

**2009 National Household Education Surveys Program**

**Early Childhood Program Participation Survey**

**December 29, 2008**

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- 
- ◆ This survey is for the family at:

{ADDRESS STREET}  
{ADDRESS CITY, STATE & ZIP}

If this is not your address please call the toll-free number 1-888-696-5670.

- ◆ If the address is correct, we ask that this survey be filled in by the adult who knows the most about:

**{SAMPLED CHILD}**

Please answer all the survey questions thinking about this child or youth.

If there is no one in this household who has either the same age or grade given above, or if you are unable to tell which child the survey is about, please call 1-888-696-5670.

- ◆ Not all of the questions will apply to you - you will sometimes be asked to skip one or more questions based on your answers.
- ◆ To answer a question, simply mark  the box that best represents your answer.
- ◆ Use a black or blue pen to complete this survey. Do not use felt-tip pen or pencil.
- ◆ Please choose only one answer per question, unless the question indicates *Mark all that apply*. Your best estimate is fine.
- ◆ In a response to our first survey, we recorded that the child/youth has not yet started kindergarten. If this child is attending either public or private school or is homeschooled in grades Kindergarten through 12<sup>th</sup> or equivalent mark the correct box below and return this survey in the postage paid envelope. We will send you the correct survey for this child.

This child attends public or private school in grades K through 12

This child is homeschooled in grades K through 12

The Privacy Act requires us to tell you that we are authorized to collect this information by Section 411.285a, 42 USC. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9065, Washington, DC 20006-5650. Do not return the completed form to this address.

## **Section 1. Early Childhood Care and Programs**

These questions ask about different types of child care this child may now receive on a regular basis from someone other than his/her parents or guardians. This includes regular care and early childhood programs, whether or not there is a charge or fee, but not occasional babysitting.

### **Care Your Child Receives from Relatives**

1. Is this child now receiving care from a relative other than a parent on a regular basis, for example, from grandparents, brothers or sisters, or any other relatives?

Yes

No  GO TO QUESTION 18

2. Are any of these care arrangements regularly scheduled at least once a week?

Yes

No  GO TO QUESTION 18

3. These next questions are about the care that this child receives from the relative who provides the most care. How is that relative related to this child?

Mark [X] only one.

Grandmother/Grandfather

Aunt /Uncle

Brother /Sister

Another relative

4. How old is the relative who provides the most care to this child?

\_\_\_\_\_ Years old

5. Is this care provided in your home or another home?

Own home

Other home

Both

6. How many days each week does this child receive care from this relative?

\_\_\_\_\_ Days each week

7. How many hours each week does this child receive care from this relative?

\_\_\_\_\_ Hours each week

8. How old was this child in years and months when this particular regular care arrangement with this relative began?

|\_\_| Years

|\_\_|\_\_| Months

9. What language does this relative speak most when caring for this child?

English

Spanish

Other

English and Spanish equally

English and another language equally

10. Will this relative care for this child when the child is...

Yes



No



a. Sick but does not have a fever?

b. Sick and has a fever?

11. Is this care arrangement Head Start?

Head Start is a federally sponsored preschool program primarily for children from low-income families.

Yes

No

12. Is there any charge or fee for the care this child receives from this relative, paid either by you or some other person or agency?

Yes

No  GO TO QUESTION 16

13. Do any of the following people or organizations help pay for this relative to care for this child?

	Yes ▼	No ▼
a. A relative of this child outside your household who provides money <u>specifically</u> for that care, not including general child support?	<input type="checkbox"/>	<input type="checkbox"/>
b. Temporary Assistance for Needy Families, or TANF?	<input type="checkbox"/>	<input type="checkbox"/>
c. Another social service, welfare, or child care agency?	<input type="checkbox"/>	<input type="checkbox"/>
d. An employer, not including a tax-free spending account for child care?	<input type="checkbox"/>	<input type="checkbox"/>
e. Someone else?	<input type="checkbox"/>	<input type="checkbox"/>

14. How much does your household pay for this relative to care for this child, not counting any money that may be received from others to help pay for care?

*Write '0' if your household does not pay this relative for care.*

\_\_\_\_\_ Dollars per

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other → specify: \_\_\_\_\_

15. How many children from your household is this amount for, including this child?

- This child only
- 2 children
- 3 children
- 4 children
- 5 or more children



16. Does this child have any other care arrangements with a relative on a regular basis?

Yes

No  GO TO QUESTION 18

17. How many total hours each week does this child spend in those other care arrangements with relatives?

\_\_\_\_\_ Hours each week



**Care Your Child Receives from Nonrelatives**

18. The next questions ask about any care this child receives from someone not related to him/her, either in your home or someone else's home. This includes home child care providers or neighbors, but not day care centers or preschools.

