

HTE 36-MONTH SURVEY

RHODE ISLAND QUESTIONNAIRE
(CORE & CHILD ADD-ON)

SCREENER

First I must make sure that I've pulled up the right questionnaire on the computer.

1a. When were you born?

INTERVIEWER: ENTER DATE USING FORMAT BELOW

_____/_____/____ _ [RANGE MM = 1 – 12, 97, 98] [DD = 1 –31, 97, 98]
M M D D Y Y Y Y [RANGE YYYY = 1920 – 1987, 9997, 9998]

CATI: COMPARE RESPONSE GIVEN IN 1a TO THE BIRTH DATE ON SAMPLE FILE. IF IT AGREES WITH THE BIRTH DATE ON THE FILE, BEGIN SECTION A. ELSE, CONTINUE.

2a. What are the last 4 digits of your Social Security Number? ____ _
[RANGE 0001 – 9999]

CATI: COMPARE RESPONSE GIVEN IN 2a TO LAST FOUR DIGITS OF SSN ON SAMPLE FILE. IF THE 4 DIGITS GIVEN BY R AGREE WITH THE NUMBER ON THE FILE, BEGIN SECTION A. IF THEY DO NOT AGREE, PRESENT INTERVIEWER QUERY.

CATI: IF INTERVIEW DISCONTINUED: I'm sorry. I was unable to pull up the correct questionnaire. I will need to check with my supervisor to look into the problem. I will recontact you when the problem is resolved. Thank you for your time.

SECTION A: CHILD ROSTER [Only complete if R did not complete 15-month survey]

A_1. INTERVIEWER: RECORD RESPONDENT'S GENDER.

- 1 MALE
- 2 FEMALE

CATI: IF A_1 = 2 (RESPONDENT IS FEMALE), CONTINUE IN SECTION A. IF A_1 = 1 (RESPONDENT IS MALE), GO TO SECTION B.

A_2. For some of the questions that follow, I will be asking you to think about the time between [RAD] and now. This is the date that this research study began. First, I would like to review some of the information you previously gave us about the number of children living in your household in [RAD]. This would have included your own biological and adopted children and any other children 18 or younger for whom you were directly responsible at that time. By collecting this information, I will know which questions I need to ask.

CATI: USE FIRST TEXT INSERT IF ONE CHILD IN SAMPLE FILE. ELSE USE SECOND TEXT INSERT.

Our records indicate that you had or were directly responsible for [# OF CHILDREN IN SAMPLE FILE) [child/children] living in your household in [RAD]. Is that correct?

CLARIFY IF NEEDED: This includes your own, biological, adopted, stepchildren, grandchildren, or other custodial or foster children 18 or younger living in your household in [RAD].

CATI: DISPLAY AVAILABLE SAMPLE INFORMATION FOR ALL CHILDREN (GENDER, DOB, NAME).

- 1 YES (GO TO A1)
- 2 NO (GO TO A_3)
- 7 DON'T KNOW (GO TO A_3)
- 8 REFUSED (GO TO A_3)

CATI: IF # OF CHILDREN ON SAMPLE FILE = 0 AND A_2 = 1, GO TO SECTION B.

A_3. How many of your own biological, adopted, or other children 18 or younger for whom you were responsible lived in your household in [RAD]?

_____ NUMBER

- 97 DON'T KNOW
- 98 REFUSED

CLARIFY IF NEEDED: And all of these children were living in your household in [RAD]?

CATI: IF A_3 = 0, GO TO SECTION B.

A1. **CATI:** USE FIRST TEXT OPTION IF (# OF CHILDREN ON SAMPLE FILE = 1 AND A_2 = 1) OR (# OF CHILDREN IN A_3 = 1); ELSE USE SECOND TEXT OPTION.

CATI: ALLOW INTERVIEWER TO RECORD NAMES FOR UP TO 15 CHILDREN.

CATI: ALLOW INTERVIEWER TO EDIT CHILD NAME SCREEN (ADD/SUBTRACT CHILDREN OR EDIT NAMES).

What is the name of the (child/(oldest child/next oldest child) you were directly responsible for who was 18 or younger and lived with you in [RAD], even if he or she is deceased or not living in your household right now?

1 NAME GIVEN 2 NO OTHER CHILD

A1a. And [CHILD] lived with you in [RAD], correct?

1 YES
2 NO

CATI: ASK A2 TO A6 FOR EACH CHILD BEFORE MOVING TO THE NEXT CHILD.

A2. Is [NAME] a boy or girl?

1 BOY
2 GIRL
6 DECEASED (GO TO NEXT CHILD OR A7 IF NO MORE CHILDREN)
7 DON'T KNOW
8 REFUSED

A3. What is [NAME]'s relationship to you?
IF R SAYS 'MY CHILD,' READ OPTIONS

1 BIOLOGICAL OR ADOPTED CHILD
2 STEPCHILD
3 GRANDCHILD
4 OTHER CUSTODIAL CHILD/FOSTER CHILD
5 NEPHEW/NIECE
6 DECEASED (GO TO NEXT CHILD OR A7 IF NO MORE CHILDREN)
7 DON'T KNOW
8 REFUSED

A4. **CATI:** USE 'HIS' IF A2=1. USE 'HER' IF A2=2.

How old is [NAME]?

_____ YEARS

96 DECEASED (GO TO NEXT CHILD OR A7 IF NO MORE CHILDREN)
97 DON'T KNOW
98 REFUSED

A5. What is [NAME]'s birth date?

____ / ____ / ____
MM DD YYYY

DECEASED = 96/96/9996 (GO TO NEXT CHILD OR A7 IF NO MORE CHILDREN)

DON'T KNOW = 97/97/9997

REFUSED = 98/98/9998

A6. Does [NAME] live with you in your household now?

1 YES

2 NO

6 DECEASED (GO TO NEXT CHILD OR A7 IF NO MORE CHILDREN)

7 DON'T KNOW

8 REFUSED

A7. **CATI:** IF AT LEAST ONE FOCAL CHILD FLAGGED IN SAMPLE FILE, PRESENT AVAILABLE SAMPLE INFORMATION FOR THAT CHILD ALONG WITH NAMES/DOB'S OF ALL CHILDREN LISTED IN A1/A5.

CATI: IF NO FOCAL CHILD FLAGGED IN SAMPLE, GO TO A7a.

INTERVIEWER: DOES SAMPLE NAME AND/OR DOB MATCH NAME AND/OR DOB OF ANY CHILD? CAN YOU IDENTIFY THE CHILD?

1 YES **INTERVIEWER:** ENTER CHILD # OF CHILD IDENTIFIED: _____

2 NO (GO TO NEXT FOCAL CHILD OR TO A7a IF NO MORE FOCAL CHILDREN)

CATI: IF A7=1, FOCAL CHILD SELECTED.

CATI: REPEAT A7 IF SECOND FOCAL CHILD FLAGGED IN SAMPLE.

CATI: IF TWO FOCAL CHILDREN IDENTIFIED, GO TO A8. IF TWO FOCAL CHILDREN NOT IDENTIFIED, CONTINUE WITH A7a.

A7a. WE NEED TO PICK UP TO TWO FOCAL CHILDREN. USE A7 TO DETERMINE HOW MANY FOCAL CHILDREN ARE NEEDED TO SATISFY THIS REQUIREMENT. IF MORE THAN TWO FC-ELIGIBLE CHILDREN ARE LISTED IN ROSTER (A2-A6), DIVIDE THEM INTO 'YOUNG FOCAL CHILD' (0-5 AT RAD) AND 'OLDER FOCAL CHILD' (8-14 AT RAD) GROUPS. EXCLUDE ANY DECEASED CHILDREN FROM POOL. CHOOSE ONE FROM EACH GROUP IF POSSIBLE. USE RANDOM SELECTION FOR THE 'YOUNG FOCAL CHILD' GROUP. USE RAD AGE = 10-13 FIRST IN THE 'OLDER FOCAL CHILD' GROUP, BUT RANDOMLY SELECT A CHILD IF THERE IS MORE THAN ONE IN THAT RANGE. USE RANDOM SELECTION FOR THE 'OLDER FOCAL CHILD' GROUP IF NONE OF THEM IS IN THE 10-13 AT-RAD RANGE.

CATI: REPEAT A8 –A19 FOR EACH FOCAL CHILD (UP TO TWO CHILDREN) SELECTED IN A7/A7a.

A8. **CATI:** IF A2=6 OR A3=6 OR A4=96 OR A5=96/96/9996 OR A6=6 (FOCAL CHILD, DECEASED), GO TO A8 FOR NEXT FOCAL CHILD OR TO A20 IF NO OTHER FOCAL CHILD.

- A9. **CATI:** IF A6=2, GO TO A10. OTHERWISE, GO TO A13.
CATI: INSERT 'HE/HIM' WHEN A2=1. INSERT 'SHE/HER' WHEN A2=2. FOR REMAINING QUESTIONS IN SECTION.
- A10. You mentioned that [FOCAL CHILD] does not live with you in your household. Who does [he/she] live with? PROBE: Who has primary responsibility for [him/her] now?
- 01 CHILD'S FATHER/MOTHER
 - 02 CHILD'S GRANDPARENTS
 - 03 CHILD'S AUNT, UNCLE
 - 04 OTHER RELATIVE OF CHILD (SPECIFY): _____
 - 05 ADOPTIVE PARENTS
 - 06 FOSTER CARE
 - 07 GROUP HOME
 - 95 OTHER (SPECIFY): _____
 - 97 DON'T KNOW
 - 98 REFUSED
- A11. What is the main reason [he/she] does not live with you?
- 01 COURT OR **AGENCY REMOVED CHILD** FROM HOME/ FOSTER CARE
 - 02 CHILD HAS BEEN **ADOPTED**
 - 03 CHILD IS **VISITING RELATIVES**
 - 04 **OTHER PARENT HAS PRIMARY CUSTODY** OF THE CHILD
 - 05 **CHILD IS INSTITUTIONALIZED** OR IN A RESIDENTIAL PROGRAM (NOT JAIL OR JUVENILE FACILITY)
 - 06 LIVES **WITH RELATIVE IN A BETTER AREA** (BETTER SCHOOL OR OTHER FEATURE)
 - 07 LIVES **WITH RELATIVE** (BECAUSE OF FINANCES)
 - 08 **R IN RESIDENTIAL PROGRAM** – CHILDREN NOT ALLOWED (E.G., JAIL, MILITARY, TRAINING, DETOX)
 - 09 **R COULD NOT TAKE CARE** OF CHILD
 - 95 OTHER (SPECIFY): _____
 - 97 DON'T KNOW
 - 98 REFUSED
- A12. How frequently do you see [FOCAL CHILD]? Would you say:
- 1 almost every day,
 - 2 2 to 5 times per week,
 - 3 about once a week, or
 - 4 less than once a week?
 - 5 NEVER (IF VOLUNTEERED)
 - 7 DON'T KNOW
 - 8 REFUSED
- A13. **CATI:** USE SECOND TEXT OPTION IF A6=2 (CHILD CURRENTLY AWAY). OTHERWISE USE FIRST TEXT OPTION.
 Since [RAD], have there been [any/any other] times lasting a month or more when [FOCAL CHILD] did not live with you?
- 1 YES
 - 2 NO (GO TO A15)

- 7 DON'T KNOW (GO TO A15)
- 8 REFUSED (GO TO A15)

A14. **CATI:** ALLOW FOR MULTIPLE RESPONSES.

What were the reasons [he/she] did not live with you in those instances of separation?
 PROBE: What other reasons?

- 01 COURT OR **AGENCY REMOVED CHILD** FROM HOME/ FOSTER CARE
- 02 CHILD HAS BEEN **ADOPTED**
- 03 CHILD IS **VISITING RELATIVES**
- 04 **OTHER PARENT HAS PRIMARY CUSTODY** OF THE CHILD
- 05 **CHILD IS INSTITUTIONALIZED** OR IN A RESIDENTIAL PROGRAM (NOT JAIL OR JUVENILE FACILITY)
- 06 LIVES **WITH RELATIVE IN A BETTER AREA** (BETTER SCHOOL OR OTHER FEATURE)
- 07 LIVES **WITH RELATIVE** (BECAUSE OF FINANCES)
- 08 **R IN RESIDENTIAL PROGRAM** – CHILDREN NOT ALLOWED (E.G., JAIL, MILITARY, TRAINING, DETOX)
- 09 **R COULD NOT TAKE CARE** OF CHILD
- 95 OTHER (SPECIFY): _____
- 97 DON'T KNOW
- 98 REFUSED

A15. **CATI:** GO TO A20 IF A6=1.

May we go to [FOCAL CHILD]'s custodian and interview [FOCAL CHILD]? We have a gift for [him/her].

- 1 YES
- 2 NO (GO TO A19a)
- 3 NOT R's DECISION
- 7 DON'T KNOW (GO TO A19a)
- 8 REFUSED (GO TO A19a)

A16. What is the custodian's name?

 NAME
 7 DON'T KNOW
 8 REFUSED

A17. Where does [he/she] live:

STREET: _____
 APT #: _____
 CITY, STATE, ZIP _____
 7 DON'T KNOW
 8 REFUSED

A18. What is his or her phone number?

PHONE: (____) _____ - _____
 7 DON'T KNOW

8 REFUSED

A19. **CATI:** ASK IF BOTH A17 AND A18=DON'T KNOW OR REFUSED. Do you have any way to contact them?

PROBE FOR NAME AND PHONE OF A PERSON WHO HAS CONTACT WITH CUSTODIAN (FOR EXAMPLE, A CASE WORKER).

A19a. **INTERVIEWER:** DID RESPONDENT PROVIDE ANY CONTACT INFORMATION FOR CHILD'S CUSTODIAN?

1 YES

2 NO

A20. OMITTED.

A20a. OMITTED.

A21. **CATI:** WE NEED TO CHOOSE ONE REPLACEMENT MIDDLE CHILD. CHECK ROSTER FOR CHILDREN 6-7 AT RAD (MIDDLE CHILD). EXCLUDE DECEASED CHILDREN FROM POOL. IF MORE THAN ONE 6-7 AT-RAD CHILD, RANDOMLY CHOOSE CHILD. IF NO CHILDREN IN AGE RANGE, GO TO A24. ELSE CONTINUE.

A22. **CATI:** IF A2=6 OR A3=6 OR A4=96 OR A5=96/96/9996 OR A6=6 (MIDDLE CHILD DECEASED), GO TO A24.

A23. **CATI:** ASK IF A6=2. OTHERWISE GO TO A24.

How frequently do you see [MIDDLE CHILD]? Would you say:

1 almost every day,

2 2 to 5 times per week,

3 about once a week, or

4 less than once a week?

5 NEVER (IF VOLUNTEERED)

7 DON'T KNOW

8 REFUSED

A24. Have you given birth to any children since [RAD]?

1 YES

2 NO (GO TO A27)

7 DON'T KNOW (GO TO A27)

8 REFUSED (GO TO A27)

A25. How many of your children were born since [RAD]?

_____ NUMBER OF CHILDREN BORN SINCE RAD

97 DON'T KNOW (GO TO A27)

98 REFUSED (GO TO A27)

A26. **CATI:** USE FIRST TEXT INSERT IF A25 = 1. ELSE USE SECOND TEXT INSERT.

CATI: REPEAT FOR UP TO 6 CHILDREN.

What [is/are] the [birth date/birth dates] of [that child/those children]?

____ ____ ____ ____ ____ ____ ____ ____

97/97/9997 DON'T KNOW

98/98/9998 REFUSED

A27. **CATI:** DETERMINE TREATMENT STATUS OF UP TO TWO CHILDREN SELECTED IN A7/A7a/A20/A21 USING RULES BELOW.

CHILD OUTCOME CODES:

0 = NO CHILD TREATMENT

1 = FULL YOUNG CHILD TREATMENT (AA-DD, CHILD ASSESSMENTS)

2 = ABBREVIATED YOUNG CHILD TREATMENT (AA-DD ONLY)

3 = ABBREVIATED YOUNG CHILD TREATMENT (CHILD ASSESSMENTS ONLY)

4 = FULL OLDER CHILD TREATMENT (EE-HH, SAQ)

5 = ABBREVIATED OLDER CHILD TREATMENT/MIDDLE CHILD TREATMENT (EE-HH ONLY)

6 = ABBREVIATED OLDER CHILD TREATMENT (SAQ ONLY)

CATI NOTE: IF YOUNG FOCAL CHILD IS NOW 23 MONTHS OR YOUNGER. TREAT AS OUTCOME CODE 2. IF ORIGINAL CHILD OUTCOME CODE WAS "1," IT IS NOW "2." IF ORIGINAL CHILD OUTCOME CODE WAS "3," IT IS NOW "0." THIS SUPERCEDES CHART ON FOLLOWING PAGE.

YOUNG FOCAL CHILD

CHILD DECEASED	CHILD LIVING WITH R (A6)	SEES CHILD AT LEAST ONCE/WEEK (A12)	CUSTODIAL INFO PROVIDED (A19a)	CHILD OUTCOME CODE
YES				0
NO	YES			1
NO	NO	YES	YES	1
NO	NO	YES	NO	2
NO	NO	NO	YES	3
NO	NO	NO	NO	0

OLDER FOCAL CHILD

CHILD DECEASED	CHILD LIVING WITH R (A6)	SEES CHILD AT LEAST ONCE/WEEK (A12)	CUSTODIAL INFO PROVIDED (A19a)	CHILD OUTCOME CODE
YES				0
NO	YES			4
NO	NO	YES	YES	4
NO	NO	YES	NO	5
NO	NO	NO	YES	6
NO	NO	NO	NO	0

MIDDLE CHILD

CHILD DECEASED	CHILD LIVING WITH R (A6)	SEES CHILD AT LEAST ONCE/WEEK (A12)	CHILD OUTCOME CODE
YES			0
NO	YES		5
NO	NO	YES	5
NO	NO	NO	0

SECTION B: DEPRESSION SCALE (QIDS-SR)

B1. I'd like to ask you some questions about your current emotional health during the past 7 days.

