUR DIGIT YEAR.  
REFUSED  
DON'T KNOW

**MH033BX**

IF RESPONDENT IS THE BIOLOGICAL PARENT (FS040=1 OR FS045=1) AND EITHER: HAS NO SPOUSE/PARTNER IN THE HOUSEHOLD (FS030 ^=1) OR PERSON FLAGGED AS SPOUSE/PARTNER IS NOT THE BIOLOGICAL PARENT (PERSON FLAGGED AT FS035 DOES NOT HAVE FS045=1 OR FS050=1), GO MH035.

ELSE GO TO MH068BX

**MH035**

**DISPLAY INSTRUCTIONS:**

If MH025=1 (YES), display "Before you got married, did", else display, "Did".

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

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

If there is a twin, display "and {TWIN}".

**{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 (MH043BX)
- REFUSED (MH043BX)
- DON'T KNOW (MH043BX)

**MH040**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

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

ENTER MONTH.

REFUSED

DON'T KNOW

**MH042**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

If MH040 = DK, RF, do not display "MONTH COLLECTED IN MH040"

[{MONTH COLLECTED IN MH040}]

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

ENTER FOUR DIGIT YEAR.

REFUSED

DON'T KNOW

**MH043BX**

IF MH005= 2, 3, OR 4 (SEPARATED, DIVORCED, OR WIDOWED) AND MH010=1 (MARRIED ONCE), AND MH025=1 (EVER MARRIED TO BIOLOGICAL PARENT), THEN AUTOFILL MH045 AS FOLLOWS: IF MH005=2 (SEPARATED), THEN SET MH045=3 (SEPARATION); IF MH005=3 (DIVORCED), THEN SET MH045=2 (DIVORCE); IF MH005=4 (WIDOWED), THEN SET MH045=1 (DEATH) AND GO TO MH047BX.

ELSE, IF MH025=1 (EVER MARRIED TO BIOLOGICAL PARENT) AND MH010 >= 2, (MARRIED TWO OR MORE TIMES) GO TO MH045;

ELSE, GO TO MH047BX.

**MH045**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

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

- 1 Death,
  - 2 Divorce,
  - 3 Separation, or
  - 4 Annulment?
- REFUSED  
DON'T KNOW

**MH047BX**

IF RESPONDENT IS THE BIOLOGICAL MOTHER (IN040=1) AND HER MARRIAGE TO BIOLOGICAL FATHER DID NOT END IN DEATH (MH045^=1), OR SHE WAS NEVER MARRIED TO THE BIOLOGICAL FATHER (MH045=EMPTY) GO TO MH050.

ELSE IF RESPONDENT IS THE BIOLOGICAL MOTHER (IN040=1) AND HER MARRIAGE TO BIOLOGICAL FATHER ENDED IN DEATH (MH045=1), GO TO MH055.

ELSE GO TO MH058BX.

**MH050**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

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

- |   |            |           |
|---|------------|-----------|
| 1 | YES        | (MH058BX) |
| 2 | NO         |           |
|   | REFUSED    | (MH058BX) |
|   | DON'T KNOW | (MH058BX) |

**MH055**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**In what month and year did {CHILD}{and {TWIN}}'s biological father pass away?**

ENTER MONTH.  
REFUSED  
DON'T KNOW

**MH057**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

If MH055 = DK, RF, do not display "MONTH COLLECTED IN MH055"

**[{MONTH COLLECTED IN MH055}]**

**[In what month and year did {CHILD}{and {TWIN}}'s biological father pass away?]**

ENTER FOUR DIGIT YEAR.  
REFUSED  
DON'T KNOW

**MH058BX**

IF RESPONDENT'S MARRIAGE TO CHILD'S PARENT ENDED IN DEATH (MH045 =1 ), GO TO MH068BX;

ELSE IF RESPONDENT WAS EVER MARRIED TO CHILD'S BIOLOGICAL PARENT (MH025=1) OR EVER LIVED WITH CHILD'S BIOLOGICAL PARENT (MH035=1), GO TO MH060;

ELSE, GO TO MH063BX.

**MH060**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

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

ENTER MONTH.

REFUSED

DON'T KNOW

**MH062**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

If MH060 = DK, RF, do not display "MONTH COLLECTED IN MH060"

[{MONTH COLLECTED IN MH060}]

**[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

**MH063BX**

IF RESPONDENT'S MARRIAGE TO CHILD'S BIOLOGICAL PARENT ENDED IN DIVORCE OR ANNULMENT (MH045 = 2 OR 4), GO TO MH065;

ELSE IF RESPONDENT IS THE BIOLOGICAL MOTHER (IN040=1) AND CHILD'S BIOLOGICAL FATHER IS LIVING (MH050=1), OR RESPONDENT IS THE BIOLOGICAL FATHER (IN045=1) AND IN065^=2 (BIOLOGICAL MOTHER IS NOT DECEASED), GO TO MH067

ELSE GO TO MH068BX.



**MH065**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

**In what month and year did your marriage to {CHILD}{and {TWIN}}'s biological {father/mother} legally end?**

ENTER MONTH.

REFUSED

DON'T KNOW

**MH066**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

If MH065 = DK, RF, do not display "MONTH COLLECTED IN MH065".

[{MONTH COLLECTED IN MH065}]

**[In what month and year did your marriage to {CHILD}{and {TWIN}}'s biological {father/mother} legally end?]**

ENTER FOUR DIGIT YEAR.

REFUSED

DON'T KNOW

**MH066BX**

IF RESPONDENT IS A BIOLOGICAL PARENT, AND OTHER BIOLOGICAL PARENT IS NOT DECEASED, GO TO MH067.

ELSE GO TO MH068BX.

**MH067**

**DISPLAY INSTRUCTIONS:**

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

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

If there is a twin, display "and {TWIN}".

**Which of the following statements best describes your current relationship with {CHILD}{and {TWIN}}'s biological {father/mother}?**

SHOW CARD MH1

- 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

**MH068BX**

GO TO SECTION SS (SOCIAL SUPPORT)

**SECTION SS - SOCIAL SUPPORT**

**SS002PRE**

**The next questions are about people you turn to for support. Think about people who are not living here who you would ask for help.**

**SS005**

**Suppose you had a problem, and you were feeling depressed or confused about what to do. Who would you ask for help or advice?**

PROBE: Someone not living here. Who would you call first?

- |    |                                       |         |
|----|---------------------------------------|---------|
| 0  | NO ONE                                | (SS010) |
| 1  | FORMER SPOUSE/PARTNER                 | (SS010) |
| 2  | MY MOTHER/FATHER                      | (SS010) |
| 3  | MOTHER-IN-LAW/FATHER-IN-LAW           | (SS010) |
| 4  | MY GRANDMOTHER/GRANDFATHER            | (SS010) |
| 5  | SPOUSE'S GRANDMOTHER/GRANDFATHER      | (SS010) |
| 6  | SISTER/BROTHER                        | (SS010) |
| 7  | AUNT/UNCLE/COUSIN                     | (SS010) |
| 8  | BABY'S OTHER PARENT                   | (SS010) |
| 9  | FRIEND/NEIGHBOR                       | (SS010) |
| 10 | COUNSELOR/MINISTER/OTHER CLERGY/RABBI | (SS010) |
| 11 | MEMBERS OF CHURCH/OTHER ORGANIZATION  | (SS010) |
| 12 | CO-WORKERS                            | (SS010) |
| 13 | GROWN CHILD                           | (SS010) |
| 91 | OTHER (SPECIFY)                       |         |
|    | REFUSED                               | (SS010) |
|    | DON'T KNOW                            | (SS010) |

**SS007**

**ENTER OTHER PERSON TO ASK FOR HELP OR ADVICE, OTHER SPECIFY TEXT.**

**SS010**

**What if you had to borrow some money for a few weeks because of an emergency. Who would you ask?**

PROBE: Someone not living here. Who would you call first?

- 0 NO ONE
- 1 FORMER SPOUSE/PARTNER
- 2 MY MOTHER/FATHER
- 3 MOTHER-IN-LAW/FATHER-IN-LAW
- 4 MY GRANDMOTHER/GRANDFATHER
- 5 SPOUSE'S GRANDMOTHER/GRANDFATHER
- 6 SISTER/BROTHER
- 7 AUNT/UNCLE/COUSIN
- 8 BABY'S OTHER PARENT
- 9 FRIEND/NEIGHBOR
- 10 COUNSELOR/MINISTER/OTHER CLERGY/RABBI
- 11 MEMBERS OF CHURCH/OTHER ORGANIZATION
- 12 CO-WORKERS
- 13 GROWN CHILD
- 14 BANK
- 91 OTHER (SPECIFY)
  - REFUSED (SS015)
  - DON'T KNOW (SS015)

**SS012**

**ENTER OTHER PERSON TO ASK TO BORROW MONEY, OTHER SPECIFY TEXT.**

**SS015**

**Suppose that you had an emergency in the middle of the night and needed help. Who would you call?**

PROBE: Someone not living here. Who would you call first?

- |    |   |            |
|----|---|------------|
| 0  | NO ONE  | (SS019PRE) |
| 1  | FORMER SPOUSE/PARTNER                         | (SS019PRE) |
| 2  | MY MOTHER/FATHER                              | (SS019PRE) |
| 3  | MOTHER-IN-LAW/FATHER-IN-LAW                   | (SS019PRE) |
| 4  | MY GRANDMOTHER/GRANDFATHER                    | (SS019PRE) |
| 5  | SPOUSE'S GRANDMOTHER/GRANDFATHER              | (SS019PRE) |
| 6  | SISTER/BROTHER                                | (SS019PRE) |
| 7  | AUNT/UNCLE/COUSIN                             | (SS019PRE) |
| 8  | BABY'S OTHER PARENT                           | (SS019PRE) |
| 9  | FRIEND/NEIGHBOR                               | (SS019PRE) |
| 10 | COUNSELOR/MINISTER/OTHER CLERGY/RABBI         | (SS019PRE) |
| 11 | MEMBERS OF CHURCH/OTHER ORGANIZATION          | (SS019PRE) |
| 12 | CO-WORKERS                                    | (SS019PRE) |
| 13 | GROWN CHILD                                   | (SS019PRE) |
| 14 | EMERGENCY SERVICE (911, POLICE,<br>AMBULANCE) | (SS019PRE) |
| 91 | OTHER (SPECIFY)                               |            |
|    | REFUSED                                       | (SS019PRE) |
|    | DON'T KNOW                                    | (SS019PRE) |

**SS017**

**ENTER OTHER PERSON TO CALL IN AN EMERGENCY, OTHER SPECIFY TEXT.**

**SS019PRE**

**For this next question, you may include as many people as you'd like, including people who live in this household.**

**SS025**

**Who would you ask for help or advice about the care of {CHILD}{and {TWIN}}?**

IF RESPONDENT NAMES ONLY ONE PERSON, PROBE: Anyone else?

