

WAVE 4 PARENT INTERVIEW ITEMS

S9. Participation in this study is voluntary. Everything you say will be kept confidential and you may choose not to answer any question that I ask you. Nothing you say will ever be reported individually about you, {CHILD}, or your family, and no information you give will be shared with {CHILD}'s school or program. If you have any questions or concerns about the study, I can give you a toll-free number to call.

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- 1. CONTINUE
- 2. NEED TO SELECT NEW RESPONDENT (GO TO NEWRESP)

S10. [IF NECESSARY ASK: Are you male or female?]

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- 1. MALE (GO TO S11)
- 2. FEMALE (GO TO S11)

S11. To start, what is your relation to {CHILD}?

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- 1. MOTHER (GO TO S11B)
- 2. FATHER (GO TO S11B)
- 3. BROTHER (GO TO S11C)
- 4. SISTER (GO TO S11C)
- 5. GRANDMOTHER (GO TO S11C)
- 6. GRANDFATHER (GO TO S11C)
- 7. AUNT (GO TO S11C)
- 8. UNCLE (GO TO S11C)
- 9. COUSIN (GO TO S11C)
- 10. PARTNER OF CHILD'S PARENT (GO TO S11C)
- 91. OTHER RELATIVE (GO TO RSTYPov1)
(SPECIFY): _____ (GO TO S11C)
- 92. NON-RELATIVE (GO TO RSTYPov2)
(SPECIFY): _____ (GO TO S11C)
- 7. REFUSED (GO TO A11)
- 8. DON'T KNOW (GO TO A11)

S11B. Are you {CHILD}'s biological, adoptive, step or foster parent?

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- 1. BIOLOGICAL (GO A11)
- 2. ADOPTIVE (GO A11)
- 3. STEP (GO TO S11C)
- 4. FOSTER (GO TO S11C)
- 7. REFUSED (GO TO S11C)
- 8. DON'T KNOW (GO TO S11C)

S11C. Are you {CHILD}'s legal guardian?

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1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

A11. Does {CHILD} live with you now? [NOTE: IN CASES OF JOINT CUSTODY, CHILD IS CONSIDERED LIVING WITH A PARENT IF CHILD NORMALLY SPENDS AT LEAST 4 NIGHTS A WEEK WITH THE PARENT.] [IF NEEDED: IF PARENT ANSWERS DON'T KNOW OR REFUSED: It is very important that we have this information in order to ask the remainder of our questions correctly. Does {CHILD} live with you now?]

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1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

A22. What is {CHILD}'s current grade level? IF NEEDED: The current year means the 2006-2007 school year.

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1. NOT IN SCHOOL
 2. PRESCHOOL
 3. KINDERGARTEN
 4. FIRST GRADE
 5. SECOND GRADE
 6. THIRD GRADE
 7. UNGRADED
-

B6a. When we spoke with you last and asked about {CHILD}'s physical, sensory, learning or other disabilities or problems you told us that {he/she} had (a) (SEE BELOW). Is that still correct?

- | | |
|--|-------------------------------|
| 1. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 9. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 2. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 10. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 3. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 11. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 4. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 12. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 5. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 13. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 6. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 14. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 7. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 15. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 8. {RESPONSE01 FROM PREVIOUS WAVE B5 } | |

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- | | |
|---------------|-----------------|
| 1. YES | (GO TO B6c) |
| 2. NO | (GO TO BOX B-6) |
| -7 REFUSED | (GO TO BOX B-6) |
| -8 DON'T KNOW | (GO TO BOX B-6) |

BOX B-6
IF ONLY ONE DISABILITY IMPORTED FROM PREVIOUS WAVE B5, GO TO B6c.
ELSE, GO TO B6b.

B6b. Which previous disabilities doesn't {he/she} have now?

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- | | |
|--|-------------------------------|
| 1. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 9. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 2. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 10. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 3. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 11. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 4. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 12. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 5. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 13. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 6. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 14. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 7. {RESPONSE01 FROM PREVIOUS WAVE B5 } | 15. {RESPONSE01 FROM PREVIOUS |
| WAVE B5 } | |
| 8. {RESPONSE01 FROM PREVIOUS WAVE B5 } | |

B6c.Are there new or additional problems or disabilities that have been identified since the previous interview?

