

**Supporting Healthy Marriage
Demonstration and Evaluation**

Adult Survey

Wave 2

May 22, 2009

Supporting Healthy Marriage Demonstration and Evaluation

Wave 2 - 30 month Follow-up

Table of Contents

Note: Sections highlighted in green will only be asked to respondents who did not complete the 12-month survey.

Section A:

Introduction.....	1
Section B: Household Structure.....	1
Section C: Marital Status and Stability.....	1
Section D: Marital Relationship Outcomes.....	1
Section E: Co-parenting and Parenting.....	1
Section F: Non-resident Parent Involvement.....	1
Section G: Parental Well-being.....	1
Section H: Physical and domestic violence.....	1
Section I: Child Outcomes.....	1
Section J: Economic Security.....	1
Section K: Participation in Services.....	1
Section L: Questions about Current Partner.....	1
Section M: Locating and Demographic Information.....	1
Section N: Contact Information.....	1

Section A

Introduction

Hello this is _____. I'm calling from Abt Associates on behalf of the Supporting Healthy Marriage project. May I please speak to (RESPONDENT NAME)?

INTERVIEWER: IF NECESSARY, READ: "(RESPONDENT) has agreed to help with a study on marriages in (CATI: INSERT SITE).

- 1 RESPONDENT AVAILABLE – CONTINUE
- 2 RESPONDENT NOT AVAILABLE – ARRANGE CALLBACK AND ENTER CALL NOTE
- 8 REFUSED – ENTER DISPOSITION CODE AND CALL NOTE DESCRIBING SITUATION IN THE CALL RECORD TEXT BOX

CATI NOTE: SET IT UP TO CAPTURE DISPOSITIONS PER EACH MEMBER OF THE COUPLE. IF NONE ARE AVAILABLE COLLECT BEST TIME TO CALL BACK.

<INTRO1>

Hello, my name is [NAME] and I'm calling from Abt Associates Inc., a research company in Amherst, Massachusetts. I'm calling you about the Supporting Healthy Marriage study you joined about a two and a half years ago. You may have already received a letter letting you know that we would be calling. Did you receive that letter?

- 1 YES (DISPLAY SECOND TEXT CHOICE IN PARENTHESES BELOW)
- 2 NO (DISPLAY FIRST TEXT CHOICE IN PARENTHESES BELOW)
- 7 REFUSED (DISPLAY FIRST TEXT CHOICE IN PARENTHESES BELOW)
- 8 DON'T KNOW (DISPLAY FIRST TEXT CHOICE IN PARENTHESES BELOW)

{IF INTRO 1=2: The letter explained that} {IF INTRO1=1 Good! As we mentioned in the letter,} When you joined the study, you and your [husband/wife] were each asked to complete a short questionnaire and we told you that we would be contacting each of you again to learn how you are doing.

<INTRO 2>

The interview will take about 50 minutes and you will receive \$45 for completing it. Your spouse will also receive \$30 for completing the survey. The interview will ask about your marriage, how well you are getting along with your spouse, your relationship with your children and your experiences [IF R=Experimental: with SITE Program].

Participation in this study is voluntary. All information you provide will be kept secure and strictly confidential. You may refuse to answer any individual questions.

Is now a good time to do the interview?

- OK to continue (SKIP TO R_DOB) 1
- Not a good time (SKIP to CALL BACK INFO) 2
- REFUSED INTERVIEW 7
- DON'T KNOW 8

CATI NOTE: IF REFUSED TO DO THE INTERVIEW, PLEASE BRING REFUSAL DISPOSITION SCREEN.

IF NOT A GOOD TIME:

When would be a good time to reach you? When would be a good time to do the interview?

INSTRUCTION: RECORD DATE AND TIME FOR CALL BACK

Call back date: _____

SCREENER

<R_DOB>

First I just need to verify that I am speaking with the correct person.

What is your date of birth?

INTERVIEWER: ENTER DATE USING FORMAT BELOW.

ENTER DOB EVEN IF IT MATCHES THE SAMPLE INFO

CATI NOTE: DISPLAY DOB

Respondent's Birthday: _____ / _____ / _____
MM DD YYYY

REFUSED -1

DON'T KNOW -2

CATI: COMPARE RESPONSE GIVEN TO THE BIRTH DATE ON SAMPLE FILE. IF IT AGREES WITH THE BIRTH DATE ON THE FILE, SKIP TO <R_NAME>. ELSE, CONTINUE.

<R_SSN>

What are the last 4 digits of your Social Security Number?

RECORD LAST 4 DIGITS: ____ ____ ____ ____

REFUSED -1

DON'T KNOW -2

CATI NOTE: DISPLAY LAST 4 DIGITS SSN

INTERVIEWER – ENTER SSN EVEN IF IT MATCHES THE SAMPLE INFO

CATI: COMPARE RESPONSE GIVEN TO LAST FOUR DIGITS OF SSN ON SAMPLE FILE. IF THE 4 DIGITS GIVEN BY R AGREE WITH THE NUMBER ON THE FILE, SKIP <R_NAME>

IF THEY DO NOT AGREE, DISCONTINUE THE INTERVIEW.

IF SSN IS MISSING IN THE SAMPLE AND THERE IS A MISMATCH IN DOB, SKIP TO DISCONTINUED TEXT.

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 re-contact you when the problem is resolved. Thank you for your time.

CATI NOTE: ANY CASES WITH MISMATCHES ON DOB AND SSN, SHOULD TERMINATE TO "UNABLE TO CONFIRM RESPONDENT". REPORT SHOULD BE GENERATED WITH THE NEW INFO COLLECTED SO WE CAN VERIFY INFO WITH THE SITES.

<R_NAME>

IF INFORMATION IS CORRECT:

I would also like to make sure we have your name recorded correctly.

I have your name as ...

First Name

Last Name

INTERVIEWER: CONFIRM SPELLING OF THE FULL NAME

Is this correct?

- Yes (SKIP TO R_NICKNAME) 1
- No, Update Name 2
- REFUSED 7
- DON'T KNOW 8

<R_NEW NAME>

If No, What is your name? [First, Middle, Last]

INTERVIEWER: CONFIRM SPELLING OF THE FULL NAME

First Name

Last Name

CATI NOTE: NEW NAME WILL UPDATE PROJECT DATABASE.

<R_NICKNAME>

Are you usually called [Respondent's First Name] or do you go by another name?

INSTRUCTION: IF SAME, CONTINUE

INSTRUCTION: IF DIFFERENT NAME, CHANGE TO USUAL NAME WHICH WILL BE USED TO
FILL IN THE REMAINDER OF SURVEY

PROBE: Can you spell that for me please?

Alternative Name of Respondent: _____

CATI NOTE: NICKNAME WILL UPDATE PROJECT DATABASE.

<R_SPOUSE>

Our records indicate that you were married when you first entered the study, in (RA YEAR). Before we get started, I would like to make sure that I have the correct name of your spouse at that time.

I have the name of your <husband/wife> at that time as ...

First Name Last Name

INTERVIEWER: CONFIRM SPELLING OF THE FULL NAME

- Yes (SKIP TO S_NICKNAME) 1
- No, Update Name 2
- REFUSED 7
- DON'T KNOW 8

<S_NEW NAME>

If No, What is his/her name? [First, Middle, Last]

First Name Last Name

INTERVIEWER: CONFIRM SPELLING OF THE FULL NAME
CATI NOTE: NEW NAME WILL UPDATE PROJECT DATABASE.

<S_NICKNAME>

Is he/she usually called [BASE SPOUSE NAME] or does h/she go by another name?

INSTRUCTION: IF SAME, CONTINUE

INSTRUCTION: IF DIFFERENT NAME, CHANGE TO USUAL NAME WHICH WILL BE USED TO
FILL IN THE REMAINDER OF SURVEY

PROBE: Can you spell that for me please?

Alternative Name of BASE SPOUSE: _____

CATI NOTE: NICKNAME WILL UPDATE PROJECT DATABASE.

<TOGETHER>

Are you and [BASE SPOUSE] currently living together most of the time?

Yes 1

No 2

WIDOW (SKIP TO SCRIPT) 3

REFUSED 7

DON'T KNOW 8

WIDOW SCRIPT: "I am so sorry to hear about your loss.

WAIT FOR RESPONSE. Do you think that it would be alright for me to ask you a few questions about you and your children? WAIT FOR RESPONSE, IF RESPONDENT ANSWERS "NO," SAY: "Would another time be better?"

OTHERWISE SKIP TO SECTION A ; AFTER COMPLETING SECTION A; SKIP TO SECTION F.

CATI NOTE: IF WIDOW, THE OTHER MEMBER OF THE COUPLE NEEDS TO HAVE A "DECEASED" DISPOSITION.

IF 12-MonthComplete=NO:

CATI NOTE:

IF <TOGETHER>= 1 ASK SECTION A ONLY OF THE FIRST RESPONDENT (EITHER HUSBAND OR WIFE) AND THEIR RESPONSES WILL SET FLAG FOR FOCAL CHILD FOR BOTH MEMBERS OF THE COUPLE.