CODE ALL THAT APPLY.

- |    |                                       |           |
|----|---------------------------------------|-----------|
| 0  | NO ONE                                | (SS029BX) |
| 1  | MY SPOUSE/PARTNER                     | (SS029BX) |
| 2  | FORMER SPOUSE/PARTNER                 | (SS029BX) |
| 3  | MY MOTHER/FATHER                      | (SS029BX) |
| 4  | MY MOTHER-IN-LAW/FATHER-IN-LAW        | (SS029BX) |
| 5  | MY GRANDMOTHER/GRANDFATHER            | (SS029BX) |
| 6  | SPOUSE'S GRANDMOTHER/GRANDFATHER      | (SS029BX) |
| 7  | SISTER/BROTHER                        | (SS029BX) |
| 8  | AUNT/UNCLE/COUSIN                     | (SS029BX) |
| 9  | BABY'S OTHER PARENT                   | (SS029BX) |
| 10 | FRIEND/NEIGHBOR                       | (SS029BX) |
| 11 | COUNSELOR/MINISTER/RABBI/OTHER CLERGY | (SS029BX) |
| 12 | MEMBERS OF CHURCH/OTHER ORGANIZATION  | (SS029BX) |
| 13 | CO-WORKERS                            | (SS029BX) |
| 14 | GROWN CHILD                           | (SS029BX) |
| 15 | NURSE                                 | (SS029BX) |
| 16 | FAMILY DOCTOR                         | (SS029BX) |
| 17 | STAFF AT CLINICS                      | (SS029BX) |
| 18 | SOCIAL WORKER                         | (SS029BX) |
| 19 | CHILD CARE PROVIDER                   | (SS029BX) |
| 91 | OTHER (SPECIFY)                       |           |
|    | REFUSED                               | (SS029BX) |
|    | DON'T KNOW                            | (SS029BX) |

**SS027**

**ENTER OTHER PERSON WHO COULD GIVE HELP OR ADVICE ABOUT CARE OF {CHILD}{AND {TWIN}}, OTHER SPECIFY TEXT.**

**SS029BX**

GO TO SECTION CS (COMMUNITY SUPPORT).

## SECTION CS - COMMUNITY SUPPORT

### CS002PRE

**These next questions ask about your community involvement.**

### CS005

#### **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 FS030 = 1, display "and {NAME OF SPOUSE/PARTNER}.

If there is a twin, 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

### CS010

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

SHOW CARD CS2

- 0 Never,
  - 1 About once or twice,
  - 2 Several times during the year,
  - 3 About once or twice a month, or
  - 4 Nearly every week or more?
- REFUSED  
DON'T KNOW

**CS015**

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

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

**CS020a - e**

**DISPLAY INSTRUCTIONS:**

If respondent is {CHILD} {and {TWIN}}'s biological mother (IN040 = 1), display "Since you became pregnant with {CHILD} {and {TWIN}}".

Else if respondent is an adoptive or foster mother (IN040=2 or 4) or an adoptive or foster father (IN045=2 or 4), display "Since {CHILD} {and {TWIN}} began living in your household".

Else display "Since {CHILD} {and {TWIN}} {was/were} born".

**Now I have some questions about your household's experiences with various community agencies. {Since you became pregnant with {CHILD}{and {TWIN}}/Since {CHILD}{and {TWIN}} began living in your household}/Since {CHILD}{and {TWIN}} {was/were} born}, have you or anyone in your household received...**

- a. **Job training or employment assistance?** **HELP AVAILABLE**
- b. **Education assistance, for example, GED, college, learning to read, or English as a Second Language?**
- c. **Help with housing?** **HELP AVAILABLE**
- d. **Help with or advice for parenting?** **HELP AVAILABLE**
- e. **Mental health services?** **HELP AVAILABLE**

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

**CS022BX**

GO TO SECTION RI (RESPONDENT INFORMATION).



**SECTION RI - RESPONDENT INFORMATION**

**RI002PRE**

The next questions are about you, including questions about your family when you were growing up.

**RI005**

Did you live with your biological mother from the time you were born until age 16?

- 1 YES (RI020)
- 2 NO  
REFUSED  
DON'T KNOW

**RI010**

Did you live with your biological mother at any time until age 16?

- 1 YES
- 2 NO (RI030)  
REFUSED (RI030)  
DON'T KNOW (RI030)

**RI015**

How old were you when you stopped living with your biological mother?

- REFUSED
- DON'T KNOW

**RI020**

How old is your biological mother now?

- REFUSED (RI030)
- DON'T KNOW (RI030)

IF RI020 = 1, GO TO RI025. ELSE, GO TO RI030.

**RI025**

**How many years ago did she pass away?**

ENTER NUMBER OF YEARS.

ENTER "0" IF LESS THAN 1 YEAR AGO.  
REFUSED  
DON'T KNOW

**RI030**

**Did you live with your biological father from the time you were born until age 16?**

1 YES (RI045)  
2 NO  
REFUSED  
DON'T KNOW

**RI035**

**Did you live with your biological father at any time until age 16?**

1 YES  
2 NO (RI057BX)  
REFUSED (RI057BX)  
DON'T KNOW (RI057BX)

**RI040**

**How old were you when you stopped living with your biological father?**

REFUSED  
DON'T KNOW

**RI045**

**How old is your biological father now?**

REFUSED (RI057BX)  
DON'T KNOW (RI057BX)

IF RI045 = 1, GO TO RI050. ELSE, GO TO RI057BX.

**RI050**

**How many years ago did he pass away?**

ENTER NUMBER OF YEARS.

ENTER "0" IF LESS THAN 1 YEAR.  
REFUSED  
DON'T KNOW

**RI057BX**

IF EITHER: RESPONDENT DID NOT LIVE WITH THEIR BIOLOGICAL MOTHER (RI005 ^= 1 AND RI010 ^= 1) OR THEY DID NOT LIVE WITH THEIR BIOLOGICAL FATHER (RI030 ^= 1 AND RI035 ^= 1), GO TO RI060PRE.

ELSE, GO TO RI062.

**RI060PRE**

**Now tell me about the parents you spent most of your childhood with.**

**RI062**

**DISPLAY INSTRUCTIONS:**

IF RI005=1 or RI010=1 display "mother". Else display "mother-figure".

IF RI020=1 (BIOLOGICAL MOTHER IS NO LONGER LIVING), display "did".  
Else, display "do".

**How close {do/did}you feel to your {mother/mother-figure}? Would you say...**

SHOW CARD RI1

- 1 Extremely close,
- 2 Quite close,
- 3 Fairly close, or
- 4 Not very close?
- 5 NOT APPLICABLE  
REFUSED  
DON'T KNOW

**RI064**

**DISPLAY INSTRUCTIONS:**

IF RI030=1 or RI035=1 display “father”.

Else display “father-figure”.

IF RI045=1 (BIOLOGICAL FATHER IS NO LONGER LIVING), display “did”.

Else, display “do”.

**How close {do/did} you feel to your {father/father-figure}? Would you say...**

SHOW CARD RI1

- 1 Extremely close,
- 2 Quite close,
- 3 Fairly close, or
- 4 Not very close?
- 5 NOT APPLICABLE  
REFUSED  
DON'T KNOW

**DISPLAY INSTRUCTIONS:**

IF RI005=1 or RI010=1 display "mother".

Else display "mother-figure".

**What is the highest grade or year of regular school that your {mother/mother-figure} completed?**

IF NECESSARY, SAY: Again, any information you can provide will be helpful.

- 0 NO FORMAL SCHOOLING
- 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
- 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
- 18 BACHELOR'S DEGREE
- 19 GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE
- 20 MASTER'S DEGREE (MA, MS)
- 21 DOCTORATE DEGREE (PHD, EDD)
- 22 PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD; DDS; JD, LLB; ETC.)
- REFUSED
- DON'T KNOW

**RI070**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

IF RI030=1 or RI035=1 display "father".

Else display "father-figure".

**What is the highest grade or year of regular school your {father/father-figure} completed?**

IF NECESSARY, SAY: Again, any information you can provide will be helpful.

- 0 NO FORMAL SCHOOLING
- 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
- 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
- 18 BACHELOR'S DEGREE
- 19 GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE
- 20 MASTER'S DEGREE (MA, MS)
- 21 DOCTORATE DEGREE (PHD, EDD)
- 22 PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MD; DDS; JD, LLB; ETC.)
- REFUSED
- DON'T KNOW

**RI075**

**HELP AVAILABLE**

**Now I have a few questions about your education. What is the highest grade or year of school that you have completed?**

IF NECESSARY, SAY: Again, any information you can provide will be helpful.