Is this child now receiving care in your home or another home on a regular basis from someone who is not related to him/her?

Yes

No  GO TO QUESTION 36

19. Are any of these care arrangements regularly scheduled at least once a week?

Yes

No  GO TO QUESTION 36

20. These next questions are about the care that this child receives from someone who is not related to him/her who provides the most care. Is this care provided in your own home or in another home?

Own home

Other home  GO TO QUESTION 22

Both  GO TO QUESTION 22

21. Does this person who cares for this child live in your household?

Yes

No

22. How many days each week does this child receive care from that person?

\_\_\_\_\_ Days each week

23. How many hours each week does this child receive care from that person?

\_\_\_\_\_ Hours each week

24. How old was this child in years and months when this particular regular care arrangement with that person began?

\_\_\_\_\_ Years

\_\_\_\_\_ Months

25. Was this care provider someone you already knew?

Yes

No

26. Is this child's care provider age 18 or older?

Yes

No

27. What language does this care provider speak most when caring for this child?

English

Spanish

Other

English and Spanish equally

English and another language equally

28. Will this care provider care for this child when this child is...

Yes

No



a. Sick but does not have a fever?

b. Sick and has a fever?

29. Is this care arrangement Head Start?

Head Start is a federally sponsored preschool program primarily for children from low-income families.

Yes

No

30. Is there any charge or fee for the care this child receives from this care provider, paid either by you or some other person or agency?

Yes

No  GO TO QUESTION 34

31. Do any of the following people or organizations help pay for that person to care for this child?

	Yes ▼	No ▼
a. A relative of this child outside your household who provides money <u>specifically</u> for that care, not including general child support?	<input type="checkbox"/>	<input type="checkbox"/>
b. Temporary Assistance for Needy Families, or TANF?	<input type="checkbox"/>	<input type="checkbox"/>
c. Another social service, welfare, or child care agency?	<input type="checkbox"/>	<input type="checkbox"/>
d. An employer, not including a tax-free spending account for child care?	<input type="checkbox"/>	<input type="checkbox"/>
e. Someone else?	<input type="checkbox"/>	<input type="checkbox"/>

32. How much does your household pay for that person to care for this child, not counting any money that may be received from others to help pay for care?

*Write '0' if your household does not pay that person for care.*

\_\_\_\_\_ Dollars per

Hour

Day

Week

Month

Year

Every 2 weeks

Other → specify: \_\_\_\_\_

33. How many children from your household is this amount for, including this child?


This child only

2 children

3 children

- 4 children
- 5 or more children

34. Does this child have any other care arrangements with someone who is not a relative on a regular basis? Do not include arrangements at day care centers or preschools.

- Yes
- No  QUESTION 36

35. How many total hours each week does this child spend in those other care arrangements with non-relatives?

\_\_\_\_\_Hours

**Daycare Centers and Preschool Programs your Child Attends**

36. The next questions ask about any day care centers and early childhood programs that this child attends.

Is this child now attending a day care center, preschool, or prekindergarten,?

- Yes
- No  GO TO QUESTION 54

37. Does this child go to a day care center, preschool, or prekindergarten, at least, once each week?

- Yes
- No

38. The next questions ask about the program where this child spends the most time. Where is that program located?

Mark [X] only one.

- Church, synagogue, or other place of worship
- Public preschool or school (K-12)
- Private preschool or school (K-12)
- College or university
- Community center
- Public library
- It's own building, or storefront

Some other place → specify: \_\_\_\_\_

39. Is that program run by a church, synagogue, or other religious group?
- Yes
- No
40. Is that program located at your workplace or this child's other parent's workplace?
- Yes
- No
41. How many days each week does this child go to that program?
- \_\_\_\_\_ Days each week
42. How many hours each week does this child go to that program?
- \_\_\_\_\_ Hours each week
43. How old was this child in years and months when he/she started going to this particular program?
- \_\_\_\_\_ Years
- \_\_\_\_\_ Months
44. What language does this child's main care provider or teacher at that program speak most when caring for this child?
- English
- Spanish
- Other
- English and Spanish equally
- English and another language equally
45. Does that program provide any of the following services to this child or your family?
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
|  | ▼                        | ▼                        |
| a. Hearing, speech, or vision testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical examinations?              | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dental examinations?                | <input type="checkbox"/> | <input type="checkbox"/> |

- d. Formal testing for developmental or learning problems?
- e. Sick child care when this child is sick but does not have a fever?
- f. Sick child care when this child is sick and has a fever?

