

Early
Childhood
Longitudinal
Study

Birth Cohort

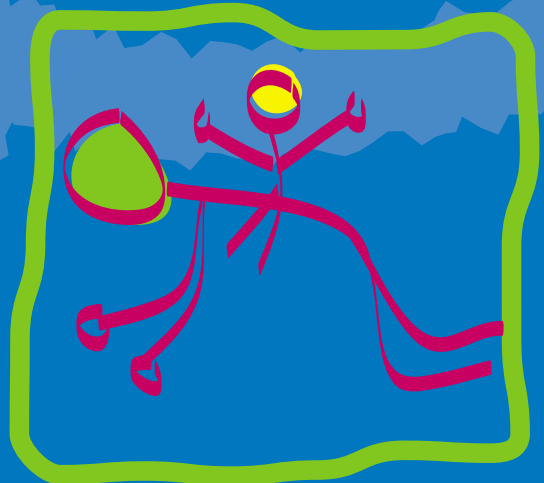
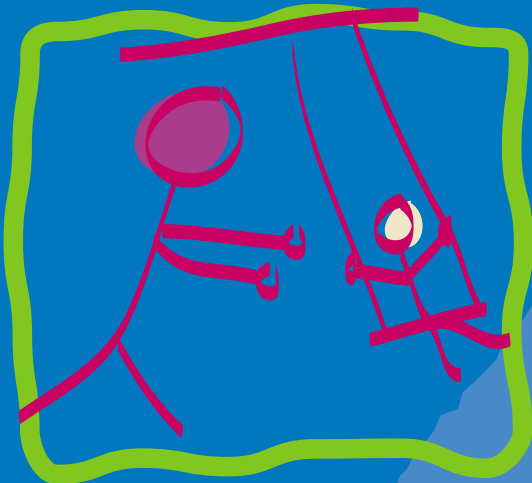
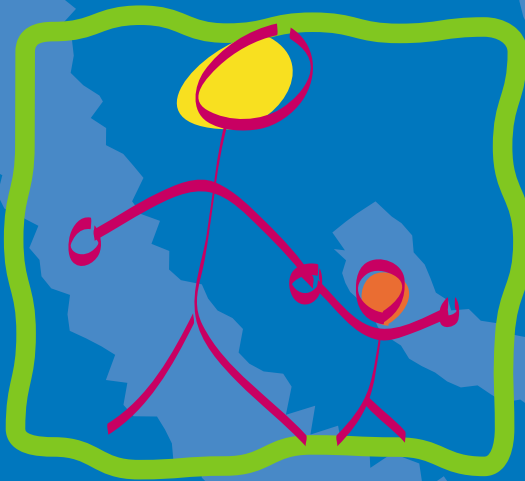


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Questions For Fathers

And Other Important People



An important part of this study is to learn more about the types of things fathers do with their young children and how they feel about their children.

Q1. Are you the child's...

Mark (X) one

- Birth father,
 - Adoptive father,
 - Stepfather,
 - Foster father or male guardian, or
 - Do you have some other relationship to child? *Please specify* ↷
-

Q2. In a typical week, how often do you do the following things with your child? Would you say not at all, once or twice, 3 to 6 times, or every day:

For each item, mark (X) one response

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

Q3. In the past month, how often did you do the following things with your child? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all?

For each item, mark (X) one response

Rarely would be once a month.

	<u>More than once a day</u>	<u>About once a day</u>	<u>A few times a week</u>	<u>A few times a month</u>	<u>Rarely</u>	<u>Not at all</u>
a. Change your child's diaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Prepare meals or bottles for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Feed your child or give your child a bottle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Play peek-a-boo with your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Hold him/her?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do things like tickle your child, blow on his/her belly, or move his/her arms and legs around in a playful way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Put your child to sleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Wash or bathe your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Take your child outside for a walk or to play in the yard, a park, or a playground?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Dress your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4. When the following things happen or need to be done, how often are you the one who does them? Do you always, often, sometimes, rarely, or never do them?

For each item, mark (X) one response

	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
a. Get up with your child when he/she wakes up during the night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Soothe your child when he/she is upset?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Take your child to the doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Stay home to care for your child when he/she is ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Take your child to or from the sitter or day care center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. How often do you feel the following ways or do the following things?