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- 1. YES(Go to B6d)
- 2. NO(Go to Box B-5A)
- 7 REFUSED.....(Go to Box B-5A)
- 8 DON'T KNKOW.....(Go to Box B-5A)



B6d. What are the additional learning problems or disabilities?

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CSPCHDIS	1	SPEECH IMPAIRMENT/COMMUNICATION IMPAIRMENT
CDEVDIS	2	DEVELOPMENTAL DISABILITY OR DELAY (DD)
CAUTMDIS	3	AUTISM
CMRDIS	4	MENTAL RETARDATION (EMR, TMR, SMR, MR)
CAMLMDIS	5	AMPUTATION OF A LIMB
CAPHSDIS	6	APHASIA
CARTHDIS	7	ARTHRITIS
CASMADIS	8	ASTHMA
CADHDDIS	9	ATTENTION DEFICIT DISORDER (ADD)/ ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)
CCNCRDIS	10	CANCER/LYMPHOMA/SARCOMA
CCPDIS	11	CEREBRAL PALSY (CP)
CCYSDIS	12	CYSTIC FIBROSIS (CF)
CDEAFDIS	13	DEAFNESS
CDFBLDIS	14	DEAFNESS AND BLINDNESS
CDEPDIS	15	DEPRESSION
CBLNDDIS	16	BLINDNESS (COMPLETE)
CDIABDIS	17	DIABETES
CDOWNDIS	18	DOWN'S SYNDROME
CDYSXDIS	19	DYSLEXIA (REVERSES LETTERS WHEN READING)
CEDHNDIS	20	EDUCATIONAL HANDICAP (EH)
CSEDDIS	21	EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER (ED, BD, HAVING EMOTIONAL PROBLEMS, SED)
CEMPHDIS	22	EMPHYSEMA
CENPHDIS	23	ENCEPHALITIS
CEPILDIS	24	EPILEPSY
CHEARDIS	25	HARD OF HEARING/HEARING IMPAIRMENT
CHRTDIS	26	HEART DISEASE
CHLTHDIS/ CHLTHOS	27	HEALTH IMPAIRMENT (SPECIFY DISEASE): _____
CHEMODIS	28	HEMOPHILIA
CHYPRDIS	29	HYPERACTIVE
CLDDIS	30	LEARNING DISABILITY/LEARNING HANDICAP (LD)
CLEUKDIS	31	LEUKEMIA
CMSDIS	32	MULTIPLE SCLEROSIS (MS)
CMDDIS	33	MUSCULAR DYSTROPHY
CNIDIS	34	NEUROLOGICAL IMPAIRMENT
CNEURDIS	35	NEUROSIS
CPARADIS	36	PARAPLEGIA OR PARTIAL PARALYSIS
CPHYSDIS	37	PHYSICAL OR ORTHOPEDIC IMPAIRMENT
CPLIODIS	38	POLIO
CPSYCDIS	39	PSYCHOSIS
CQUADDIS	40	QUADRIPLEGIA OR COMPLETE PARALYSIS
CSCHZDIS	41	SCHIZOPHRENIA
CSBIFDIS	42	SPINA BIFIDA
CSTRKDIS	43	STROKE
CTBIDIS	44	TRAUMATIC BRAIN INJURY (TBI)
CTRBLDIS	45	TROUBLE WITH SCHOOL SUBJECT (E.G., MATH OR READING)
CVISDIS	46	VISUAL IMPAIRMENT/PARTIAL SIGHT

CSLOWDIS	47	“JUST SLOW”
COTRDIS/ CDISOS	91	OTHER (SPECIFY): _____
	-7	REFUSED
	-8	DON'T KNOW

Box B5A

IF SUM OF DISABILITIES IN B6A, DELETIONS IN B6B, AND ADDITIONS IN B6D IS >1, THEN GO TO B5A AND THEN TO BINTRO.
ELSE, AUTOCODE THE ONE DISABILITY IN B5A AND GO TO BINTRO.