During the past 7 days, how often did you feel sad? Would you say:

- 1 never,
- 2 less than half the time,
- 3 more than half the time, or
- 4 nearly all the time? (MOST/ALL)
- 7 DON'T KNOW
- 8 REFUSAL

B1_R. **CATI:** CODE B1_R

IF B1=4, THEN B1_R=3, ELSE
 IF B1=3, THEN B1_R=2, ELSE
 IF B1=2, THEN B1_R=1, ELSE
 IF B1=1, 7, 8, THEN B1_R=0

B2. During the past 7 days, how much of the time did you lose interest in people or activities that used to interest you? Would you say:

- 1 none, (GO TO B2_R)
- 2 less than half the time, (GO TO B2_R)
- 3 more than half the time, or (GO TO B3)
- 4 nearly all the time? (MOST/ALL) (GO TO B3)
- 7 DON'T KNOW (GO TO B2_R)
- 8 REFUSAL (GO TO B2_R)

B3. During the time you lost your usual amount of interest in things, how much was your interest reduced? Would you say:

PROBE: Please think about the past 7 days.

- 1 a little, (GO TO B2_R)
- 2 some, (GO TO B2_R)
- 3 a lot, or (GO TO B4)
- 4 almost entirely? (ENTIRELY/COMPLETELY/ALL) (GO TO B4)
- 7 DON'T KNOW (GO TO B2_R)
- 8 REFUSAL (GO TO B2_R)

B4. How many activities did you lose interest in during this time? Would you say:

PROBE: Please think about the past 7 days.

- 1 only one or two,
- 2 several,
- 3 most, or
- 4 did you lose interest in virtually everything? (EVERYTHING/ALL)
- 7 DON'T KNOW
- 8 REFUSAL

B2_R. **CATI:** CODE B2_R

IF B2=4 AND B3=4 AND B4=4, THEN B2_R=3, ELSE
 IF B2=3, 4 AND B3=3 OR B4=3, THEN B2_R=2, ELSE
 IF B2=1, 7, 8, THEN B2_R=0, ELSE
 FOR ALL OTHERS, B2_R=1

B5. During the past 7 days, how often did you feel 'down on yourself' or 'self-blaming'?
 Would you say:

READ QUESTION SLOWLY, AWKWARD PHRASES.

- 1 never,
- 2 less than half the time,
- 3 more than half the time, or
- 4 nearly all the time? (MOST/ALL) (GO TO B5_R)
- 7 DON'T KNOW
- 8 REFUSAL

B6. How often did you feel 'less worthwhile' than other people? Would you say:

PROBE: Please think about the past 7 days.

READ QUESTION SLOWLY, AWKWARD PHRASES.

- 1 never,
- 2 less than half the time,
- 3 more than half the time, or
- 4 nearly all the time? (MOST/ALL) (GO TO B5_R)
- 7 DON'T KNOW
- 8 REFUSAL

B7. **CATI:** IF B5=2, 3, 7, 8 OR B6= 2, 3, 7, 8, THEN ASK B7, ELSE GO TO B5_R.

During the past 7 days, did you largely believe that you caused problems for others?

- 1 YES
- 2 NO
- 3 SOMETIMES (VOLUNTEERED)
- 7 DON'T KNOW
- 8 REFUSED

B5_R. **CATI:** CODE B5_R.

IF B5=4 OR B6=4, THEN B5_R=3, ELSE
 IF B5=3, OR B6=3, OR B7=1, THEN B5_R=2, ELSE
 IF B5=1, 7, 8 AND B6=1, 7, 8, THEN B5_R=0, ELSE
 FOR ALL OTHERS, B5_R=1

CATI: IF B1=1, 7, 8 AND B2=1, 7, 8 AND B5=1, 7, 8, AND B6=1, 7, 8 AND B7=2, 7, 8,
 THEN GO TO B9, ELSE CONTINUE.

FOR B8, IF B1=2-4, THEN DISPLAY TEXT 'FELT SAD.' IF B2=2-4, THEN
 DISPLAY TEXT 'LOST INTEREST IN THINGS.' IF B5=2-4, THEN DISPLAY
 TEXT 'FELT DOWN ON YOURSELF.' IF B6=2-4, THEN DISPLAY TEXT 'FELT
 LESS WORTHWHILE THAN OTHER PEOPLE.' IF B7=1, 3, THEN DISPLAY
 TEXT 'FELT YOU CAUSED PROBLEMS FOR OTHERS.'

B8_V. You mentioned you [felt sad/lost interest in things/felt down on yourself/felt less
 worthwhile than other people/felt you caused problems for others]. How many weeks,
 months, or years has this been going on?

__ __ __. __ __ NUMBER

INTERVIEWER: IF R ANSWERS IN OTHER THAN WHOLE NUMBER, RECORD
 DECIMAL.

INTERVIEWER: IF R ANSWERS THAT FEELINGS HAVE OCCURRED ON AN
 ON/OFF BASIS, ASK: Was this during the past several months, weeks, or years?

IF 1 DAY OR LESS, ENTER 1 DAY.
 IF 'ALL /MOST OF MY LIFE,' ENTER 996 DAY(S).
 IF 'DON'T KNOW,' ENTER 999.97 DAY(S).
 IF 'REFUSED,' ENTER 999.98 DAY(S).

- B8_U. 1 DAYS
 2 WEEKS
 3 MONTHS
 4 YEARS
 7 DON'T KNOW
 8 REFUSED

B9. The next questions are about some other symptoms that people may experience. We'd
 like to know if you had any of these problems over the past 7 days.

FOR B9a-c AND B10a-c PROBES: IF B1=2 – 4, THEN DISPLAY TEXT 'FELT
 SAD.' IF B2=2 – 4, THEN DISPLAY TEXT 'LOST INTEREST IN THINGS.' IF
 B6=2 – 4, THEN DISPLAY TEXT 'FELT LESS WORTHY.'

B9a How many nights out of the past 7 did it take you more than 30 minutes to get to sleep?

IF R WORKS NIGHT/ROTATING SHIFTS, PROBE: Think about when you USUALLY
 go to sleep.

PROBE: Please think about when you [felt sad/felt less worthy/lost interest in things].

IF R SAYS 'HALF,' PROBE: Is that 3 or 4?

- _____ NUMBER
 00 NONE/NEVER
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

B9b. How many nights out of the past 7 did you wake up in the middle of the night?

IF R WORKS NIGHT/ROTATING SHIFTS, PROBE: Think about when you usually sleep.

PROBE: Please think about when you [felt sad/felt less worthy/lost interest in things].

IF R SAYS 'HALF,' PROBE: Is that 3 or 4?

- _____ NUMBER
 00 NONE/NEVER
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

B9c. How many mornings out of the past 7 did you wake up more than 30 minutes before you needed to get up?

IF R WORKS NIGHT/ROTATING SHIFTS, PROBE: Think about when you usually wake up.

PROBE: Please think about when you [felt sad/felt less worthy/lost interest in things].

IF R SAYS 'HALF,' PROBE: Is that 3 or 4?

- _____ NUMBER
 00 NONE/NEVER
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

CATI: IF B9a=4-7, THEN ASK B10a. IF B9b=4-7, THEN ASK B10b. IF B9c=5-7, THEN ASK B10c.

B10a. How many of those nights did it take you more than 60 minutes to get to sleep?

IF R WORKS NIGHT/ROTATING SHIFTS, PROBE: Please think about the past 7 nights when you said it took you more than 30 minutes to get to sleep.

PROBE: Think about when you usually go to sleep.

PROBE: Please think about when you [felt sad/felt less worthy/lost interest in things].

- _____ NUMBER
 00 NONE/NEVER
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

B10b. How many of those nights did you wake up more than once and stay awake for at least 20 minutes?

BOTH CONDITIONS MUST BE TRUE, BOTH WAKING UP 2+ TIMES AND STAYING AWAKE FOR 20+ MINUTES.

IF R WORKS NIGHT/ROTATING SHIFTS, PROBE: Please think about the past 7 nights when you said you woke up in the middle of the night.

PROBE: Think about when you usually go to sleep.

PROBE: Please think about when you [felt sad/felt less worthy/lost interest in things].

_____ NUMBER
 00 NONE/NEVER
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

B10c. How many of those mornings did you wake up at least 60 minutes before you needed to?

IF R WORKS NIGHT/ROTATING SHIFTS, PROBE: Please think about the past 7 mornings when you said you woke up more than 30 minutes before you needed to.

PROBE: Think about when you usually wake up.

PROBE: Please think about when you [felt sad/felt less worthy/lost interest in things].

_____ NUMBER
 00 NONE/NEVER
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

CATI: IF B10c=5-7, THEN ASK B10d. ELSE GO TO B9a_R.

B10d. How many of these mornings were you unable to get back to sleep?

PROBE: Please think about the past 7 mornings when you said you woke up more than 30 minutes before you needed to.

IF R WORKS NIGHT/ROTATING SHIFTS, PROBE: Think about when you usually wake up.

PROBE: Please think about when you [felt sad/felt less worthy/lost interest in things].

_____ NUMBER
 00 NONE/NEVER
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

B9a_R. **CATI:** CODE B9a_R

IF B10a=4-7, THEN B9a_R =3, ELSE

IF B9a =4-7, THEN B9a_R =2, ELSE

IF B9a = 1-3, THEN B9a_R =1, ELSE

FOR ALL OTHERS, B9a_R =0

B9b_R. **CATI:** CODE B9b_R

IF B10b=4-7, THEN B9b_R =3, ELSE
 IF B9b =7 OR B10b = 1-3, THEN B9b_R =2, ELSE
 IF B9b = 2-6, THEN B9b_R =1, ELSE
 IF B9b = 0, 1, 97, 98, THEN B9b_R =0

B9c_R. **CATI:** CODE B9c_R

IF B10d=5-7, THEN B9c_R =3, ELSE
 IF B10c =5-7, THEN B9c_R =2, ELSE
 IF B9c = 0-3, THEN B9c_R =0
 FOR ALL OTHERS, B9c_R = 1

B11_V. During the past 7 days, about how many hours on average did you usually sleep in a 24-hour period, including naps?

PROBE: How many hours per day did you sleep, on average, in the past 7 days?

__ __. __ __ NUMBER

INTERVIEWER: IF R ANSWERS IN OTHER THAN WHOLE NUMBER, RECORD DECIMAL.

99.97 DON'T KNOW
 99.98 REFUSED

B11_U. 1 HOURS
 2 MINUTES
 7 DON'T KNOW
 8 REFUSED

CATI: IF B11_V = 0 OR B11_V > 8 AND B11_U = 1, THEN GO TO B11_R, ELSE ASK B11a.

B11a. How many days out of the past 7 did you take a nap?

_____ DAYS YOU TOOK A NAP
 00 NONE/NEVER/NO NAPS
 07 EVERY/DAY (ALL)
 97 DON'T KNOW
 98 REFUSED

B11_R. **CATI:** CODE B11_R

IF B11_U=1 AND B11_V > 12 AND B11_V <=24, THEN B11_R =3, ELSE
 IF B11_U =1 AND B11_V > 10 AND B11_V <=12, THEN B11_R =2, ELSE
 IF B11_U =1 AND B11_V = 0-8 AND B11a =0, THEN B11_R =0, ELSE

FOR ALL OTHERS, B11_R = 1

B12. OMITTED.

B13. **CATI:** IF A_1=2, ASK B13. ELSE GO TO B14.

Are you currently pregnant?

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 8 REFUSED

B14. FOR B14 PROBE: IF B1=2 – 4, THEN DISPLAY TEXT 'FELT SAD.' IF B2=2 – 4, THEN DISPLAY TEXT 'LOST INTEREST IN THINGS.' IF B6=2 – 4, THEN DISPLAY TEXT 'FELT LESS WORTHY.' During the past 7 days, was your appetite:

PROBE: Please think about when you (felt sad/felt less worthy/lost interest in things).

- 1 bigger than usual,
- 2 smaller than usual, or (GO TO B14c)
- 3 about the same? (GO TO B14_R)
- 4 BIGGER SOMETIMES AND SMALLER OTHER TIMES (VOLUNTEERED)
(GO TO B14_R)
- 7 DON'T KNOW (GO TO B14_R)
- 8 REFUSED (GO TO B14_R)

B14a. During the past 7 days, did you regularly eat more often or greater amounts of food than usual?

- 1 YES (EAT MORE OFTEN/EAT GREATER AMT OF FOOD)
- 2 NO (NEITHER) (GO TO B14_R)
- 7 DON'T KNOW (GO TO B14_R)
- 8 REFUSED (GO TO B14_R)

B14b. Did you feel driven to over-eat both at mealtime and between meals?

PROBE: Please think about the past 7 days.

- 1 YES (BOTH)
- 2 NO (ONLY AT MEALTIME/ONLY BETWEEN MEALS)
- 7 DON'T KNOW
- 8 REFUSED

CATI: GO TO B14_R

B14c. Would you say that you ate only:

PROBE: Please think about the past 7 days.

- 1 somewhat less than usual, or (SOMEWHAT)? (GO TO B14_R)
- 2 a lot less than usual and only with personal effort? (A LOT/ALWAYS/YES EFFORT)
- 7 DON'T KNOW (GO TO B14_R)

8 REFUSED (GO TO B14_R)

B14d. Some people have such serious appetite loss that they only eat when they force themselves to, or when other people persuade them to eat. Was your appetite loss over the past 7 days as serious as that?

PROBE: Please think about the past 7 days.

- 1 YES (FORCE MYSELF TO EAT/OTHER PEOPLE PERSUADE ME TO EAT)
- 2 NO (NEITHER)
- 7 DON'T KNOW
- 8 REFUSED

B14_R. **CATI:** CODE B14_R

IF B14b=1 OR B14d =1, THEN B14_R =3, ELSE

IF B14a =1 OR B14c =2, THEN B14_R =2, ELSE

IF B14 =1, 2, THEN B14_R =1, ELSE

FOR ALL OTHERS, B14_R = 0

B15. During the past 7 days, did your weight:

- 1 increase,
- 2 decrease, or
- 3 stay about the same? (GO TO B15_R)
- 4 BOTH INCREASE AND DECREASE (VOLUNTEERED) (GO TO B15_R)
- 7 DON'T KNOW (GO TO B15_R)
- 8 REFUSED (GO TO B15_R)

B15a. **CATI:** FOR B15a: IF B15=1, THEN DISPLAY TEXT 'GAIN.' IF B15=2, THEN DISPLAY TEXT 'LOSE.'

How many pounds did you [gain/lose]?

INTERVIEWER: INCLUDE DECIMALS/LEADING ZERO, FOR EXAMPLE, 01.5 LBS

PROBE: Please think about the past 7 days.

____.____ NUMBER OF POUNDS

99.7 DON'T KNOW

99.8 REFUSED

B15_R. **CATI:** CODE B15_R

IF B15a >=2.5, THEN B15_R =3, ELSE

IF B15a =1.1-2.4, THEN B15_R =2, ELSE

IF B15a =1, THEN B15_R =1, ELSE

FOR ALL OTHERS, B15_R = 0

B16. During the past 7 days, did you have any decrease in your usual ability to concentrate or make decisions?

- 1 YES (BOTH/ EITHER ONE/ SOMETIMES)
- 2 NO (NEITHER) (GO TO B16_R)

- 7 DON'T KNOW (GO TO B16_R)
- 8 REFUSED (GO TO B16_R)

B16a. Did you have to struggle most of the time to focus your attention or to make decisions?

PROBE: Please think about the past 7 days.

- 1 YES (BOTH/ EITHER ONE)
- 2 NO (NEITHER) (GO TO B16_R)
- 3 SOMETIMES (VOLUNTEERED) (GO TO B16_R)
- 7 DON'T KNOW (GO TO B16_R)
- 8 REFUSED (GO TO B16_R)

B16b. Some people have such serious concentration problems that they can't read a newspaper or make even minor decisions. Were your concentration problems over the past 7 days that serious?

PROBE: Please think about the past 7 days.

- 1 YES (BOTH/ EITHER ONE)
- 2 NO (NEITHER)
- 3 SOMETIMES (VOLUNTEERED)
- 7 DON'T KNOW
- 8 REFUSED

B16_R. **CATI:** CODE B16_R

IF B16b =1, THEN B16_R =3, ELSE

IF B16b =2, 3, 7, 8 OR B16a=1, THEN B16_R =2, ELSE

IF B16 =2, 7, 8, THEN B16_R =0, ELSE

FOR ALL OTHERS, B16_R = 1

B17. During the past 7 days, did you get tired more easily than usual?

- 1 YES
- 2 NO (GO TO B17_R)
- 7 DON'T KNOW (GO TO B17_R)
- 8 REFUSED (GO TO B17_R)

B17a. Did you have to make a big effort to carry out your daily activities, like going to work or shopping?

PROBE: Please think about the past 7 days.

- 1 YES (SOMETIMES)
- 2 NO (GO TO B17_R)
- 7 DON'T KNOW (GO TO B17_R)
- 8 REFUSED (GO TO B17_R)

B17b. Some people have such serious problems with energy that they cannot carry out most of their usual daily activities. Were your energy problems that serious during the past 7 days?

PROBE: Please think about the past 7 days.