For each item, mark (X) one response

	<u>All of the time</u>	<u>Some of the time</u>	<u>Rarely</u>	<u>Never</u>
a. You talk a lot about your child to your friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You carry pictures of your child with you wherever you go.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You often find yourself thinking about your child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You think holding and cuddling your child is fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You think it's more fun to get your child something new than to get yourself something new	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This next set of questions asks about how you think most young children act, how they grow, and how to care for them.

Please answer each of the following questions based on young children in general, not about your child and how he or she acts. Think about what you know about young children you have had contact with or anything you have read.

Q6. For each of the following statements, say whether, for most young children, you agree or disagree with the statement, or are not sure.

For each item, mark (X) one response

	<u>Agree</u>	<u>Disagree</u>	<u>Not sure</u>
a. All infants need the same amount of sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A young brother or sister may start wetting the bed or thumbsucking when a new baby arrives in the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A child thinks he or she is speaking correctly even when he or she says words and sentences in an unusual or different way, like "I goed to town" or "What the dollie have?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Children learn all of their language by copying what they have heard adults say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. The next statements are about the age at which young children can first do something. If you think the age is about right, say you agree. If you don't agree, please say whether you think a child is younger or older when they can first do these things. If you aren't sure, mark the not sure box.

For each item, mark (X) one response

	<u>Agree</u>	<u>Older</u>	<u>Younger</u>	<u>Not sure</u>
a. A 1-year-old knows right from wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A baby will begin to respond to her name at 10 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Most infants are ready to be toilet trained by 1 year of age...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A baby of 12 months can remember toys he has watched being hidden	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. One-year-olds often cooperate and share when they play together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A baby is about 7 months old before she can reach for and grab things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A baby usually says his first real word by 6 months of age ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would also like to learn more about how often parents are separated from their children either overnight or for longer periods. This may happen for many reasons. Parents may travel for job-related reasons or might need to take care of family matters away from home. It may also happen because the child is hospitalized or stays with relatives, such as grandparents, for a while.

Q8. Since your child came home after birth, have there ever been periods of one week or more when you and the child did not live together, either because you were away from home or the child was away from home?

Yes
 No → *Skip to statement before Q10*

Q9. Since your child was born, how many times have you and the child been separated for one week or more?

TIMES

We want to learn more about how parents with young children decide about using child care for their children.

Q10. Does your child now receive child care on a regular basis from someone other than you or your spouse/partner?

Regular basis means scheduled at least once each week. Do not include occasional baby-sitting or back-up care.

- Yes
 No → Skip to Q12

Q11. How much were you involved in making the decision about your child's current child care arrangement?

Mark (X) one

- A great deal
 Somewhat
 Not at all
- } → Skip to statement before Q13

Q12. How much were you involved in making the decision not to use any child care?

Mark (X) one

- A great deal
 Somewhat
 Not at all

Now we have some questions about the care you provide for your child.

Q13. In the past month, how often have you looked after your child while your spouse/partner did other things? Was it ...

Mark (X) one

- Every day or almost every day,
 A few times a week,
 A few times a month,
 Once or twice, or
 Never? → Skip to box before Q16

Q14. Do you look after your child on a regular basis while your spouse/partner does other things outside of the home?
Regular basis means scheduled at least once each week.

- Yes
 No → Skip to box before Q16

Q15. About how many hours each week do you usually care for your child while your spouse/partner is not home?
 |__|__| NUMBER OF HOURS

NOTE: The next few questions are **ONLY** for the child's father (i.e. biological, step, adoptive, or foster).
 If you are **NOT** the child's father, please check here and → skip to box before Q25.

Q16. Here are some statements that men have made about their role as fathers. For each of the following statements, please indicate whether you strongly agree, agree, disagree, or strongly disagree with the statement.