46. Since September, how many times has this child's main care provider or teacher at that program changed?

- Never
- 1 to 2 times
- 3 or more times

47. Is this program that this child goes to Head Start?

Head Start is a federally sponsored preschool program primarily for children from low-income families.

- Yes
- No

48. Is there any charge or fee for this program, paid either by you or some other person or agency?

- Yes
- No  GO TO QUESTION 52

49. Do any of the following people or organizations help pay for this child to go to that program?

- |   | Yes<br>▼                 | No<br>▼                  |
|---|--------------------------|--------------------------|
| a. A relative of this child outside your household who provides money <u>specifically</u> for that care, not including general child support? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Temporary Assistance for Needy Families, or TANF?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Another social service, welfare, or child care agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. An employer, not including a tax-free spending account for child care?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Someone else?  | <input type="checkbox"/> | <input type="checkbox"/> |

50. How much does your household pay for this child to go to that program, not counting any money that you may receive from others to help pay for care?

*Write '0' if your household does not pay for that program.*

\_\_\_\_\_ Dollars per

- Hour  
 Day  
 Week  
 Month  
 Year  
 Every 2 weeks  
 Other → specify: \_\_\_\_\_

51. How many children from your household is this amount for, including this child?

- This child only  
 2 children  
 3 children  
 4 children  
 5 or more children

52. Does this child have any other care arrangements at a day care center or preschool on a regular basis?

- Yes  
 No  GO TO QUESTION 54

53. How many total hours each week do they spend at those daycare centers or preschools?

\_\_\_\_\_ Hours

### **Head Start**


54. Has this child ever attended Head Start or Early Head Start?

- Yes



No

## **Section 2. Finding and Choosing Care for Your Child**

55. Do you feel there are good choices for child care or early childhood programs where you live?
- Yes
- No
- Don't know / Have not tried to find care
56. In Section 1 of this questionnaire, we asked about child care arrangements you may now have for this child including arrangements with relatives, non-relatives, day care centers, preschools, and any other early childhood programs. Did you report any childcare arrangements or programs?
- Yes
- No  GO TO SECTION 3
57. How much difficulty did you have finding the type of child care or early childhood program you wanted for this child?
- A lot
- Some
- A little
- No difficulty
- Did not found the child care program you wanted

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**!** The next question asks about how you decided on the child care arrangements and early childhood programs you now have for this child. If you have more than one care arrangement or program for this child, think about the one where this child spends the MOST time.

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58. Parents select child care arrangements for a number of reasons. How important was each of these reasons when you chose the child care arrangement for this child.

	Not at all important	A little important	Somewhat important	Very important
	▼	▼	▼	▼
a. The location of the arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The cost of the arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The reliability of the arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The learning activities at the arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The child spending time with other kids his/her age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The times during the day that this caregiver is able to provide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The number of other children in the child's care group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


### Section 3. Family Activities

59. The next questions ask about this child's activities with family members in the past week.

About how many books does this child have of his/her own, including those shared with brothers or sisters?

\_\_\_\_\_ Books

60. How many times have you or someone in your family read to this child in the past week?

- Not at all  GO TO QUESTION 62
- 1 or 2 times
- 3 or more times
- Every day

61. About how many minutes on each of those days do you or someone in your family read to this child?

\_\_\_\_\_ Minutes

62. In the past week, how many times has anyone in your family done the following things with this child?

	Not at all	1 or 2 times	3 or more times
a. Told this child a story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Taught this child letters, words, or numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taught this child songs or music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worked on arts and crafts with this child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


63. In the past month, have you or someone in your family visited a library with this child?

- Yes
- No

## **Section 4: Things Your Child May be Learning**

64. These next questions ask about things that different children do at different ages. These things may or may not be true for this child.

Is this child under 2 years old or is he/she 2 years old or older?

- Under 2 years old  GO TO SECTION 5
- 2 years old or older

65. Can this child identify the colors red, yellow, blue, and green by name?

- Yes, all of them
- Yes, some of them
- No

66. Can this child recognize the letters of the alphabet?

- Yes, all of them
- Yes, most of them
- Yes, some of them
- No

67. How high can this child count?

- Not at all
- Up to 5
- Up to 10
- Up to 20
- Up to 50
- Up to 100 or more

68. Can this child write his/her first name, even if some of the letters are backwards?

- Yes
- No

69. Does this child ever look at a book and pretend to read?

Yes

No  GO TO QUESTION 71

70. When this child pretends to read a book, does it sound like a connected story, or does he/she tell what's in each picture without much connection between them?