- 1 YES
- 2 NO

3 SOMETIMES (VOLUNTEERED)
7 DON'T KNOW
8 REFUSED

B17_R. **CATI:** CODE B17_R

IF B17b =1, THEN B17_R =3, ELSE
 IF B17b =2, 3, 7, 8 AND B17a =1, THEN B17_R =2, ELSE
 IF B17 =2, 7, 8 THEN B17_R =0, ELSE
 FOR ALL OTHERS, B17_R = 1

B18. During the past 7 days, was your thinking slowed down?

READ QUESTION SLOWLY, AWKWARD PHRASES.

- 1 YES
- 2 NO (GO TO B18_R)
- 7 DON'T KNOW (GO TO B18_R)
- 8 REFUSED (GO TO B18_R)

B18a. Was your thinking so slowed down that it took you several seconds to respond to most questions?

PROBE: Please think about the past 7 days.

- 1 YES
- 2 NO (GO TO B18_R)
- 7 DON'T KNOW (GO TO B18_R)
- 8 REFUSED (GO TO B18_R)

B18b. During the past 7 days, were you often unable to respond to questions without extreme effort?

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

B18_R. **CATI:** CODE B18_R

IF B18b =1, THEN B18_R =3, ELSE
 IF B18b =2, 7, 8 AND B18a =1, THEN B18_R=2, ELSE
 IF B18 =2, 7, 8, THEN B18_R =0, ELSE
 FOR ALL OTHERS, B18_R = 1

B19. During the past 7 days, were you often restless or fidgety?

- 1 YES (BOTH /EITHER)
- 2 NO (NEITHER)
- 7 DON'T KNOW
- 8 REFUSED

B19a. Did you often wring your hands or have to shift how you were sitting?

PROBE: Please think about the past 7 days.

- 1 YES (BOTH /EITHER)
- 2 NO (NEITHER)
- 7 DON'T KNOW
- 8 REFUSED

CATI: IF B19 =2, 7, 8, AND B19a = 2, 7, 8, THEN GO TO B19_R. ELSE CONTINUE WITH B19b.

B19b. Did you sometimes feel like you couldn't sit still and had to move around?

PROBE: Please think about the past 7 days.

- 1 YES
- 2 NO (GO TO B19_R)
- 7 DON'T KNOW (GO TO B19_R)
- 8 REFUSED (GO TO B19_R)

B19c. Were you so restless at times that you were unable to stay seated and needed to pace around?

PROBE: Please think about the past 7 days.

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

B19_R. **CATI:** CODE B19_R

IF B19c =1, THEN B19_R =3, ELSE

IF B19c =2, 7, 8 AND B19b = 1, THEN B19_R =2, ELSE

IF B19 =2, 7, 8 AND B19a = 2, 7, 8, THEN B19_R=0, ELSE

FOR ALL OTHERS, B19_R = 1

B20. During the past 7 days, did you feel that your life was empty or wonder if it was worth living?

- 1 YES (BOTH /EITHER ONE)
- 2 NO (NEITHER) (GO TO B20_R)
- 3 SOMETIMES (VOLUNTEERED)
- 7 DON'T KNOW (GO TO B20_R)
- 8 REFUSED (GO TO B20_R)

B20a. During the past 7 days, did you think of suicide or ending your own life?

- 1 YES (BOTH/ EITHER/ SOMETIMES)
- 2 NO (NEITHER) (GO TO B20_R)
- 7 DON'T KNOW (GO TO B20_R)
- 8 REFUSED (GO TO B20_R)

B20b. Is this something you think you might act on?

INTERVIEWER: IF R REFUSES, OR RESPONDS DON'T KNOW, BUT YOU DO FEEL HE/SHE IS AT RISK BECAUSE OF COMMENTS DURING THE INTERVIEW ABOUT SUICIDAL FEELINGS, PLEASE ENTER 6.

1 YES

2 NO

6 REFUSAL OR DON'T KNOW BUT R'S COMMENTS INDICATE SUICIDAL RISK

7 DON'T KNOW

8 REFUSED

B20_R. **CATI:** CODE B20_R

IF B20 =1, 3, THEN B20_R =1, ELSE

FOR ALL OTHERS, B20_R = 0

B21a. **CATI:** IF B20b = 1 OR 6, CONTINUE, ELSE GO TO BDPRESS.

INTERVIEWER: YOU WILL STOP INTERVIEW AND ESTABLISH CONTACT WITH A TBD EMERGENCY CRISIS TEAM.

At this point in the interview, I'd like to connect you with someone who will be able to help you immediately. Your personal welfare is the most important thing to us. We have a standard protocol to refer people who have had recent suicidal thoughts to a clinician at XX crisis team. First, we'd like to give you some information about places you can call to talk about how you've been feeling.

[INSERT LIST OF CONTACTS IN COMMUNITY- NEED TO IDENTIFY LIST WITH TEAM] NEED TO CREATE LIST THAT IS EITHER HANDED TO CLIENT OR MAILED (IN-PERSON OR TELEPHONE INTERVIEW)

We're also going to arrange to have someone call you to see how you are doing. You should expect to hear from a mental health professional in the next day or so. I appreciate your understanding our need to insure your safety.

[WILL INSERT MORE DETAIL ON WHO WILL CALL CLIENT- EX: SOMEONE FROM XX CRISIS TEAM]

SECTION C: TREATMENT FOR DEPRESSION

INTRO.C1

The next few questions are about any treatment you may have received from a professional specifically for things like sadness, feeling unworthy, or loss of interest.

By a professional, we mean a psychiatrist, psychologist, medical doctor or nurse, social worker, counselor, therapist, religious advisor, or any other healing professional.

- C1. With that definition in mind, have you received professional treatment specifically for things like sadness, feeling unworthy, or lack of interest at any time in the past 18 months?

CLARIFY IF NEEDED: By a professional, we mean a psychiatrist, psychologist, medical doctor or nurse, social worker, counselor, therapist, religious advisor, or any other healing professional.

- 1 YES
- 2 NO (GO TO C6)
- 7 DON'T KNOW (GO TO C6)
- 8 REFUSAL (GO TO C6)

- C2. During the past 18 months, from how many different professionals did you receive treatment specifically for things like sadness, feeling unworthy, or lack of interest?

CLARIFY IF NEEDED: By a professional, we mean a psychiatrist, psychologist, medical doctor or nurse, social worker, counselor, therapist, religious advisor, or any other healing professional.

_____ NUMBER OF PROFESSIONALS

- 97 DON'T KNOW
- 98 REFUSAL

- C3. **CATI:** USE FIRST INSERT IF C2 = 1; OTHERWISE USE SECOND INSERT.

CATI: ALLOW FOR MULTIPLE RESPONSES.

What kind of [professional/professionals] did you see for things like sadness, feeling unworthy, or lack of interest? [(Was it ...)/(Were they...)]

READ LIST IF NEEDED. SELECT ALL THAT APPLY. DO NOT PROBE.

CLARIFY IF NEEDED: By a professional, we mean a psychiatrist, psychologist, medical doctor or nurse, social worker, counselor, therapist, religious advisor, or any other healing professional.

CLARIFY IF NEEDED: Please think about the past 18 months.

- 01 PSYCHIATRIST
- 02 PSYCHOLOGIST
- 03 MEDICAL DOCTOR (DOCTOR)
- 04 SOCIAL WORKER
- 05 COUNSELOR
- 06 THERAPIST
- 07 RELIGIOUS ADVISOR (MINISTER/PRIEST/RABBI)
- 08 NURSE (NURSE PRACTITIONER/PHYSICIAN'S ASSISTANT)

95 OTHER PROFESSIONAL (SPECIFY): _____

97 DON'T KNOW (GO TO C6)

98 REFUSED (GO TO C6)

CATI: FOR EACH TYPE OF PROFESSIONAL SELECTED (01-95) IN C3, ASK C4 AND C5.

- C4. In total, about how many visits to a [TYPE OF PROFESSIONAL IN C3] did you make specifically for things like sadness, feeling unworthy, or lack of interest in the past 18 months?

CLARIFY IF NEEDED: Please include only visits to a [TYPE OF PROFESSIONAL IN C3] specifically for things like sadness, feeling unworthy, or lack of interest.

___ VISITS IN THE PAST 18 MONTHS

997 DON'T KNOW

998 REFUSAL

- C5. Are you still in treatment with a [TYPE OF PROFESSIONAL IN C3] specifically for things like sadness, feeling unworthy, or lack of interest?

1 YES

2 NO

7 DON'T KNOW

8 REFUSAL

- C6. Have you received a prescription for an anti-depressant medication in the past 18 months?

CLARIFY IF NEEDED: An anti-depressant is a medication to improve your mood and energy like Prozac, Zoloft, Paxil, or Celexa.

1 YES

2 NO (GO TO NEXT SECTION)

7 DON'T KNOW (GO TO NEXT SECTION)

8 REFUSAL (GO TO NEXT SECTION)

- C7. **CATI:** ALLOW FOR MULTIPLE RESPONSES.

What was the medication called? Any others?

USE HANDOUT TO VERIFY SPELLING.

SELECT ALL THAT APPLY. DO NOT READ LIST. PROBE FOR OTHERS.

CLARIFY IF NEEDED: An anti-depressant is a medication to improve your mood and energy like Prozac, Zoloft, Paxil, or Celexa.

ONLY IF R SPECIFICALLY ASKS: Please include only anti-depressants. BUT ACCEPT ANY ANSWER.

- 01 AMITRIPTYLINE
- 02 AMOXAPINE
- 03 ANAFRANIL**
- 04 ASCENDIN**
- 05 AURORIX OR MANERIX**
- 06 AVENTYL OR PAMELOR**
- 07 BUPROPION
- 08 CELEXA**
- 09 CITALOPRAM
- 10 CLOMIPRAMINE
- 11 DESIPRAMINE
- 12 DESYREL**
- 13 DOXEPIN
- 14 EFFEXOR**
- 15 ELAVIL**
- 16 FLUOXETINE
- 17 FLUVOXAMINE
- 18 IMIPRAMINE
- 19 ISOCARBOXAZID
- 20 LUDIOMIL**
- 21 LUVOX**
- 22 MARPLAN**
- 23 MAPROTILINE
- 24 MIRTAZAPINE
- 25 MOCLOBEMIDE
- 26 NARDIL**
- 27 NEFAZADONE
- 28 NORPRAMIN**
- 29 NORTRIPTYLINE
- 30 PARNATE**
- 31 PAROXETINE
- 32 PAXIL**
- 33 PHENELZINE
- 34 PROTRIPTYLINE
- 35 PROZAC**
- 36 REMERON**
- 37 SERTRALINE
- 38 SERZONE**
- 39 SINEQUAN**
- 40 SURMONTIL**

- 41 **TOFRANIL**
- 42 TRANYLCYPROMINE
- 43 TRAZODONE
- 44 TRIMIPRAMINE
- 45 VENLAFAXINE
- 46 **VIVACTYL**
- 47 **WELLBUTRIN**
- 48 **ZOLOFT**
- 92 NOT LISTED
- 93 OTHER (SPECIFY): _____
- 94 OTHER (SPECIFY): _____
- 95 OTHER (SPECIFY): _____
- 97 DON'T KNOW
- 98 REFUSED

CATI: IF ONLY ANSWERS RECORDED = 92, 97, OR 98, GO TO NEXT SECTION.

C8. **CATI:** REPEAT C8 FOR EACH DRUG IN C7.

For the [DRUG LISTED IN C7] that was prescribed, what total dosage in milligrams were you supposed to take each day?

IF R GIVES A RANGE, PROBE: Please just give the highest total daily dosage you were prescribed.

IF DON'T KNOW, PROBE: How many total pills were you supposed to take each day? AND WRITE AN INTERVIEWER NOTE.

___ TOTAL MILLIGRAMS PER DAY

9997 DON'T KNOW

9998 REFUSED

C9. **CATI:** INSERT FIRST TEXT IF ONE DRUG REPORTED IN C7; USE SECOND TEXT IF TWO DRUGS REPORTED IN C7; USE THIRD TEXT IF THREE OR MORE DRUGS REPORTED IN C7.

Did you take [this medication/either of these medications/any of these medications] for any period during the past 18 months?

- 1 YES
- 2 NO (GO TO NEXT SECTION)
- 3 STILL TAKING IT (VOLUNTEERED) (GO TO C11)
- 7 DON'T KNOW (GO TO NEXT SECTION)
- 8 REFUSAL (GO TO NEXT SECTION)

C10. **CATI:** INSERT FIRST TEXT IF ONE DRUG REPORTED IN C7; USE SECOND TEXT IF TWO DRUGS REPORTED IN C7; USE THIRD TEXT IF THREE OR MORE DRUGS REPORTED IN C7.

Are you still taking [this medication/either of these medications/any of these medications]?

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

C11.V. **CATI:** INSERT FIRST TEXT IF ONE DRUG REPORTED IN C7; USE SECOND TEXT IF TWO DRUGS REPORTED IN C7; USE THIRD TEXT IF THREE OR MORE DRUGS REPORTED IN C7.

During the past 18 months, how many total days do you think you actually took [this medication/either of these medications/any of these medications]?

CLARIFY IF NEEDED: Of the approximately 540 days in the past 18 months, on how many days did you actually take [this medication/either of these medications/any of these medications]?

IF 1 DAY OR LESS, ENTER 1 DAY.

IF EVERY/DAY, ENTER 996.

__ __ __. __ __ NUMBER [RANGE= 1-180, 996, 997, 998]

INTERVIEWER: IF R ANSWERS IN OTHER THAN WHOLE NUMBER, RECORD DECIMAL.

- 999.97 DON'T KNOW
- 999.98 REFUSED

C11.U. **CATI:** GO TO NEXT SECTION IF C11.V. = 999.96.

- 1 DAYS
- 2 WEEKS
- 3 MONTHS
- 7 DON'T KNOW
- 8 REFUSED

SECTION D: HISTORY OF DEPRESSION, TREATMENT PRIOR TO RAD, AND EARLY LIFE EVENTS

CATI: ASK SECTION D ONLY IF '6-MONTH SURVEY' OR '15-MONTH SURVEY'
SAMPLE VARIABLE = 0.

D1. Now, please think about your life before [RAD]. Did you ever go through a depression?

- 1 YES
- 2 NO (GO TO NEXT SECTION)
- 7 DON'T KNOW (GO TO NEXT SECTION)
- 8 REFUSED (GO TO NEXT SECTION)

D2. How many episodes of depression do you remember?

- _____ NUMBER EPISODES
- 93 ALWAYS DEPRESSED
 - 94 ON / OFF AGAIN DEPRESSION
 - 97 DON'T KNOW (GO TO NEXT SECTION)
 - 98 REFUSED (GO TO NEXT SECTION)

D3. **CATI:** INSERT TEXT IF D2 > 1.

About how old were you when your (first) episode of depression started?

- _____ AGE
- 97 DON'T KNOW
 - 98 REFUSED

D4.V. **CATI:** INSERT TEXT IF D2 > 1.

About how long did your (first) episode of depression last?

_____.____ NUMBER

INTERVIEWER: IF R ANSWERS IN OTHER THAN WHOLE NUMBER, RECORD DECIMAL.

- 999.96 NEVER WENT AWAY/ CONTINUOUS
- 999.97 DON'T KNOW
- 999.98 REFUSED

D4.U.

- 1 DAYS
- 2 WEEKS
- 3 MONTHS
- 4 YEARS
- 7 DON'T KNOW
- 8 REFUSED

D5. Did you receive any counseling from a professional at that time?

CLARIFY IF NEEDED: By a professional, we mean a psychiatrist, psychologist, medical doctor or nurse, social worker, counselor, therapist, religious advisor, or any other healing professional.

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

D6. Did you begin taking any anti-depressant medications at that time?

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

INTRO.D7

The following questions about experiences that people sometimes find stressful. It may or may not be easy for you to talk about these events, but it's important for us to understand what things were like for you growing up. Remember, there are no right or wrong answers.

Before the age of 18, did you ever experience the following things? For each event you experienced before the age of 18, tell me yes or no as to whether you experienced it and the number of times you experienced the event.

D7. Did you ever move?

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

D7a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D8. Did you suffer a serious personal illness?

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

D8a. IF YES, how many times?

- 6 NEVER
- 7 ONCE
- 8 2-3 TIMES
- 9 4-5 TIMES
- 10 6-10 TIMES
- 11 MORE THAN 10 TIMES

D9. Did you ever experience a change in primary caregiver?

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

D9a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D10. Did you ever experience serious injury or illness of a parent or primary caregiver?

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

D10a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D11. Did you ever experience the death of a parent or a primary caregiver?

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

D11a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES

- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D11b. Who was it? (SPECIFY: _____)

D12. Did you ever experience the death of a close family relative?

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

D12a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D13. Did you experience the divorce of your parents?

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

D13a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D14. Did you ever witness violence towards others, including family members?

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

D14a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D15. Did anyone in your family ever suffer from mental or psychiatric illness or have a “breakdown”?

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

D15a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

D16. Did your parents or primary caretaker have a problem with alcoholism or drugs?

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

D16a. IF YES, how many years?

- 0 NEVER
- 1 1 YEAR
- 2 2-3 YEARS
- 3 4-5 YEARS
- 4 6-10 YEARS
- 5 MORE THAN 10 YEARS

D17. Did you have any other significant life events before the age of 18 that was not mentioned above?

- 1 YES (SPECIFY: _____)
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

D17a. IF YES, how many times?

- 0 NEVER
- 1 ONCE
- 2 2-3 TIMES
- 3 4-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

SECTION E: ALCOHOL AND DRUG USE

INTRO.E1

The next questions are about some of your health habits and behaviors.

E1a. OMITTED

E1b. OMITTED

E2a. OMITTED

E2b_V. OMITTED

E2b_U. OMITTED

E3a. OMITTED

E3b. OMITTED

E3c. OMITTED

E3d. OMITTED

E4. How many days out of 7, in a typical week, do you usually have at least one alcoholic drink, including either a bottle of beer, a glass of wine, a shot of liquor, or a mixed drink?