For each item, mark (X) one response

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

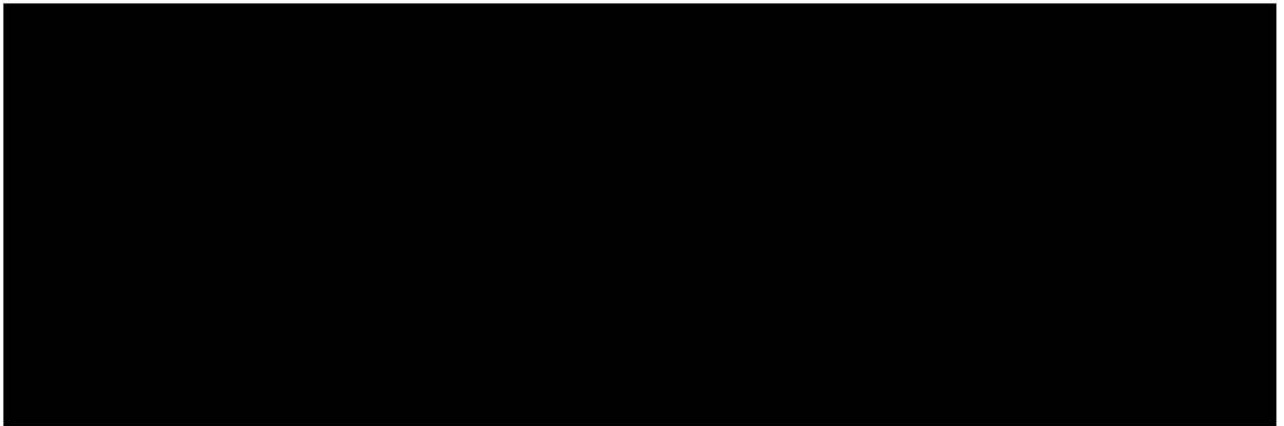
Q17. Fathers do many things for their children. Of the list of things below, which 3 do you think are most important for you, as a father, to do?

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

Rank your top three

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

Q18.



NOTE: The next few questions are **ONLY** for the child's biological father.

If you are NOT the child's biological father, please check here and \longrightarrow skip to box before Q25.

The next few questions are about before your child was born and the birth of your child. We would like to learn more about how fathers feel and the things they do during their spouse/partner's pregnancy and at childbirth.

Q19. At the time your spouse/partner became pregnant with the child, did you want her to have a(nother) baby at some time?

Mark (X) one

- Yes
 No \longrightarrow Skip to Q21

Q20. Did she become pregnant sooner than you wanted, later than you wanted, or at about the right time?

Mark (X) one

- Sooner
 Later
 At about the right time

Q21. Did you do any of the following before your child was born? Did you...

For each item, mark (X) one response

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| a. Discuss how your spouse/partner's pregnancy was going with her? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. See a sonogram or ultrasound of the baby? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Listen to the baby's heartbeat? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Feel the baby move? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Attend childbirth classes or Lamaze classes with your child's mother? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Buy things for the child? | <input type="checkbox"/> | <input type="checkbox"/> |

Q22. Thinking of your child's birth, were you in the delivery room or the room where the child was born?

Yes

No

Q23. Whether or not you were present at the birth, when your child was in the hospital or birthing center after he/she was born, did you come to see him/her?

Mark (X) one

Yes

No

Child was never in a hospital or birthing center

Q24. When did you first hold your child?

Mark (X) one

Within an hour after delivery

The day of birth, but more than an hour after delivery

1 day after birth

2-3 days after birth

4-7 days after birth

8-14 days after birth

15 or more days after birth

Couldn't hold child because child was in the neonatal intensive care unit (NICU)

NOTE: The rest of the questions are for **EVERYONE** to answer. (Please answer even if you are not the child's father).

The next few questions are about your relationship with your spouse/partner.

Q25. Would you say that your marriage/relationship is...

Mark (X) one

- Very happy,
- Fairly happy, or
- Not too happy?

Q26. Do you and your spouse/partner often, sometimes, hardly ever, or never have arguments about...

For each item, mark (X) one response

	<u>Often</u>	<u>Some- times</u>	<u>Hardly ever</u>	<u>Never</u>
a. Chores and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Not showing love and affection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Religion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Leisure time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Drinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other women or men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. In-laws?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we have a few questions about the number of marriages you have had and children you have had.

Q27. How many times, if ever, have you been married?

|__|__| NUMBER OF TIMES MARRIED (including current marriage)

Q28. Altogether, how many biological or natural children do you have?