- |    |   |         |
|----|---|---------|
| 0  | NO FORMAL SCHOOLING   | (RI110) |
| 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  | (RI085) |
| 14 | VOC/TECH PROGRAM AFTER HIGH SCHOOL<br>BUT NO VOC/TECH DIPLOMA           |         |
| 15 | VOC/TECH DIPLOMA AFTER HIGH SCHOOL                                      |         |
| 16 | SOME COLLEGE BUT NO DEGREE  |         |
| 17 | ASSOCIATE'S DEGREE  | (RI095) |
| 18 | BACHELOR'S DEGREE   | (RI095) |
| 19 | GRADUATE OR PROFESSIONAL SCHOOL BUT<br>NO DEGREE                        | (RI095) |
| 20 | MASTER'S DEGREE (MA, MS)  | (RI095) |
| 21 | DOCTORATE DEGREE (PHD, EDD)   | (RI095) |
| 22 | PROFESSIONAL DEGREE AFTER BACHELOR'S<br>DEGREE (MD; DDS; JD, LLB; ETC.) | (RI095) |
|    | REFUSED   |         |
|    | DON'T KNOW  |         |

**RI080**

**HELP AVAILABLE**

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

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (RI095) |
|   | REFUSED    | (RI095) |
|   | DON'T KNOW | (RI095) |

**RI085**

**Which do you have, a high school diploma or a GED?**

- 1 HIGH SCHOOL DIPLOMA
- 2 GED  
REFUSED  
DON'T KNOW

**RI095**

**Did you ever repeat a grade in school?**

- 1 YES
- 2 NO  
REFUSED  
DON'T KNOW

**RI100BX**

IF RESPONDENT COMPLETED MORE THAN 8TH GRADE, BUT LESS THAN BACHELOR'S DEGREE (RI075 >= 9 AND RI075 <= 17) OR THEIR GRADE LEVEL IS UNKNOWN, BUT THEY HAVE A H.S. DIPLOMA OR GED (RI075=DK AND RI080=1) THEN GO TO RI102.

ELSE GO TO RI110.

**RI102**

**Now thinking about high school, what grades did you usually get?**

- 1 MOSTLY A'S (NUMERICAL AVERAGE OF 90-100)
- 2 MOSTLY A'S AND B'S (85-89)
- 3 MOSTLY B'S (80-84)
- 4 MOSTLY B'S AND C'S (75-79)
- 5 MOSTLY C'S (70-74)
- 6 MOSTLY C'S AND D'S (65-69)
- 7 MOSTLY D'S AND LOWER (64 AND BELOW)  
REFUSED  
DON'T KNOW



**RI104**

**HELP AVAILABLE**

**Was your high school program ...**

- 1 Academic or college preparatory,
  - 2 Commercial or business training, or
  - 3 Vocational or technical?
- REFUSED  
DON'T KNOW

**RI106a - g**

**While you were in high school, did you take any of the following high school mathematics and technical courses? Did you take ...**

- a. **Elementary Algebra or Algebra I?**
- b. **Plane Geometry?**
- c. **Business Math?**
- d. **Intermediate Algebra or Algebra II?**
- e. **Trigonometry?**
- f. **Calculus?**
- g. **Physics?**

- 1 TAKEN
  - 2 NOT TAKEN
- REFUSED  
DON'T KNOW

**RI110**

**Are you currently attending or enrolled in any courses from a school, college, or university?**

- 1 YES
  - 2 NO (RI120)
- REFUSED (RI120)  
DON'T KNOW (RI120)

**RI115**

**HELP AVAILABLE**

**Are you currently taking courses full-time or part-time?**

- 1 FULL-TIME
- 2 PART-TIME
- REFUSED
- DON'T KNOW

**RI120**

**HELP AVAILABLE**

**Are you currently participating in a job-training or on-the-job-training program?**

- 1 YES
- 2 NO (RI130)
- REFUSED (RI130)
- DON'T KNOW (RI130)

**RI130**

**HELP AVAILABLE**

**During the past week, did you work at a job or business for pay?**

- 1 YES (RI140)
- 2 NO
- REFUSED
- DON'T KNOW

**RI135**

**Were you on leave or vacation from a job or business?**

- 1 YES
- 2 NO (RI200)
- REFUSED (RI200)
- DON'T KNOW (RI200)

**RI140**

**How many jobs do you have now?**

- REFUSED
- DON'T KNOW

**RI145**

**DISPLAY INSTRUCTIONS:**

If RI140>1 (MORE THAN 1 JOB), display "counting all jobs".

**About how many total hours per week do you usually work for pay{counting all jobs}?**

REFUSED  
DON'T KNOW

**RI150**

**DISPLAY INSTRUCTIONS:**

If RI140>1 (MORE THAN 1 JOB), display "Counting all jobs, about".

**{Counting all jobs, about/About} how much do you currently earn before taxes and other deductions?**

REFUSED (RI155a)  
DON'T KNOW (RI155a)

**RI152**

**DISPLAY INSTRUCTIONS:**

If RI140>1 (MORE THAN 1 JOB), display "Counting all jobs, about".

**[[Counting all jobs, about/About] how much do you earn before taxes and other deductions?]**

1 PER HOUR (RI155a)  
2 PER DAY (RI155a)  
3 PER WEEK (RI155a)  
4 PER BI-WEEKLY (EVERY 2 WEEKS) (RI155a)  
5 PER MONTH (RI155a)  
6 PER YEAR (RI155a)  
91 OTHER (SPECIFY)

**RI153**

**SPECIFY OTHER TYPE OF EARNINGS UNIT.**

**RI155a - e**

**DISPLAY INSTRUCTIONS:**

If RI140>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

**RI160**

**DISPLAY INSTRUCTIONS:**

If RI140>1 (MORE THAN 1 JOB), display "at your main job".

**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.

SHOW CARD RI2

- 1 A regular daytime shift - any time between 6 A.M. and 6 P.M. (RI175)
- 2 A regular evening shift - any time between 2 P.M. and Midnight (RI175)
- 3 A regular night shift - any time between 9 P.M. and 8 A.M. (RI175)
- 4 A rotating shift - one that changes periodically from days to evenings or nights, (RI175)
- 5 A split shift - one consisting of two distinct periods each day, or (RI175)
- 91 Some other schedule (SPECIFY)? (RI175)
- REFUSED (RI175)
- DON'T KNOW (RI175)

**RI165**

**SPECIFY OTHER SCHEDULE RESPONDENT USUALLY WORKS.**

**RI175**

**DISPLAY INSTRUCTIONS:**

If RI140>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

**RI180**

**For whom do you work?**

- REFUSED  
DON'T KNOW

**RI185**

**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

**RI190**

**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

**RI195**

**What are your most important activities or duties on 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

GO TO RI234BX

**RI200**

**Have you been actively looking for work in the past 4 weeks?**

1	YES	
2	NO	(RI212)
	REFUSED	(RI212)
	DON'T KNOW	(RI212)

**RI205**

**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	(RI212)
	DON'T KNOW	(RI212)

**RI210**

**SPECIFY OTHER ACTIVITY IN PAST 4 WEEKS TO FIND WORK.**

**RI212**

**What were you doing most of last week? Would you say...**

- |    |                                       |           |
|----|---------------------------------------|-----------|
| 1  | Keeping house or caring for children, | (RI214BX) |
| 2  | Going to school,                      | (RI214BX) |
| 3  | Retired,                              | (RI214BX) |
| 4  | Unable to work, or                    | (RI214BX) |
| 91 | Something else? (SPECIFY)             |           |
|    | REFUSED                               | (RI214BX) |
|    | DON'T KNOW                            | (RI214BX) |

**RI213**

**ENTER OTHER ACTIVITY RESPONDENT WAS DOING MOST OF LAST WEEK, OTHER SPECIFY TEXT.**

REFUSED  
DON'T KNOW

**RI214BX**

IF RI205=91 (DID SOMETHING ELSE TO FIND WORK) OR  
RI205=6 (READ WANT ADS) AND (RI205=1, 2, 3, 4, 5, OR 91), GO  
TO RI215.

ELSE GO TO RI234BX

**RI215**

**Could you have taken a job last week if one had been offered?**

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

**RI234BX**

IF RESPONDENT IS BIOLOGICAL MOTHER (IN040=1) GO TO RI235.  
ELSE GO TO RI315BX.

**RI235**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

If there is a twin, 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 (RI288BX)
- REFUSED (RI288BX)
- DON'T KNOW (RI288BX)

**RI245**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}" and "were".

**During the 12 months before {CHILD}{and {TWIN}} {was/were} born, for how many months did you work?**

- REFUSED
- DON'T KNOW

**RI250**

**About how many hours per week did you usually work for pay at that job?**

- REFUSED
- DON'T KNOW



**RI255**

**DISPLAY INSTRUCTIONS:**

If there is a twin, 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        | (RI270)   |
| 2 | NO         |           |
|   | REFUSED    | (RI288BX) |
|   | DON'T KNOW | (RI288BX) |

**RI260**

**Was this because you were not employed during the pregnancy, were employed but quit before you delivered, or some other reason?**

- |    |                                    |           |
|----|------------------------------------|-----------|
| 1  | NOT EMPLOYED DURING PREGNANCY      | (RI288BX) |
| 2  | EMPLOYED, BUT QUIT BEFORE DELIVERY | (RI288BX) |
| 3  | LEAVE NOT PROVIDED/SELF-EMPLOYED   | (RI288BX) |
| 4  | COULD NOT AFFORD TO TAKE IT        | (RI288BX) |
| 91 | OTHER (SPECIFY)                    |           |
|    | REFUSED                            | (RI288BX) |
|    | DON'T KNOW                         | (RI288BX) |

**RI265**

**SPECIFY REASON MATERNITY LEAVE NOT TAKEN.**

GO TO RI288BX.

**RI270**

**In total how many weeks of maternity leave, paid or unpaid, did you take?**

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

**RI275**

Some women receive pay from their jobs during their maternity leave, through vacation, sick pay, maternity benefits, and other kinds of paid leave. In total, how many weeks of paid leave did you receive from your job while you were on maternity leave?

REFUSED  
DON'T KNOW

**RI288BX**

IF RESPONDENT DID NOT WORK LAST WEEK (RI130 = 2, DON'T KNOW, OR REFUSED) AND WAS NOT ON LEAVE OR VACATION (RI135 = 2, DON'T KNOW, OR REFUSED), GO TO RI290.

ELSE, GO TO RI295.

**RI290**

**DISPLAY INSTRUCTIONS:**

If RI235=1 (WORKED DURING 12 MONTHS BEFORE BIRTH), display “back.”

If there is a twin, display “and {TWIN}” and “were”.

**Have you gone {back} to work at a job since {CHILD}{and {TWIN}} {was/were} born?**

1	YES	
2	NO	(RI315BX)
	REFUSED	(RI315BX)
	DON'T KNOW	(RI315BX)

**RI295**

**DISPLAY INSTRUCTIONS:**

If RI235=1 (WORKED DURING 12 MONTHS BEFORE BIRTH), display “back.”

If there is a twin, display “were” and “and {TWIN}”.