_____ NUMBER DAYS

00 ZERO/NONE/NEVER/DON'T DRINK (GO TO E6)

07 EVERY DAY

97 DON'T KNOW

98 REFUSED

E5. How many drinks do you usually have on days you drink? Would you say:

1 1 to 3 drinks, (1-3)

2 4 to 10 drinks, (4-10)

3 11 to 20 drinks, or (11-20)

4 More than 20 drinks? (20+)

7 DON'T KNOW

8 REFUSED

E6. How many days out of 30, in a typical month, do you usually use any type of recreational drug like marijuana, cocaine, or amphetamines?

_____ NUMBER DAYS

00 ZERO/NONE/NEVER/DON'T USE DRUGS

30 EVERY DAY
 97 DON'T KNOW
 98 REFUSED

E7. **CATI:** IF (E4=00 AND E6=00) OR (E4=1 OR 2 AND E5=1 AND E6=00), GO TO NEXT SECTION.

CATI: IF E4=01 – 07, ASK E7 AND INSERT FIRST PHRASE. IF E6=01 – 30, ASK E7 AND INSERT SECOND PHRASE. IF (E4=01 - 07) AND (E6= 01 - 30), ASK E7 AND INSERT BOTH PHRASES.

OTHERWISE DO NOT ASK E7 AND GO TO NEXT SECTION.

During the past 12 months, how often did you have each of the following problems because of your [alcohol/drug] use?

READ QUESTION SLOWLY, AWKWARD PHRASES.

- a. First, how often did you have any emotional or psychological problems because of [alcohol/drugs]? Would you say:
- b. Next, how often did you have such a strong urge to use [alcohol/drugs] that you couldn't resist? Would you say:
- c. How often did you use more or spend more time using [alcohol/drugs] than you intended to? (READ LIST IF NEEDED)
- d. How often did you [drink much more/use more drugs] than you used to in order to get the same effect you wanted? (READ LIST IF NEEDED)
- e. How often did you try to stop or cut down on your [drinking/use of drugs] and found that you were not able to do so? (READ LIST IF NEEDED)
- f. How often did you give up or greatly reduce important activities because of your [drinking/use of drugs], like sports, work, or seeing friends and family? (READ LIST IF NEEDED)

CLARIFY IF NECESSARY: Please think about the past 12 months.

- 1 NEVER,
- 2 SOMETIMES,
- 3 OFTEN, OR
- 4 VERY OFTEN? (MOST/ALL THE TIME/EVERY DAY)
- 7 DON'T KNOW
- 8 REFUSED

E8. **CATI:** IF 3 OR MORE ITEMS IN E7 = 2 OR 3 OR 4, ASK E8. OTHERWISE, GO TO NEXT SECTION.

Since [RAD], have you been in a treatment program for alcohol or substance abuse?

- 1 YES
- 2 NO (GO TO NEXT SECTION)
- 7 DON'T KNOW (GO TO NEXT SECTION)
- 8 REFUSED (GO TO NEXT SECTION)

E9. Are you currently in a treatment program for alcohol or substance abuse?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

SECTION F: GENERAL HEALTH RATINGS

INTRO.F1

This survey asks for your views about your health. This information will help keep track of how you feel and how you are able to do your usual activities. If you are unsure about how to answer, please give the best answer you can.

F1. In general, how would you say your health is:

CLARIFY IF NECESSARY: We are looking for your opinion, not a medical opinion.

RE-READ QUESTION AND/OR USE ANSWER CATEGORIES TO PROBE FOR RESPONSE.

- 1 excellent,
- 2 very good,
- 3 good,
- 4 fair, or
- 5 poor?
- 7 DON'T KNOW
- 8 REFUSED

INTRO.F2

Now I am going to read you a list of activities that you might do during a typical day. Please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

- F2. **CATI:** USE FIRST TEXT OPTION FOR ITEM F2a. USE SECOND TEXT OPTION FOR F2b-F2j. (First, What about.../What about...)
- a. VIGOROUS ACTIVITIES, such as running, lifting heavy objects, or participating in strenuous sports?
 - b. **CATI:** SKIP IF F2a=3
MODERATE ACTIVITIES such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
 - c. Lifting or carrying groceries?
 - d. Climbing SEVERAL flights of stairs?
 - e. **CATI:** SKIP IF F2d=3
Climbing ONE flight of stairs?
 - f. Bending, kneeling, or stooping?
 - g. Walking MORE THAN ONE MILE?
 - h. **CATI:** SKIP TO F2j IF F2g=3
Walking SEVERAL BLOCKS?
 - i. **CATI:** SKIP IF F2h=3
Walking ONE BLOCK?
 - j. Bathing or dressing yourself?

CATI: USE FIRST TEXT OPTION FOR ITEM F2a. USE SECOND TEXT OPTION FOR ITEMS F2b-F2j.

[Because of your health, are you limited a lot, limited a little, or not limited at all in these activities?/(Because of your health, are you limited a lot, limited a little, or not limited at all in these activities?)]

CLARIFY IF NEEDED: When doing this activity, does your health limit you a lot, a little, or not at all?

IF DOES NOT DO ACTIVITY, PROBE: Is that because of your health? IF 'NO,' ENTER '3.' IF 'YES', PROBE: Are you limited a lot or a little?

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- 7 DON'T KNOW
- 8 REFUSED

F3. **CATI:** USE FIRST TEXT OPTION IF B13=1. OTHERWISE USE SECOND TEXT OPTION.

[Please tell me your weight before you became pregnant/ About how much do you weigh without shoes?]

IF MORE THAN WHOLE POUND, ROUND UP.

_____ # POUNDS

- 997 DON'T KNOW
- 998 REFUSED

F3a. **CATI:** ASK IF B13=1; OTHERWISE SKIP.

What is the due date of your pregnancy?

_____/_____/_____
MM DD YYYY

- DON'T KNOW = 97/97/9997
- REFUSED = 98/98/9998

F4. About how tall are you without shoes?

IF R REPORTS FRACTIONS OF A FOOT, USE DECIMAL.

IF MORE THAN WHOLE INCH REPORTED, ROUND TO NEAREST WHOLE INCH.

____.____ _____
FT INCHES

- 97 DON'T KNOW
- 98 REFUSED

SECTION G: GENERAL MEDICAL UTILIZATION

INTRO.G1

The next questions are about visits to medical professionals for any health reasons, whether physical or emotional. This includes visits to an emergency room or urgent care facility.

By medical professionals, we mean medical doctors, nurses, physicians' assistants, or nurse practitioners. Please include only care you received for yourself, not someone else.

- G1. During the past 18 months, did you make any visits to a medical professional for any reason, including any and all physical or emotional reasons?

CLARIFY IF NEEDED: By medical professional, we mean a medical doctor, nurse, physician's assistant, or nurse practitioner. Please include only care you received for yourself, not someone else.

- 1 YES
- 2 NO (GO TO G6)
- 7 DON'T KNOW (GO TO G6)
- 8 REFUSED (GO TO G6)

- G2. How many total visits with medical professionals did you make in the past 18 months for ANY reason, physical or emotional?

CLARIFY IF NEEDED: By medical professional, we mean a medical doctor, nurse, physician's assistant, or nurse practitioner. Please include only care you received for yourself, not someone else.

_____ VISITS IN THE PAST 18 MONTHS FOR ANY REASON
 997 DON'T KNOW
 998 REFUSED

- G3. **CATI:** ASK ONLY IF A_1 = 2.

How many total visits with medical professionals past 18 months were for pregnancy related care?

_____ VISITS IN THE PAST 18 MONTHS FOR PREGNANCY RELATED CARE
 97 DON'T KNOW
 98 REFUSED

- G4. Now I'd like to ask you about emergency or urgent medical care you may have recently had.

During the past 18 months, did you make any visits to an emergency room or urgent care facility for any reason, either physical or emotional?

- 1 YES
- 2 NO (GO TO G6)
- 7 DON'T KNOW (GO TO G6)
- 8 REFUSED (GO TO G6)

G5. How many visits to an emergency room or urgent care facility did you make in the past 18 months?

_____ VISITS IN THE PAST 18 MONTHS TO ER/URGENT CARE

97 DON'T KNOW

98 REFUSED

G6. During the past 18 months, did you make any visits to an alternative or complementary healer like a chiropractor, acupuncturist, herbalist, or energy healer?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

Next I'd like to ask you some questions about health conditions that you may or may not have.

G6a. Are you currently diagnosed with asthma?

1 YES (GO TO G6b)

2 NO (GO TO G6d)

7 DON'T KNOW (GO TO G6d)

8 REFUSED (GO TO G6d)

G6b. Do you currently take any form of asthma medication?

1 YES (GO TO G6c)

2 NO (GO TO G6d)

7 DON'T KNOW (GO TO G6d)

8 REFUSED (GO TO G6d)

G6c. What asthma medication do you take? Any others?

1st MENTION

2nd MENTION

3rd MENTION

4th MENTION

5th MENTION

97 DON'T KNOW

98 REFUSED

G6d. Do you have any allergies?

1 YES (GO TO G6e)

2 NO (GO TO G7)

7 DON'T KNOW (GO TO G7)

8 REFUSED (GO TO G7)

G6e. What kind of allergies to you have? Any others?

- 1st MENTION
- 2nd MENTION
- 3rd MENTION
- 4th MENTION
- 5th MENTION
- 97 DON'T KNOW
- 98 REFUSED

G6f. Are you taking any medications to control these allergies? Please include both over-the-counter and prescription medications.

- 1 YES (GO TO G6g)
- 2 NO (GO TO G7)
- 7 DON'T KNOW (GO TO G7)
- 8 REFUSED (GO TO G7)

G6g. What allergy medication are you taking? Any others?

- 1st MENTION
- 2nd MENTION
- 3rd MENTION
- 4th MENTION
- 5th MENTION
- 97 DON'T KNOW
- 98 REFUSED

G7. During the past 18 months, did you have a work-related accident, injury, or poisoning that required you to seek medical attention?

- 1 YES
- 2 NO (GO TO NEXT SECTION)
- 7 DON'T KNOW (GO TO NEXT SECTION)
- 8 REFUSED (GO TO NEXT SECTION)

G8. What type of accident was it?

IF NEEDED: We don't need exact details, just the general type of situation.

-
- 97 DON'T KNOW
 - 98 REFUSED

G9. How many days of work did you miss in the past 18 months because of a work related accident, injury, or poisoning?

- _____ DAYS OF WORK MISSED IN THE PAST 18 MONTHS
- 996 ENTIRE 6 MONTHS
 - 997 DON'T KNOW
 - 998 REFUSED

SECTION H: HEALTH COVERAGE

INTRO.H1

The next few questions are about health coverage for you and your family.

H1. In [PRIOR MONTH] were you covered by a public insurance program like RIteCare or RIteShare?

IF R IS NO LONGER LIVING IN RHODE ISLAND, ASK: In [PRIOR MONTH] were you covered by a public insurance program like Medicaid or a CHIP program?

- 1 YES (GO TO H1a)
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

H1a. IF YES to H1, Which of the following is your provider?

- 1 United HealthCare
- 2 Neighborhood Health Plan
- 3 Blue Cross
- 4 Other (SPECIFY: _____)

H2. In [PRIOR MONTH] were you covered by any health insurance plan?

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

H3. In [PRIOR MONTH] was your spouse or live-in partner covered by a public insurance program like RIteCare or RIteShare?

IF R IS NO LONGER LIVING IN RHODE ISLAND, ASK: In [PRIOR MONTH] was your spouse or live-in partner covered by a public insurance program like Medicaid or a CHIP program?

- 1 YES (GO TO H5)
- 2 NO
- 3 NO SPOUSE/LIVE-IN PARTNER (GO TO H5)
- 7 DON'T KNOW
- 8 REFUSED

H4. In [PRIOR MONTH] was he or she covered by any other health insurance plan?

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

- H5. How many children under age 19 lived with you last month? Please include your biological and adopted children and any other children for whom you are responsible who are under age 19?

_____ NUMBER

97 DON'T KNOW (GO TO H10)

98 REFUSED (GO TO H10)

CATI: IF "0," GO TO H10.

- H6. **CATI:** ASK IF H5 = 1. ELSE GO TO H8.

Thinking about that child, was he or she covered by a public insurance program like RItCare or RItShare in [PRIOR MONTH]?

IF R IS NO LONGER LIVING IN RHODE ISLAND, ASK: Was this child covered by a public insurance program like Medicaid or a CHIP program in [PRIOR MONTH]?

1 YES (GO TO H10)

2 NO

7 DON'T KNOW

8 REFUSED

- H7. Was he or she covered by another health insurance plan in [PRIOR MONTH]?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

CATI: ALL GO TO H10.

- H8. **CATI:** ASK IF H5 = '2-15.' ELSE GO TO H10.

Thinking about those (# OF CHILDREN FROM H5) children, how many were covered by a public insurance program like RItCare or RItShare in [PRIOR MONTH]?

IF R IS NO LONGER LIVING IN RHODE ISLAND, ASK: How many of those (# OF CHILDREN FROM H5) children were covered by a public insurance program like Medicaid or a CHIP program in [PRIOR MONTH]?

_____ NUMBER

97 DON'T KNOW (GO TO H10)

98 REFUSED (GO TO H10)

CATI: IF H5 AND H8 ARE EQUAL, GO TO H10.

H9. Of those children who were not covered by a public insurance program like RItCare or RItShare, how many were covered by another health insurance plan in [PRIOR MONTH]?

_____ NUMBER

97 DON'T KNOW

98 REFUSED

H10. During the past 6 months, has there been a time when you needed to go to a doctor or the hospital but couldn't because you didn't have money or medical insurance?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

H11. During the past 6 months, has there been a time when you needed to see a dentist but couldn't because you didn't have money or medical insurance?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

SECTION I: HOME ENVIRONMENT AND ASTHMA

INTRO. I1

We are interested in learning more about people's home environment. The next few questions are related to dust, cleaning, and washing.

I1. When people come into your house, do they always:

I1a. Remove their shoes?

- 1 YES
- 2 NO

I1b. Use a doormat or hall rug to wipe their feet?

- 1 YES
- 2 NO

I2. Do you now have a working vacuum cleaner in the house?

- 1 YES
- 2 NO

INTRO. I5

The next questions are about things you did to clean your house **during the last 14 days.**

During the LAST 14 DAYS, how many times did you or any one in the home...

I5. Vacuum the floor of the room(s) in which your children sleep?

- _____ # times/14 days
- 97 DON'T KNOW
 - 98 REFUSED

I6. Vacuum or wash the cloth-covered furniture in the home?

- _____ # times/14 days
- 97 DON'T KNOW
 - 98 REFUSED

I7. Dust the room(s) in which your children sleep?

- _____ # times/14 days
- 97 DON'T KNOW
 - 98 REFUSED

18. Scrub the tub or shower wall in the bathroom?

_____ # times/14 days
 97 DON'T KNOW
 98 REFUSED

19. Sweep, mop, dust, or vacuum the kitchen or cooking area floor?

_____ # times/14 days
 97 DON'T KNOW
 98 REFUSED

110. Clean the kitchen counter?

_____ # times/14 days
 97 DON'T KNOW
 98 REFUSED

111. Wash your child's sheets and pillowcases?

_____ # times/14 days
 97 DON'T KNOW
 98 REFUSED

INTRO.I12

The next questions are about pets, as well as pests that are sometimes found in people's homes.

	I12. Do you have any pets, such as...?		I13. Does it come inside?		I14. Does it come inside your children's sleeping room?	
a. dogs	1 YES	2 NO	1 YES	2 NO	1 YES	2 NO
b. cats	1 YES	2 NO	1 YES	2 NO	1 YES	2 NO
c. rabbits	1 YES	2 NO	1 YES	2 NO	1 YES	2 NO
d. birds	1 YES	2 NO			1 YES	2 NO
e. hamsters/gerbils/ other rodents	1 YES	2 NO			1 YES	2 NO
f. other Specify: _____	1 YES	2 NO	1 YES	2 NO	1 YES	2 NO

I15. Have you seen any cockroaches in your home during the past **three months**?

1 YES
 2 NO
 97 DON'T KNOW
 98 REFUSED

I16. Have you had any problems with mice or rats in your home during the past **three months**?

1 YES

- 2 NO
- 97 DON'T KNOW
- 98 REFUSED

Interviewer Observation: Please check if you observe the following anywhere while you are in respondents' home.

I17. Did you observe...

I17.a. Cracks (larger than thickness of a dime)

- 1 YES
- 2 NO

I17b. Holes

- 1 YES
- 2 NO

I17c. Peeling paint

- 1 YES
- 2 NO

I17d. Mold/mildew

- 1 YES
- 2 NO

I17e. Cockroaches (include eggs, feces, insects)

- 1 YES
- 2 NO

I17f. Rodents (or droppings)

- 1 YES
- 2 NO

I17g. Food debris: crumbs, scraps on counter or floor, overflowing trash can

- 1 YES
- 2 NO

I17h. Cigarette butts, ashtrays with ashes

- 1 YES
- 2 NO

SECTION J: PARENTS' WELL-BEING

CATI: IF NO CHILDREN IN SECTION A ROSTER (A1), GO TO NEXT SECTION. ELSE CONTINUE.

INTERVIEWER: IF FACE-TO-FACE INTERVIEW, HAND EXHIBIT CARD 1 TO RESPONDENT.