IF <TOGETHER>=2,7,8 ASK SECTION A TO BOTH HUSBANDS AND WIVES, BUT THE FIRST RESPONDENT WILL BE ASKED ALL THE QUESTIONS IN SECTION A AND WILL SET THE FLAG FOR THE FOCAL CHILD FOR BOTH MEMBERS OF THE COUPLE. THE SECOND MEMBER OF THE COUPLE WILL ONLY BE ASKED QUESTIONS A3-A10.

CATI NOTE:

IF WOMAN WAS PREGNANT AT BASELINE <PREGDUETYPEID=1OR 2> ASK NO12a, OTHERWISE SKIP TO INTRODUCTION BEFORE A1.

(UNBORN CHILD LOGIC)

NO12a **TEXT FOR WIVES:** During your initial interview with {PROGRAM NAME} you were pregnant [IF PREGDUE DATE=PACKED and your estimated due date was {BABYDUE DATE}]. Did that pregnancy result in a live birth?

TEXT FOR HUSBANDS: During your initial interview with {PROGRAM NAME} your wife, <SPOUSE> was pregnant [IF PREGDUE DATE=PACKED and her estimated due date was {BABYDUE DATE}]. Did that pregnancy result in a live birth?

- Yes (**SKIP TO QUESTION NO12c**) 1
- No (**SKIP TO CONDOLENCE SCRIPT**) 2
- Multiple Births (**SKIP TO QUESTION NO12b**) 3
- REFUSED (**SKIP TO QUESTION A1**) 7
- DON'T KNOW (**SKIP TO QUESTION A1**) 8

Condolence Script:
I'm so sorry for your loss.

CATI NOTE:
SKIP TO NOTE BEFORE QUESTION A1 – OTHER CHILDREN)
STATUS OF FC FLAG SHOULD BE SET TO DECEASED.

NO12b. Congratulations! How many babies were born?

_____ Number of babies

NOTE: LOOP THROUGH A2 THROUGH A2c FOR EACH BABY BORN

NO12c. What is the child's first name?

INTERVIEWER NOTES: FOR MULTIPLE BIRTHS, PLEASE COLLECT THE INFORMATION STARTING WITH THE OLDEST TO YOUNGEST.

First Name: _____

REFUSED 7

DON'T KNOW 8

NO12d. What is the child's last name?

Last Name: _____

REFUSED 7

DON'T KNOW 8

NO12e. What is the child's date of birth?

____/____/____
MM DD YY

REFUSED (SKIP TO QUESTION NO12f) 7

DON'T KNOW (SKIP TO QUESTION NO12f) 8

NO12f. Is the child between the ages of?

0 to 12 months 1

13 to 24 Months 2

25 to 36 Months 3

37 to 48 Months 4

4 to 4 years and 11 months 5

5 to 7 years and 11 months 6

8 to 8 years and 11 months 7

9 to 9 years and 11 months 8

10 to 15 years and 11 months 9

16 year or older 10

REFUSED 97

DON'T KNOW 98

NO12g. Is the child a..?

Male 1

Female 2

REFUSED 7

DON'T KNOW 8

CATI NOTE: NO12c THRU NO12g WILL UPDATE FOCAL CHILD INFORMATION ON THE PROJECT DATABASE.

NO12h – NO12j IS FOR THE FOCAL CHILD ONLY, IF A1=3 THEN SELECT OLDEST BORN CHILD AS THE FOCAL CHILD.

NO12h. How is the child related to [SPOUSE]?

BIOLOGICAL/ADOPTIVE CHILD 1

STEP-CHILD 2

FOSTER CHILD 3

OTHER RELATIVE UNDER 18 4

- OTHER DEPENDENT CHILD 5
- UNRELATED CHILD 6
- REFUSED 7
- DON'T KNOW 8

NO12i. Is [CHILD] still living with you at least half the time?

- Yes (SKIP TO QUESTION A1) 1
- No (ASK QUESTION NO12j) 2
- REFUSED (ASK QUESTION NO12j) 7
- DON'T KNOW (ASK QUESTION NO12j) 8

NO12j. And who does [CHILD] live with at least half the time? [INTERVIEWER: DO NOT READ CHOICES, HAVE RESPONDENT ANSWER AND CODE FOR RESPONSE.]

Record Response: _____

- SPOUSE 1
- BIOLOGICAL FATHER 2
- BIOLOGICAL MOTHER 3
- MATERNAL GRANDPARENT(S) 4
- PATERNAL GRANDPARENT(S) 5
- OTHER RELATIVE(S) 6
- FRIEND 7
- FOSTER CARE 8
- ADOPTIVE PARENT 9
- OTHER (SPECIFY) 95
- REFUSED 97
- DON'T KNOW 98

CATI NOTES FOR REPLACEMENT OF FOCAL CHILD:

IF NO12i=2, AND NO12j IS NOT EQUAL TO 1, AND SITE IS EQUAL TO OKLAHOMA OR SEATTLE BPP, THEN DO NOT REPLACE FOCAL CHILD AND TREAT SURVEY SKIPS AS IF FOCAL CHILD IS DECEASED.

IF NO12i, AND NO12j IS NOT EQUAL TO 1, AND SITE IS ANYTHING BUT OKLAHOMA OR SEATTLE BPP, THEN REPLACE FOCAL CHILD WITH REPLACEMENT FOCAL CHILD IN SAMPLE.

IF REPLACEMENT CHILD DOES NOT LIVE WITH RESPONDENT OR WITH SPOUSE AT LEAST HALF THE TIME, THEN TREAT THE FOCAL CHILD AS DECEASED

Let's get started with some questions I have for you about your family.

Section B: Household Structure

Now, I'd like to ask you some questions about the children that you had when you first entered the study, and any other children that you may have had since our last interview with you.

New Biological Children (Source: Adapted from BSF 36 month survey)

- B1. Since [RA DATE/DATE OF 12 MONTH INTERVIEW], have you [had/fathered] a baby? Please include any children you may have adopted since [RA DATE/DATE OF 12 MONTH INTERVIEW].

PROBE: This can be a baby you had with [BASE SPOUSE] or someone else.

- YES, HAD ANOTHER BABY/HAD OTHER BABIES 1
NO (**SKIP TO B5**) 2
MISCARRIAGE/STILL BIRTH/ABORTION/VOLUNTEERED 3
REFUSED 7
DON'T KNOW 8

- B2. Since [RA DATE/DATE OF 12 MONTH INTERVIEW] how many children have you had/fathered?

- NUMBER OF CHILDREN _____
REFUSED -1
DON'T KNOW -2

- B3. Is [BASE SPOUSE] the [father/mother] of [this baby/these babies]?

PROBE: We are interested in babies you had, adopted or are currently expecting since [RA DATE/DATE OF 12 MONTH INTERVIEW].

- YES 1
YES, BUT NOT ALL BABIES 2
NO 3
REFUSED 7
DON'T KNOW 8

B4. [Does this child/do these children] live with you at least half the time?

- YES ALL BABIES LIVE WITH R **(SKIP TO B5)** 1
- YES, BUT NOT ALL OF THE BABIES LIVE WITH R 2
- NO, NONE OF THE BABIES LIVE WITH R 3
- REFUSED 7
- DON'T KNOW 8

B4a. [IF A2 IS GREATER THAN 1] How many of these children do not live with you at least half the time?

- NUMBER OF CHILDREN _____
- REFUSED -1
 - DON'T KNOW -2

B5. Are you currently pregnant or expecting a baby?

PROBE: This can be a baby you are expecting with [BASE SPOUSE] or someone else.

- YES, EXPECTING A BABY NOW 1
- NO **(SKIP TO B6)** 2
- MISCARRIAGE/STILL BIRTH/ABORTION/VOLUNTEERED 3
- REFUSED 7
- DON'T KNOW 8

B5a. Is [BASE SPOUSE] the [father/mother] of [this baby/these babies]?

- YES 1
- YES, BUT NOT ALL BABIES 2
- NO 3
- REFUSED 7
- DON'T KNOW 8

During your initial interview with [PROGRAM NAME] you gave us some information about all the children living in your household. I'm going to ask you some questions about those children to make sure the information we have is correct.

ASK QUESTION B6-B10 FOR ALL CHILDREN LISTED AT BASELINE and THE 12-MONTH FOLLOW-UP STARTING WITH FOCAL CHILD.

B6. Do you currently live in the same household as [CHILD]....?

- All of the time (**SKIP TO B9**) 1
- At least half of the time (**GO TO B6a**) 2
- Some of the time (**GO TO B6a**) 3
- None of the time (**GO TO B6a**) 4
- CHILD IS DECEASED (**SKIP TO CONDOLENCE SCRIPT**) 5
- REFUSED (**GO TO B6a**) 7
- DON'T KNOW (**GO TO B6a**) 8

CONDOLENCE SCRIPT: I am sorry for your loss. Do you need to take a minute before we go on?
SKIP TO B6 FOR NEXT CHILD

B6a. [IF B6=4] When did you stop living with [CHILD]?

PROBE: If you can remember it, we would like to date when you stopped, living with [CHILD]. If you can't remember though, you can just give us the month and year.

DATE: _____/_____/_____

- REFUSED -1
- DON'T KNOW -2

B7. Who does child live with [When [he/she] is not living with you]?
[INTERVIEWER: DO NOT READ CHOICES, HAVE RESPONDENT ANSWER AND CODE FOR RESPONSE.]