**How old {was/were} {CHILD}{and {TWIN}} when you first went {back} to work at a job?**

REFUSED	(RI315BX)
DON'T KNOW	(RI315BX)

**RI296**

**DISPLAY INSTRUCTIONS:**

If RI235=1 (WORKED DURING 12 MONTHS BEFORE BIRTH), display "back."

If there is a twin, display "were" and "and {TWIN}".

**[How old {was/were} {CHILD}{and {TWIN}} when you first went {back} to work at a job?]**

- 1 WEEKS
- 2 MONTHS

**RI315BX**

IF RESPONDENT IS THE BIOLOGICAL OR ADOPTIVE FATHER (IN045=1 OR 2), GO TO RI320.

ELSE, GO TO RI350BX.

**RI320**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

If respondent is biological father (IN045=1), display "birth".

Else if respondent is adoptive father (IN045=2), display "adoption".

**Did you ever take any time off work for the {birth/adoption} of {CHILD}{and {TWIN}}?**

- 1 YES (RI330)
- 2 NO
- REFUSED
- DON'T KNOW

**RI325**

**Why not?**

- 1 NOT EMPLOYED WHEN CHILD WAS BORN/ADOPTED (RI335BX)
- 2 EMPLOYED, BUT DID NOT HAVE ACCESS TO LEAVE (RI335BX)
- 3 HAD ACCESS TO LEAVE BUT COULDN'T AFFORD TO TAKE IT (RI335BX)
- 4 DID NOT FEEL THE NEED TO TAKE ANY LEAVE (RI335BX)
- 91 OTHER (SPECIFY)
  - REFUSED (RI335BX)
  - DON'T KNOW (RI335BX)

**RI329**

**SPECIFY REASON LEAVE NOT TAKEN.**

GO TO RI335BX.

**RI330**

**In total how many weeks of leave, paid or unpaid, did you take?**

REFUSED  
DON'T KNOW

**RI335BX**

IF THE RESPONDENT DID NOT WORK LAST WEEK (RI130 = 2, DON'T KNOW, OR REFUSED) AND WAS NOT ON LEAVE OR VACATION (RI135 = 2, DON'T KNOW, OR REFUSED), GO TO RI340.

ELSE GO TO RI345.

**RI340**

**Have you worked at a job since {CHILD}{and {TWIN}} {was/were} born?**

1 YES  
2 NO (RI350BX)  
REFUSED (RI350BX)  
DON'T KNOW (RI350BX)

**RI345**

**How old {was/were} {CHILD}{and {TWIN}} when you first went to work at a job?**

ENTER NUMBER.

REFUSED (RI350BX)  
DON'T KNOW (RI350BX)

**RI347**

**[How old {was/were} {CHILD}{and {TWIN}} when you first went to work at a job?]**

[{NUMBER COLLECTED IN RI345}]

ENTER UNIT.

- 1 WEEKS
- 2 MONTHS

**RI350BX**

GO TO SECTION SI (SPOUSE INFORMATION).

**SECTION SI - SPOUSE/PARTNER INFORMATION**

**SI001BX**

IF RESPONDENT HAS A SPOUSE/PARTNER IN THE  
HOUSEHOLD (FS030 = 1),  
GO TO SI005PRE.

ELSE, GO TO SI167BX.

**SI005PRE**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

Display "he" if "NAME" is male; else, display "she".

**Next, I have some questions about {NAME}, including questions about {his/her} education and employment.**

**SI015**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035. If there is a twin, display "and {TWIN}" and "were".

**Has {NAME} always lived with you since {CHILD}{and {TWIN}} {was/were} born?**

- 1 YES (SI030)
- 2 NO  
REFUSED  
DON'T KNOW

**SI020**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}" and "were". Display "he" if "NAME" is male; Else, display "she".

**Since {CHILD}{and {TWIN}} {was/were} born, how many months has {he/she} lived with you?**

- REFUSED
- DON'T KNOW

**SI030**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

**What is {NAME}'s date of birth?**

REFUSED  
DON'T KNOW

**SI031**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

Display MONTH entered at SI030 at top of screen.

**[What is {NAME}'s date of birth?]**

REFUSED  
DON'T KNOW

**SI033**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

Display MONTH entered at SI030 and DAY entered at SI031 at top of screen.

**[What is {NAME}'s date of birth?]**

REFUSED  
DON'T KNOW

**SI050****HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

Display "he" if "NAME" is male; else, display "she".

**What is the highest grade or year of school that {he/she} has completed?**

- |    |   |         |
|----|---|---------|
| 0  | NO FORMAL SCHOOLING   | (SI061) |
| 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  | (SI060) |
| 14 | VOC/TECH PROGRAM AFTER HIGH SCHOOL<br>BUT NO VOC/TECH DIPLOMA           |         |
| 15 | VOC/TECH DIPLOMA AFTER HIGH SCHOOL                                      |         |
| 16 | SOME COLLEGE BUT NO DEGREE  |         |
| 17 | ASSOCIATE'S DEGREE  | (SI061) |
| 18 | BACHELOR'S DEGREE   | (SI061) |
| 19 | GRADUATE OR PROFESSIONAL SCHOOL BUT<br>NO DEGREE                        | (SI061) |
| 20 | MASTER'S DEGREE (MA, MS)  | (SI061) |
| 21 | DOCTORATE DEGREE (PHD, EDD)   | (SI061) |
| 22 | PROFESSIONAL DEGREE AFTER BACHELOR'S<br>DEGREE (MD; DDS; JD, LLB; ETC.) | (SI061) |
|    | REFUSED   |         |
|    | DON'T KNOW  |         |

**SI055****HELP AVAILABLE****DISPLAY INSTRUCTIONS:**

Display "he" if "NAME" is male; else, display "she".

**Does {he/she} have a high school diploma or its equivalent, such as a GED?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (SI061) |
|   | REFUSED    | (SI061) |
|   | DON'T KNOW | (SI061) |



**SI060**

**DISPLAY INSTRUCTIONS:**

Display “he” if “NAME” is male; 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

**SI061**

**DISPLAY INSTRUCTIONS:**

Display “he” if “NAME” is male; else, display “she”.

**Is {he/she} currently attending or enrolled in any courses from a school, college, or university?**

- 1 YES
- 2 NO (SI063)
- REFUSED (SI063)
- DON'T KNOW (SI063)

**SI062**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

Display “he” if “NAME” is male; else, display “she”.

**Is {he/she} currently taking courses full-time or part-time?**

- 1 FULL-TIME
- 2 PART-TIME
- REFUSED
- DON'T KNOW

**SI063**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

Display “he” if “NAME” is male; 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

**SI065**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

**During the past week, did {NAME} work at a job or business for pay?**

- 1 YES (SI075)
- 2 NO
- REFUSED
- DON'T KNOW

**SI070**

**DISPLAY INSTRUCTIONS:**

Display "he" if "NAME" is male; else, display "she".

**Was {he/she} on leave or vacation from a job or business?**

- 1 YES
- 2 NO (SI125)
- REFUSED (SI125)
- DON'T KNOW (SI125)

**SI075**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

**How many jobs does {NAME} have now?**

- REFUSED
- DON'T KNOW

**SI080**

**DISPLAY INSTRUCTIONS:**

If SI075 > 1 (MORE THAN 1 JOB), display "counting all jobs." Display "he" if "NAME" is male; Else, display "she".

**About how many total hours per week does {he/she} usually work for pay {counting all jobs}?**

- REFUSED
- DON'T KNOW

**SI085**

**DISPLAY INSTRUCTIONS:**

If SI075 > 1 (MORE THAN 1 JOB), display "Counting all jobs, about";  
Else display "About".

Display "he" if "NAME" is male; else, display "she".

**{Counting all jobs, about/About} how much does {he/she} earn before taxes and other deductions?**

REFUSED	(SI090a)
DON'T KNOW	(SI090a)

**SI086**

**DISPLAY INSTRUCTIONS:**

If SI075 > 1 (MORE THAN 1 JOB), display "Counting all jobs, about".  
Else display "About".

Display "he" if "NAME" is male; else, display "she".

**[[Counting all jobs, about/About] how much does {he/she} earn before taxes and other deductions?]**

1 PER HOUR	(SI090a)
2 PER DAY	(SI090a)
3 PER WEEK	(SI090a)
4 PER BI-WEEKLY (EVERY 2 WEEKS)	(SI090a)
5 PER MONTH	(SI090a)
6 PER YEAR	(SI090a)
91 OTHER (SPECIFY)	

**SI087**

**SPECIFY OTHER TYPE OF EARNINGS UNIT.**

**SI090a - e**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

Display "his" if "NAME" is male; else, display "her".

If SI075 > 1 (MORE THAN 1 JOB), display "any of" and "jobs";  
Else display "job".

**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

**SI095**

**DISPLAY INSTRUCTIONS:**

If SI075 > 1 (MORE THAN 1 JOB), display "at his main job"

Display "he" and "his" if "NAME" is male; else, display "she" and "her".

**Which of the following best describes the hours {he/she} usually works {at {his/her} main job}?**

SHOW CARD RI2

- |    |   |         |
|----|---|---------|
| 1  | A regular daytime shift – any time between 6 A.M. and 6 P.M.,                     | (SI100) |
| 2  | A regular evening shift – any time between 2 P.M. and Midnight,                   | (SI100) |
| 3  | A regular night shift – any time between 9 P.M. and 8 A.M.,                       | (SI100) |
| 4  | A rotating shift – one that changes periodically from days to evenings or nights, | (SI100) |
| 5  | A split shift – one consisting of two distinct periods each day, or               | (SI100) |
| 91 | Some other schedule (SPECIFY)?  | (SI100) |
|    | REFUSED   | (SI100) |
|    | DON'T KNOW  | (SI100) |

**SI096**

**SPECIFY OTHER SCHEDULE {NAME} USUALLY WORKS.**

**SI100**

**DISPLAY INSTRUCTIONS:**

If SI075 > 1 (MORE THAN 1 JOB), display "main".

Display "his" and "he" if "NAME" is male; else, display "her" and "she".

**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    |

**SI105**

**DISPLAY INSTRUCTIONS:**

Display "he" if "NAME" is male; else, display "she".