B5A. Which of those disabilities that you told me about is {CHILD}'s main delay or disability?
()

1	{RESPONSE01 FROM B5 PREVIOUS WAVE/B6abd }	9	{RESPONSE09 FROM B5 PREVIOUS WAVE/B6abd }
2	{RESPONSE02 FROM B5 PREVIOUS WAVE/B6abd }	10	{RESPONSE10 FROM B5 PREVIOUS WAVE/B6abd }
3	{RESPONSE03 FROM B5 PREVIOUS WAVE/B6abd }	11	{RESPONSE11 FROM B5 PREVIOUS WAVE/B6abd }
4	{RESPONSE04 FROM B5 PREVIOUS WAVE/B6abd }	12	{RESPONSE12 FROM B5 PREVIOUS WAVE/B6abd }
5	{RESPONSE05 FROM B5 PREVIOUS WAVE/B6abd }	13	{RESPONSE13 FROM B5 PREVIOUS WAVE/B6abd }
6	{RESPONSE06 FROM B5 PREVIOUS WAVE/B6abd }	14	{RESPONSE14 FROM B5 PREVIOUS WAVE/B6abd }
7	{RESPONSE07 FROM B5 PREVIOUS WAVE/B6abd }	15	{RESPONSE15 FROM B5 PREVIOUS WAVE/B6abd }
8	{RESPONSE08 FROM B5 PREVIOUS WAVE/B6abd }	16	{RESPONSE16 FROM B5 PREVIOUS WAVE/B6abd }

Now I want to ask you about how well {CHILD} does some things. I'm going to start with hearing.

B16a. This question asks you to assess {CHILD}'s hearing without any hearing devices like a hearing aid. Compared with other children about the same age, would you say {CHILD}...

()

1. Hears normally,.....(GO TO B17a)
2. Might have a hearing problem, or.....(GO TO B16e)
3. Does have a hearing problem?.....(GO TO B16e)
- 7. REFUSED.....(GO TO B17a)
- 8. DON'T KNOW.....(GO TO B17a)

B16e. Is {CHILD}'s unaided hearing loss...

()

1. Mild, (LESS THAN OR EQUAL TO 40 DECIBEL HEARING LEVEL)

- 2. Moderate, (41-70 DECIBEL HEARING LEVEL)
- 3. Severe, or (71-90 DECIBEL HEARING LEVEL)
- 4. Profound? (GREATER THAN 90 DECIBEL HEARING LEVEL)
- 7. REFUSED
- 8. DON'T KNOW

B16f2. Has {CHILD} ever used a hearing aid or received a cochlear implant?

()

- 1. YES.....(GO TO B16l)
- 2. NO.....(GO TO B17a)
- 7. REFUSED.....(GO TO B17a)
- 8. DON'T KNOW.....(GO TO B17a)

B16l. How well does {CHILD} seem to hear with the currently used hearing device(s)? Would you say {he/she}...

()

- 1. Hears normally,
- 2. Has a little trouble hearing,
- 3. Has a lot of trouble hearing, or
- 4. Doesn't hear at all?
- 7. REFUSED
- 8. DON'T KNOW

B17a. How is {CHILD}'s eyesight? Would you say {he/she}...

()

- 1. Sees normally without glasses or contacts,.....(GO TO B18)
- 2. Might have a vision problem, or.....(GO TO B17e)
- 3. Does have a vision problem?(GO TO b17e)
- 7. REFUSED.....(GO TO B18)
- 8. DON'T KNOW.....(GO TO B18)

B17e. Were glasses prescribed to help {CHILD} see?

()

- 1. YES.....(GO TO B17f)
- 2. NO.....(GO TO B18)
- 7. REFUSED.....(GO TO B18)
- 8. DON'T KNOW.....(GO TO B18)

B17f. How well can {CHILD} see **with** glasses? Would you say {he/she}...