- J-1. These next questions are about how you express yourself. As I read each statement, try to think how frequently you express yourself that way in a situation when it occurs. Do you never, rarely, sometimes, frequently, or always express those feelings?
- a. First, showing contempt or dislike for another's actions. Would you say you never, rarely, sometimes, frequently, or always express those feelings?
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED
- b. Next, expressing dissatisfaction with someone else's behavior. Would you say you never, rarely, sometimes, frequently, or always express those feelings?
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED
- c. Expressing anger at someone else's carelessness.
READ LIST IF NECESSARY.
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED
- d. Blaming one another for family troubles.
READ LIST IF NECESSARY.
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED

- e. Putting down other people's interests.
READ LIST IF NECESSARY.
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED
- f. Showing dislike for someone.
READ LIST IF NECESSARY.
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED
- g. Quarreling or arguing with a family member.
READ LIST IF NECESSARY.
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED
- h. Expressing brief anger over a trivial or minor problem.
READ LIST IF NECESSARY.
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED
- i. Threatening someone.
READ LIST IF NECESSARY.
- 1 NEVER
 - 2 RARELY
 - 3 SOMETIMES
 - 4 FREQUENTLY
 - 5 ALWAYS
 - 7 DON'T KNOW
 - 8 REFUSED

- j. Criticizing someone for being late.
READ LIST IF NECESSARY.

- 1 NEVER
- 2 RARELY
- 3 SOMETIMES
- 4 FREQUENTLY
- 5 ALWAYS
- 7 DON'T KNOW
- 8 REFUSED

INTERVIEWER: IF FACE-TO-FACE INTERVIEW, TAKE EXHIBIT BOOKLET BACK FROM RESPONDENT.

- J-2. **CATI:** IF ONE CHILD IN SECTION A ROSTER (A1), USE FIRST TEXT INSERT. ELSE USE SECOND TEXT INSERT.

Having a child can sometimes be stressful. The next questions are about how stressful having [child/children] has been for you and the ways in which you have had to adjust your life. For each statement, please tell me if you strongly agree with it, mildly agree, mildly disagree, or strongly disagree.

- a. You often have the feeling that you cannot handle things very well. Do you:

- 1 strongly agree
- 2 mildly agree
- 3 NOT SURE (DO NOT READ)
- 4 mildly disagree
- 5 strongly disagree?
- 7 DON'T KNOW
- 8 REFUSED

- b. You find yourself giving up more of your life to meet your (child/children)'s needs that you ever expected. Do you:

- 1 strongly agree
- 2 mildly agree
- 3 NOT SURE (DO NOT READ)
- 4 mildly disagree
- 5 strongly disagree?
- 7 DON'T KNOW
- 8 REFUSED

- c. You feel trapped by your responsibilities as a parent.
READ LIST IF NECESSARY.

- 1 STRONGLY AGREE
- 2 MILDLY AGREE
- 3 NOT SURE (DO NOT READ)
- 4 MILDLY DISAGREE
- 5 STRONGLY DISAGREE?
- 7 DON'T KNOW
- 8 REFUSED

- d. Since having [a child/children], you have been unable to do new and different things.
READ LIST IF NECESSARY.
- 1 STRONGLY AGREE
 - 2 MILDLY AGREE
 - 3 NOT SURE (DO NOT READ)
 - 4 MILDLY DISAGREE
 - 5 STRONGLY DISAGREE?
 - 7 DON'T KNOW
 - 8 REFUSED
- e. Since having [a child/children], you feel that you are almost never able to do things that you like to do.
READ LIST IF NECESSARY.
- 1 STRONGLY AGREE
 - 2 MILDLY AGREE
 - 3 NOT SURE (DO NOT READ)
 - 4 MILDLY DISAGREE
 - 5 STRONGLY DISAGREE?
 - 7 DON'T KNOW
 - 8 REFUSED
- f. There are quite a few things that bother you about your life.
READ LIST IF NECESSARY.
- 1 STRONGLY AGREE
 - 2 MILDLY AGREE
 - 3 NOT SURE (DO NOT READ)
 - 4 MILDLY DISAGREE
 - 5 STRONGLY DISAGREE?
 - 7 DON'T KNOW
 - 8 REFUSED
- g. Having [a child/children] has caused more problems than you expected in your romantic relationships.
READ LIST IF NECESSARY.
- 1 STRONGLY AGREE
 - 2 MILDLY AGREE
 - 3 NOT SURE (DO NOT READ)
 - 4 MILDLY DISAGREE
 - 5 STRONGLY DISAGREE?
 - 7 DON'T KNOW
 - 8 REFUSED

h. You feel alone and without friends.

READ LIST IF NECESSARY.

- 1 STRONGLY AGREE
- 2 MILDLY AGREE
- 3 NOT SURE (DO NOT READ)
- 4 MILDLY DISAGREE
- 5 STRONGLY DISAGREE?
- 7 DON'T KNOW
- 8 REFUSED

J-3. How would you describe yourself as a parent. Do you feel you are:

- 1 not very good,
- 2 having some trouble,
- 3 average,
- 4 better than average, or
- 5 very good?
- 7 DON'T KNOW
- 8 REFUSED

SECTION K: EMPLOYMENT AND EDUCATION ACTIVITIES

INTRO.K1

Next, I will be asking about the experiences you've had and services you may have received during the past 18 months.

- K1.
- a. First, classes or group meetings that try to teach people how to look for a job or prepare a resume - sometimes called Job Club, or Job Readiness or Life Skills Training?
 - b. (Next/How about) an individual or independent job search activity, in which you look for a job on your own and sometimes report back to an agency staff member with a list of employers that you contacted?
 - c. (Next/How about) ESL classes, that is English as a Second Language?
 - d. (Next/How about) any Adult Basic Education (A-B-E) classes, G-E-D classes, or classes to prepare for a regular high school diploma?

(IF NECESSARY, READ: Adult Basic Education (A-B-E) classes are for improving your basic reading and math skills. G-E-D classes help prepare for the G-E-D test.)

(IF NECESSARY, READ: Passing a G-E-D test is similar to a high school diploma. G-E-D classes help prepare for the G-E-D test.)

- e. (Next/How about) any college courses for credit? This would include courses at community, two-year, and four-year colleges.
- f. (Next/How about) a special government program, such as a welfare or employment program, which gave you an unpaid job so that you could get some experience working?
- g. **CATI:** INSERT PARENTHETICAL TEXT IF J1e = 1.
(Next/How about) vocational training for a specific job, trade, or occupation (other than the college courses you just mentioned)? Please don't include on-the-job training or unpaid work experience.
- h. (Next/How about) any other employment-related activities that you took part in during the past 6 months that we did not talk about, such as workshops on career goals, life skills, or how to keep a job?

CATI: INSERT FOLLOWING AFTER EACH ITEM IN K1. USE 'THIS' FOR ITEMS K1b, K1f, and K1g. USE 'THESE' FOR ALL OTHER ITEMS. INSERT FIRST OPTION TEXT FOR ITEM K1a AND K1b. INSERT SECOND OPTION TEXT FOR ALL OTHER ITEMS.

[During the past 18 months have you participated in (this/these)? (During the past 18 months have you participated in (this/these)?]

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

K2. **CATI:** ASK IF K1b=1.

Thinking about your individual or independent job search activity, were you required to report back to someone who works at an agency, for example a welfare agency or employment office?

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

CATI: ASK K6b ONLY IF BOTH K1b AND K2=1.

K3. **CATI:** ASK IF K1e=1.

Thinking about the college courses you have taken for credit in the past 18 months, did any of these classes earn you credits towards an associate's or bachelor's degree?

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

CATI: ASK J6e.

K4. **CATI:** ASK IF K1f=1.

Thinking about the special government program you participated in which you were given an unpaid job so that you could get some experience working... Just to confirm, are you sure it was an unpaid job, meaning you did not receive a paycheck?

IF NECESSARY CLARIFY: For example, while a transitional job may feel different from some jobs you've had in the past it is nonetheless a paid job if you received a paycheck for your work.

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

CATI: ASK K6f AND K7 ONLY IF BOTH IF K1f AND K4=1.

K5. **CATI:** ASK IF K1h=1.

You mentioned that you participated in other employment-related activities in the past 18 months that we did not talk about, such as workshops on career goals, life skills, or how to keep a job. What kind of activity was it?

(RECORD VERBATIM RESPONSE)

-
- 97 DON'T KNOW
 - 98 REFUSED

K6. During the past 18 months about how many weeks did you:

- a. **CATI:** ASK IF K1a=1.
go to classes or group meetings that try to teach people how to look for a job or prepare a resume - sometimes called Job Club, or Job Readiness, or Life Skills Training?
- b. **CATI:** ASK AFTER K2 WHEN BOTH K1b AND K2 = 1.
participate in an individual or independent job search activity, in which you looked for a job on your own and sometimes reported back to an agency staff member with a list of employers that you contacted?
- c. **CATI:** ASK IF K1c=1.
take ESL classes, that is English as a Second Language?
- d. **CATI:** ASK IF K1d=1.
take any Adult Basic Education (A-B-E) classes, G-E-D classes, or classes to prepare for a regular high school diploma?

IF NECESSARY, READ: Adult Basic Education (A-B-E) classes are for improving your basic reading and math skills. G-E-D classes help prepare for the G-E-D test.

IF NECESSARY, READ: Passing a G-E-D test is similar to a high school diploma. G-E-D classes help prepare for the G-E-D test.

- e. **CATI:** ASK AFTER K3 WHEN K1e=1.
take any college courses for credit? This would include courses at community, two-year, and four-year colleges.
- f. **CATI:** ASK AFTER K4 WHEN BOTH K1f AND K4=1.
participate in a special government program, such as a welfare or employment program, which gave you an unpaid job so that you could get some experience working?
- g. **CATI:** ASK IF K1g=1.
take vocational training for a specific job, trade, or occupation (other than the college courses you just mentioned)? Please don't include on-the-job training or unpaid work experience.
- h. **CATI:** ASK AFTER K5 WHEN K1h=1.
participate in the other employment-related activities such as workshops on career goals, life skills, or how to keep a job?

CATI: THE FOLLOWING INSTRUCTION AND CODES SHOULD APPEAR FOR EVERY ITEM K6a-h: IF LESS THAN ONE WEEK, ENTER ONE WEEK. IF LESS THAN WHOLE WEEK, ROUND UP.

_____ NUMBER OF WEEKS (01-84)

97 DON'T KNOW

98 REFUSED

K7. **CATI:** ASK AFTER K6f WHEN BOTH K1f AND K4=1.

During the past 18 months, did you begin getting a regular paycheck from the organization where you worked in an unpaid job?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

K8. **CATI:** ASK IF K1g =1.

What kind of occupation was this training for?

PROBE: What kind of job was this training for?

RECORD VERBATIM RESPONSE.

97 DON'T KNOW

98 REFUSED

SECTION L: EMPLOYMENT HISTORY

- L1. Since turning 18, about how much of the time would you say you have been employed at a paying job? Would you say:
- 1 most of the time,
 - 2 about three-quarters of the time,
 - 3 about half of the time,
 - 4 about one-quarter of the time, or
 - 5 hardly at all
 - 6 NONE OF THE TIME
 - 7 DON'T KNOW
 - 8 REFUSED

INTRO L2

CATI: INSERT '6-MONTH SURVEY DATE.' IF NO '6-MONTH SURVEY DATE,' INSERT RAD. ALSO DO SAME FOR '15-MONTH SURVEY DATE'

The next questions are about all paid jobs you currently have or have had since [LAST INTERVIEW DATE/RAD]. This includes self-employment, such as paid baby-sitting or housekeeping jobs, or any other jobs you've had since [LAST INTERVIEW DATE/RAD]. Again, I would like to remind you that your answers will remain entirely confidential.

- L2. Since [LAST INTERVIEW DATE/RAD], have you worked in a job for pay at all?
- IF NECESSARY: By job we mean a formal job - a job that has a pay stub, self-employment, or a casual pay job - a job that is 'under the table' or 'off the books.' Please don't count unpaid experience.
- 1 YES (GO TO L4)
 - 2 NO
 - 7 DON'T KNOW
 - 8 REFUSED
- L3. A lot of people have irregular, odd, or side jobs, or do extra work to make ends meet. Have you done any work like that for pay since [LAST INTERVIEW DATE/RAD]?
- 1 YES
 - 2 NO (GO TO SECTION N)
 - 7 DON'T KNOW (GO TO SECTION N)
 - 8 REFUSED (GO TO SECTION N)
- L4. In answering this question, please count all of the jobs you've had since [LAST INTERVIEW DATE/RAD], including self-employment, temporary work, work as a day laborer, and transitional or subsidized jobs.
- Please count multiple episodes of day labor or temporary work in one field such as construction or office work as one job.
- How many jobs have you held since [LAST INTERVIEW DATE/RAD]? JOBS THAT ARE OFF THE BOOKS SHOULD BE INCLUDED.

IF NECESSARY, CLARIFY: Transitional or subsidized jobs are jobs where people often get their paycheck from an employment program rather than from the company or employer where they work.

_____ NUMBER OF JOBS

97 DON'T KNOW

98 REFUSED

CATI: IF '0,' GO TO SECTION N.

L5. Are you currently working in a job for pay?

IF NECESSARY: By job we mean a formal job - a job that has a pay stub, self-employment, or a casual pay job – a job that is 'under the table' or 'off the books.' Please don't count unpaid work experience.

1 YES

2 YES, CURRENTLY ON LEAVE

3 NO (GO TO L8_2)

4 LAID OFF (GO TO L8_2)

7 DON'T KNOW (GO TO SECTION N)

8 REFUSED (GO TO SECTION N)

L6. How many jobs do you currently have?

IF NECESSARY, CLARIFY: Self-employment or temporary or 'temp' work in the same field counts as one job.

_____ NUMBER OF JOBS

97 DON'T KNOW (GO TO L8_1)

98 REFUSED (GO TO L8_1)

CATI: IF L6 = 1, GO TO L8_1.

L7. For whom do you usually work the most hours?

IF NECESSARY, CLARIFY: What is the name of the employer for whom you work the MOST hours?

IF # OF HOURS IS THE SAME, ASK: Who have you worked for the longest?

IF R IS SELF-EMPLOYED, ENTER '96.'

_____ NAME OF EMPLOYER

96 SELF-EMPLOYED

97 DON'T KNOW

98 REFUSED

CATI: GO TO L9

L8_1. **CATI:** BEGINNING WITH L8_1 AND CONTINUING THROUGH THE SECTION, USE FIRST TEXT OPTION IF L5=1. OTHERWISE USE SECOND TEXT OPTION.

CATI: ASK IF L5=1. OTHERWISE GO TO L8_2.

I'd like to ask you some questions about your current job. Please tell me where you work.

IF NECESSARY, ASK: What is your employer's name?

IF R IS SELF-EMPLOYED, ENTER '96.'

_____ NAME OF EMPLOYER

96 SELF-EMPLOYED

97 DON'T KNOW

98 REFUSED

L8_2. I'd like to ask you some questions about your most recent job since [LAST INTERVIEW DATE/ RAD]. Please tell me where you worked.

IF NECESSARY, ASK: What was your employer's name?

IF R IS SELF-EMPLOYED, ENTER '96.'

_____ NAME OF EMPLOYER

96 SELF-EMPLOYED

97 DON'T KNOW

98 REFUSED

L9. **CATI:** USE ESTABLISHED STATE CODES.

What state [is/was] that in?

STATE CODE: _____

L10. Would you describe this job as:

- 1 full-time (30+ hours per week),
- 2 part-time with hours most weeks,
- 3 seasonal work,
- 4 work for a temp agency, or
- 5 an occasional odd job?
- 7 DON'T KNOW
- 8 REFUSED

L11a. What month and year did you start this job?

ENTER MONTH. (IF R DOESN'T KNOW MONTH, PROBE: In what season did you start? RECORD AS: WINTER = 02, SPRING = 05, SUMMER = 08, FALL = 11.)

01 JANUARY

02 FEBRUARY

03 MARCH

04 APRIL

05 MAY

06 JUNE

- 07 JULY
- 08 AUGUST
- 09 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER
- 97 DONT KNOW
- 98 REFUSED

L11b. ENTER YEAR (What month and year did you start this job?)

_____ YEAR STARTED JOB

- 9997 DON'T KNOW
- 9998 REFUSED

CATI: IF L5=1, GO TO L14.

L12. **CATI:** USE FIRST TEXT OPTION IF L5=3 OR 4. USE SECOND TEXT OPTION IF L5=2.

What month and year did you [END/go on leave from] this job?

ENTER MONTH. (IF R DOESN'T KNOW MONTH, PROBE: In what season did you start? RECORD AS: WINTER = 02, SPRING = 05, SUMMER = 08, FALL = 11.)

- 01 JANUARY
- 02 FEBRUARY
- 03 MARCH
- 04 APRIL
- 05 MAY
- 06 JUNE
- 07 JULY
- 08 AUGUST
- 09 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER
- 97 DON'T KNOW
- 98 REFUSED

L13. ENTER YEAR. (What month and year did you END this job?)

_____ YEAR ENDED JOB

9997 DON'T KNOW

9998 REFUSED

L14. [Now/Just before you left], including overtime, how many hours per week [do/did] you usually work on this job at [L7/L8 EMPLOYER NAME]?

IF LESS THAN 10 OR MORE THAN 60 HOURS, CLARIFY: Is that hours per week?

_____ NUMBER OF HOURS PER WEEK

97 DON'T KNOW

98 REFUSED

L15. [Does/Did] the number of hours you (work/worked) from week to week change:

1 a lot,

2 a fair amount,

3 a little, or

4 hardly at all?

7 DON'T KNOW

8 REFUSED

L16. **CATI:** GO TO L20a IF L10 = 5. ELSE ASK.

Which of the following best describes your usual weekly work schedule at your job during the last month you worked? Please stop me when I get to the correct category.