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

|__|__| NUMBER OF CHILDREN

Q29. How old were you when your first child was born?

|__|__| AGE WHEN FIRST CHILD WAS BORN

Q30. Do you have any biological or natural children who live outside your household?

Yes

No → *Skip to statement before Q33*

Q31. How many of your biological or natural children live outside of your household?

|__|__| NUMBER OF CHILDREN LIVING OUTSIDE YOUR HOUSEHOLD

Q32. Do you pay child support for any of these children?

Yes

No

We would like to ask a few background questions about yourself.

Q33. What is your birth date?

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

Q34. In what country were you born?

Mark (X) one

- United States (50 states or DC)
 - U.S. territories: Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, Mariana Islands, or Solomon Islands
 - Some other country *Please specify* ↷
- } → *Skip to Q37*

Q35. How old were you when you first moved to the United States?

|_|_| AGE

Q36. Are you a citizen of the United States?

- Yes
- No

Q37. What is your primary language?

Mark (X) one

- English → *Skip to statement before Q39*
- Spanish
- Spanish and English equally
- Another language *Please specify* ↷

Q38. How well do you...

For each item, mark (X) one response

	<u>Very well</u>	<u>Pretty well</u>	<u>Not very well</u>	<u>Not well at all</u>
a. Speak English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Read English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Write English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Understand someone speaking English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

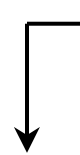
Now we have a few questions about your education, employment, and training.

Q39. What is the highest grade or year of school that you have completed?

Mark (X) one

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

Q40. Do you have a high school diploma or its equivalent, such as a GED?

- Yes
 No → *Skip to Q42*
- 

Q41. Which do you have, a high school diploma or a GED?


- High school diploma
 GED

Q42. Did you ever repeat a grade in school?

- Yes
 No

Q43. Now thinking about high school, what grades did you usually get?

Mark (X) one

- Mostly A's (numerical average of 90 – 100)
 Mostly A's and B's (85 – 89)
 Mostly B's (80 – 84)
 Mostly B's and C's (75 – 79)
 Mostly C's (70 – 74)
 Mostly C's and D's (65 – 69)
 Mostly D's and lower (64 and below)
 Never in high school → *Skip to Q46*
- 

Q44. Was your high school program...

Mark (X) one

- Academic or college preparatory,
 Commercial or business training, or
 Vocational or technical?

Q45. While you were in high school, did you take any of the following high school mathematics and technical courses?

For each item, mark (X) one response

	<u>Yes</u>	<u>No</u>
a. Elementary Algebra or Algebra I	<input type="checkbox"/>	<input type="checkbox"/>
b. Plane Geometry	<input type="checkbox"/>	<input type="checkbox"/>
c. Business math.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Intermediate Algebra or Algebra II	<input type="checkbox"/>	<input type="checkbox"/>
e. Trigonometry	<input type="checkbox"/>	<input type="checkbox"/>
f. Calculus.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Physics.....	<input type="checkbox"/>	<input type="checkbox"/>

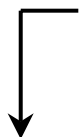
Q46. During the past week, did you work at a job or business for pay?

- Yes → *Skip to Q48*
- No



Q47. Were you on leave or vacation from a job or business?

- Yes
- No → *Skip to statement before Q53-A*



Q48. How many jobs do you have now?

|__| NUMBER OF JOBS

Q49. About how many total hours per week do you usually work for pay, counting all jobs?

|__|__| HOURS PER WEEK

Q50. Counting all jobs, about how much do you earn before taxes and other deductions?

\$ _____

Is this amount...

Mark (X) one

- Per hour
- Per day
- Per week
- Per bi-weekly (every 2 weeks)
- Per month
- Per year
- Other *Please specify* ↷

Q51. Are you eligible for the following benefits through any of your current jobs?

For each item, mark (X) one response

	<u>Yes</u>	<u>No</u>
a. Medical or hospital insurance?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Sick leave with full pay?	<input type="checkbox"/>	<input type="checkbox"/>
c. Child care assistance?	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexible hours or flex-time?	<input type="checkbox"/>	<input type="checkbox"/>
e. A dental plan?	<input type="checkbox"/>	<input type="checkbox"/>

Q52. Which of the following best describes the hours you usually work at your main job?