**For whom does {he/she} work?**

REFUSED  
DON'T KNOW

**SI110**

**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

**SI115**

**DISPLAY INSTRUCTIONS:**

Display "he" if "NAME" is male; else, display "she".

**What kind of work is {he/she} doing?**

PROBE: For example: electrical engineer, stock clerk, typist, farmer.

REFUSED  
DON'T KNOW

**SI120**

**DISPLAY INSTRUCTIONS:**

Display "his" and "he" if "NAME" is male; else, display "her" and "she".

**What are {his/her} most important activities or duties on 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

GO TO SI146BX.

**SI125**

**DISPLAY INSTRUCTIONS:**

Display "he" if "NAME" is male; else, display "she".

**Has {he/she} been actively looking for work in the past 4 weeks?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (SI132) |
|   | REFUSED    | (SI132) |
|   | DON'T KNOW | (SI132) |

**SI130**

**DISPLAY INSTRUCTIONS:**

Display "he" if "NAME" is male; 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                                    | (SI132) |
|    | DON'T KNOW                                 | (SI132) |

**SI131**

**SPECIFY OTHER WAY {NAME} HAS LOOKED FOR WORK IN PAST 4 WEEKS.**

**SI132**

**DISPLAY INSTRUCTIONS:**

Display “he” if “NAME” is male; else, display “she”.

**What was {he/she} doing most of last week? Would you say ...**

- |    |                                       |           |
|----|---------------------------------------|-----------|
| 1  | Keeping house or caring for children, | (SI134BX) |
| 2  | Going to school,                      | (SI134BX) |
| 3  | Retired,                              | (SI134BX) |
| 4  | Unable to work, or                    | (SI134BX) |
| 91 | Something else? (SPECIFY)             |           |
|    | REFUSED                               | (SI134BX) |
|    | DON'T KNOW                            | (SI134BX) |

**SI133**

**SPECIFY OTHER ACTIVITY {NAME} WAS DOING MOST OF LAST WEEK.**

**SI134BX**

IF SI130=91 (DID SOMETHING ELSE TO FIND WORK), OR  
SI130=6 (READ WANT ADS) AND (SI130=1, 2, 3, 4, 5, or 91) GO TO  
SI135.

ELSE, GO TO SI146BX

**SI135**

**DISPLAY INSTRUCTIONS:**

Display “he” if “NAME” is male; 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 |

**SI146BX**

IF SPOUSE/PARTNER IS THE BIOLOGICAL OR ADOPTIVE  
FATHER (FS050=1 OR 2), GO TO SI147.

ELSE IF SPOUSE/PARTNER IS THE BIOLOGICAL MOTHER  
(FS045 = 1), GO TO SI155BX.

ELSE, GO TO SI169BX



**SI147**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

Display "NAME" from FS035.

If person named as spouse/partner (FS035) is biological father (FS050=1), display "birth".

Else, if person named as spouse/partner (FS035) is adoptive father (FS050=2), display "adoption".

**Did {NAME} ever take any time off work for the {birth/adoption} of {CHILD}{and {TWIN}}?**

- |   |            |           |
|---|------------|-----------|
| 1 | YES        | (SI150)   |
| 2 | NO         |           |
|   | REFUSED    | (SI151BX) |
|   | DON'T KNOW | (SI151BX) |

**SI148**

**Why not?**

- |    |  |           |
|----|--|-----------|
| 1  | NOT EMPLOYED WHEN CHILD WAS BORN/ADOPTED           | (SI151BX) |
| 2  | EMPLOYED, BUT DID NOT HAVE ACCESS TO LEAVE         | (SI151BX) |
| 3  | HAD ACCESS TO LEAVE BUT COULDN'T AFFORD TO TAKE IT | (SI151BX) |
| 4  | DID NOT FEEL THE NEED TO TAKE ANY LEAVE            | (SI151BX) |
| 91 | OTHER (SPECIFY)                                    |           |
|    | REFUSED  | (SI151BX) |
|    | DON'T KNOW   | (SI151BX) |

**SI149**

**SPECIFY REASON LEAVE NOT TAKEN.**

GO TO SI151BX.

**SI150**

**In total, how many weeks of leave, paid or unpaid, did he take?**

ENTER NUMBER OF WEEKS.

- |  |                             |
|--|-----------------------------|
|  | IF LESS THAN 1 WEEK ENTER 0 |
|  | REFUSED                     |
|  | DON'T KNOW                  |

**SI151BX**

IF SI065=NO (FATHER DID NOT WORK LAST WEEK) AND  
SI070=NO (FATHER WAS NOT ON LEAVE OR VACATION), GO  
TO SI153.

ELSE GO TO SI155BX.

**SI153**

**Has he worked at a job since {CHILD}{and {TWIN}} {was/were} {born/adopted}?**

- 1 YES
- 2 NO (SI155BX)
- REFUSED (SI155BX)
- DON'T KNOW (SI155BX)

**SI154**

**How old {was/were} {CHILD}{and {TWIN}} when he first worked at a job?**

ENTER NUMBER.

- REFUSED (SI155BX)
- DON'T KNOW (SI155BX)

**SI155**

**[How old {was/were} {CHILD}{and {TWIN}} when he first went to work at a job?]**

[{NUMBER COLLECTED AT SI154}]

ENTER UNIT.

- 1 WEEKS
- 2 MONTHS

**SI155BX**

IF SPOUSE IS THE BIOLOGICAL MOTHER (FS045=1) GO TO  
SI156.

ELSE GO TO SI167BX.

SI156

HELP AVAILABLE

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}" and "were".

**Did {NAME} 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         | (SI164BX) |
|   | REFUSED    | (SI164BX) |
|   | DON'T KNOW | (SI164BX) |

SI157

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}" and "were".

**During the 12 months before {CHILD}{and {TWIN}} {was/were} born, for how many months did she work?**

REFUSED  
DON'T KNOW

SI158

**About how many hours per week did she usually work for pay at that job?**

REFUSED  
DON'T KNOW

SI159

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}" and "were".

**Did she take any maternity leave, either paid or unpaid, from her job while she was 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        | (SI162)   |
| 2 | NO         |           |
|   | REFUSED    | (SI164BX) |
|   | DON'T KNOW | (SI164BX) |

**SI160**

**Was this because she was not employed during the pregnancy, was employed but quit before she delivered, or some other reason?**

- 1 NOT EMPLOYED DURING PREGNANCY
- 2 EMPLOYED, BUT QUIT BEFORE DELIVERY
- 3 LEAVE NOT PROVIDED/SELF-EMPLOYED
- 4 COULD NOT AFFORD TO TAKE IT
- 91 OTHER (SPECIFY) (SI161)
- REFUSED (SI162)
- DON'T KNOW (SI162)

**SI161**

**SPECIFY REASON MATERNITY LEAVE NOT TAKEN.**

GO TO SI164BX.

**SI162**

**In total how many weeks of maternity leave, paid or unpaid, did she take?**

- REFUSED
- DON'T KNOW

**SI163**

**Some women receive pay from their jobs during their maternity leave, through vacation, sick pay, maternity benefits, and other kinds of paid leave. In total, how many weeks of paid leave did she receive from her job while she was on maternity leave?**

- REFUSED
- DON'T KNOW

**SI164BX**

IF SPOUSE DID NOT WORK LAST WEEK (SI065 = 2, DON'T KNOW, OR REFUSED) AND SHE WAS NOT ON LEAVE OR VACATION (SI070 = 2, DON'T KNOW, OR REFUSED), GO TO SI165.

ELSE, GO TO SI167BX.

**SI165**

**DISPLAY INSTRUCTIONS:**

If SI156=1 (WORKED DURING 12 MONTHS BEFORE BIRTH), display “back.”

If there is a twin, display “and {TWIN}” and “were”.

**Has she gone {back} to work at a job since {CHILD}{and {TWIN}} {was/were} born?**

- |   |            |           |
|---|------------|-----------|
| 1 | YES        |           |
| 2 | NO         | (SI167BX) |
|   | REFUSED    | (SI167BX) |
|   | DON'T KNOW | (SI167BX) |

**SI166**

**DISPLAY INSTRUCTIONS:**

If SI156=1 (WORKED DURING 12 MONTHS BEFORE BIRTH), display “back.”

If there is a twin, display “were” and “and {TWIN}”.

**How old {was/were} {CHILD}{and {TWIN}} when she first went {back} to work at a job?**

- |  |            |           |
|--|------------|-----------|
|  | REFUSED    | (SI167BX) |
|  | DON'T KNOW | (SI167BX) |

**SI167**

**DISPLAY INSTRUCTIONS:**

If SI156=1 (WORKED DURING 12 MONTHS BEFORE BIRTH), display “back.”

If there is a twin, display “were” and “and {TWIN}”.

**[How old {was/were} {CHILD}{and {TWIN}} when she first went {back} to work at a job?]**

- |   |        |
|---|--------|
| 1 | WEEKS  |
| 2 | MONTHS |

**SI167BX**

IF RESPONDENT IS BIOLOGICAL MOTHER (IN040 = 1) AND PERSON FLAGGED AS SPOUSE/PARTNER IS THE CHILD'S BIOLOGICAL FATHER (PERSON FLAGGED AT FS035 HAS FS050 = 1) AND EITHER: RESPONDENT IS NOT MARRIED TO BIOLOGICAL FATHER (MH005 = 5 (NEVER MARRIED)) OR MARRIAGE OCCURRED AFTER CHILD'S BIRTH (MH020 AND MH022 > CHILD'S DATE OF BIRTH FROM BIRTH CERTIFICATE) OR THE DATE OF MARRIAGE IS DON'T KNOW OR REFUSED(MH020/MH022 IS DON'T KNOW OR REFUSE), GO TO SI168.

ELSE, GO TO SI169BX

**SI168**

**DISPLAY INSTRUCTIONS:**

Display "NAME" from FS035.

**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  
REFUSED  
DON'T KNOW

**SI169BX**

IF RESPONDENT HAS A SPOUSE/PARTNER IN THE HOUSEHOLD (FS030=1), GO TO SI270.

ELSE GO TO SI280

**SI270**

**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, AND THE FATHER COVER LETTER INTO AN ECLS-B ENVELOPE AND SEAL IT.**

## SI275

### **DISPLAY INSTRUCTIONS:**

If respondent is child's biological mother (IN040=1) and child's biological father lives in the household (set in FS), display "fathers as well as mothers", "play" and "{CHILD}'s father" ;  
Else display "NAME" from FS035 and "plays".