Did you work a:

01 regular daytime shift,

02 regular evening shift,

03 regular night shift,

04 rotating shift (one that changes regularly from days to evenings to nights),

05 split shift (one consisting of two distinct periods each day),

06 an irregular schedule (one that changes from day to day), or

95 something else? (Specify): _____

97 DON'T KNOW

98 REFUSED

L17. [Does/Did] your usual shift include working on a weekend day - Saturday or Sunday?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

L18. OMITTED

L19. OMITTED

L20a. Still thinking about the same job, what [is/was] your wage [now/just before you left] before taxes? Please include tips, commissions, and regular overtime pay.

IF R'S JOB IS ON AN IRREGULAR SCHEDULE OR A COMMISSION BASIS,
PROBE: How much do you make in a typical week?

\$ _____, _____.

999999.97 DON'T KNOW

999999.98 REFUSED

CATI: SKIP TO INTRO L21 IF L20a=999999.97 OR 999999.98.

L20b. ([Is/Was] that...)

01 per hour,

02 per week,

03 every 2 weeks,

04 twice a month,

05 once a month, or

95 some other way? (Specify): _____

97 DON'T KNOW

98 REFUSED

INTRO L21

CATI: GO TO INTRO L23 IF L7 OR L8 = 96 OR L10 = 5. ELSE ASK.

[Do/Did] you get any of the following benefits on your job?

L21. a. First, sick days with full pay?

b. (Next/How about,) paid vacation?

c. (Next/How about,) paid holidays other than Christmas and New Year's Day?

d. (Next/How about,) a retirement plan?

e. (Next/How about,) dental benefits, including any offered at a cost to you?

f. (Next/How about,) a health plan or medical insurance, including any offered at a cost to you?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

L21e_1. **CATI:** ASK IF L21e=2; OTHERWISE GO TO L21f.

[Does/Did] your employer offer dental benefits?

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

L21f_1. **CATI:** ASK IF L21f=2; OTHERWISE GO TO L22.

[Does/Did] your employer offer a health plan or medical insurance?

- 1 YES
- 2 NO (GO TO L22)
- 7 DON'T KNOW (GO TO L22)
- 8 REFUSED (GO TO L22)

L21f_2. What is the MAIN reason you didn't enroll in your employer's health insurance plan?

Was it that:

- 01 you were covered by a public insurance program like RIteCare or RIteShare,
- 02 you were covered by another insurance plan,
- 03 the cost was too expensive,
- 04 you hadn't worked long enough, or
- 95 some other reason? (Specify): _____
- 97 DON'T KNOW
- 98 REFUSED

L22. **CATI:** IF L4=1, 7, OR 8, GO TO NEXT SECTION.

INTRO L23

I'd like to ask you questions about other jobs you've had since [LAST INTERVIEW DATE/RAD].

CATI: FOR REMAINING QUESTIONS IN SECTION, USE FIRST TEXT OPTION IF L6 =2 (1st JOB), = 3 (1st/2nd JOB), OR = 4 (1st/2nd/3rd JOB); OR = 5 (1st -4th JOB); OR = 6 (1st -5th JOB); OR = 7 (1st -6th JOB); OTHERWISE USE SECOND OPTION.

L23. **CATI:** ASK L23 FOR THE NUMBER OF JOBS IN L4 (UP TO 6 JOBS). USE '96' TO INDICATE NO OTHER JOBS. WHEN NO MORE JOBS, GO TO L24a FOR FIRST JOB. LOOP THROUGH L24a – L29 FOR EACH JOB SEPARATELY.

What other jobs have you had since [RAD]?

(IF NECESSARY, ASK: What (is/was) the name of this employer on this job?)

-
- 7 DON'T KNOW
 - 8 REFUSED

L24a. What month and year did you start your job at [L23 EMPLOYER]?

ENTER MONTH. (IF R DOESN'T KNOW MONTH, PROBE: In what season did you start? RECORD AS: WINTER = 02, SPRING = 05, SUMMER = 08, FALL = 11.)

- 01 JANUARY
- 02 FEBRUARY
- 03 MARCH
- 04 APRIL
- 05 MAY
- 06 JUNE
- 07 JULY
- 08 AUGUST
- 09 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER
- 97 DON'T KNOW
- 98 REFUSED

L24b. ENTER YEAR. (What month and year did you start your job at [L23 EMPLOYER]?)

_____ YEAR STARTED JOB

- 97 DON'T KNOW
- 98 REFUSED

L25a. What month and year did you end your job at [K23 EMPLOYER]?

ENTER MONTH. (IF R DOESN'T KNOW MONTH, PROBE: In what season did you start? RECORD AS: WINTER = 02, SPRING = 05, SUMMER = 08, FALL = 11.)

- 01 JANUARY
- 02 FEBRUARY
- 03 MARCH
- 04 APRIL
- 05 MAY
- 06 JUNE
- 07 JULY
- 08 AUGUST
- 09 SEPTEMBER
- 10 OCTOBER
- 11 NOVEMBER
- 12 DECEMBER
- 77 STILL WORKING
- 97 DON'T KNOW
- 98 REFUSED

CATI: IF L25a=77, GO TO L26.

L25b. ENTER YEAR (What month and year did you end your job at [L23 EMPLOYER]?)

_____ YEAR ENDED JOB

- 9997 DON'T KNOW
- 9998 REFUSED

L26. Including overtime, how many hours per week [do/did] you work on this job [currently/when you left]?

IF LESS THAN 10 OR MORE THAN 60 HOURS, CLARIFY: Is that the number of hours you worked per week?

_____ NUMBER OF HOURS

97 DON'T KNOW

98 REFUSED

L27. What [is/was] your wage [now/just before you left] before taxes? Please include tips, commissions, and regular overtime pay.

IF R'S JOB IS ON AN IRREGULAR SCHEDULE OR A COMMISSION BASIS, PROBE: How much do you make in a typical week?

\$ _____, _____.

999999.97 DON'T KNOW

999999.98 REFUSED

CATI: GO TO L29 IF L27=999999.97 OR 999999.98.

L28. ([Is/Was] that...)

01 per hour,

02 per week,

03 every 2 weeks,

04 twice a month,

05 once a month, or

95 some other way? (Specify): _____

97 DON'T KNOW

98 REFUSED

L29. (Do/Did) you get health or medical benefits, including any offered at a cost to you?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

SECTION M: WORK IMPAIRMENT

CATI: ASK SECTION IF L5=1. OTHERWISE GO TO NEXT SECTION.

INTRO M1

Now please think of your work experiences over the past 4 weeks.

M1.

- a. First, how many times in the past 4 weeks did you miss an entire work day due to your physical problems?
CLARIFY IF NEEDED: Please include only days missed for your own health, not someone else's health.
- b. How many times in the past 4 weeks did you miss an entire work day due to your mental health problems?
CLARIFY IF NEEDED: Please include only days missed for your own health, not someone else's health.
- c. How many times in the past 4 weeks did you miss an entire work day to care for a sick family member?
- d. How many times in the past 4 weeks did you miss an entire work day because you had problems with child care?
- e. How many times in the past 4 weeks did you miss an entire work day because you had problems with transportation?
- f. How many times in the past 4 weeks did you miss an entire work day for any other reason, like vacation or to care for someone else?
- g. How many times in the past 4 weeks did you miss part of a work day due to your physical problems?
CLARIFY IF NEEDED: Please include only days missed for your own health, not someone else's health.
- h. How many times in the past 4 weeks did you miss part of a work day due to your mental health problems?
CLARIFY IF NEEDED: Please include only days missed for your own health, not someone else's health.
- i. How many times in the past 4 weeks did you miss part of a work day to care for a sick family member?
- j. How many times in the past 4 weeks did you miss part of a work day because you had problems with child care?
- k. How many times in the past 4 weeks did you miss part of a work day because you had problems with transportation?
- l. How many times in the past 4 weeks did you miss part of a work day for any other reason, like vacation or to care for someone else?

_____ NUMBER OF DAYS IN THE PAST 4 WEEKS

97 DON'T KNOW

98 REFUSED

INTRO M2

These next questions are about time you spent during your hours at work in the past 4 weeks.

M2. In the past 4 weeks:

- a. How often was your performance higher than most workers on your job?
Would you say:
- b. How often was your performance lower than most workers on your job?
Would you say:
- c. How often did you do no work at times when you were supposed to be working?
READ LIST IF NEEDED.
- d. How often did you find yourself not working as carefully as you should?
READ LIST IF NEEDED.
- e. How often was the quality of your work lower than it should have been?
READ LIST IF NEEDED.
- f. How often did you not concentrate enough on your work?
READ LIST IF NEEDED.
- g. How often did health problems limit the kind or amount of work you could do?
READ LIST IF NEEDED.

IF NEEDED: Please think about the past 4 weeks only.

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME, OR
- 5 NONE OF THE TIME?
- 7 DON'T KNOW
- 8 REFUSED

M3. How would you compare your overall job performance on the days you worked during the past 4 weeks (28 days) with the performance of most other workers who have a similar type job? Would you say your job performance is better or worse than other workers? PROBE: Would you say it is a lot [better/worse], somewhat [better/worse], or a little [better/worse]?

- 01 A LOT BETTER,
- 02 SOMEWHAT BETTER,
- 03 A LITTLE BETTER,
- 04 ABOUT THE SAME (AVERAGE / NO DIFFERENT)
- 05 A LITTLE WORSE
- 06 SOMEWHAT WORSE
- 07 A LOT WORSE
- 97 DON'T KNOW
- 98 REFUSED

SECTION N: HOUSEHOLD INCOME

INTRO N1

Now I am going to ask you some questions about your household income in [PRIOR MONTH]. Please include all income from the people who lived in your household at least two nights a week during [PRIOR MONTH]. Again, I want to assure you that none of your answers will be discussed with anyone.

N1a. You may have already answered this, but during [PRIOR MONTH]: Did you work in a job or jobs for pay?

IF NECESSARY, CLARIFY: By job we mean a formal job - a job that has a pay stub, self-employment, or a casual pay job - a job that is 'under the table' or 'off the books.' Please don't count unpaid experience.

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

N1b. During [PRIOR MONTH] did anyone else in your household work in a job or jobs for pay?

IF NECESSARY, CLARIFY: By job we mean a formal job - a job that has a pay stub, self-employment, or a casual pay job - a job that is under the table or off the books.

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

N2. In [PRIOR MONTH], did you receive:

- a. Food Stamps benefits?
- b. (How about) TANF or Temporary Assistance for Needy Families, which in Rhode Island is known as FIP or Family Independence Program, or any cash assistance not including support money or child care payments?
- c. (How about) Child Support?
- d. (How about) S-S-I or Supplemental Security Income?
- e. (How about) S-S-D-I, D-I, or Social Security Disability Insurance benefits?

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

N2a_1. **CATI:** ASK IF N2a=2, 7, or 8. ASK BEFORE N2a_a.

Since [RAD], have you ever applied for Food Stamp benefits for yourself?
OR EVER? OR CUT SERIES? NOT USED IN 6 MONTH INTERVIEW.

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

N2b_1. **CATI:** ASK IF N2b=2, 7, or 8. ASK BEFORE N2a_b.

Since [RAD], have you ever applied for TANF for yourself?

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

N2c_1. **CATI:** ASK IF N2c=2, 7, or 8. ASK BEFORE N2a_c.

Since [RAD], have you ever tried to get Child Support?

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

N2d_1. **CATI:** ASK IF N2d=2, 7, or 8. ASK BEFORE N2a_d.

Since [RAD], have you ever applied for S-S-I for yourself?

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

N2e_1. **CATI:** ASK IF N2e=2, 7, or 8. ASK BEFORE N2a_e.

Since [RAD], have you applied for S-S-D-I or D-I for yourself?

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

- N2a. In [PRIOR MONTH], did anyone else in your household receive:
- Food Stamps benefits?
 - (How about) TANF or Temporary Assistance for Needy Families, which in Rhode Island is known as FIP or Family Independence Program, or any cash assistance not including support money or child care payments?
 - (How about) Child Support?
 - (How about) S-S-I or Supplemental Security Income?
 - (How about) S-S-D-I, D-I, or Social Security Disability Insurance benefits?
- 1 YES
2 NO
7 DON'T KNOW
8 REFUSED

- N3. What was the total income of all members of your household, including yourself in [PRIOR MONTH]? Please include income from all sources including [**CATI:** INSERT ALL YES (CODE 1) CATEGORIES FROM: N1a (your job), N1b (the jobs of other household members), N2_a/N2a_a (Food Stamp benefits), N2_b/N2a_b (public assistance), N2_c/N2a_c (child support), N2_d/N2a_d, (S-S-I), N2_d/N2a_d (S-S-D-I or D-I)].

IF NECESSARY, CLARIFY: Your best estimate is fine.

(ROUND TO NEAREST WHOLE NUMBER.)

\$ _____

999997 REFUSED

999998 DON'T KNOW

CATI: GO TO N5 IF N3=999997 OR 999998.

CATI: GO TO N13 IF N3=0.

- N4. Was that for the entire month?

IF NECESSARY, READ LIST: Was that the household income for:

- THE MONTH (YES),
- EVERY OTHER WEEK,
- THE WEEK OR,
- SOME OTHER TIME PERIOD? (SPECIFY): _____
- DON'T KNOW
- REFUSED

CATI: GO TO N8.

N5. Would you say it was more or less than \$1,500 for the entire month?

- 1 MORE THAN \$1,500 (GO TO N6)
- 2 EXACTLY \$1,500 (GO TO N8)
- 3 LESS THAN \$1,500 (GO TO N7)
- 7 DON'T KNOW (GO TO N8)
- 8 REFUSED (GO TO N8)

N6. Would you say it was:

- 1 more than \$1,500 but less than \$2,000 for the entire month,
- 2 at least \$2000 but less than \$2,500, or
- 3 \$2,500 or more?
- 7 DON'T KNOW
- 8 REFUSED

CATI: GO TO N8.

N7. Would you say it was:

- 1 at least \$1,200 but less than \$1,500 for the entire month,
- 2 at least \$800 but less than \$1,200,
- 3 at least \$500 but less than \$800, or
- 4 less than \$500?
- 7 DON'T KNOW
- 8 REFUSED

N8. **CATI:** DISPLAY ANSWER FROM N3 WITH LABEL: TOTAL HOUSEHOLD INCOME.

What was your own personal income in [PRIOR MONTH]? Please include income from all sources including [**CATI:** INSERT ALL YES (CODE 1) CATEGORIES FROM: N1a (your job), N2_a (Food Stamp benefits), N2_b (public assistance), N2_c (child support), N2_d (S-S-I), N2_e (S-S-D-I or D-I).

PROBE: How much of the income came in your name?

IF NECESSARY, CLARIFY: Your best estimate is fine.

(ROUND TO NEAREST WHOLE NUMBER.)

\$ _____

999997 REFUSED

999998 DON'T KNOW

CATI: GO TO N10 IF N8=999997 OR 999998.

CATI: GO TO N13 IF N8=0.

N9. Was that for the entire month?

IF NECESSARY, READ LIST: Was that your own income for:

- 1 THE MONTH (YES),
- 2 EVERY OTHER WEEK,
- 3 THE WEEK OR,
- 4 SOME OTHER TIME PERIOD? (SPECIFY): _____
- 7 DON'T KNOW
- 8 REFUSED

CATI: GO TO N13.

N10. Would you say it was more or less than \$1,500 for the entire month?

- 1 MORE THAN \$1,500 (GO TO N11)
- 2 EXACTLY \$1,500 (GO TO N13)
- 3 LESS THAN \$1,500 (GO TO N12)
- 7 DON'T KNOW (GO TO N13)
- 8 REFUSED (GO TO N13)

N11. Would you say it was:

- 1 more than \$1,500 but less than \$2,000 for the entire month,
- 2 at least \$2000 but less than \$2,500, or
- 3 \$2,500 or more?
- 7 DON'T KNOW
- 8 REFUSED

CATI: GO TO N13.

N12. Would you say it was:

- 1 at least \$1,200 but less than \$1,500 for the entire month,
- 2 at least \$800 but less than \$1,200,
- 3 at least \$500 but less than \$800, or
- 4 less than \$500?
- 7 DON'T KNOW
- 8 REFUSED

N13. Did you or will you fill out a federal income tax return for [PRIOR YEAR]?

IF NECESSARY, PROBE: This is the return due in April of this year.

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

- N14. Which of the following best describes your current housing arrangement? Do you:
- 01 own your own home or apartment, (GO TO N16)
 - 02 rent your home or apartment,
 - 03 live in emergency or temporary housing (e.g., in a shelter or is homeless), (GO TO N16)
 - 04 live with friends or relatives and pay rent to them,
 - 05 live with friends or relatives and do not pay rent to them or
 - 95 some other living arrangement? (Specify): _____
 - 97 DON'T KNOW
 - 98 REFUSED

- N15. Do you live in:
- 1 public housing which is housing owned by a federal, state or local government agency,
 - 2 private housing that is subsidized by government aid, such as Section 8 or vouchers, or do you live in,
 - 3 private housing paid for by you with no help from the government? (entire rent bill paid without any public assistance to a landlord, family member or friend)?
 - 7 DON'T KNOW
 - 8 REFUSED

- N16. Altogether, in [PRIOR MONTH], what did your household members spend on housing, including the rent or mortgage payment, home insurance, and property taxes? Please do not include utilities.

IF NECESSARY, CLARIFY: Your best estimate is fine.