()

- 1. Sees normally,
- 2. Has a little trouble seeing,
- 3. Has a lot of trouble seeing, or

4. Does not see at all?
- 7. REFUSED
- 8. DON'T KNOW

B17g. How well can {CHILD} see **without** glasses? Would you say {he/she}...
()

1. Sees normally,
2. Has a little trouble seeing,
3. Has a lot of trouble seeing, or
4. Does not see at all?
- 7. REFUSED
- 8. DON'T KNOW

B18. Now I'd like to ask some questions about {CHILD}'s communication skills. Compared with other children about the same age, how would you describe {CHILD}'s understanding of verbal or nonverbal communication (signs, gestures, symbol systems)? Would you say {he/she}...

- ()
1. Understands just as well as other children,
 2. Has a little trouble understanding,
 3. Has a lot of trouble understanding, or
 4. Does not understand at all?
 - 7. REFUSED
 - 8. DON'T KNOW

B19. Compared with other children about the same age, how well does {CHILD} make {his/her} needs known to you and others? Communication can be any form, for example crying, pointing, or talking. Would you say {he/she}...

- ()
1. Communicates just as well as other children,
 2. Has a little trouble communicating,
 3. Has a lot of trouble communicating, or
 4. Does not communicate at all?
 - 7. REFUSED
 - 8. DON'T KNOW
-

B20a. How does {CHILD} make {his/her} needs known to you? Does {he/she} primarily use...

()

1. Spoken words, or
2. Some other way of communicating? (ENTER 2 IF "NO COMMUNICATION")
- 7. REFUSED
- 8. DON'T KNOW

B21b. When {CHILD} talks to people {he/she} doesn't know well, is {he/she}...

()

1. Very easy to understand,
2. Fairly easy to understand,
3. Somewhat hard to understand, or
4. Very hard to understand?
5. DOES NOT OR WILL NOT TALK AT ALL
- 7. REFUSED
- 8. DON'T KNOW

B22. Next, I want to ask about {CHILD}'s physical abilities. How well does {he/she} use {his/her} hands and fingers for things like buttoning a shirt or using a spoon, pencil, or scissors? Would you say {he/she} ...[

()

1. Uses {his/her} hands and fingers normally,
2. Has a little trouble using them,
3. Has a lot of trouble using them, or
4. Has no use at all of {his/her} hands and fingers?
5. MISSING ONE OR BOTH HANDS
- 7. REFUSED
- 8. DON'T KNOW

B23. How well does {he/she} use {his/her} arms and hands for things like throwing, lifting, or carrying? Would you say {he/she}...[

()

1. Uses {his/her} arms and hands normally,
2. Has a little trouble using one or both,
3. Has a lot of trouble using one or both, or
4. Has no use at all of one or both arms or hands?
5. MISSING ONE OR BOTH ARMS
- 7. REFUSED
- 8. DON'T KNOW

B24. How well does {CHILD} use {his/her} legs and feet? Would you say {he/she}...

()

1. Uses both legs and feet normally,
2. Has a little trouble using one or both,
3. Has a lot of trouble using one or both, or
4. Has no use at all of one or both legs or feet?
5. MISSING ONE OR BOTH LEGS
- 7. REFUSED
- 8. DON'T KNOW

B26. Now I have a question about {CHILD}'s health. Compared with other children about the same age, would you say {his/her} general health is...

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

B27a. Are {CHILD}'s activities limited in any way because of a health problem?

()

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

C3. For the next series of questions, I'd like you to compare {CHILD} to children about the same age {who do not have special needs}. Some children are good at paying attention to things and staying focused on what they are doing. Does this sound...[IF NEEDED: By "staying focused," we mean able to continue what {he/she} is doing even when other things are going on around {him/her}.]

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?
- 7. REFUSED
- 8. DON'T KNOW

C5. Some children are restless, fidget a lot, and have trouble sitting still. Does this sound...[IF NEEDED: By "very active and restless," we mean always on the move even when presented with tasks appropriate for {his/her} age that require sitting still.]