Record Response: _____

- SPOUSE ... 1
- BIOLOGICAL FATHER 2
- BIOLOGICAL MOTHER 3
- MATERNAL GRANDPARENT(S) 4
- PATERNAL GRANDPARENT(S) 5
- OTHER RELATIVE(S) 6
- FRIEND 7
- FOSTER CARE 8
- ADOPTIVE PARENT 9

- OTHER (SPECIFY) 95
- REFUSED 97
- DON'T KNOW 98

B7a. Why does [CHILD] not live with you all the time? **(Source: Adapted from BSF)**

INTERVIEWER: INSERT ANSWER AND CODE FOR RESPONSE

- LEGAL CUSTODY AGREEMENT 1
- CHILD PROTECTIVE SERVICES/OTHER AGENCY COURT ORDERED LIVING ARRANGEMENT 2
- FINANCIAL PROBLEMS 3
- OWN HEALTH PROBLEMS 4
- CHILD'S HEALTH PROBLEMS 5
- NEIGHBORHOOD SAFETY 6
- INFORMAL AGREEMENT WITH OTHER CUSTODIAN 7
- CHILD INCARCERATED 8
- CHILD AWAY AT SCHOOL 9
- OTHER 95
- REFUSED 97
- DON'T KNOW 98

IF B6 DOES NOT EQUAL 4 NONE OF THE TIME, SKIP TO B9

B8. [ASK ONLY IF B6=4] Since [RA DATE/DATE OF 12 MONTH INTERVIEW], did you ever live in the same household as him/her? **(Source: Adapted from BSF)**

- Yes 1
- No **(GO TO B10)** 2
- REFUSED 7
- DON'T KNOW 8

SKIP TO B9b

B9. [IF B6=1] **OPTION 1:** Since [[RA DATE/DATE OF 12 MONTH INTERVIEW]], did you ever live apart from [CHILD] for at least a month or more? **(Source: Adapted from Fragile Families Wave 3 follow-up)**

- Yes 1
No **(SKIP TO B10)** 2
REFUSED **(SKIP TO B10)** 7
DON'T KNOW **(SKIP TO B10)** 8

B9a. [IF B6=2 or 3 OR B9=1] Since [RA DATE/DATE OF 12 MONTH INTERVIEW], how many months total did you and [CHILD] live apart?

Number months: _____ **(NOTE:**

ANSWER MUST BE ≥ 1)

GO TO A10

B9b. [IF B8=1] Including this current time of living apart, how many months have you and [CHILD] lived apart since [RA DATE/DATE OF 12 MONTH INTERVIEW]?

Number months: _____ **(NOTE:**

ANSWER MUST BE ≥ 1)

- REFUSED -1
DON'T KNOW -2

B10. Just to check, is his/her birthday [BIRTHDATE LISTED AT BASELINE]?

Yes **(SKIP TO A6 FOR NEXT CHILD OR A11 IF ALL CHILDREN ARE COVERED)**

- 1
No 2
REFUSED 7
DON'T KNOW 8

B10a. IF NO: Can you please tell me his/her correct birthday? ENTER DATE.

Birthday: _____ / _____ / _____ **(SKIP TO B11)**
MM DD YYYY

- REFUSED -1
DON'T KNOW -2

B10b. PROBE: Is the child between the ages of ...?

- 0 to 12 months 1
- 13 to 24 Months 2
- 25 to 36 Months 3
- 37 to 48 Months 4
- 4 to 4 years and 11 months 5
- 5 to 7 years and 11 months 6
- 8 to 8 years and 11 months 7
- 9 to 9 years and 11 months 8
- 10 to 15 years and 11 months 9
- 16 year or older 10
- REFUSED 97
- DON'T KNOW 98

B11. Are there any other children under the age of 18, including biological, adoptive, foster, step, or other children or relatives currently living in your home at least half the time who we have not talked about? Please include all biological, adoptive, foster, step, or other children or relatives.

- Yes 1
- No (**SKIP TO B13**) 2
- REFUSED 7
- DON'T KNOW 8

B12. How many children under the age of 18 are currently living in your home for at least half the time and **who I did not mention before**?

This will include biological, adoptive, foster, step, or other children or relatives currently living in your home at least half the time

Total number of children: _____

- REFUSED -1
- DON'T KNOW -2

B12a. What is the child's first name?	B12b. What is child's last name?	B12c. What is child's date of birth?	B12d. Is the child a...?	B12e. How is the child related to you?	B12f. How is the child related to [BASE SPOUSE]?
A: First Name: _____ REFUSED..... <input type="checkbox"/> 7 DON'T KNOW.. <input type="checkbox"/> 8	Last Name: _____	____/____/____ MM DD YY	Male..... <input type="checkbox"/> 1 Female..... <input type="checkbox"/> 2 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Biological/adoptive child.. <input type="checkbox"/> 1 Step-child..... <input type="checkbox"/> 2 Foster child..... <input type="checkbox"/> 3 Other relative under 18..... <input type="checkbox"/> 4 Other dependent child..... <input type="checkbox"/> 5 Unrelated child..... <input type="checkbox"/> 6 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW..... <input type="checkbox"/> 8	Biological/adoptive child.. <input type="checkbox"/> 1 Step-child..... <input type="checkbox"/> 2 Foster child..... <input type="checkbox"/> 3 Other relative under 18..... <input type="checkbox"/> 4 Other dependent child..... <input type="checkbox"/> 5 Unrelated child..... <input type="checkbox"/> 6 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW..... <input type="checkbox"/> 8
B: First Name: _____ REFUSED..... <input type="checkbox"/> 7 DON'T KNOW.. <input type="checkbox"/> 8	Last Name: _____	____/____/____ MM DD YY	Male..... <input type="checkbox"/> 1 Female..... <input type="checkbox"/> 2 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Biological/adoptive child.. <input type="checkbox"/> 1 Step-child..... <input type="checkbox"/> 2 Foster child..... <input type="checkbox"/> 3 Other relative under 18..... <input type="checkbox"/> 4 Other dependent child..... <input type="checkbox"/> 5 Unrelated child..... <input type="checkbox"/> 6 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW..... <input type="checkbox"/> 8	Biological/adoptive child.. <input type="checkbox"/> 1 Step-child..... <input type="checkbox"/> 2 Foster child..... <input type="checkbox"/> 3 Other relative under 18..... <input type="checkbox"/> 4 Other dependent child..... <input type="checkbox"/> 5 Unrelated child..... <input type="checkbox"/> 6 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW..... <input type="checkbox"/> 8
C: First Name: _____ REFUSED..... <input type="checkbox"/> 7 DON'T KNOW.. <input type="checkbox"/> 8	Last Name: _____	____/____/____ MM DD YY	Male..... <input type="checkbox"/> 1 Female..... <input type="checkbox"/> 2 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW <input type="checkbox"/> 8	Biological/adoptive child.. <input type="checkbox"/> 1 Step-child..... <input type="checkbox"/> 2 Foster child..... <input type="checkbox"/> 3 Other relative under 18..... <input type="checkbox"/> 4 Other dependent child..... <input type="checkbox"/> 5 Unrelated child..... <input type="checkbox"/> 6 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW..... <input type="checkbox"/> 8	Biological/adoptive child.. <input type="checkbox"/> 1 Step-child..... <input type="checkbox"/> 2 Foster child..... <input type="checkbox"/> 3 Other relative under 18..... <input type="checkbox"/> 4 Other dependent child..... <input type="checkbox"/> 5 Unrelated child..... <input type="checkbox"/> 6 REFUSED..... <input type="checkbox"/> 7 DON'T KNOW..... <input type="checkbox"/> 8

Other Adults/Relatives in Households

B13. Are there any other adults 18 years or older who are currently living in your home at least half the time?

- Yes 1
 No (**SKIP TO SECTION C**) 2
 REFUSED 7
 DON'T KNOW 8

B14. How many adults over the age of 18, including yourself, live in your home at least half the time?

- Total number of adults: _____
 REFUSED -1
 DON'T KNOW -2

B15. Can you tell me the first and last name of each of the adults living in your home at least half the time, their gender and their relationship to you?

NAME	Gender	How is (PERSON'S NAME) related to you? RELATIONSHIP TO RESPONDENT (ENTER THE NUMBER FROM THE LIST BELOW THAT CORRESPONDS TO THE RESPONSE)
A15a. _____	Male..... <input type="checkbox"/> 1 Female..... <input type="checkbox"/> 2	_____
A15b. _____	Male..... <input type="checkbox"/> 1 Female..... <input type="checkbox"/> 2	_____
A15c. _____	Male..... <input type="checkbox"/> 1 Female..... <input type="checkbox"/> 2	_____

- | | |
|-------------------|--------------------------------------|
| 1 – Spouse | 12 – Unmarried Partner |
| 2 – New Husband | 13 – Boyfriend/Girlfriend |
| 3 – New Wife | 14 – Son-in-law |
| 4 – Son | 15 – Daughter-in-law |
| 5 – Daughter | 16 – Niece |
| 6 – Mother, | 17 – Nephew |
| 7 – Mother-in-law | 18 – Grandmother, Grandmother-in-law |
| 8 – Father | 19 – Grandfather, Grandfather-in-law |
| 9 – Father-in-law | 20 – Other non-related person |
| 10 – Brother | 95 – Other (specify) |
| 11 – Sister | |

NOTE: THE NUMBER OF RESPONSES IN B15 SHOULD BE EQUAL TO B14 minus 1.