Mark (X) one

- A regular daytime shift - any time between 6 A.M. and 6 P.M.
- A regular evening shift - any time between 2 P.M. and Midnight
- A regular night shift - any time between 9 P.M. and 8 A.M.
- A rotating shift – one that changes periodically from days to evenings or night
- A split shift – one consisting of two distinct periods each day
- Some other schedule *Please specify* ↷

We want to learn more about the type of work you usually do. Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give the information for your most recent job or business.

Q53-A. For whom do you work?

Enter name of company, business, organization, or other employer

Q53-B. What kind of business or industry is this?

What do they make or do? For example: TV and radio manufacturing, retail shoe store, state labor department, farming.

Enter industry description

Q53-C. What kind of work are you doing?

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

Enter job title or description

Q53-D. What are your most important activities or duties on this job? What do you actually do at this job?

For example: typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

Enter job duties

NOTE: If you worked last week at a job or business for pay or if you were on leave or vacation from a job or business, please check here and **→ skip to Q58.**

Q54. If you do not currently have a job or business, have you been actively looking for work in the past 4 weeks?

- Yes
 No → *Skip to Q56*

Q55. What have you been doing in the past 4 weeks to find work?

Mark (X) all that apply

- Checked with public employment agency
 Checked with private employment agency
 Checked with employer directly/sent resume
 Checked with friends or relatives
 Placed or answered ads/sent resume
 Read want-ads
 Something else *Please specify* ↷
- *Skip to Q57*

Q56. What were you doing most of last week? Would you say...

Mark (X) one

- Keeping house or caring for children,
 Going to school,
 Retired,
 Unable to work, or
 Something else? *Please specify* ↷

Q57. Could you have taken a job last week if one had been offered?

- Yes
 No

Q58. Are you currently attending or enrolled in any courses from a school, college, or university?

Mark (X) one

- Yes, full-time
- Yes, part-time
- No

Q59. Are you currently participating in a job-training or on-the-job-training program?

- Yes
 - No → Skip to statement before Q61
- 

Q60. About how many hours a week do you spend in that program?

|_|_| HOURS PER WEEK

Now we have some questions about your health and well-being.

Q61. How tall are you?

|_| FEET |_|_| INCHES OR |_| METERS |_|_| CENTIMETERS

Q62. How much do you weigh?

|_|_|_| POUNDS OR |_|_|_| KILOGRAMS

Q63. Would you say your health in general is...

Mark (X) one

- Excellent,
- Very good,
- Good,
- Fair, or
- Poor?

Q64. 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?

- Yes
- No

Q65. Here is a list of ways you may have felt or behaved recently. How often during the past week have you felt these ways? Would you say rarely or never, some or a little of the time, occasionally or a moderate amount of the time, or most or all of the time? How often during the past week have you felt...

For each item, mark (X) one response

	Rarely or never <small>(less than 1 day)</small>	Some or a little <small>(1-2 days)</small>	Occasionally or moderate <small>(3-4 days)</small>	Most or all <small>(5-7 days)</small>
a. Bothered by things that usually don't bother you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You did not feel like eating; your appetite was poor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. That you could not shake off the blues, even with help from your family and friends?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. That everything you did was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fearful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your sleep was restless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You talked less than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Sad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. You could not get "going?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q66. In the past 12 months, have you talked with a psychiatrist, psychologist, doctor, or counselor for any emotional or psychological problem?

Yes → *Skip to Q68*

No



Q67. During the past 12 months, have you felt, or has anyone suggested, that you needed help for any emotional or psychological problem?

Yes

No

Q68. Do you smoke cigarettes now?

Yes

No → *Skip to Q70*



Q69. How many cigarettes or packs of cigarettes do you smoke on an average day now?

|_|_| CIGARETTES PER DAY OR |_|_| NUMBER OF PACKS PER DAY

Q70. Do you currently drink any alcoholic beverages?

Yes

No → *Skip to Q73*



Q71. How many alcoholic drinks do you have in an average week now?

Mark (X) one

Less than 1 drink

1 to 3 drinks

4 to 6 drinks

7 to 13 drinks

14 to 19 drinks

20 or more drinks

Q72. In the last month, how many times did you drink five or more alcoholic drinks at one sitting?

|_|_| TIMES

Q73. Which of these, if any, have happened to you in your whole life?