- 1.
 2. Very much like {CHILD},
 3. A little like {him/her}, or
 4. Not like {him/her}?
 - 7 REFUSED
 - 8. DON'T KNOW
-

C8. Some children get very distracted by sights and sounds, and can't screen them out very well. Does this sound...

1. Very much like {CHILD},
 2. A little like {him/her}, or
 3. Not like {him/her}?
 - 7 REFUSED
 - 8. DON'T KNOW
-

C9. Some children have a great deal of difficulty adjusting to changes in their routines or schedules. Does this sound...

1. Very much like {CHILD},
 2. A little like {him/her}, or
 3. Not like {him/her}?
 - 7 REFUSED
 - 8. DON'T KNOW
-

C10. Some children are frequently anxious or depressed. Does this sound...

1. Very much like {CHILD},
 2. A little like {him/her}, or
 3. Not like {him/her}?
 - 7 REFUSED
 - 8. DON'T KNOW
-

C12. Would you say that {CHILD}...

1. Has no trouble playing with other children,
 2. Has some trouble playing with other children, or
 3. Has a lot of trouble playing with other children?
 4. NOT AROUND OTHER CHILDREN
 - 7 REFUSED
 - 8. DON'T KNOW
-

C15. Some children have a lot of trouble making or keeping friends. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?
- 7 REFUSED
- 8. DON'T KNOW

C16. When some children are with other children their same age, they take turns and cooperate. Does this sound...

1. Very much like {CHILD},
2. A little like {him/her}, or
3. Not like {him/her}?
4. CHILD NEVER INTERACTS WITH PEERS
- 7 REFUSED
- 8. DON'T KNOW

C18. Would you say that {CHILD} is...[IF NEEDED: By "manage," we mean any behaviors or things that you might do to get the child to cooperate to the extent appropriate in daily activities or be redirected to other activities when necessary to get {him/her} to do what you want {him/her} to do.]

1. Easy to manage,
2. Sometimes hard to manage, or
3. Often hard to manage?
- 7 REFUSED
- 8. DON'T KNOW

C21. Compared with other children about the same age, does {CHILD} learn, think, and solve problems...

1. Better than other children {his/her} age,
2. As well as other children,
3. Slightly less well than other children, or
4. Much less well than other children?
- 7 REFUSED
- 8. DON'T KNOW

Now I am going to ask you some questions about {CHILD}'s school.

DK7. Which of the following best describes the school {CHILD} attends? Is it a...

()

1. A regular school that serves a wide variety of students,
2. A school that serves only students with disabilities,
3. A school that specializes in a particular subject area or theme, sometimes called a magnet school,
4. A charter school,
5. An alternative school, or
6. CHILD IS HOME-SCHOOLED
91. Another kind of school?

(Specify): _____

- 7. REFUSED
- 8. DON'T KNOW

DK22. How far in school do you expect {CHILD} to go? Would you say you expect {him/her} to...

()

1. Not graduate from high school,
2. Graduate from high school,
3. Attend some college or take post secondary vocational courses,
4. Receive a 2- or 3-year college degree (AA DEGREE) or vocational school diploma,
5. Earn a 4-year college degree (BA, BS DEGREE), or
6. Earn a graduate degree (MA, MBA, Ph.D., JD, MD)?
- 7. REFUSED
- 8. DON'T KNOW

DK26. The study is interested in learning how the children we are following are doing in school. We would like to send {CHILD}'s teacher a questionnaire that asks about some of the things {he/she} is doing in school.

DK27. What is the name of {CHILD}'s teacher

NAME _____

- 7. REFUSED
- 8. DON'T KNOW

DK28. What is the full name of the school {CHILD} attends now?

NAME _____

- 7. REFUSED
- 8. DON'T KNOW

DK29. Where is that located? [NOTE: IF STREET ADDRESS IS UNKNOWN, GET CITY, STATE, AND AS MUCH OF THE STREET ADDRESS AS POSSIBLE.]

ADDRESS: _____

CITY: _____

STATE: _____

- 7. REFUSED
- 8. DON'T KNOW

E1. Now I'd like to ask you about special services your child may be receiving. Within the past two months, did {CHILD} have an IEP or did {he/she} receive special education or other services for a special need or disability, such as speech therapy, physical therapy, or some other help?