Section C: Marital Status and Stability

The next questions are about you and [BASE SPOUSE].

C1. Are you and [BASE SPOUSE] currently...

Married, meaning that you are legally married or consider yourselves married?

¹
Divorced? ²

Separated? ³

HAD MARRIAGE ANNULLED? ⁴

WIDOWED ⁵

REFUSED ⁷

DON'T KNOW ⁸

WIDOW SCRIPT: "I am so sorry to hear about your loss.

WAIT FOR RESPONSE. Do you think that it would be alright for me to ask you a few questions about you and your children? WAIT FOR RESPONSE, IF RESPONDENT ANSWERS "YES," SKIP TO SECTION F. OTHERWISE IF RESPONDENT ANSWERS "NO," ASK "Would another time be better?" IF YES: RECORD APPOINTMENT TIME: IF NO, SKIP TO TERMINATION SCRIPT.

C2. Are you currently living with [BASE SPOUSE] ...? [Only select one option.]

All of the time ¹

Most of the time (**OPTION 1 IN QUESTION C5a**) ²

Some of the time (**OPTION 1 IN QUESTION C5a**) ³

None of the time (**OPTION 2 IN QUESTION C5a**) ⁴

REFUSED ⁷

DON'T KNOW ⁸

C2a. IF C1=2, 3, 4 or C2=4 [DIVORCED/SEPARATED/MARRIAGE ANNULLED/LIVING APART] When did you and [BASE SPOUSE] [divorce/separate/start living apart]? (**Source: BSF 36 month follow-up**)

ENTER DATE _____/_____
MM YYY

PROBE: If you don't know the exact date, you can just give me the month and year.

C3. [ASK INTRO ONLY IF C2=1,2,3: Many couples who live together may not always see each other all the time due to work schedules and other conflicts.] Over the last three months, how often did you and [BASE SPOUSE] see each other? Was it...

- Every day or almost every day 1
- A few times a week 2
- A few times a month 3
- 1 or 2 times in the past 3 months 4
- Hardly ever or never 5
- REFUSED 7
- DON'T KNOW 8

C4. Over the last three months, how often did you and [BASE SPOUSE] talk to each other? Was it...

- Every day or almost every day 1
- A few times a week 2
- A few times a month 3
- 1 or 2 times in the past 3 months 4
- Hardly ever or never 5
- REFUSED 7
- DON'T KNOW 8

C5. Since [RA DATE/DATE OF 12 MONTH INTERVIEW], have you and [BASE SPOUSE] lived apart for one or more nights? For example, this could include times when you and your spouse were not getting along or when you or your spouse traveled for work, were deployed for the military, or visited family or friends, and one or both of you did not spend the night at home as a result.

- Yes 1
- No (**SKIP TO SECTION D**) 2
- REFUSED (**SKIP TO SECTION D**) 7
- DON'T KNOW (**SKIP TO SECTION D**) 8

IF MARRIED/LIVING APART, DIVORCED/SEPARATED/MARRIAGE ANNULLED, SKIP TO C5A OPTION 2. IF MARRIED/LIVING TOGETHER, ASK C5A OPTION 1 IF C5=1

C5a. **OPTION 1:** [IF C5=1]How many times have you and [BASE SPOUSE] lived apart for one or more nights since [RA DATE/DATE OF 12 MONTH INTERVIEW]?

Number of times: _____**NOTE:**
ANSWER MUST BE ≥ 1

[IF ANSWER IS NOT 0, ASK OPTION 1 IN QUESTIONS C6 AND C7]

C5b. **OPTION 2:** Including this current time of living apart, how many times have you and [BASE SPOUSE] lived apart since [RA DATE/DATE OF 12 MONTH INTERVIEW]?
[ASK OPTION 2 IN QUESTIONS C6 AND C7]

Number times:
_____**(NOTE: ANSWER MUST BE ≥ 1)**

REFUSED -1
DON'T KNOW -2

C6. **OPTION 1:** Thinking about all of the times that you and [BASE SPOUSE] have lived apart since [RA DATE/DATE OF 12 MONTH INTERVIEW], what is the total amount of time (in days or months) that you and [BASE SPOUSE] have lived apart?

OPTION 2: Thinking about all of the times that you and [BASE SPOUSE] lived apart since [RA DATE/DATE OF 12 MONTH INTERVIEW], including this most recent spell apart, what is the total amount of time (in days or months) that you and [BASE SPOUSE] have lived apart?

PROBE: If you don't know the exact amount of time, you can just give me an estimate in days or months of how long you think you were living apart.

_____Days and_____Months

INTERVIEWER NOTE: If less than 1 month, enter number of days, and enter 0 for months. If more than 1 month, enter number of months rounded to the nearest month.

CATI NOTE: VALUES FOR DAYS: 0-31 / MONTHS: 0-12

REFUSED -1
DON'T KNOW -2

C7. **OPTION 1:** For the most recent spell that you and [BASE SPOUSE] lived apart from one another, can you tell me what the main reason was for your separation?

OPTION 2: Can you tell me what the main reason is that you and [BASE SPOUSE] [IF Marital Flag=1, 2, 3 do not currently live together]? [IF MARITAL FLAG=4, divorced]?

[INTERVIEWER: DO NOT READ CHOICES, CODE FOR THE RESPONSE THE RESPONDENT GIVES. IF RESPONDENT CANNOT COME UP WITH A REASON, THEN READ LIST.]

- COMMUNICATION PROBLEMS/ARGUING TOO MUCH 1
- FINANCIAL PROBLEMS/COULDN'T KEEP JOB 2
- POOR PARENTING/BAD ROLE MODEL 3
- ALCOHOL OR DRUG PROBLEMS 4
- DOMESTIC VIOLENCE OR ABUSE 5
- INFIDELITY/UNFAITHFULNESS/CHEATING 6
- WORKS FAR AWAY/BUSINESS TRAVEL 7
- LACK OF SUPPORT FROM FAMILY MEMBERS 8
- INCARCERATED/IN JAIL 9
- IN THE MILITARY 10
- OTHER SPECIFY _____) 95
- REFUSED 97
- DON'T KNOW 98

C7a. Was the reason you and [BASE SPOUSE] [did/do not live together]/divorced because of you, because [BASE SPOUSE], or because of both of you?

- YOU 1
- [BASE SPOUSE] 2
- BOTH 3
- REFUSED 7

Section D: Marital Relationship Outcomes

D1. The next questions are about your relationship with [BASE SPOUSE]. Please tell me if you *strongly agree, agree, disagree, or strongly disagree* with the following statements.

IF C1=2,3,4, THEN ADD: We realize that you are not currently living with [BASE SPOUSE] but we would like to ask you some questions about him/her to understand what your current relationship is like.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
D1a. [BASE SPOUSE] understands that there are times when I do not feel like talking, and times when I do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1b. SKIP IF DIVORCED OR SEPARATED: I trust [BASE SPOUSE] completely.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1c. SKIP IF DIVORCED OR SEPARATED: [BASE SPOUSE] knows and understands me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1d. SKIP IF DIVORCED OR SEPARATED: I am comfortable expressing how I feel about sex with [BASE SPOUSE].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1e. SKIP IF DIVORCED OR SEPARATED: I can count on [BASE SPOUSE] to be there for me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1f. It is hard for me to talk with [BASE SPOUSE] about the important things in our lives.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1g. SKIP IF DIVORCED OR SEPARATED: I believe this relationship can be strong even through hard times.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1h. I feel appreciated by [BASE SPOUSE].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D1i. SKIP IF DIVORCED OR SEPARATED: [BASE SPOUSE] expresses love and affection towards me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

D2. The following questions are about how you and [BASE SPOUSE] feel about your children. When thinking of these questions please include your biological, adoptive, and stepchildren. Please tell me if you *strongly agree*, *agree*, *disagree*, or *strongly disagree* with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
D2a. SKIP IF NO FC, NO REPLACEMENT, NO CHILDREN IN HH: I could/can raise my kids just as well without [BASE SPOUSE].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

D3. These next questions are about extended family, such as grandparents, parents, sisters and brothers, aunts and uncles, and so on. Please tell me if you *strongly agree*, *agree*, *disagree*, or *strongly disagree*.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
D3a. SKIP IF DIVORCED OR SEPARATED: I can count on [BASE SPOUSE] to help with whatever problems my extended family faces.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D3b. SKIP IF DIVORCED OR SEPARATED: [BASE SPOUSE] respects and values my extended family.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

D4. In the last month...[READ ITEM]...Was it *daily*, *2-3 times a week*, *about once a month*, *1-3 times a month*, or *never*?