- 0000. NOTHING OR UNDER \$1
- \$ _____ (0001-2000)
- 9997 DON'T KNOW
- 9998 REFUSED

- N17. Which of the following best describes the amount of food your household members have had to eat since [RAD]:
- 1 always enough food to eat,
 - 2 sometimes not enough food to eat, or
 - 3 often not enough food to eat?
 - 7 DON'T KNOW
 - 8 REFUSED

SECTION O: DEMOGRAPHICS AND HOUSEHOLD COMPOSITION

INTRO O1. Next, I'd like you to tell me a little bit more about yourself. [IF R COMPLETED '15-MONTH' SURVEY, START WITH O3]

O1. Are you Hispanic or Latino?

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

O1a. Which of the following best describes your race? Please select one or more.

CATI: ALLOW MULTIPLE RESPONSES.

- 1 American Indian or Alaska Native,
- 2 Asian,
- 3 Black or African American,
- 4 Native Hawaiian or other Pacific Islander, or
- 5 White
- 7 DON'T KNOW
- 8 REFUSED

O2. OMITTED.

O3. Are you a U.S. citizen?

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

O4. Next, I'd like to ask you about your current marital status. Are you:

- 1 never married,
- 2 married,
- 3 separated,
- 4 divorced, or
- 5 widowed?
- 7 DON'T KNOW
- 8 REFUSED

O4a. What is the highest degree or diploma you have earned?

- 1 GED
- 2 HIGH SCHOOL DIPLOMA
- 3 TECHNICAL/AA/2-YEAR COLLEGE
- 4 4-YEAR (OR MORE) COLLEGE
- 5 NONE OF THE ABOVE
- 7 DON'T KNOW
- 8 REFUSED

INTRO O5

Now I'm going to ask you about other adults who lived in your household at least two nights a week last month. By living in your household, we mean, lived with you at least two nights a week last month. By adult, we mean age 19 or older.

- O5. Including you, how many adults lived here at least two nights a week during [PRIOR CALENDAR MONTH]? WAIT FOR ANSWER. And that includes you, correct?

_____ NUMBER OF ADULTS

97 DON'T KNOW

98 REFUSED

CATI: GO TO NEXT SECTION IF O5=1.

- O6. Are any of these people your spouse, boyfriend, girlfriend, or unmarried partner?

1 YES

2 NO (GO TO O8)

7 DON'T KNOW (GO TO O8)

8 REFUSED (GO TO O8)

- O7. What is that person's sex?

1 MALE

2 FEMALE

8 REFUSED

CATI: GO TO NEXT SECTION IF O5 = 2 AND O6 = 1.

- O8. **CATI:** INSERT PARENTHESIZED TEXT IF O5=3 OR MORE AND O6=1.

Are any of these people your parents (or your partner's)?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

- O9. **CATI:** INSERT PARENTHESIZED TEXT IF O5=3 OR MORE AND O6=1.

Are any of these people your other relatives (or your partner's)?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

- O10. **CATI:** INSERT PARENTHESIZED TEXT IF O5=3 OR MORE AND O6=1.

Are any of these people other non-relatives of yours (and your partner's)?

1 YES

2 NO

7 DON'T KNOW

8 REFUSED

SECTION P: ACTIVITIES / SCHOOL OUTCOMES (ALL CHILDREN)

CATI: ADMINISTER ONLY IF A_1 = 2 (RESPONDENT IS FEMALE); ELSE GO TO SECTION AA.

CATI: ADMINISTER SECTION ONLY IF THERE IS AT LEAST ONE CHILD NOW 4-18 IN SECTION A. OTHERWISE GO TO SECTION AA.

INTRO P-1

I'd like to ask you some questions about the current school situation for all your children who are between the ages of 4 and 18 now.

CATI: FOR QUESTIONS P-1 TO P-12, PRESENT NAMES FOR ALL CHILDREN FROM SECTION A WHO ARE 4 – 18 NOW.

CATI: ASK P-1 TO P-4 FOR EACH CHILD BEFORE MOVING TO THE NEXT CHILD.

P-1. Is [CHILD] currently enrolled in and attending school, including home school? IF SUMMER: Did [CHILD] attend school during the past school year?

- 1 YES (GO TO P-3)
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

P-2. Has [CHILD] been in school since [RAD]?

- 1 YES
- 2 NO (GO TO NEXT CHILD)
- 7 DON'T KNOW (GO TO NEXT CHILD)
- 8 REFUSED (GO TO NEXT CHILD)

P-3. What grade is [CHILD] now attending? IF SUMMER: What grade did [CHILD] last attend? IF HOME SCHOOLED, PROBE FOR EQUIVALENT GRADE.

- _____ GRADE
- 20 PRE-K
 - 21 KINDERGARTEN
 - 66 UNGRADED CLASSROOM
 - 97 DON'T KNOW
 - 98 REFUSED

P-4. **CATI:** USE 'HIS/HE' IF A2=1. USE 'HER/SHE' IF A2=2.

Based on your knowledge of [CHILD]'s schoolwork – including (his/her) report cards – how has [he/she] been doing in school overall? Would you say:

- 5 not well at all,
- 4 below average,
- 3 average,
- 2 well, or
- 1 very well?
- 7 DON'T KNOW
- 8 REFUSED

CATI: WHEN P-1 TO P-4 ASKED FOR ALL CHILDREN, ASK P-5 IF P-1 OR P-2 = 1 FOR ANY CHILD. OTHERWISE GO TO SECTION AA.

CATI: FOR REMAINING QUESTIONS IN SECTION, USE FIRST TEXT OPTION IF ONE CHILD IN SECTION P. OTHERWISE USE SECOND TEXT OPTION.

P-5. At any time since [RAD], [has your child/have any of your children] been identified as needing special education and received it? RESOURCE ROOM, TUTORING, AND SPECIAL HELP DO NOT COUNT.

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

P-6. At any time since [RAD], [has your child's/have any of your children's] school(s) contacted you or anyone in your household regarding a problem in school?

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

P-7. At any time since [RAD], [has your child/have any of your children] repeated a grade – including Kindergarten?

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

P-8. At any time since [RAD], [has your child/have any of your children] ever been suspended from school – either in-school or out-of school suspension?

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

P-9. At any time since [RAD], [has your child/have any of your children] ever been expelled from school?

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

P-10. **CATI:** ASK ONLY IF AT LEAST ONE CHILD IS 12 OR OLDER.

At any time since [RAD], [has your child/have any of your children] dropped out of school before graduating?

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

P-11. **CATI:** ASK ONLY IF AT LEAST ONE CHILD IS 12 OR OLDER.

At any time since [RAD], [has your child/have any of your children] gotten pregnant or gotten someone pregnant?

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

P-12. **CATI:** ASK ONLY IF AT LEAST ONE CHILD IS 12 OR OLDER.

At any time since [RAD], [has your child/have any of your children] ever been arrested by police or taken into custody for an illegal or delinquent offense? Please do not include arrests for minor traffic violations.

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

CATI: ASK FOLLOW-UP QUESTION (P5_1 TO P12_1) WHEN QUESTIONS P_5 TO P_12=1.

P5_1 TO P12_1. Which child was that? Who else?

CATI: SHOW ALL CHILDREN. ACCEPT MULTIPLE RESPONSES.

CHILD ADD-ON (up to two focal children)

SECTION AA: SOCIAL/EMOTIONAL WELL-BEING

AA1. **CATI:** ADMINISTER CHILD ADD-ON IF AT LEAST ONE CHILD SELECTED IS A 'FOCAL CHILD' WHO IS NOW 3 OR OLDER.

AA2. The next series of questions is going to be about [FOCAL CHILD].

What is [FOCAL CHILD]'s full name?

FIRST NAME

LAST NAME

97 DON'T KNOW

98 REFUSED

AA3. INTERVIEWER: IF FACE-TO-FACE INTERVIEW, HAND EXHIBIT CARD 4 TO RESPONDENT.

Different children have different personalities and different qualities. After I read each statement, please tell me how often [CHILD] acts this way. Is it never, rarely, sometimes, most of the time, or all of the time?

[CHILD]	NEVER	RARELY	SOME-TIMES	MOST OF THE TIME	ALL OF THE TIME	DON'T KNOW	REFUSED
a. Is cheerful, happy. Is it:	1	2	3	4	5	7	8
b. Waits his or her turn during activities. Is it:	1	2	3	4	5	7	8
c. Is warm, loving. Is it:	1	2	3	4	5	7	8
d. Fights with others. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
e. Is curious and exploring, likes new experiences. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
f. Thinks before he or she acts, is not impulsive. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
g. Talks back to adults when corrected. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
h. Gets along well with other kids. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
i. Usually does what I tell [him/her] to do. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
j. Can get over being upset quickly. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
k. Threatens or bullies others. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
l. Is admired and well liked by other kids. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
m. Argues with others. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
n. Does things for [him/her] self, is self-reliant. Is it:	1	2	3	4	5	7	8

o. Shows concern for other people's feelings. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
p. Can easily find something to do on [his/her] own. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
q. Shows pride when [he/she] does something well or learns something new. (READ LIST IF NECESSARY)	1	2	3	4	5	7	8
r. Has low self-esteem. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
s. Is easily calmed when [he/she] gets angry. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
t. Is able to concentrate or focus on an activity. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
u. Appears lonely. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
v. Is helpful and cooperative. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
w. Loses temper easily. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
x. Is considerate and thoughtful of other kids. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
y. Tends to give, lend, and share. Is it:	1	2	3	4	5	7	8
z. Is easily embarrassed. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
aa. Is compliant, follows rules. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
bb. Is calm, easy-going. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
cc. Shows nervousness about being with a group of kids. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
dd. Sticks with an activity until it is finished. (READ LIST IF NECESSARY)	1	2	3	4	5	7	8
ee. Gets angry easily. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
ff. Is eager to please. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
gg. Is patient when [he/she] wants something. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
hh. Sticks up for [him/her] self, is self-assertive. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
ii. Acts sad or depressed. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
jj. Is independent, does things [him/her] self. Is it:	1	2	3	4	5	7	8
kk. OMITTED.	1	2	3	4	5	7	8
ll. Gets upset when seeing someone being treated badly. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
mm. Helps other kids when they need help. (REPEAT LIST IF NECESSARY)	1	2	3	4	5	7	8
nn. Finds it easy to talk to adults. (READ LIST IF NECESSARY)	1	2	3	4	5	7	8
oo. OMITTED.	1	2	3	4	5	7	8
pp. OMITTED.	1	2	3	4	5	7	8

SECTION BB: PARENTING

BB1. INTERVIEWER: IF FACE-TO-FACE INTERVIEW, SAY: Please turn to Exhibit Card 5.

I am going to read some statements that describe different ways some parents feel about their children. For each statement, decide how you feel about [CHILD]. Do you strongly agree, agree, disagree, or strongly disagree? Try to respond to all of the statements. If you aren't sure how you feel, choose the response that comes closest to your feelings at this time. There are no right or wrong answers.

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. [CHILD] generally tells you when something is bothering him or her. Do you:	1	2	3	4	7	8
b. You have trouble disciplining [CHILD]. Do you:	1	2	3	4	7	8
c. You have a hard time getting through to [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
d. You spend a great deal of time with [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
e. Parents should protect their children from things that might make them unhappy. (READ LIST IF NECESSARY)	1	2	3	4	7	8
f. If you have to say no to [CHILD], you try to explain why. (READ LIST IF NECESSARY)	1	2	3	4	7	8
g. [CHILD] is more difficult to care for than most children are. (READ LIST IF NECESSARY)	1	2	3	4	7	8
h. You can tell by [CHILD]'s face how he or she is feeling. (READ LIST IF NECESSARY)	1	2	3	4	7	8
i. You sometimes give in to [CHILD] to avoid a tantrum. (READ LIST IF NECESSARY)	1	2	3	4	7	8
j. You love [CHILD] just the way he or she is. (READ LIST IF NECESSARY)	1	2	3	4	7	8
k. [CHILD] tells you all about his or her friends. (READ LIST IF NECESSARY)	1	2	3	4	7	8
l. You wish you could set firmer limits with [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
m. Children should be given most of the things they want. (READ LIST IF NECESSARY)	1	2	3	4	7	8
n. [CHILD] is out of control much of the time. Do you:	1	2	3	4	7	8
o. You feel that you can talk to [CHILD] on his or her level. (READ LIST IF NECESSARY)	1	2	3	4	7	8
p. You wish [CHILD] would not interrupt when you're talking to someone else. (READ LIST IF NECESSARY)	1	2	3	4	7	8
q. Parents should give their children all those things the parents never had. (READ LIST IF NECESSARY)	1	2	3	4	7	8
r. You generally feel good about yourself as a parent. (READ LIST IF NECESSARY)	1	2	3	4	7	8
s. You feel very close to [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8

t.	You can't stand the thought of [CHILD] growing up. (READ LIST IF NECESSARY)	1	2	3	4	7	8
u.	[CHILD] would say that you are a good listener. (READ LIST IF NECESSARY)	1	2	3	4	7	8
v.	You often lose your temper with [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
w.	[CHILD] really knows how to make you angry. (READ LIST IF NECESSARY)	1	2	3	4	7	8
x.	Parents should be careful about whom they allow their children to have as friends. (READ LIST IF NECESSARY)	1	2	3	4	7	8
y.	When [CHILD] has a problem, he or she usually comes to you to talk things over. (READ LIST IF NECESSARY)	1	2	3	4	7	8
z.	Children are not old enough to decide most things for themselves. Do you:	1	2	3	4	7	8
aa.	[CHILD] keeps many secrets from you. (READ LIST IF NECESSARY)	1	2	3	4	7	8
bb.	You feel you don't really know [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
cc.	You sometimes find it hard to say no to [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
dd.	You miss the close relationship you had with [CHILD] when he or she was younger. (READ LIST IF NECESSARY)	1	2	3	4	7	8
ee.	[CHILD] rarely talks to you unless he or she wants something. (READ LIST IF NECESSARY)	1	2	3	4	7	8
ff.	It's better to reason with children than just tell them what to do. (READ LIST IF NECESSARY)	1	2	3	4	7	8
gg.	You spend very little time talking with [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
hh.	You feel there is a great distance between you and [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
ii.	You often threaten to punish [CHILD] but never do. (READ LIST IF NECESSARY)	1	2	3	4	7	8
jj.	Some people would say that [CHILD] is a bit spoiled. (READ LIST IF NECESSARY)	1	2	3	4	7	8
kk.	You worry a lot about [CHILD] getting hurt. (READ LIST IF NECESSARY)	1	2	3	4	7	8
ll.	You seldom have time to spend with [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
mm.	You have a hard time letting go of [CHILD]. (READ LIST IF NECESSARY)	1	2	3	4	7	8
nn.	You feel you don't know how to talk with [CHILD] in a way that he or she really understands. (READ LIST IF NECESSARY)	1	2	3	4	7	8

BB2. INTERVIEWER: IF FACE-TO-FACE INTERVIEW, SAY: Please turn to Exhibit Card 6.
 Sometimes kids mind pretty well and sometimes they don't. Please tell me how many times in the past week you have taken the following actions. Was it never, once, 2-3 times, or 4 or more times?

	NEVER	ONCE	2-3 TIMES	4 OR MORE TIMES	DON'T KNOW	REFUSED
How many times in the past week have you:	1	2	3	4	7	8
a. Grounded [CHILD]? That is, limited the time [he/she] could spend with friends after school or on weekends? Was it:	1	2	3	4	7	8
b. Taken away TV, allowance, or toys?	1	2	3	4	7	8
c. Sent [CHILD] to his or her room?	1	2	3	4	7	8
d. Had to spank [CHILD]?	1	2	3	4	7	8
e. Threatened to punish [CHILD]?	1	2	3	4	7	8
f. Yelled at or scolded [CHILD]?	1	2	3	4	7	8

INTERVIEWER: IF FACE-TO-FACE INTERVIEW, TAKE EXHIBIT BOOKLET BACK FROM RESPONDENT.

BB3. Since [RAD], how often, if ever, have you had times when you lost control of your feelings and felt you might hurt your child? Is it:

- 1 never,
- 2 hardly ever,
- 3 sometimes, or
- 4 often?
- 7 DON'T KNOW
- 8 REFUSED

SECTION CC: CHILD CARE HISTORY (ONLY COMPLETED WITH ‘YOUNG FOCAL CHILD’)

- CC1. ADMINISTER CC1-CC8 IF FOCAL CHILD IS AGE 3-5 AT FOLLOW-UP.
- CC2. Now, I’d like you to think about the child care arrangements that [FOCAL CHILD] has spent time in since [RAD].
- CC3. Since [RAD], has anyone besides yourself, like a relative, brother or sister, sitter, child care center, day care home, or preschool, ever cared for [FOCAL CHILD] for at least 10 hours per week that lasted 2 weeks or more?
- 1 YES
 - 2 NO (GO TO NEXT SECTION)
 - 7 DON’T KNOW (GO TO NEXT SECTION)
 - 8 REFUSED (GO TO NEXT SECTION)
- CC4. **CATI:** ALLOW FOR MULTIPLE RESPONSES.
What type of care arrangement is this? PROBE: Any others?
- 01 CHILD’S OTHER BIOLOGICAL PARENT (NOT LIVING WITH R)
 - 02 CHILD’S STEPPARENT/R’S SPOUSE/ PARTNER
(NOT CHILD’S OTHER BIOLOGICAL PARENT)
 - 03 CHILD’S GRANDPARENT OR GREAT GRANDPARENT
 - 04 CHILD’S SIBLING/HALF SIBLING
 - 05 CHILD’S OTHER RELATIVE
 - 06 BABYSITTER OR NON-RELATIVE IN CHILD’S HOME
 - 07 FAMILY DAY CARE/NON-RELATIVE IN ANOTHER HOME
 - 08 PRESCHOOL, NURSERY SCHOOL, OR DAY CARE CENTER
 - 09 SUMMER DAY CARE, CAMP, OR SUMMER SCHOOL CLASSES
 - 10 EXTENDED DAY PROGRAM BEFORE OR AFTER SCHOOL
 - 95 OTHER (SPECIFY): _____
 - 97 DON’T KNOW
 - 98 REFUSED
- CC5. Is [FOCAL CHILD] currently in any type of care arrangement? This means that anyone besides yourself, like a relative, brother or sister, sitter, child care center, day care home, or preschool, is caring for [FOCAL CHILD] for at least 10 hours per week, and this arrangement has lasted 2 weeks or more.
- 1 YES
 - 2 NO (GO TO NEXT SECTION)
 - 7 DON’T KNOW (GO TO NEXT SECTION)
 - 8 REFUSED (GO TO NEXT SECTION)

CC6. **CATI:** ALLOW FOR MULTIPLE RESPONSES.