()

- 1. YES.....(GO TO BOX E-3)
- 2. NO(GO TO E2)
- 7. REFUSED.....(GO TO E2)
- 8. DON'T KNOW.....(GO TO E2)

E2. Does {CHILD} now have a 504 plan for classroom accommodations because of {his/her} special needs? [IF NEEDED: By a 504 plan, we mean a documented program of instructional and/or assessment provisions to assist students with special needs who are in a regular education setting, as required by Section 504 of the Vocational Rehabilitation Act.]

()

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

BOX E-3

IF Q2GLEVEL = 3, 4, 5, 6, or 7 AND DK7 ≠ 6 (NOT IN PRESCHOOL AND NOT HOME-SCHOOLED), GO TO E3.
ELSE, GO TO INTROE1.

E3. Which of the following best describes where {CHILD} spends {his/her} time at school? Does {he/she}...

()

1. Spend the entire time in the general education class working only with the general education teaching staff,
1. Spend the entire time in the general education class and specialists come in and work with {him/her} there,
3. Spend most of the time in the general education class but is taken out of the classroom to receive some special services,
4. Spend some time in the general education class and some time in a special education class for children with special needs, or
5. Spend the entire day in a special class for children with special needs?
91. OTHER.....(GO TO E3OV)
- 7. REFUSED
- 8. DON'T KNOW

E3OV. (SPECIFY): _____

INTROE1: My next set of questions refer to the services {CHILD} is receiving.

E7a. Does {CHILD} get any special education or therapy services at this time?

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

BOX E-7A

IF E7A = 1, GO TO E8.
ELSE, GO TO HINTRO.

E8. I'm going to read a list of services. For each service, please tell me if {CHILD} has received this service within the last two months.

[1= YES, 2 = NO, -7 = REFUSED, -8 = DON'T KNOW]

- a. Speech or language therapy? _____
- b. Occupational therapy? _____
- c. Physical therapy? _____
- d. Special education or instruction in school
[IF NEEDED: extra help, an aide, special program]? _____
- e. Tutoring or help for learning problems? _____

E9a. Is {CHILD} receiving any other services? ()

- 1. YES
- 2. NO
- 7. REFUSED
- 8. DON'T KNOW

BOX E-8

IF E9A = 1, GO TO E9b.
ELSE, GO TO E16.

E9b. What other services is {CHILD} receiving?
[CODE ALL THAT APPLY. CTRL/P TO EXIT.]
() () () () () () () () () () () () () ()

- 1. AUDIOLOGICAL SERVICES
- 2. AUDITORY INTEGRATION THERAPY
- 3. BEHAVIOR THERAPY (APPLIED BEHAVIOR ANALYSIS (ABA), LOVAAS)
- 4. FEEDING RELATED SERVICES (NUTRITION, DIETICIAN)
- 5. MUSIC OR ART THERAPY
- 6. NURSING
- 7. PLAY THERAPY OR PLAY GROUP
- 8. PSYCHOLOGICAL THERAPY/MENTAL HEALTH/SOCIAL WORK
- 9. RESPITE CARE
- 10. SENSORY INTEGRATION THERAPY
- 11. TRANSPORTATION
- 12. VISION SERVICES
- 91. OTHER
(SPECIFY): _____
- 7. REFUSED
- 8. DON'T KNOW

E16. How would you rate the general quality of the special education and therapy services {CHILD} is getting? Would you say it is...

()

1. Excellent,
2. Good,
3. Fair, or
4. Poor?
5. MIXED – SOME OK, SOME NOT
- 7. REFUSED
- 8. DON'T KNOW

My next questions are about {CHILD}'s household. I'd like to learn a little about the people who live with {CHILD}.

H1b. Please tell me the first names and ages of all the people who normally live in the household with {CHILD}. Please do not include anyone staying there temporarily who usually lives somewhere else.