	Was it...						DK
	Daily	2-3 Times a Week	About Once a Month	1-3 Times a Month	Never	REF	DK
D4a. SKIP IF DIVORCED OR SEPARATED: How often did you and [BASE SPOUSE] spend time together as a couple alone?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	Was it...						
	Daily	2-3 Times a Week	About Once a Month	1-3 Times a Month	Never	REF	DK
D4b. SKIP IF NO FC, NO REPLACEMENT, NO CHILDREN IN HH: How often did you and [BASE SPOUSE] spend time together with your children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D4c. [BASE SPOUSE] and I talk about things that happened during our day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

D5. In the last month, please indicate whether each of the following happened *often*, *sometimes*, *hardly ever*, or *never*.

	Often	Sometimes	Hardly Ever	Never	REF	DK
D5a. [BASE SPOUSE] listens to me when I need someone to talk to.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5b. SKIP IF DIVORCED OR SEPARATED: [BASE SPOUSE] and I have similar views about what is important in life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5c. SKIP IF DIVORCED OR SEPARATED: I do things to show [BASE SPOUSE] I value him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5d. SKIP IF DIVORCED OR SEPARATED: We enjoy doing even ordinary, day-to-day things together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5e. Small issues suddenly become big arguments.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5f. [BASE SPOUSE] and I are good at working out our differences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5g. When we argue, past hurts get brought up again.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5h. [BASE SPOUSE] is rude and mean to me when we disagree.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	Often	Sometimes	Hardly Ever	Never	REF	DK
D5i. [BASE SPOUSE] seems to view my words or actions more negatively than I mean them to be.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5j. I feel respected even when we disagree.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5k. During arguments [BASE SPOUSE] and I are good at taking breaks when we need them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5l. [BASE SPOUSE] and I stay mad at one another after an argument.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D5m. Our arguments become very heated.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

D6. In the last month, when you had a serious disagreement with [BASE SPOUSE], how often did you...

	Often	Sometimes	Hardly Ever	Never	REF	DK
D6a. Just keep your thoughts to yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D6b. Discuss your disagreements respectfully?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D6c. SKIP IF NO FC, NO REPLACEMENT, NO CHILDREN IN HH: Argue in front of the children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D6d. Work on it together to find a resolution?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

D7. How satisfied are you with [INSERT ITEM]? Are you *very satisfied*, *somewhat satisfied*, *somewhat dissatisfied*, *very dissatisfied*?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	REF	DK
D7a. The way you and [BASE SPOUSE] communicate?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D7b. The way you and [BASE SPOUSE] handle your disagreements?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	REF	DK
D7c. SKIP IF DIVORCED OR SEPARATED: The amount of time you spend together as a couple?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D7d. SKIP IF DIVORCED OR SEPARATED: Your sex life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D7e. SKIP IF DIVORCED OR SEPARATED: How you divide household chores?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
D7f. SKIP IF DIVORCED OR SEPARATED: The way that you and [BASE SPOUSE] handle your finances together?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

D8. In the last month, how often did you and [BASE SPOUSE] have a serious disagreement? Was it *often, sometimes, hardly ever, or never?*

- Often 1
- Sometimes 2
- Hardly ever 3
- Never 4
- REFUSED 7
- DON'T KNOW 8

SKIP D9 IF DIVORCED/MARRIAGE ANNULLED/SEPARATED: The next question is about how happy or unhappy you are with your marriage to [BASESPOUSE].

D9. All things considered, on a scale from 1 to 7, where 1 is “completely unhappy” and 7 is “completely happy,” how happy are you with your marriage to [BASE SPOUSE]?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- REFUSED 97
- DON'T KNOW 98

Section E: Co-parenting and Parenting

Aggravation

The next set of questions are about parenting.

- E1. Please tell me if you *strongly agree*, *agree*, *disagree*, or *strongly disagree* with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
E1a. I feel trapped by my responsibilities as a parent.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E1b. I find that taking care of my child(ren) is more work than pleasure.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E1c. By the end of a long hard day I find it hard to be warm and loving toward my child(ren).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E1d. Even when I'm in a bad mood I show my child(ren) a lot of love.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

- E2. The next set of questions are about how parents work together raising their child(ren). Which of the following statements best describes your relationship with [BASE SPOUSE] when it comes to parenting?

- We get along very well ₁
 We get along okay ₂
 We do not get along well at all ₃
 REFUSED ₇
 DON'T KNOW ₈

- E3. For each of these items, do you *strongly agree*, *agree*, *disagree*, or *strongly disagree* with the statement?

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
E3a. When there is a problem with the child(ren), [BASE SPOUSE] and I work out a good solution together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
E3b. [BASE SPOUSE] acts like the kind of parent I want for my child(ren).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E3c. When I'm having a rough day with the child(ren), I can turn to [BASE SPOUSE] for support and advice.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E3d. When I have to make rules for the child(ren), [BASE SPOUSE] backs me up.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

IF NO FOCAL CHILD SKIP TO E5

E4. In the last month, how often did you talk with [BASE SPOUSE] [INSERT STATEMENT]? Was it *often, sometimes, hardly ever, or never*?

	<i>Was it...</i>					
	Often	Sometimes	Hardly Ever	Never	REF	DK
E4a. About how things went in [FOCAL CHILD]'s day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E4b. [IF FC IS 3 OR OLDER] About how [FOCAL CHILD] is doing in school/preschool/daycare	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E4c. About how [FOCAL CHILD] spends his/her time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

E5. Now I would like to read you a list of issues that parents may have disagreements about. For each one, please tell me how often you and [BASE SPOUSE] disagree.

<i>How often would you say you disagree about ...</i>	Often	Sometimes	Hardly Ever	Never	REF	DK
E5a. Setting rules for or disciplining the child(ren)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E5b. The activities that the child(ren) participate in	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E5c. How money is spent on the child(ren)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E5d. Who does childcare tasks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E5e. The amount of time each of you spends with the child(ren)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Now, I'd like to ask you some questions about [FOCAL CHILD]...

IF NO FOCAL CHILD SKIP TO INSTRUCTIONS BEFORE E8

E6. During the past month, how often have you sent a card, letter, e-mail, text message, or made a phone call to [FOCAL CHILD]? Was it...

- Everyday or nearly every day 1
- A few times a week 2
- A few times in the last month 3
- Only once or twice, or 4
- Not at all 5
- REFUSED 7
- DON'T KNOW 8

E7. During the past month, about how often did you spend one or more hours a day with [FOCAL CHILD]? Was it...

- Everyday or nearly every day 1
- A few times a week 2
- A few times in the last month 3
- Only once or twice, or 4
- Not at all 5
- REFUSED 7
- DON'T KNOW 8

NOTE: IF E6 OR E7=5 (PARENT DOES NOT HAVE CONTACT OR SEE FOCAL CHILD), SKIP TO SECTION G.

**IF FOCAL CHILD IS LESS THAN 4 YEARS 11 MONTHS, ASK Q.E8
IF FOCAL CHILD IS 5 YEARS TO 8 YEARS, 11 MONTHS, SKIP TO E9.
IF FOCAL CHILD IS 9 YEARS OLD AND OLDER, SKIP TO E10.**

Involvement/Engagement (4 years, 11 months or younger)

IF [FOCAL CHILD] IS 4 YEARS 11 MONTHS OLD OR YOUNGER ASK ITEMS E8a – E8f.

E8. About how often in the past month have you...

	Every Day or Almost Every Day	A Few Times a Week	A Few Times This Past Month	Never	REF	DK
E8a. Played inside with games or toys with [FOCAL CHILD]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E8b. Taken [FOCAL CHILD] for a walk or to play outside?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E8c. Sung songs or nursery rhymes with [FOCAL CHILD]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E8d. Read books or told stories to [FOCAL CHILD]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E8e. Dealt with [FOCAL CHILD] when he/she did something wrong?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

IF E8e is 'Never,' then ask: Was this because [FOCAL CHILD] did not do anything wrong in the past month? _____

Involvement/Engagement (5 years to 8 years, 11 months)

IF [FOCAL CHILD] IS 5 YEARS - 8 YEARS 11 MONTHS OLD ASK ITEM E9a – E9e.

E9. About how often in the past month have you...

	Every Day or Almost Every Day	A Few Times a Week	A Few Times This Past Month	Never	REF	DK
E9a. Talked with [FOCAL CHILD] about school, grades, and/or other things that he/she does at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E9b. Spent time with [FOCAL CHILD] doing one of his/her favorite activities, like shopping, playing a sport, going to a movie, watching TV, or playing videogames?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E9c. Sung songs or nursery rhymes with [FOCAL CHILD]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	Every Day or Almost Every Day	A Few Times a Week	A Few Times This Past Month	Never	REF	DK
E9d. Read a book with [FOCAL CHILD] or talked about a book he/she was reading?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E9e. Dealt with [FOCAL CHILD] when he/she did something wrong?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

IF E9e is 'Never,' then ask: Was this because [FOCAL CHILD] did not do anything wrong in the past month? _____

Involvement/Engagement (9 years to 15 years)

IF [FOCAL CHILD] IS 9 YEARS - 15 YEARS OLD ASK ITEM E10a – E10e.