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/{NAME OF PARENT RESPONDENT'S PARTNER/SPOUSE FROM FS035} {play/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 FS035} 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 FS035} can use to return the questionnaire to the Home Office.**

## SI280

**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.

## SI285

**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.

**SI290**

**DID YOU GIVE THE RESPONDENT THE PSAQ?**

- 1 YES (SI305)
- 2 NO

**SI295**

**WHY DIDN'T YOU GIVE THE RESPONDENT THE PSAQ?**

- 1 RESPONDENT REFUSED TO TAKE THE PSAQ (SI315BX)
- 2 THERE WAS AN INTERRUPTION (SI315BX)
- 3 NO PRIVACY TO COMPLETE PSAQ (SI315BX)
- 4 LANGUAGE PROBLEM/USED INTERPRETER (SI315BX)
- 91 OTHER REASON (SPECIFY)

**SI300**

**SPECIFY THE OTHER REASON YOU DID NOT GIVE THE RESPONDENT THE PSAQ.**

GO TO SI315BX.

**SI305**

**DID THE RESPONDENT COMPLETE AND RETURN THE PSAQ TO YOU?**

- 1 YES (SI315BX)
- 2 NO

**SI310**

**WHY DIDN'T THE RESPONDENT COMPLETE THE PSAQ?**

<p><b>SI315BX</b></p> <p>GO TO SECTION BF (NON-RESIDENT BIOLOGICAL FATHER INFORMATION).</p>
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**SECTION BF - NON-RESIDENT BIOLOGICAL FATHER**

**BF001BX**

IF RESPONDENT IS THE BIOLOGICAL MOTHER (IN040=1), THE CHILD'S BIOLOGICAL FATHER IS NOT KNOWN TO BE DEAD (MH045 ^=1 AND MH050 ^=2 ), GO TO BF002BX.

ELSE, GO TO SECTION WP (WELFARE AND OTHER PUBLIC ASSISTANCE).

**BF002BX**

IF CHILD'S BIOLOGICAL FATHER IS NOT CURRENTLY IN THE HOUSEHOLD, GO TO BF005PRE.  
ELSE GO TO BF025BX.

**BF005PRE**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}”.

**Next, I have some questions about {CHILD}{and {TWIN}}’s biological father.**

**BF007BX**

IF RESPONDENT WAS NEVER MARRIED TO THE CHILD'S BIOLOGICAL FATHER (MH025 ^=1) AND NEVER LIVED WITH HIM IN A MARRIAGE-LIKE RELATIONSHIP (MH035 ^=1), GO TO BF030.

ELSE GO TO BF010

**BF010**

**DISPLAY INSTRUCTIONS:**

If there is a twin, 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         | (BF030) |
|   | REFUSED    | (BF030) |
|   | DON'T KNOW | (BF030) |

**BF020**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}” and “were”.

**Since {CHILD}{and {TWIN}} {was/were} born, how many months did he live with you?**

IF LESS THAN 1 MONTH, ENTER 1.

ENTER NUMBER.

REFUSED  
DON'T KNOW

**BF025BX**

IF THE CHILD'S BIOLOGICAL FATHER IS NOT THE  
RESPONDENT'S SPOUSE PARTNER,  
GO TO BF030.

ELSE GO TO BF065BX.

**BF030**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}”.

**What is {CHILD}{and {TWIN}}'s father's date of birth?**

ENTER MONTH.

REFUSED  
DON'T KNOW

**BF031**

**DISPLAY INSTRUCTIONS:**

Display number entered at BF030 at top of screen. If there is a twin, display “and {TWIN}”.

**[What is {CHILD}{and {TWIN}}'s father's date of birth?]**

ENTER DAY.

REFUSED  
DON'T KNOW

**BF032**

**DISPLAY INSTRUCTIONS:**

Display numbers entered at BF030 and BF031 at top of screen. If there is a twin, display “and {TWIN}”.

**What is {CHILD}{and {TWIN}}'s father's date of birth?**

ENTER FOUR DIGIT YEAR.

REFUSED	(BF050)
DON'T KNOW	(BF033)

GO TO BF050

**BF033**

**What is his age?**

ENTER AGE.

REFUSED
DON'T KNOW

**BF050**

**HELP AVAILABLE**

**What is the highest grade or year of school that he has completed?**

- |    |  |           |
|----|--|-----------|
| 0  | NO FORMAL SCHOOLING  | (BF065BX) |
| 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   | (BF060)   |
| 14 | VOC/TECH PROGRAM AFTER HIGH SCHOOL<br>BUT NO VOC/TECH DIPLOMA                                    |           |
| 15 | VOC/TECH DIPLOMA AFTER HIGH SCHOOL   |           |
| 16 | SOME COLLEGE BUT NO DEGREE   | (BF150)   |
| 17 | ASSOCIATE'S DEGREE   | (BF150)   |
| 18 | BACHELOR'S DEGREE  | (BF150)   |
| 19 | GRADUATE OR PROFESSIONAL SCHOOL BUT<br>NO DEGREE   | (BF150)   |
| 20 | MASTER'S DEGREE (MA, MS)   | (BF150)   |
| 21 | DOCTORATE DEGREE (PHD, EDD)  | (BF150)   |
| 22 | PROFESSIONAL DEGREE AFTER BACHELOR'S<br>DEGREE (MD; DDS; JD, LLB; ETC.)<br>REFUSED<br>DON'T KNOW | (BF150)   |

**BF055**

**HELP AVAILABLE**

**Does he have a high school diploma or its equivalent, such as a GED?**

- |   |            |           |
|---|------------|-----------|
| 1 | YES        |           |
| 2 | NO         | (BF065BX) |
|   | REFUSED    | (BF065BX) |
|   | DON'T KNOW | (BF065BX) |

**BF060**

**Which does he have, a high school diploma or a GED?**

- |   |                     |
|---|---------------------|
| 1 | HIGH SCHOOL DIPLOMA |
| 2 | GED                 |
|   | REFUSED             |
|   | DON'T KNOW          |

**BF065BX**

IF THE CHILD'S BIOLOGICAL FATHER DOES NOT LIVE IN THE HOUSEHOLD, (AS FLAGGED IN FS) GO TO BF140.

ELSE GO TO BF187BX,

**BF140**

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/they}.

**BF150**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}” and “them”.

**How many minutes away does {CHILD}{and {TWIN}}'s father live from {him/her/they}?**

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

**BF155**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}”.

**Does he live in the same state or a different state than {CHILD}{and {TWIN}}?**

- 1 SAME STATE
  - 2 DIFFERENT STATE
- REFUSED  
DON'T KNOW

**BF160**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}”.

**How long has it been since he last saw {CHILD}{and {TWIN}}?**

IF FATHER SAW CHILD TODAY, ENTER 1 DAY.

IF FATHER HAS NEVER SEEN CHILD/CHILDREN, ENTER 0.

ENTER NUMBER.

REFUSED

(BF162BX)

DON'T KNOW

(BF162BX)

IF 0 IS ENTERED, GO TO BF162BX.

**BF161**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}”.

**[How long has it been since he last saw {CHILD}{and {TWIN}}?]**

[{DISPLAY NUMBER COLLECTED IN BF160}]

ENTER UNIT.

1 DAYS

2 WEEKS

3 MONTHS

**BF162BX**

IF LENGTH OF TIME SINCE BIOLOGICAL FATHER SAW CHILD IS LESS THAN OR EQUAL TO 3 MONTHS (BF160/BF161 IS  $\geq 1$  AND  $\leq 3$  MONTHS, OR  $\geq 1$  AND  $\leq 12$  WEEKS, OR  $\geq 1$  AND  $\leq 90$  DAYS), GO TO BF165.

ELSE IF LENGTH OF TIME SINCE BIOLOGICAL FATHER SAW CHILD IS GREATER THAN 3 MONTHS (BF160=0, OR BF160/BF161 IS  $> 3$  MONTHS OR  $> 12$  WEEKS OR  $> 90$  DAYS), GO TO BF167BX.

ELSE IF BF160 = DK OR RF, GO TO BF185.

**BF165**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}” and “them”.

Display result of Date of Interview minus 3 months for {TIMEFRAME}.

**In the last 3 months, that is since {TIME FRAME}, on how many days has {CHILD}{and {TWIN}}’s father seen {him/her/them}?**

PROBE: Your best guess is fine.

IF FATHER HAS SEEN CHILD/CHILDREN EVERY DAY OR ALMOST EVERY DAY, ENTER 95.

IF FATHER HAS NOT SEEN CHILD/CHILDREN IN LAST 3 MONTHS, ENTER 0.

ENTER NUMBER OF DAYS.

REFUSED

DON'T KNOW

**BF167BX**

IF LENGTH OF TIME SINCE BIOLOGICAL FATHER SAW CHILD IS GREATER THAN ONE MONTH (BF160=0 OR BF160/BF161 > 1 MONTH OR > 4 WEEKS OR > 30 DAYS), GO TO BF170.

ELSE, GO TO BF185

**BF170**

**DISPLAY INSTRUCTIONS:**

If BF160 ^= 0, display "more recently".

If there is a twin, display “and {TWIN}” and “them”.