{Let's start with you, I have your first name as {RFNAME}. What is your age?}

ENUM.PERSNUM	ENUM.FNAME	ENUM.AGE	ENUM.SEX: M/F	ENUM.EXRESP
02				
03				
04				
05				
06				
07				
More below				

- 7. REFUSED
- 8. DON'T KNOW

Now I'd like to ask how all the people in {CHILD}'s household are related to {him/her}.

H1c. How is {FNAME} related to {CHILD}?

()

1. MOTHER (GO TO H1d)
2. FATHER (GO TO H1d)

3. BROTHER (GO TO H3a)
4. SISTER (GO TO H3a)
5. GRANDMOTHER (GO TO H3a)
6. GRANDFATHER (GO TO H3a)
7. AUNT (GO TO H3a)
8. UNCLE (GO TO H3a)
9. COUSIN (GO TO H3a)
10. PARTNER OF CHILD'S PARENT (GO TO H3a)
91. OTHER RELATIVE (GO TO RSTYPOV1)
(SPECIFY): _____ (GO TO H3a)
92. NON-RELATIVE (GO TO RSTYPOV2)
(SPECIFY): _____ (GO TO H3a)
- 7. REFUSED (GO TO H3a)
- 8. DON'T KNOW (GO TO H3a)

H1d. Is {he/she} {CHILD}'s biological, adoptive, step, or foster parent?

()

1. BIOLOGICAL
2. ADOPTIVE
3. STEP
4. FOSTER
- 7. REFUSED
- 8. DON'T KNOW

H3a. Do you have a spouse or partner who lives in this household?

()

1. YES
2. NO
- 7. REFUSED
- 8. DON'T KNOW

H5a. Now I'd like to ask some questions about you. Do you have a paid job now?

()

1. YES(GO TO H5b)
2. NO(GO TO Box H11a)
- 7. REFUSED.....(GO TO Box H11a)
8. DON'T KNOW.....(GO TO Box H11a)

H5b. In an average week, about how many hours do you work for pay?

() [S: 1-80] [H: 1-120].....(GO TO Box
H11a) NUMBER

- 7. REFUSED.....(GO TO H5c)
- 8. DON'T KNOW.....(GO TO H5c)

H5c. Do you usually work...

- ()
- 1. Less than 20 hours a week,
 - 2. 20 to 35 hours a week, or
 - 3. More than 35 hours a week?
 - 7. REFUSED
 - 8. DON'T KNOW

H11a. Does your spouse or partner have a paid job now?

- 1. YES (Go to H11b)
- 2. NO (Go to H32a)
- 7. REFUSED.....(Go to H32a)
- 8. DON'T KNOW.....(Go to H32a)

H11b. In an average week, about how many hours does your spouse or partner work for pay?

() [S: 1-80] [H: 1-120].....(Go to H32a)
NUMBER

- 7. REFUSED.....(Go to H11c)
- 8. DON'T KNOW.....(Go to H11c)

H11c. Would you say your spouse or partner usually works...

- 1. Less than 20 hours a week,
- 2. 20 to 35 hours a week, or
- 3. More than 35 hours a week?
- 7. REFUSED
- 8. DON'T KNOW

H32a. In studies like these, households are sometimes grouped according to income. Please tell me which group best describes the total income of all persons in your household over the past year, including salaries or other earnings, money from public assistance, child support, retirement, and so on, for all household members. Was your household income in the past year...

()

- 1. \$25,000 or less, or.....(Go to H32b)
- 2. More than \$25,000?.....(Go to H32c)
- 7. REFUSED
- 8. DON'T KNOW

H32b. Was it...

()

- 1. \$5,000 or less, or
- 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?
- 7. REFUSED
- 8. DON'T KNOW

H32c. Was it...

()

- 1. \$25,001 to \$30,000,
- 2. \$30,001 to \$35,000,
- 3. \$35,001 to \$40,000,
- 4. \$40,001 to \$45,000,
- 5. \$45,001 to \$50,000,
- 6. \$50,001 to \$75,000, or
- 7. More than \$75,000?
- 7. REFUSED
- 8. DON'T KNOW