E10. About how often in the past month have you:

	Every Day or Almost Every Day	A Few Times a Week	A Few Times This Past Month	Never	REF	DK
E10a. Talked with [FOCAL CHILD] about school, grades, and/or other things that he/she does at school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E10b. Spent time with [FOCAL CHILD] doing one of his/her favorite activities, like shopping, playing a sport, going to a movie, watching TV, or playing videogames?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E10c. Talked with [FOCAL CHILD] about his/her friends or dating relationships?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E10d. Talked about a book [FOCAL CHILD] was reading?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E10e. Dealt with [FOCAL CHILD] when he/she did something wrong?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

IF E10e is 'Never,' then ask: Was this because [FOCAL CHILD] did not do anything wrong in the past month? _____

Monitoring/Supervision

NOTE: IF [FOCAL CHILD] IS 5 YEARS OLD OR OLDER ASK ITEM E11a –E11d, OTHERWISE SKIP TO E12.

E11. Over the past month, how often did you know...

	<i>Would you say it is...</i>						REF	DK
	Always	Usually	Sometimes	Almost Never	Never			
E11a. Where (FOCAL CHILD) spent his or her free time?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	
E11b. How (FOCAL CHILD) spent his or her money or allowance?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	
E11c. Whether (FOCAL CHILD) had finished his/her schoolwork or studying?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	
E11d. Which TV programs (FOCAL CHILD) watched?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	

Warmth and Harsh Discipline

E12. Over the past month, how often have you...

	<i>Was it...</i>						REF	DK
	Every Day or Almost Every Day	A Few Times a Week	A Few Times This Past Month	Never				
E12a. Told [FOCAL CHILD] that you love (him/her)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈		
E12b. Praised [FOCAL CHILD] or told (him/her) that you appreciated something that (he/she) did?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈		
E12c. Laughed with (FOCAL CHILD)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈		
E12d. And [FOCAL CHILD] argued?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈		
E12e. Lost your temper with [FOCAL CHILD]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈		
E12f. Yelled, shouted, screamed at, or threatened [FOCAL CHILD] because you were mad at (him/her)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈		

	<i>Was it...</i>					
	Every Day or Almost Every Day	A Few Times a Week	A Few Times This Past Month	Never	REF	DK
E12g. Hit, spanked, grabbed or used physical punishment with [FOCAL CHILD]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

E13. How close do you feel to [FOCAL CHILD]? Would you say *very much*, *quite a bit*, *somewhat*, *very little*, or *not at all close*? (Source: Add Health Wave 1 Survey)

- Very close 1
- Quite close 2
- Fairly close, or 3
- Not very close 4
- REFUSED 7
- DON'T KNOW 8

Responsive and Empathetic Parenting

E14. During the past month, how often have you....[INSERT STATEMENT]? Was it...

	Always	Usually	Sometimes	Almost Never	Never	REF	DK
E14a. Considered [FOCAL CHILD'S] thoughts and feelings when making rules for [him/her].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E14b. Taken [FOCAL CHILD's] thoughts and feelings into account when you disagreed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E14c. Explained your reasons to [FOCAL CHILD] for when you wanted him/her to do something or not do something?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
E14d. Made decisions that affected [FOCAL CHILD] without talking it over with him/her first?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Section F: Non-resident Parent Involvement

IF MARITAL FLAG=MARRIED/LIVING TOGETHER AND B2=1-3, SKIP TO SECTION G

IF MARITAL FLAG=MARRIED/NOT LIVING TOGETHER OR DIVORCED, SEPARATED, ANNULLED, AND A6=4, SKIP TO F3

IF MARITAL FLAG=MARRIED/NOT LIVING TOGETHER OR DIVORCED/SEPARATED/ ANNULLED, AND A6=1, 2, 3, SKIP TO F1

IF FOCAL CHILD STATUS=1, ASK ALL QUESTIONS

IF FOCAL CHILD STATUS=2, SKIP TO SECTION G

IF FOCAL CHILD STATUS=3, SKIP TO SECTION G

F1. [INTERVIEWER: ASK ONLY TO RESIDENTIAL PARENT, A5=1, 2] During the past month, how many times has [BASE SPOUSE] sent a card, letter, e-mail, text message, or made a phone call to [FOCAL CHILD]? Was it... [READ LIST]

- Everyday or nearly every day 1
- A few times a week 2
- A few times in the last month 3
- Only once or twice, or 4
- Not at all 5
- REFUSED 7
- DON'T KNOW 8

F2. [INTERVIEWER: ASK ONLY TO RESIDENTIAL PARENT, A5=1, 2] During the past month, about how often did [BASE SPOUSE] spend one or more hours with [FOCAL CHILD]? Was it...

- Everyday or nearly every day 1
- A few times a week 2
- A few times in the last month 3
- Only once or twice, or 4
- Not at all 5
- REFUSED 7
- DON'T KNOW 8

Child Support Payment (all ages)

F3. Since you/BASE SPOUSE stopped living with [FOCAL CHILD] all the time, have you ever contributed money or child support for [FOCAL CHILD]'s upbringing?

- Yes 1
No 2
REFUSED 7
DON'T KNOW 8

F4. Thinking about child support, do you have a *legal agreement*, an *informal agreement*, or *no agreement* at all for [FOCAL CHILD] with [BASE SPOUSE]?

- Legal agreement 1
Informal agreement 2
No agreement 3
REFUSED 7
DON'T KNOW 8

F5. Last month, how much money for child support did you give for [FOCAL CHILD]'s upbringing? Please include money that you gave officially through the child support system as well as money that you gave directly to [FORMER SPOUSE] or [FOCAL CHILD].

Record Response: _____

- REFUSED -1
DON'T KNOW -2

F6. Not counting the child support you already told me about, how much extra money did you provide in the past month to help support [FOCAL CHILD]? (**Source: BSF 36 month follow-up**)

Record Response: _____

- REFUSED -1
DON'T KNOW -2

F7. How often do you give any money to support [FOCAL CHILD]’s upbringing? **(Source: BSF 36 month follow-up)**

- At least once a month 1
- A few times a year (3-5) 2
- About once a month 3
- Less than once a year 4
- REFUSED 7
- DON’T KNOW 8

F8. In the last month, have you spent money on [FOCAL CHILD]’s?

	YES	NO	REF	DK
F8a. Clothes?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F8b. Medicine/health care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F8c. Schooling/child care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
F8d. Food?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Section G: Parental Well-being

Financial Strain

- G1. The next set of items will ask you to think about your feelings toward you and your family's financial situation. Please tell us how true the following statements are to your life. Respond with *not true at all*, *somewhat true*, *mostly true*, or *very true*.

	Not True At All	Somewhat True	Mostly True	Very True	REF	DK
G1a. I worry about paying my monthly bills.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G1b. I worry that there won't be enough money to buy clothing, household items, food, and medical care.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G1c. We never seem to have enough money to buy something we'd like to have or go somewhere just for fun.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Anxiety/Depression

- G2. These next questions are about feelings you may have experienced over the past 30 days. During the past 30 days, how often did you feel... [READ ITEM]? *Often*, *sometimes*, *hardly ever*, or *never*.

	Often	Sometimes	Hardly Ever	Never	REF	DK
G2a. So sad that nothing could cheer you up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G2b. Nervous?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G2c. Restless or fidgety?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G2d. Hopeless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G2e. That everything was an effort?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G2f. Worthless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Stress

G3. In the last thirty days, how often have you [READ ITEM]? Was it *often, sometimes, hardly ever, or never?* (Source: Perceived Stress Scale)

	Often	Sometimes	Hardly Ever	Never	REF	DK
G3a. Felt that you were unable to control the important things in your life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G3b. Felt confident about your ability to handle your personal problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G3c. Felt that things were going your way?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
G3d. Felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Substance abuse (Source: BSF 36-month follow-up)

G4. In the last three months, how many times have you had [AMOUNT] or more drinks of alcohol in one day? (4=AMOUNT IF FEMALE; 5=AMOUNT IF MALE)

ENTER NUMBER OF TIMES: _____

REFUSED -1

DON'T KNOW -2

G5. In the last three months, did you have any problems keeping a job because of alcohol or drug use?

Yes 1

No 2

REFUSED 7

DON'T KNOW 8

G6. In the last three months, did you have any problems getting along with family or friends because of alcohol or drug use?

Yes 1

No 2

REFUSED 7

DON'T KNOW 8

G7. And what about [BASE SPOUSE]? In the last three months, did he/she have any problems keeping a job because of alcohol or drug use?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

G8. In the last three months, did [BASE SPOUSE] have any problems getting along with family or friends because of alcohol or drug use?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

Section H: Physical and domestic violence

The next questions are about some difficult issues and decisions people sometimes have to deal with in their marriage. Please remember, if we come to any question you don't want to answer, just let me know and we'll skip it.

The next set of questions asks you about your marriage and your relationship with your spouse/former spouse and you may not want anyone who is nearby to hear your answers. Please remember that all the answers you give us will be kept secure and strictly confidential.

H1. As you are speaking with me, is there someone there with you who can overhear your answers?

- Yes [ASK H1a] 1
- No... **Okay. Let's continue with the survey – GO TO H2** 2
- REFUSED 7
- DON'T KNOW 8

H1a. If you are using a push button phone, you can use the number pad on your phone to give me your answer. This may help you to feel more comfortable if you don't want to say your answer out loud. Would you like to use this technology with me?