Sounds like connected story

Tells what's in each picture

Does both

71. Is this child able to read story books on his/her own now?

Yes

No

## **Section 5: This Child's Health**

72. In general, how would you describe this child's health?

- Excellent
- Very good
- Good
- Fair
- Poor

73. Has a health professional told you that this child has any of the following disabilities?


	Yes ▼	No ▼
a. A specific learning disability	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental retardation	<input type="checkbox"/>	<input type="checkbox"/>
c. A speech or language delay	<input type="checkbox"/>	<input type="checkbox"/>
d. A serious emotional disturbance	<input type="checkbox"/>	<input type="checkbox"/>
e. Deafness or another hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>
f. Blindness or another visual impairment not corrected with glasses	<input type="checkbox"/>	<input type="checkbox"/>
g. An orthopedic impairment	<input type="checkbox"/>	<input type="checkbox"/>
h. Autism	<input type="checkbox"/>	<input type="checkbox"/>
i. Attention deficit disorder, ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>
j. Pervasive Developmental Disorder or PDD	<input type="checkbox"/>	<input type="checkbox"/>
k. Another health impairment lasting 6 months or more	<input type="checkbox"/>	<input type="checkbox"/>



**If you marked yes for any disability in QUESTION 73 continue with this section.  
If you marked no for all disabilities then GO TO QUESTION 82**

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74. Is this child receiving services for his/her condition?

- Yes
- No  TO QUESTION 79

75. Are these services provided by any of the following sources?

	Yes ▼	No ▼
a. Your local school district	<input type="checkbox"/>	<input type="checkbox"/>
b. A state or local health or social service agency	<input type="checkbox"/>	<input type="checkbox"/>
c. A doctor, clinic, or other health care provider	<input type="checkbox"/>	<input type="checkbox"/>

76. Are any of these services provided through an Individualized Educational Program or Plan, or IEP?

Yes

No  GO TO QUESTION 79

77. Did any adult in your household work with the school to develop or change this child's IEP?

Yes

No

78. During this school year, to what extent have you been satisfied or dissatisfied with the following aspects of this child's IEP (Individualized Education Program or Plan)?

	Very satisfied ▼	Somewhat satisfied ▼	Somewhat dissatisfied ▼	Very dissatisfied ▼	Does not apply ▼
a. The school's communication with your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The child's special needs teacher or therapist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The school's ability to accommodate the child's special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The school's commitment to help your child learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

79. Is this child currently enrolled in any special education classes or services?

Yes

No

80. Does this child's disability affect his/her ability to learn?



Yes


No

## **Section 6: Your Child's Background**

81. In what month and year was this child born?

|\_|\_| |      |\_|\_|\_|\_|\_|  
MONTH      YEAR

82. Where was this child born?

- One of the 50 United States or the District of Columbia  GO TO QUESTION 84
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

83. How old was this child when he/she first moved to the 50 United States or the District of Columbia?

|\_|\_| AGE

84. Is this child of Spanish, Hispanic, or Latino origin?

- Yes
- No


85. What is this child's race? You may mark more than one.

Mark [X] all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

86. What language does this child speak most at home?

Mark [X] only one.

- English  GO TO SECTION 7
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

87. Is this child currently enrolled in English as a second language, bilingual education, or an English immersion program?

- Yes
- No

## **Section 7: Child's Mother or Female Guardian**

88. Does this child have a mother, stepmother or female guardian living in the same household?

Yes

No  GO TO SECTION 8

89. Is this person the child's...

Birth mother,

Adoptive mother,

Stepmother,

Foster mother,

Grandmother, or

Other female guardian

90. How old was this woman when she first became a mother or guardian to any child?

|\_|\_| AGE

91. What is the marital status of this child's mother or female guardian?


Married

Separated

Divorced

Widowed

Never married

92. What was the first language this child's mother or female guardian learned to speak? 

Mark [X] only one.

English  GO TO QUESTION 97

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally




93. What language does she speak most at home now?

Mark [X] only one.

- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

94. Where was this child's mother or female guardian born?

- One of the 50 United States or the District of Columbia  GO TO QUESTION 96
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

95. How old was she when she first moved to the 50 United States or the District of Columbia?

|\_|\_| AGE

96. Is she of Spanish, Hispanic, or Latino origin?

- Yes
- No

97. What is her race? You may mark more than one.

Mark [X] all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander?