What type of care arrangement is this? PROBE: Any others?

- 01 CHILD'S OTHER BIOLOGICAL PARENT (NOT LIVING WITH R)
- 02 CHILD'S STEPPARENT/R'S SPOUSE/ PARTNER
(NOT CHILD'S OTHER BIOLOGICAL PARENT)
- 03 CHILD'S GRANDPARENT OR GREAT GRANDPARENT
- 04 CHILD'S SIBLING/HALF SIBLING
- 05 CHILD'S OTHER RELATIVE
- 06 BABYSITTER OR NON-RELATIVE IN CHILD'S HOME
- 07 FAMILY DAY CARE/NON-RELATIVE IN ANOTHER HOME
- 08 PRESCHOOL, NURSERY SCHOOL, OR DAY CARE CENTER
- 09 SUMMER DAY CARE, CAMP, OR SUMMER SCHOOL CLASSES
- 10 EXTENDED DAY PROGRAM BEFORE OR AFTER SCHOOL
- 95 OTHER (SPECIFY): _____
- 97 DON'T KNOW
- 98 REFUSED

CC7. **CATI:** ASK IF MORE THAN ONE ANSWER IN CC6.

CATI: DISPLAY ANSWERS FROM CC6 ON SCREEN.

Which one is the primary care arrangement?

-
- 97 DON'T KNOW
 - 98 REFUSED

CC8. How many hours a week does [FOCAL CHILD] spend at this arrangement, on average?

INTERVIEWER: IF LESS THAN 10 HOURS REPORTED, ASK: And that's hours for the entire week, correct?

- _____ HOURS/WEEK
- 97 DON'T KNOW
 - 98 REFUSED

SECTION DD: CHILD HEALTH AND SAFETY

DD1. Now, I'm going to ask you a few questions about [FOCAL CHILD]'s health and well-being.

Was [FOCAL CHILD]'s weight at birth less than 5 ½ pounds (2,500 grams)?

- 1 YES
- 2 NO (GO TO DD3)
- 7 DON'T KNOW (GO TO DD3)
- 8 REFUSED (GO TO DD3)

DD2. Was [FOCAL CHILD]'s weight at birth less than 2 pounds (900 grams)?

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

DD2a. About how tall is [FOCAL CHILD]?

IF R REPORTS FRACTIONS OF A FOOT, USE DECIMAL.

IF MORE THAN WHOLE INCH REPORTED, ROUND TO NEAREST WHOLE INCH.

____.____ FT ____ INCHES

- 97 DON'T KNOW
- 98 REFUSED

DD2b. About how much does [FOCAL CHILD] weigh in pounds?

IF MORE THAN WHOLE POUND, ROUND UP.

_____ # POUNDS

- 997 DON'T KNOW
- 998 REFUSED

DD3. Does [CHILD] have asthma or asthmatic conditions?

- 1 YES
- 2 NO (GO TO DD30)
- 7 DON'T KNOW (GO TO DD30)
- 8 REFUSED (GO TO DD30)

INTRO DD4. I'd like to ask you about things you may have done to manage [CHILD's] asthma at home during the past **12 months**. For each item, please tell me how often you did these things: all of the time, fairly often, not too often, or never.

DD4. How often did you give [CHILD] asthma prescription medicine when he/she was having symptoms?

- 1 NEVER
- 2 NOT TOO OFTEN
- 3 FAIRLY OFTEN
- 4 ALL THE TIME
- 7 DON'T KNOW
- 8 REFUSED

DD5. How often did you find ways to keep yourself and [CHILD] calm when he/she was having symptoms?

- 1 NEVER
- 2 NOT TOO OFTEN
- 3 FAIRLY OFTEN
- 4 ALL THE TIME
- 7 DON'T KNOW
- 8 REFUSED

DD6. How often did you have [CHILD] rest or play quietly when he/she was having symptoms?

- 1 NEVER
- 2 NOT TOO OFTEN
- 3 FAIRLY OFTEN
- 4 ALL THE TIME
- 7 DON'T KNOW
- 8 REFUSED

DD7. How often did you take [CHILD] away from what caused the symptoms?

- 1 NEVER
- 2 NOT TOO OFTEN
- 3 FAIRLY OFTEN
- 4 ALL THE TIME
- 7 DON'T KNOW
- 8 REFUSED

DD8. How often did you ask someone for help or advice about managing [CHILD'S] asthma?

- 1 NEVER
- 2 NOT TOO OFTEN
- 3 FAIRLY OFTEN
- 4 ALL THE TIME
- 7 DON'T KNOW
- 8 REFUSED

DD9. How often did you give [CHILD] asthma medicines before he/she had contact with something that might cause wheezing or coughing, for example, before entering a smoky restaurant or before he/she played sports?

- 1 NEVER

- 2 NOT TOO OFTEN
- 3 FAIRLY OFTEN
- 4 ALL THE TIME
- 7 DON'T KNOW
- 8 REFUSED

INTRO DD10. Now I would like to find out about all medicines prescribed by a doctor that [CHILD] takes for his/her asthma.

DD10. In the past 12 months, has [CHILD] taken any medicines prescribed by a doctor for asthma?

- 1 YES
- 2 NO (GO TO DD18)

DD11. What is the name of the medicine? _____

DD12. How is this medicine taken?

- 1 INHALER
- 2 NEBULIZER
- 3 NASAL SPRAY
- 4 ORAL (PILL/SYRUP)

DD13. How many days **in the past 14 days** did he/she take this medicine?

_____ # OF DAYS

99 NO LONGER USE MEDICINE

DD14. How many times **each day** did he/she take this medicine?

_____ # OF TIMES/DAY

- 98 AS NEEDED
- 99 DON'T KNOW

DD15. Does [CHILD] use this medicine only at home, only at school, or both?

- 1 HOME ONLY
- 2 SCHOOL ONLY
- 3 BOTH
- 99 DON'T KNOW

DD16. Is this medicine mainly used to **relieve** symptoms **as needed** OR **taken every day** to **control** symptoms and prevent attacks?

- 1 RELIEVE SYMPTOMS
- 2 CONTROL ASTHMA AND PREVENT SYMPTOMS

- 3 OTHER (SPECIFY: _____)
99 DON'T KNOW

DD17. Does [CHILD] use another form of medicine for their asthma or asthma symptoms?

- 1 YES (ASK DD11- DD16 FOR NEXT MEDICINE)
2 NO

INTRO.D18. When a child has asthma, the parent's or caregiver's life is also affected. This section is designed to find out how *you* have been during the last week. We want to know about the ways in which your child's asthma has affected your normal daily activities and how this has made you feel. It is important that you understand we are not judging you by your responses; we understand that asthma can be challenging and frustrating. We hope you will be open with us in answering these questions, since the information will help us understand the type of support needed by caregivers of children with asthma.

[SHOWCARD] During the past week, how often did you feel the following: All of the time, most of the time, quite often, some of the time, once in a while, hardly any of the time, or none of the time.

DD18. During the past week, how often did you feel helpless or frightened when your child experienced cough, wheeze, or breathlessness?

- 1 ALL OF THE TIME
2 MOST OF THE TIME
3 QUITE OFTEN
4 SOME OF THE TIME
5 ONCE IN A WHILE
6 HARDLY ANY OF THE TIME
7 NONE OF THE TIME

DD19. During the past week, how often did your family need to change plans because of your child's asthma?

- 1 ALL OF THE TIME
2 MOST OF THE TIME
3 QUITE OFTEN
4 SOME OF THE TIME
5 ONCE IN A WHILE
6 HARDLY ANY OF THE TIME
7 NONE OF THE TIME

DD20. During the past week, how often did you feel frustrated or impatient because your child was irritable due to asthma?

- 1 ALL OF THE TIME
2 MOST OF THE TIME
3 QUITE OFTEN
4 SOME OF THE TIME
5 ONCE IN A WHILE
6 HARDLY ANY OF THE TIME
7 NONE OF THE TIME

DD21. During the past week, how often did your child's asthma interfere with your job or work around the house?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 QUITE OFTEN
- 4 SOME OF THE TIME
- 5 ONCE IN A WHILE
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

DD22. During the past week, how often did you feel upset because of your child's cough, wheeze, or breathlessness?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 QUITE OFTEN
- 4 SOME OF THE TIME
- 5 ONCE IN A WHILE
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

DD23. During the past week, how often did you have sleepless nights because of your child's asthma?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 QUITE OFTEN
- 4 SOME OF THE TIME
- 5 ONCE IN A WHILE
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

DD24. During the past week, how often were you bothered because your child's asthma interfered with family relationships?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 QUITE OFTEN
- 4 SOME OF THE TIME
- 5 ONCE IN A WHILE
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

DD25. During the past week, how often were you awakened during the night because of your child's asthma?

- 1 ALL OF THE TIME

- 2 MOST OF THE TIME
- 3 QUITE OFTEN
- 4 SOME OF THE TIME
- 5 ONCE IN A WHILE
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

DD26. During the past week, how often did you feel angry that your child has asthma?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 QUITE OFTEN
- 4 SOME OF THE TIME
- 5 ONCE IN A WHILE
- 6 HARDLY ANY OF THE TIME
- 7 NONE OF THE TIME

DD27. What things seem to make [CHILD's] asthma worse (i.e. mold, pollen, smoke, pets, etc).

DD28. Overall, how confident are you that you can control any asthma symptoms that your child has so that they don't interfere with the things he/she wants to do?

NOT AT ALL CONFIDENT 1 2 3 4 5 6 7 8 9 10 TOTALLY CONFIDENT

DD29. Overall, how confident are you that you can control any asthma symptoms that your child has so that they don't interfere with the things that you or your family wants to do?

NOT AT ALL CONFIDENT 1 2 3 4 5 6 7 8 9 10 TOTALLY CONFIDENT

DD30. Does [CHILD] have any physical, learning, or mental health conditions?

- 1 YES
- 2 NO (GO TO DD35b)
- 7 DON'T KNOW (GO TO DD35b)
- 8 REFUSED (GO TO DD35b)

DD31. What condition or conditions does [CHILD] have? Any others?

- 1ST MENTION
- 2ND MENTION
- 3RD MENTION
- 4TH MENTION
- 5TH MENTION
- 97 DON'T KNOW (GO TO DD34)
- 98 REFUSED (GO TO DD34)

DD32. CHECK. INTERVIEWER: DID THE RESPONDENT MENTION MORE THAN ONE
CONDITION IN DD31?

1 YES

2 NO (GO TO DD34)

DD33. **CATI:** DISPLAY DD31 TEXT BOX ON SCREEN.

Of all the conditions you mentioned, which is the major or most serious condition?

97 DON'T KNOW

98 REFUSED

DD34. **CATI:** USE FIRST TEXT OPTION IF ONE MENTION IN DD31. ELSE USE SECOND TEXT OPTION.

Has [CHILD] ever received professional treatment that is, treatment supervised by a health professional for [this condition/ these conditions]?

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

DD35. **CATI:** USE FIRST TEXT OPTION IF ONE MENTION IN DD31. ELSE USE SECOND TEXT OPTION.

For these next few questions, please include both over-the-counter and prescription medications.

How often do you have to give [CHILD] medication for [his/her] [condition/conditions]?
Would you say:

- 1 never,
- 2 rarely,
- 3 several times a month,
- 4 several times a week,
- 5 1-2 times a day, or
- 6 3 or more times a day?
- 7 DON'T KNOW
- 8 REFUSED

DD35a. **CATI:** GO TO DD35b IF DD35 = 1; ELSE ASK.

Which medications is [CHILD] given? Any others?

- 1ST MENTION
- 2ND MENTION
- 3RD MENTION
- 4TH MENTION
- 5TH MENTION
- 97 DON'T KNOW
- 98 REFUSED

DD35b. Does [CHILD] take any medications for anything else, such as allergies?

- 1 YES
- 2 NO (GO TO INSTRUCTIONS AFTER D35c)
- 7 DON'T KNOW (GO TO INSTRUCTIONS AFTER D35c)
- 8 REFUSED (GO TO INSTRUCTIONS AFTER DD35c)

DD35c. Which medications? Any others?

1ST MENTION

2ND MENTION

3RD MENTION

4TH MENTION

5TH MENTION

97 DON'T KNOW

98 REFUSED

SECTION FF: ACTIVITIES

FF1. INTERVIEWER: IF FACE-TO-FACE INTERVIEW, SAY: Please turn to Exhibit Card 7.

Now we'd like to ask you about how [CHILD] has spent time since [RAD]. We would like to know how often [CHILD] did some activities since [RAD]. No one does all of these activities, but [he/she] may have done some of them. Please tell me if [CHILD] did the activity never, less than once a month, about every month, about every week, or about every day since [RAD].

	NEVER	LESS THAN ONCE A MONTH	ABOUT EVERY MONTH	ABOUT EVERY WEEK	ABOUT EVERY DAY	DON'T KNOW	REFUSED
Since [RAD], in or out of school, how often did (CHILD):							
a. Take lessons such as dance or music, or take part in sports <u>led by a coach</u> such as basketball, gymnastics or soccer? Was it:	1	2	3	4	5	7	8
b. Go to a before- or after-school program, like at school or a center? Was it:	1	2	3	4	5	7	8
c. Go to Sunday school or religious services, take religion classes, or participate in church or temple choir?	1	2	3	4	5	7	8
d. Take part in a club or youth group or go to recreation or community centers where there are adults supervising, such as the Y, the Boys and Girls Club?	1	2	3	4	5	7	8
e. Do chores, things like cleaning the house or mowing the grass?	1	2	3	4	5	7	8
f. Babysit, either for [his/her] siblings, relatives, or other children in the neighborhood?	1	2	3	4	5	7	8

SECTION Q: CONTACT INFORMATION

Q1. **INTERVIEWER:** WAS THIS INTERVIEW CONDUCTED:

- 1 IN PERSON
- 2 BY PHONE
- 7 DON'T KNOW
- 8 REFUSED

Q2. **INTERVIEWER:** WAS THIS INTERVIEW CONDUCTED IN:

- 1 ENGLISH
- 2 SPANISH
- 7 DON'T KNOW
- 8 REFUSED

Q3. Do you have anything about the Working Toward Wellness program that we didn't already talk about that you'd like me to record?

- 1 YES
- 2 NO (GO TO Q4)
- 7 DON'T KNOW (GO TO Q4)
- 8 REFUSED (GO TO Q4)

Q3a. **CATI:** INTERVIEWER WILL RECORD VERBATIM ANSWER IF Q3 = 1.

Q4. In order to pay you, I need to confirm your name and address.

I have your full name listed as [READ NAME ON CASE HISTORY]. Do I have your correct name?

- 1 YES (GO TO Q5)
- 2 NO (GO TO Q4a)
- 7 DON'T KNOW (GO TO Q4a)
- 8 REFUSED (GO TO Q4a)

Q4a. What is your full name?

FIRST NAME LAST NAME

Q5. What is your current address?

STREET: _____

APT #: _____

CITY, ST, ZIP: _____

Q6. **CATI:** ASK IF Q1 = 2. ELSE GO TO Q7.

Is that address where you would like me to send your gift?

1 YES

2 NO (ENTER THE PREFERRED ADDRESS HERE:)

C/O: _____

STREET: _____

APT #: _____

CITY, ST, ZIP: _____

Q7. I also need to confirm your phone number in case my supervisor has any questions about the interview. What phone number can we reach you at?

ENTER NUMBER HERE: (_____) _____-_____

NO NUMBER AVAILABLE, RECORD (000)000-0000.

Q8. This study will be going on for a few more years. We are interested in how this program might have long-term effects to help people improve their circumstances and their children's development.

We would like to contact you again over the next couple of years. However, people often move in this length of time. We would like to get contact information for two or three people who will know where we can reach you. Many people give their mother's name or sister's name. Others give the name of a very close friend. What is the name and address for your first contact person?

RESPONDENT ID #: _____

NAME 1: _____

RELATION TO R: _____

PHONE: (_____) _____-_____

STREET: _____

APT #: _____

CITY, ST, ZIP _____

NAME 2: _____
RELATION TO R: _____
PHONE: (____) ____ - _____
STREET: _____
APT #: _____
CITY, ST, ZIP _____

NAME 3: _____
RELATION TO R: _____
PHONE: (____) ____ - _____
STREET: _____
APT #: _____
CITY, ST, ZIP _____

CATI: IF 'YOUNG FOCAL CHILD SELECTED, INSTRUCT INTERVIEWER TO CONDUCT CHILD ASSESSMENTS FOR UP TO TWO CHILDREN USING RULES ESTABLISHED IN SECTION A.

CATI: IF 'OLDER FOCAL CHILD' SELECTED, INSTRUCT INTERVIEWER TO CONDUCT SAQ FOR UP TO TWO CHILDREN USING RULES ESTABLISHED IN SECTION A.

Thank you very much for your time and assistance. If you have any questions about the study, you can call this toll free number: 1-800-256-4170. When speaking with the operator or leaving a message, please mention the RHODE ISLAND STUDY. Again, thank you for your time.