- Yes 1
- No... **Okay. Let's continue with the survey – GO TO H2** 2
- REFUSED... **It's turned on. Tell me when you want to use it.**
- Here's the first question (GO TO H2)** 7
- DON'T KNOW 8

H1b. Let's try a practice question first. I'm going to ask you a question and instead of saying your answer out loud, press the number that goes with the answer you choose. If you want to change your answer at any time, just let me know. How much do you agree with the following statement: Strawberry ice cream is better than chocolate ice cream? Press 1 if you strongly agree, press 2 if you somewhat agree, press 3 if you somewhat disagree, and press 4 if you strongly disagree.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4
- REFUSED 7
- DON'T KNOW 8

H1c. According to my computer, you entered [FILL WITH ANSWER]. If you want to, you can change your answer to any of the questions I ask you; just let me know before you re-enter the number. Okay, now we'll go on with the survey

CATI NOTE: IF RESPONDENT VOLUNTEERS THAT SHE/HE HAS BEEN DIVORCED MORE THAN 3 MONTHS AGO, QUESTIONS H2-H7 SHOULD BE SKIPPED OUT.

H2. In the last three months, have you thought about getting services or counseling to help with your marriage?

- Yes 1
- No 2
- DIVORCED MORE THAN 3 MONTHS AGO 3
- REFUSED 7
- DON'T KNOW 8

H3. In the last three months, have you ever thought your marriage was in trouble?

- Yes 1
- No 2
- DIVORCED MORE THAN 3 MONTHS AGO 3
- REFUSED 7
- DON'T KNOW 8

INTERVIEWER: FOR H4 AND H5A, IF RESPONDENT ANSWERED B2=4, DON'T INCLUDE LANGUAGE IN BRACKETS.

H4. SKIP IF DIVORCED/ANNULLED: In the last three months, have you considered [separating or] getting a divorce from [BASE SPOUSE]? **Developed by SHM team**

- Yes (ASK H5A) 1
- No 2
- DIVORCED MORE THAN 3 MONTHS AGO 3
- REFUSED 7
- DON'T KNOW 8

H5. SKIP IF DIVORCED/ANNULLED: In the last three months, have you spoken to anyone about the possibility that you and [BASE SPOUSE] might separate or get a divorce?

- Yes 1
- No [IF H4=NO, SKIP TO H6] 2
- DIVORCED MORE THAN 3 MONTHS AGO 3
- REFUSED 7
- DON'T KNOW 8

H5a. Why did you decide [not to separate from [BASE SPOUSE] or] get a divorce?
(Adapted from BSF 15 month survey)

INTERVIEWER: DO NOT READ OPTIONS; INSERT ANSWER AND CODE FOR RESPONSE

- IMPROVED COMMUNICATION/ARGUING LESS 1
- FINANCIAL SITUATION IMPROVED/EMPLOYMENT 2
- COULDN'T AFFORD TO SEPARATE OR DIVORCE 3
- BETTER PARENTING/ROLE MODEL 4
- WORKING ON/IMPROVING DRUG OR ALCOHOL PROBLEMS 5
- STOPPED DOMESTIC VIOLENCE/ABUSE 6
- ENDED INFIDELITY/CHEATING 7
- SPENDING MORE TIME AT HOME 8
- INCREASED SUPPORT FROM FAMILY MEMBERS 9
- GOT OUT OF JAIL 10
- INCARCERATED 11
- STAYED TOGETHER FOR THE KIDS 12
- STILL DECIDING WHETHER OR NOT TO SEPARATE/DIVORCE 13
- OTHER SPECIFY _____) 95
- REFUSED 97
- DON'T KNOW 98

H6. Sometimes couples are not always sexually faithful to each other. I'm going to read statement to you and then I'd like you to tell me which of the following responses you would say is right. In the last three months, has [BASE SPOUSE] cheated on you with someone else? Would you say...

INSTRUCTION: IF RESPONDENT ANSWERS 'DON'T KNOW' DO NOT PROBE.

- Definitely yes, 1
- Probably yes, 2
- Definitely no, or 3
- Probably no 4
- DIVORCED MORE THAN 3 MONTHS AGO 5
- REFUSED 7
- DON'T KNOW 8

H7. In the last three months, have you cheated on [BASE SPOUSE] with someone else?

- Yes 1
- No 2
- DIVORCED MORE THAN 3 MONTHS AGO 3
- REFUSED 7
- DON'T KNOW 8

Next I'm going to read a list of things that might have happened to you in the past three months.

H8. In the last three months how often...

	<i>Was it...</i>					
	Often	Sometimes	Hardly Ever	Never	REF	DK
H8a. Have you felt afraid that [BASE SPOUSE] would hurt you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H8b. Have your arguments gotten physical?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H8c. Has [BASE SPOUSE] accused you of having an affair?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H8d. Has [BASE SPOUSE] tried to keep you from seeing or talking with your friends or family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H8e. Has [BASE SPOUSE] kept money from you, made you ask for money, or taken your money?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

		<i>Was it...</i>					
		Often	Sometimes	Hardly Ever	Never	REF	DK
H8f.	Has [BASE SPOUSE] yelled or screamed at you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H8g.	Has [BASE SPOUSE] made you feel stupid?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H8h.	Has [BASE SPOUSE] blamed you for his/her problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H8i.	Has [BASE SPOUSE] threatened to hurt you or the children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

H9. In the past three months, how many times did [BASE SPOUSE]...**

		0	1	2	3-5	6+	REF	DK
H9a.	Throw something at you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H9b.	Push, shove, hit, slap, or grab you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H9c.	Use a knife, gun, or weapon on you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H9d.	Choke, slam, kick, burn, or beat you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
H9e.	Use threats or force (like hitting, holding down, or using a weapon) to make you have sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

** The Revised Conflict Tactics Scale (CTS2) items used in this questionnaire are copyrighted. For the complete text of these items, please contact **Western Psychological Services**.

Section I: Child Outcomes

Child Reactivity to Interparental Conflict

The next questions are about [FOCAL CHILD] only:

- I1. [IF FOCAL CHILD IS 2 1/2 YEARS OLD – 4 YEARS 11 MONTHS] I am going to ask you to describe [FOCAL CHILD]'s reactions to seeing arguments and disagreements between you and [BASE SPOUSE] in the last month. Tell me if [FOCAL CHILD] reacts to seeing arguments and disagreements in this way.

		Often	Sometimes	Hardly Ever	Never	DO NOT ARGUE IN FRONT OF CHILDREN
I1a.	[FOCAL CHILD] appears upset.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1b.	[FOCAL CHILD] appears anxious or worried.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1c.	[FOCAL CHILD] is not able to calm down after you argued.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1d.	[FOCAL CHILD] starts hitting, pushing, slapping or throwing things at one or both of you or other family members.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1e.	[FOCAL CHILD] yells at one or both of you or other family members.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1f.	[FOCAL CHILD] tries to hide (for example, by holding his/her head under a blanket or by hiding in another room).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1g.	[FOCAL CHILD] tries to get one or both of your attention, such as signaling to be picked up or bringing up other things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1h.	[FOCAL CHILD] tries to hug or kiss one or both of you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I1i.	[FOCAL CHILD] causes trouble, acts out, or misbehaves.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇

I2. [IF FOCAL CHILD IS 5 YEARS OLD OR OLDER] I am going to ask you to describe [FOCAL CHILD]'s reactions to seeing arguments and disagreements between you and [BASE SPOUSE] in the last month. Tell me if [FOCAL CHILD] reacts to seeing arguments and disagreements in this way.

		Often	Sometimes	Hardly Ever	Never	DO NOT ARGUE IN FRONT OF CHILDREN
I2a.	[FOCAL CHILD] appears upset.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2b.	[FOCAL CHILD] appears anxious or worried.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2c.	[FOCAL CHILD] is not able to calm down.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2d.	[FOCAL CHILD] tries to stay out of your way (for example, by remaining in another room or leaving the room).	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2e.	[FOCAL CHILD] causes trouble, acts out, or misbehaves.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2f.	[FOCAL CHILD] starts hitting, pushing, or yelling at one or both of you or other family members.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2g.	[FOCAL CHILD] yells at one or both of you or other family members.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2h.	[FOCAL CHILD] tries to comfort one or both of you.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I2i.	[FOCAL CHILD] tries to distract one or both of you by bringing up other things.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇

- I3. [IF FOCAL CHILD IS OLDER THAN 4 YEARS OLD] Now I am going to read you a list of items that describe children’s behavior. This list sounds long, so bear with me. Thinking about [FOCAL CHILD]’s behavior, please tell me if the item is *very true*, *somewhat true*, or *not true* of him/her. [FOCAL CHILD]...READ STATEMENT...Is this very true, somewhat true, or not true at all? (Source: Behavior Problems Index)