**Why hasn't he seen {CHILD}{and {TWIN}} {more recently}? Is it because...**

1 You do not want him to see {{CHILD}/them}, (BF185)

2 He does not want to see {{CHILD}/them}, or (BF185)

3 He has been unable to see {{CHILD}/them}? (BF185)

REFUSED (BF185)

DON'T KNOW (BF185)

**BF180**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}”.

**Why has he been unable to see {CHILD}{and {TWIN}}? Is it because....**

- |    |                              |         |
|----|------------------------------|---------|
| 1  | He lives too far away,       | (BF185) |
| 2  | He is sick or disabled,      | (BF185) |
| 3  | He is in the military,       | (BF185) |
| 4  | He is in jail or prison, or  | (BF185) |
| 91 | Some other reason? (SPECIFY) |         |
|    | REFUSED                      | (BF185) |
|    | DON'T KNOW                   | (BF185) |

**BF181**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display “and {TWIN}” and “them”.

**SPECIFY OTHER REASON {CHILD}{and {TWIN}}’s FATHER HAS BEEN UNABLE TO SEE {HIM/HER/THEM}.**

**BF185**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**In the last 3 months, how often have you been in touch with {CHILD}{and {TWIN}}’s father, either by phone, letter, or other means? Is it...**

- |   |                                |
|---|--------------------------------|
| 1 | Every day or almost every day, |
| 2 | Several times a week,          |
| 3 | About once a week,             |
| 4 | Two or three times a month,    |
| 5 | About once a month, or         |
| 6 | Less often?                    |
|   | REFUSED                        |
|   | DON'T KNOW                     |



**BF187BX**

IF LENGTH OF TIME SINCE BIOLOGICAL FATHER SAW CHILD IS LESS THAN ONE MONTH (BF160/BF160 <=1 MONTH OR 4 WEEKS OR 30 DAYS) OR LENGTH OF TIME IS UNKNOWN (BF160 = DK OR RF), THEN GO TO BF190.

ELSE IF CHILD'S BIOLOGICAL FATHER LIVES IN THE HOUSEHOLD (AS FLAGGED IN FS), GO TO BF190.

ELSE GO TO BF194BX.

**BF190**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}" and "them".

**In the past month, how often has {CHILD}{and {TWIN}}'s biological father looked after {him/her/them} while you did other things? Was it . . .**

PROBE: In the last 30 days.

- 1 Every day or almost every day,
  - 2 A few times a week,
  - 3 A few times a month,
  - 4 Once or twice, or
  - 5 Never?
- REFUSED  
DON'T KNOW

**BF192**

**Does he look after {CHILD}{and {TWIN}} on a regular basis while you do other things outside of the home?**

- 1 YES
  - 2 NO (BF194BX)
- REFUSED (BF194BX)  
DON'T KNOW (BF194BX)

**BF193**

**About how many hours each week does he usually care for {him/her/them} while you are not home?**

ENTER NUMBER OF HOURS.

- REFUSED  
DON'T KNOW

**BF194BX**

IF CHILD'S BIOLOGICAL FATHER DOES NOT LIVE IN THE HOUSEHOLD, GO TO BF195a.

ELSE GO TO BF212BX.

**BF195a - d**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**Fathers who do not live with their children sometimes help out with them in other ways. I am going to read things that fathers may do. Please tell me whether {CHILD}{and {TWIN}}'s father has done these things often, sometimes, or never. How often has he done any of the following for {CHILD}{and {TWIN}}?**

- 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?

**Has he done this often, sometimes, or never?**

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

**BF200**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**Thinking about child support, do you 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 (BF212BX)
- REFUSED (BF212BX)  
DON'T KNOW (BF212BX)

**BF205**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**How much per month is he supposed to pay for {CHILD}{and {TWIN}}'s support?**

PROBE: Your best estimate will be fine.

ENTER NUMBER.  
REFUSED  
DON'T KNOW

**BF210**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**How much per month do you usually get for {CHILD}{and {TWIN}}'s support?**

PROBE: Your best estimate will be fine.

ENTER NUMBER  
REFUSED  
DON'T KNOW

**BF212BX**

IF BIOLOGICAL MOTHER WAS NEVER MARRIED TO BIOLOGICAL FATHER (MH025 = 2, DK, OR RF), GO TO BF215.

ELSE, IF BIOLOGICAL MOTHER EVER MARRIED TO BIOLOGICAL FATHER (MH025 =1) AND DATE OF MARRIAGE (MH030 AND MH032) WAS AFTER CHILD WAS BORN OR MISSING,  
GO TO BF215.

ELSE, GO TO BF227BX.

**BF215**

**DISPLAY INSTRUCTIONS:**

If there is a twin, 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

**BF220**

**DISPLAY INSTRUCTIONS:**

If there is a twin, 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

**BF225**

**DISPLAY INSTRUCTIONS:**

If there is a twin, 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

**BF227BX**

GO TO SECTION WP (WELFARE AND OTHER PUBLIC ASSISTANCE).

**SECTION WP - WELFARE AND OTHER PUBLIC ASSISTANCE**

**WP005PRE**

Now, I have a few questions about government benefits you may receive.

**WP010**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "or {TWIN}".

**Did you or {CHILD} {or {TWIN}} receive benefits from WIC, that is the Special Supplemental Nutrition Program for Women, Infants, and Children, in the past 12 months?**

- |   |            |          |
|---|------------|----------|
| 1 | YES        |          |
| 2 | NO         | (WP045a) |
|   | REFUSED    | (WP045a) |
|   | DON'T KNOW | (WP045a) |

**WP012BX**

IF RESPONDENT IS CHILD'S BIOLOGICAL MOTHER (IN040=1),  
GO TO WP015.

ELSE, GO TO WP035.

**WP015**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}".

**While you were pregnant with {CHILD}{and {TWIN}}, did you use WIC vouchers to buy food for yourself?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (WP025) |
|   | REFUSED    | (WP025) |
|   | DON'T KNOW | (WP025) |

**WP020**

**How many months pregnant were you when you first started to receive WIC vouchers?**

- 1 1 TO 3 MONTHS (1ST TRIMESTER)
  - 2 4 TO 6 MONTHS (2ND TRIMESTER)
  - 3 7 TO 9 MONTHS (3RD TRIMESTER)
- REFUSED  
DON'T KNOW

**WP025**

**DISPLAY INSTRUCTIONS:**

If there is a twin, display "and {TWIN}" and "were".

**During the first 6 months after {CHILD}{and {TWIN}} {was/were} born, did you use WIC vouchers to buy food for yourself?**

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

**WP030**

**In the last 30 days, did you use WIC vouchers to buy food for yourself?**

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

**WP035**

**In the last 30 days, did you use WIC vouchers to buy formula or other food for {CHILD/TWIN}?**

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

**WP037BX**

IF NO TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS  $\geq 2$ , GO TO WP040.

ELSE, IF TWIN IN HOUSEHOLD AND THE NUMBER OF CHILDREN AGE 5 OR YOUNGER IN HOUSEHOLD IS  $\geq 3$ , GO TO WP040.

ELSE, GO TO WP045a.

**WP040**

**In the last 30 days, did you use WIC vouchers to buy food for any other child in your household?**

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

**WP045a - c**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

If no TWIN in household and number of household members (set in FS) is  $>2$ , or no TWIN in household and number of household members (set in FS) is  $> 3$ , then display "or anyone else in your household".

If there is a twin, display "and {TWIN}" and "were".

Display state name for TANF, if available.

**At any time since {CHILD}{and {TWIN}} {was/were} born, have you {or anyone else in your household} received...**

- a. **Food Stamps?**
- b. **Medicaid benefits?**
- c. **TANF {or {STATE NAME FOR TANF}} or welfare?**

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

**WP047BX**

IF WP045a = 1 (RECEIVED FOOD STAMPS), GO TO WP050.

ELSE, GO TO WP052BX.

**WP050**

**DISPLAY INSTRUCTIONS:**

If no TWIN in household and number of household members (set in FS) is >2, or no TWIN in household and number of household members (set in FS) is > 3, then display "or anyone else in your household".

If there is a twin, display "and {TWIN}" and "were".

**For how many months since {CHILD}{and {TWIN}} {was/were} born did you {or anyone else in your household} receive Food Stamps?**

ENTER NUMBER OF MONTHS.

REFUSED  
DON'T KNOW

**WP052BX**

IF WP045b = 1 (RECEIVED MEDICAID), GO TO WP055.

ELSE, GO TO WP057BX.

**WP055**

**DISPLAY INSTRUCTIONS:**

If no TWIN in household and number of household members (set in FS) is >2, or no TWIN in household and number of household members (set in FS) is > 3, then display "or anyone else in your household".

If there is a twin, display "and {TWIN}" and "were".

**For how many months since {CHILD}{and {TWIN}} {was/were} born did you {or anyone else in your household} receive Medicaid benefits?**

ENTER NUMBER OF MONTHS.

REFUSED  
DON'T KNOW

**WP057BX**

IF WP045c = 1 (RECEIVED TANF), GO TO WP060.

ELSE, GO TO WP065.



**WP060**

**DISPLAY INSTRUCTIONS:**

If no TWIN in household and number of household members (set in FS) is >2, or no TWIN in household and number of household members (set in FS) is > 3, then display "or anyone else in your household".

If there is a twin, display "and {TWIN}" and "were".

Display state name for TANF, if available.

**For how many months since {CHILD}{and {TWIN}} {was/were} born, 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

**WP065**

**HELP AVAILABLE**

**DISPLAY INSTRUCTIONS:**

Display state specific welfare program names.

**Did any of the people you lived with during your school years—about age 5 to age 16—ever receive Aid to Families with Dependent Children (AFDC) {or STATE SPECIFIC PROGRAM} or welfare?**

PROBE: AFDC is now called Temporary Assistance to Needy Families (TANF).

1 YES  
2 NO WP072BX)  
REFUSED (WP072BX)  
DON'T KNOW (WP072BX)

**WP070**

**Between the ages of 5 and 16, was welfare assistance received during all, most, half, or just some of these years?**

1 ALL  
2 MOST  
3 HALF  
4 SOME  
REFUSED  
DON'T KNOW

**WP072BX**  
GO TO SECTION HI (HOUSEHOLD INCOME).

**SECTION HI - HOUSEHOLD INCOME AND ASSETS**

**HI001PRE**

**Now I have a few questions about your household.**

**HI005**

**Including yourself, how many adults contribute to your household income?**

ENTER NUMBER OF ADULTS.

REFUSED  
DON'T KNOW

**HI010**

**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 <= 4) OR  
(# OF HOUSEHOLD MEMBERS = 6 AND HI015 <= 5) OR  
(# OF HOUSEHOLD MEMBERS = 7 AND HI015 <= 5) OR  
(# OF HOUSEHOLD MEMBERS = 8 AND HI015 <= 6) OR  
(# OF HOUSEHOLD MEMBERS >= 9 AND HI015 <= 7), 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...**

- |    |   |         |
|----|---|---------|
| 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**

**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 <u>not</u> pay for housing, | (HI035)   |
| 6  | Not pay for housing as part of job (e.g., military, clergy)    | (HI035)   |
| 7  | Live in temporary housing or a shelter, or                     | (HI035)   |
| 91 | Have another type of housing arrangement? (SPECIFY)            |           |
|    | REFUSED  | (HI035)   |
|    | DON'T KNOW   | (HI035)   |

**HI031**

**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?**

ENTER VALUE.