98. What is the highest grade or year of school that she completed?
- Up to 8<sup>th</sup> grade
  - High School, but no diploma
  - High school diploma or equivalent (GED)
  - Vocational diploma after high school
  - Some college, but no degree
  - Associates degree (AA, AS)
  - Bachelor's degree (BA, BS)
  - Master's degree (MA, MS)
  - Doctorate Degree (PhD, EDD)
  - Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)
99. Is she currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?
- Yes
  - No
100. Which of the following best describes her employment status?
- Mark [X] only one.
- Employed for pay or income
  - Self employed
  - Out of work for more than one year
  - Out of work for less than one year
  - A homemaker
  - Retired
  - Disabled or unable to work
- } **➔** GO TO QUESTION 102
- } **➔** GO TO QUESTION 103
101. (Employed or Self employed :) About how many hours per week does she usually work for pay or income, counting all jobs?
- |\_|\_|\_| **➔** GO TO QUESTION 103  
HOURS

102. (Out of work :) Has she been actively looking for work in the past 4 weeks?

Yes

No

103. In the past 12 months, how many months (if any) has she worked for pay or income?

|\_|\_|

MONTHS



## **Section 8: Child's Father or Male Guardian.**

104. Does this child have a father, stepfather or male guardian living in the same household?

Yes

No  GO TO SECTION 9

105. Is this person the child's...

Birth father,

Adoptive father,

Stepfather,

Foster father,

Grandfather, or

Other male guardian?

106. What is the marital status of this child's father or male guardian?

Married

Separated

Divorced

Widowed

Never married

107. What was the first language the child's father or male guardian learned to speak?

Mark [X] only one.

English  GO TO QUESTION 109

Spanish

A language other than English or Spanish

English and Spanish equally


English and another language equally

108. What language does he speak most at home now?

Mark [X] only one.

- English
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

109. Where was this child's father or male guardian born?

- One of the 50 United States or the District of Columbia  GO TO QUESTION 111
- One of the U.S. territories (Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

110. How old was he when he first moved to the 50 United States or the District of Columbia?

|\_|\_| AGE

111. Is he of Spanish, Hispanic, or Latino origin?

- Yes
- No

112. What is his race?

Mark [X] all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander

113. What is the highest grade or year of school that he completed?



- Up to 8<sup>th</sup> grade
- High School, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associates degree (AA, AS)
- Bachelor's degree (BA, BS)
- Master's degree (MA, MS)
- Doctorate Degree (PhD, EDD)
- Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)

114. Is he currently attending or enrolled in a school, college, university, or adult learning center, or receiving vocational education or job training?

- Yes
- No

115. Which of the following best describes his employment status?

Mark [X] only one.

- Employed for pay or income
  - Self employed
  - Out of work for more than one year
  - Out of work for less than one year
  - A homemaker
  - Retired
  - Disabled or unable to work
- }  GO TO QUESTION 117
- }  GO TO QUESTION 118

116. (Employed or self employed :) About how many hours per week does he usually work for pay or income, counting all jobs?

 GO TO QUESTION 118  
HOURS

117. (Out of work :) Has he been actively looking for work in the past 4 weeks?

Yes

No

118. In the past 12 months, how many months (if any) has he worked for pay or income?

MONTHS

## **Section 9: Your Household**

119. Please mark all of the people who live in the household with this child, including yourself and those you have already been asked about.

Mark [X] all that apply.

- Mother (including birth, adoptive, step, or foster mothers)
- Father (including birth, adoptive, step, or foster fathers)
- Brother (full, half, adoptive, step, or foster brothers)
- Sister (full, half, adoptive, step, or foster sisters)
- Aunt
- Uncle
- Grandmother
- Grandfather
- Cousin
- Other relative
- Same sex parent
- Girlfriend or partner of this child's parent or guardian
- Boyfriend or partner of this child's parent or guardian
- Other nonrelatives

120. In the past 12 months did your family ever receive benefits from any of the following programs?

	Yes ▼	No ▼
a. Temporary Assistance for Needy Families, or TANF	<input type="checkbox"/>	<input type="checkbox"/>
b. Your state welfare or family assistance program	<input type="checkbox"/>	<input type="checkbox"/>
c. Women, Infants, and Children, or WIC	<input type="checkbox"/>	<input type="checkbox"/>
d. Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Medicaid	<input type="checkbox"/>	<input type="checkbox"/>
f. Child Health Insurance Program (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>
g. Section 8 Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>

121. In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on?

- \$0 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 to \$60,000
- \$60,000 to \$75,000
- \$75,001 to \$100,000
- \$100,001 to \$150,000
- \$150,001 or more

## **Thank you.**

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey  
1650 Research Blvd. Room XXXX  
Rockville, MD 20850**