For each item, mark (X) one response

	<u>Yes</u>	<u>No</u>
a. Have you ever been suspended or expelled from school?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever been fired or laid off from a job because of behavior, attitude, or work performance?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you ever been in a facility overnight for a psychological or mental health problem?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever had a drinking or drug problem or have other people thought you had one?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you ever been convicted of driving while intoxicated or drunk driving?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Have you ever been put in jail, arrested or convicted of a crime, other than drunk driving?	<input type="checkbox"/>	<input type="checkbox"/>

Next we have some questions about who you lived with while you were growing up.

Q74. Did you live with your biological mother from the time you were born until age 16?

- Yes → *Skip to Q77*
- No



Q75. Did you live with your biological mother at any time until age 16?

- Yes
- No → *Skip to Q77*



Q76. How old were you when you stopped living with your biological mother?

|_|_| AGE

Q77. Did you live with your biological father from the time you were born until age 16?

Yes → *Skip to Q80*

No

Q78. Did you live with your biological father at any time until age 16?

Yes

No → *Skip to Q80*

Q79. How old were you when you stopped living with your biological father?

|_|_| AGE

Q80. 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 welfare?

Mark (X) one

Yes

No

Don't know } → *Skip to statement before Q82*

Q81. Between the ages of 5 and 16, was welfare assistance received during all, most, half, or just some of those years?

Mark (X) one

All

Most

Half

Some

Don't know

Next we have a few questions about your own parents, that is, the parents you spent most of your childhood with. These parents may be your biological parents or other parent-figures such as step, adoptive, or foster parents. Tell us about the persons who were most like parents to you while you were growing up.

Q82. What is the highest grade or year of regular school that your father or father-figure completed?

Mark (X) one

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, **NO DIPLOMA**
- HIGH SCHOOL GRADUATE** - high school DIPLOMA or the equivalent (*for example: GED*)
- Voc/tech program after high school, but no voc/tech diploma
- Voc/tech diploma after high school
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional school, but no degree
- Master's degree (MA, MS)
- Doctorate degree (PhD, EdD)
- Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)
- Don't know

Q83. What is the highest grade or year of regular school your mother or mother-figure completed?

Mark (X) one

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, **NO DIPLOMA**
- HIGH SCHOOL GRADUATE** - high school DIPLOMA or the equivalent (*for example: GED*)
- Voc/tech program after high school, but no voc/tech diploma
- Voc/tech diploma after high school
- Some college, but no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional school, but no degree
- Master's degree (MA, MS)
- Doctorate degree (PhD, EdD)
- Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.)
- Don't know

Q84. How close do (did) you feel to your mother or mother-figure? Would you say...

Mark (X) one

- Extremely close,
- Quite close,
- Fairly close, or
- Not very close?

- Inapplicable (never knew mother)

Q85. How close do (did) you feel to your father or father-figure? Would you say...

Mark (X) one

- Extremely close,
- Quite close,
- Fairly close, or
- Not very close?

- Inapplicable (never knew father)

This last set of questions are about your involvement in community activities and how often you have a chance to get together with friends.

Q86. How often did you attend religious services in the past year? Was it...

Mark (X) one

- Never,
- About once or twice,
- Several times during the year,
- About once or twice a month, or
- Nearly every week or more?

Q87. Do you participate in any ongoing community service activity, for example, volunteering at a school, coaching a sports team, or working with a church or neighborhood association?

- Yes
- No

Q88. Since your child was born, how often do you and your spouse/partner get together socially with friends or neighbors?

Mark (X) one

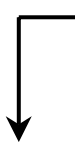
- Never
- Less than once a month
- About once or twice a month
- About once a week
- Several times a week

Tracing Information

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

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

YES
 NO



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

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

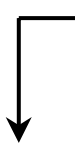
CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____|____|____) |____|____|____|____|____|____|

Relationship to you: _____

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

YES
 NO



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

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (____|____|____) |____|____|____|____|____|____|

Relationship to you: _____

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



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

Please return your completed questionnaire in the enclosed envelope to:

National Center for Education Statistics
c/o Westat – Study 702010 (ECLS-B)
G9, Room 250F
9274 Gaither Road
Gaithersburg, MD 20877-1420