- 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**

**HELP AVAILABLE**

**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**

**HELP AVAILABLE**

**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  $\leq$  7) OR  
(# OF HOUSEHOLD MEMBERS = 3 AND HI015  $\leq$  9) OR  
(# OF HOUSEHOLD MEMBERS = 4 AND HI015  $\leq$  10) OR  
(# OF HOUSEHOLD MEMBERS = 5 AND HI015  $\leq$  10) OR  
(# OF HOUSEHOLD MEMBERS = 6 AND HI015  $\leq$  10) OR  
(# OF HOUSEHOLD MEMBERS = 7 AND HI015  $\leq$  11) OR  
(# OF HOUSEHOLD MEMBERS = 8 AND HI015  $\leq$  11) OR  
(# OF HOUSEHOLD MEMBERS  $\geq$  9 AND HI015  $\leq$  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.

### HF020a - e

#### DISPLAY INSTRUCTIONS:

Display month of interview in "CURRENT MONTH".

Display "we", "our", and "your household" if there is a household member, besides the respondent, who is 18 years of age or older, or if the respondent has a spouse/partner in the household.

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} in the last 12 months, that is, since last {CURRENT MONTH}.**

- 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.

[For your household in the last 12 months, was that often true, sometimes true, or never true?]

- 1 OFTEN TRUE
- 2 SOMETIMES TRUE
- 3 NEVER TRUE
- REFUSED
- DON'T KNOW



**HF021BX**

IF ANY HF020a-e = 1 (OFTEN TRUE) OR 2 (SOMETIMES TRUE)  
GO TO HF022.

ELSE, GO TO HF082BX.

**HF022**

**DISPLAY INSTRUCTIONS:**

Display month of interview in "CURRENT MONTH".

Display "we", and "your household" if there is a household member, besides the respondent, who is 18 years of age or older.

Else display "I" and "you".

If there are other children younger than 18 in household besides {CHILD} and {TWIN}, display "the children were";

Else if there is a twin, display "{CHILD} and {TWIN} were". Else, display "{CHILD} was".

**Please tell me whether the following statement was often true, sometimes true, or never true for {you/your household} in the last 12 months, that is, since last {CURRENT MONTH}.**

**{{CHILD}{and {TWIN}} {was/were}/The children were} not eating enough because {I/we} just couldn't afford enough food.**

**[For your household in the last 12 months, was that often true, sometimes true, or never true?]**

- 1 OFTEN TRUE
  - 2 SOMETIMES TRUE
  - 3 NEVER TRUE
- REFUSED  
DON'T KNOW

**HF025**

**DISPLAY INSTRUCTIONS:**

Display month of interview in "CURRENT MONTH".

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".

**In the last 12 months, since last {CURRENT MONTH}, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- 1 YES
- 2 NO (HF035)
- REFUSED (HF035)
- DON'T KNOW (HF035)

**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**

**In the last 12 months, 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**

**In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**

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

**HF045**

**In the last 12 months, did you lose weight because you didn't have enough money for food?**

- 1 YES
- 2 NO  
REFUSED  
DON'T KNOW

**HF047BX**

IF HF025 = 1 (MEAL SIZE CUT/MEALS SKIPPED) OR ANY OF HF035 THROUGH 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”.

**In the last 12 months, did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?**

- 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:**

Display month of interview in “CURRENT MONTH”.

If there are other children younger than 18 in household besides {CHILD} and {TWIN}, display “any of the children's”;

Else if there is a twin, display "{CHILD}'s and {TWIN}'s".

Else, display “{CHILD}'s”.

**In the last 12 months since {CURRENT MONTH} of last year, did you ever cut the size of {{CHILD}'s{and {TWIN}'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} and {TWIN}, display “any of the children”;

Else if there is a twin, display "{CHILD} and {TWIN}”.

Else, display “{CHILD}”.

**In the last 12 months, did {{CHILD}{and {TWIN}}/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} and {TWIN}, display “were the children”;

Else if there is a twin, display "were {CHILD} and {TWIN}”.

Else, display “was {CHILD}”.

**In the last 12 months {{was/were} {CHILD}{and {TWIN}}/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} and {TWIN}, display “any of the children”;

Else if there is a twin, display "{CHILD} and {TWIN}”.

Else, display “{CHILD}”.

**In the last 12 months did {{CHILD}{and {TWIN}}/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

IF TWIN IN HOUSEHOLD AND TWIN INFORMATION NOT YET COLLECTED,  
GO TO CD001PRE.

ELSE, GO TO SECTION CM(CLOSING).

## SECTION CM - CLOSING STATEMENT AND TRACING INFORMATION

### CM001PRE

#### DISPLAY INSTRUCTIONS:

If there is a TWIN, display “and {TWIN}” and “are”.

**Thank you for taking the time to participate in the parent interview portion of this important study. In order to make sure I can reach you for the next interview, which will take place when {CHILD}{and {TWIN}} {is/are} about 18 months old, I'd like to ask you to fill out this form.**

HAND THE PARENT CONTACTING AND LOCATING FORM TO THE RESPONDENT.

#### CM257BX

IF THE RESPONDENT IS THE BIOLOGICAL MOTHER (IN045=1), AND CHILD'S BIOLOGICAL FATHER IS ALIVE (MH050=YES) AND NOT LIVING IN THE HOUSEHOLD (FS050 ^= 1 FOR ANYONE ON THE HOUSEHOLD ROSTER), AND ANY OF THE FOLLOWING ARE TRUE:

HE HAS SEEN CHILD IN THE LAST MONTH (BF160/BF161=1 MONTH, OR BF160/BF161 <=4 WEEKS, OR BF160/BF161 <=30 DAYS)

HE HAS SEEN CHILD AT LEAST 7 DAYS IN THE LAST 3 MONTHS (BF165 >=7 AND <=95)

THE RESPONDENT (BIO MOM) HAS BEEN IN TOUCH WITH HIM AT LEAST ONCE A MONTH IN THE PAST 3 MONTHS (BF185 >=1 AND BF185 <=5) AND SHE DOES NOT OBJECT TO HIM SEEING CHILD (BF170^=1).

GO TO CM260.

ELSE GO TO CM407BX.

**CM260**

**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         | (CM407BX) |
|   | REFUSED    | (CM407BX) |
|   | DON'T KNOW | (CM407BX) |

**CM262**

**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><b>CM392BX</b></p> <p>IF CHILD'S BIOLOGICAL FATHER DOES NOT LIVE IN THE HOUSEHOLD AND CHILD'S BIOLOGICAL MOTHER HAS SEEN HIM IN THE LAST WEEK (BF160/BF161 &lt;= 7 DAYS OR BF160/BF161 = 1 WEEK), GO TO CM395;</p> <p>ELSE GO TO CM407BX.</p>
--

**CM395**

**Earlier, you said that you saw {CHILD}{and {TWIN}}'s father in the last week. Will you see him again this week?**

- |   |            |           |
|---|------------|-----------|
| 1 | YES        |           |
| 2 | NO         | (CM407BX) |
|   | REFUSED    | (CM407BX) |
|   | DON'T KNOW | (CM407BX) |



**CM400**

**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         | (CM407BX) |
|   | REFUSED    | (CM407BX) |
|   | DON'T KNOW | (CM407BX) |

**CM405**

**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.**

**CM407BX**

IF RESPONDENT IS NOT CHILD'S BIOLOGICAL MOTHER (IN040  
^=1 OR WAS NOT ASKED) AND CHILD'S BIRTH MOTHER LIVES  
ELSEWHERE (IN065=1), GO TO CM408;

ELSE GO TO CM475.

**CM408**

**DO YOU HAVE AN ADDRESS FOR {CHILD'S BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}, {CHILD}'S BIRTH MOTHER?**

- |   |            |         |
|---|------------|---------|
| 1 | YES        |         |
| 2 | NO         | (CM475) |
|   | REFUSED    | (CM475) |
|   | DON'T KNOW | (CM475) |

**CM410**

**WHAT IS {CHILD'S BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}'S ADDRESS?**

ENTER FIRST STREET ADDRESS.

VERIFY SPELLING.  
REFUSED  
DON'T KNOW

**CM415**

**[WHAT IS {CHILD'S BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}'S ADDRESS?]**

ENTER SECOND STREET ADDRESS.

VERIFY SPELLING.  
REFUSED  
DON'T KNOW

**CM420**

**[WHAT IS {CHILD'S BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}'S ADDRESS?]**

ENTER CITY.

VERIFY SPELLING.  
REFUSED  
DON'T KNOW

**CM425**

**HELP AVAILABLE**

**[WHAT IS {CHILD'S BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}'S ADDRESS?]**

ENTER STATE.  
REFUSED  
DON'T KNOW

**CM430**

**DISPLAY INSTRUCTIONS:**

Display fields for zip code with first 5-digits separated by a hyphen followed by the last 4-digits.

**[WHAT IS {CHILD'S BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}'S ADDRESS?]**

ENTER ZIP CODE.  
REFUSED  
DON'T KNOW

**CM435**

**WHAT IS {CHILD'S BIRTH MOTHER'S FULL NAME FROM BIRTH CERTIFICATE}'S TELEPHONE NUMBER?**

IF NO TELEPHONE, ENTER 000.  
REFUSED  
DON'T KNOW

**CM475**

**DISPLAY INSTRUCTIONS:**

Display parent respondent's name from IN025, IN027, and IN030.

If TWIN IN HOUSEHOLD, display "\$100", "BOOKS" and "these books";  
Else display "\$50", "BOOK" and "this book".

**USE BLACK BALL POINT PEN TO COMPLETE CHECKS AND FORMS.**

- 1. FILL OUT CHECK FOR {\$50/\$100} WITH PARENT RESPONDENT'S NAME: {PARENT RESPONDENT'S NAME FROM IN025/IN027/IN030 }**
- 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 {\$50/\$100} 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.**