	Very True	Somewhat True	Not True	REF	DK
I3a. has sudden changes in mood or feelings.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3b. feels or complains that no one loves him or her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3c. is rather high strung, tense, and nervous..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3d. is too fearful or anxious.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3e. is easily confused, or seems to be in a fog.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3f. feels worthless or inferior.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3g. has obsessions.*	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3h. is unhappy, sad, or depressed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3i. is withdrawn or does not get involved with others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3j. clings to adults.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3k. cries too much.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3l. demands a lot of attention.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3m. is too dependent on others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3n. cheats or tells lies.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3o. argues too much	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3p. bullies or is cruel or mean to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3q. is disobedient at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3r. does not seem to feel sorry after misbehavior	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3s. has trouble getting along with other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3t. is impulsive or acts without thinking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3u. has a very strong temper and loses it easily	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3v. breaks things on purpose	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3w. is disobedient at school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇

	Very True	Somewhat True	Not True	REF	DK
I3x. has trouble getting along with teachers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3y. has difficulty concentrating and paying attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3z. is not liked by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3aa. is restless or overly active and cannot sit still	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I3bb. is stubborn, sullen, or irritable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇

- I4. IF FOCAL CHILD IS 3 YEARS 11 MONTHS OLD OR YOUNGER] Now I am going to read you a list of items that describe children's behavior. This list sounds long, so bear with me. Thinking about [FOCAL CHILD]'s behavior, please tell me if the item is *very true*, *somewhat true*, or *not true* of him/her. [FOCAL CHILD]...READ STATEMENT...Is this very true, somewhat true, or not true at all? (**Behavior Problems Index: Adapted for BSF**)

	Very True	Somewhat True	Not True	REF	DK
I4a. has sudden changes in mood or feelings.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4b. feels or complains that no one loves him or her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4c. is rather high strung, tense, and nervous..	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4d. is too fearful or anxious.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4e. is easily confused, or seems to be in a fog.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4f. feels worthless or inferior.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4g. is unhappy, sad, or depressed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4h. is withdrawn or does not get involved with others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4i. clings to adults.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4j. cries too much.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4k. demands a lot of attention.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4l. is too dependent on others.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4m. cheats or tells lies.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4n. argues too much	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4o. bullies or is cruel or mean to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4p. is disobedient at home	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

		Very True	Somewhat True	Not True	REF	DK
I4q.	does not seem to feel sorry after misbehavior	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4r.	has trouble getting along with other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4s.	is impulsive or acts without thinking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4t.	has a very strong temper and loses it easily	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4u.	breaks things on purpose	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4w.	has difficulty concentrating and paying attention	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4x.	is not liked by other children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4y.	is restless or overly active and cannot sit still	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
I4z.	is stubborn, sullen, or irritable	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

15. [IF FOCAL CHILD IS 8 years, 5 months old or younger] I have a few final questions for you about [FOCAL CHILD]'s behavior. Please tell me whether the following statements are *very true, somewhat true, or not true* of [FOCAL CHILD]. [FOCAL CHILD]... READ ITEM...Is that very very true, somewhat true, or not true? (Source: Fast Track Project Child Behavior Questionnaire)

NOTE TO REVIEWERS: Social competence/self-regulation items from this scale will be interspersed with items in age appropriate child behavior checklist.

	Very True	Somewhat True	Not True	REF	DK
15a. Copes well with disappointment or frustration	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15b. Accepts things not going his or her way	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15c. [FOCAL CHILD]'s feelings are easily hurt	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15d. Controls temper when there is a disagreement***	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15e. Stops and calms down when frustrated or upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15f. Thinks before acting	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15g. Usually does what I tell him/her to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15h. Is patient when he/she wants something	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15i. Is obedient and follows rules	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15j. Waits his/her turn during activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15k. Sticks with an activity until it is finished	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15l. Is able to concentrate or focus on an activity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15m. Shares with others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15n. Is helpful to others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15o. Resolves problems with other children on his or her own	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15p. Listens to other people's points of view***	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15q. Cooperates	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
15r. Understands other people's feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇

	Very True	Somewhat True	Not True	REF	DK
I5s. Expresses needs and feelings appropriately	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I5t. Gets along well with others kids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I5u. Shows concern for other people's feelings	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇
I5v. Is admired and well liked by other kids	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇

*****DO NOT ASK ITEM TO CHILD WHO IS YOUNGER THAN 3 YEARS OLD**

School Engagement (Source: Fast Track Parent Follow-up)

16. [IF FOCAL CHILD IS 5 YEARS OLD OR OLDER] Based on your knowledge of [FOCAL CHILD]’s schoolwork, how well is he/she currently doing in school?

INTERVIEWER: If respondent volunteers that child is currently not in school, ask her/him to think about the last three months that the child was in school.

- Very well 1
- Well 2
- Somewhat well 3
- Not well at all 4
- Focal child dropped out of school 5
- Refused 7
- DON’T KNOW 8

17. I am going to read a list of items that sometimes describe children. For each item, please tell me if this is true for (any of) your children during the past three months.

INTERVIEWER: IF YES, ASK: WHICH CHILD?

	Yes	No	REF	DK	Which of your children does this behavior describe?
I7a. Have any of your children ever had an accident or injury that required medical attention?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7b. Do any of your children ever hit, kick, push, or hurt other children or adults outside the family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7c. Do any of your children ever destroy things that belong to others on purpose?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7d. Have you ever gotten a call or note home because any of your children had a behavior or discipline problem at daycare or school?*	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7e. Are any of your children very timid or afraid of new things or new situations?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7f. Are any of your children high-strung, tense, or nervous?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____

	Yes	No	REF	DK	Which of your children does this behavior describe?
I7g. Are any of your children unhappy, sad, or depressed?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7h. Do any of your children withdraw and want to be alone a lot?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7i. Do any of your children smoke, drink, use drugs, or skip school? **	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7j. Do any of your children have a lot of difficulty getting along with other children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7k. Do any of your children have sleep problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7l. Do any of your children have tantrums or angry outbursts?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7m. Have any of your children ever run away from home for a night or more?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7n. Do any of your children have a lot of trouble paying attention or concentrating?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____
I7o. Have any of your children been suspended or expelled from daycare/preschool/ school?*	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	_____

***Ask only to parents with a child older than 3 years old living in home**

****Ask only to parents with a child older than 9 years old living in home**

Disabilities Among Children in the Household (Adapted from SHM Baseline questionnaire)

I8. [Does your child/Do any of your children] that live with you at least half the time have a physical, emotional, or mental condition, or behave in ways that demand extra attention from you?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

I9. Do any of the children who live with you at least half of the time have a physical, emotional, or mental condition or behave in ways that put severe stress on your relationship with [BASE SPOUSE]?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

Section J: Economic Security

Employment

The next questions are about your work.

- J1. Have you worked for pay at any time during the past 12 months? Please include odd jobs and temporary jobs.

Yes 1
No 2
REFUSED 7
DON'T KNOW 8

- J2. During the past 12 months, has there been a time when you wished you were working, but could not find a job?

Yes 1
No 2
REFUSED 7
DON'T KNOW 8

IF J1=2, 7, 8, SKIP TO J11

- J3. How many months did you work for pay in the past 12 months?

Record Response: _____

REFUSED -1
DON'T KNOW -2

- J4. Did you work for pay in the past month?

Yes 1
No (**SKIP TO QUESTION J7**) 2
REFUSED (**SKIP TO QUESTION J7**) 7
DON'T KNOW (**SKIP TO QUESTION J7**) 8

J5. What were your total earnings in the past month before taxes and other deductions? Please include tips, commissions, and overtime pay.

PLEASE ENTER IF RESPONDENT PROVIDED THE AMOUNT IN WHOLE DOLLARS...

Before taxes **without** probing: \$_____

REFUSED -1
DON'T KNOW -2

J6. How many hours per week did you typically work last month?

Record Response: _____

(SKIP TO

QUESTION J8)

REFUSED -1
DON'T KNOW -2

J7. Thinking about the last month that you did work, what were your total earnings during that month before taxes and other deductions? Please include tips, commissions, and overtime pay.

Record Response: _____

REFUSED -1
DON'T KNOW -2

J8. In the last 12 months, have you been fired or laid off from work?

Yes 1
No 2
REFUSED 7
DON'T KNOW 8

J9. In the last 12 months, did you have an odd job or a temporary job that ended?

Yes 1
No 2
REFUSED 7
DON'T KNOW 8

J10. In the last 12 months, have you had your hours cut back by your employer?

- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 8

Income

Now, please tell me whether you, or other members of your household have received income from these sources in the past month. This includes anyone who you support and/or supports you and lives in your household.

J11. Did you, or other members of your household receive income from this source in the past month?

	Yes	No	REF	DK	IF YES, How much [INSERT INCOME SOURCE] did you receive in the past month?	IF YES: How many months did you receive TANF assistance?
J11a. Cash welfare which is also known as TANF, or [Local name of TANF]?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	\$ _____	_____
J11b. Food stamp benefits?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	\$ _____	_____
J11c. Disability insurance such as Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	\$ _____	_____
J11d. Unemployment Insurance Benefits or UI?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	\$ _____	_____
J11e. Child support?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	\$ _____	_____
J11f. Money from friends or relatives outside of the household?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	\$ _____	_____
J11g. Earnings from other family members before taxes or other deductions during the past month? Please include tips, commissions, and overtime pay.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	\$ _____	_____

J12. In the past month, did you or other members of your household receive money from any other source, such as rent from boarders, other government benefits, or any other income we have not already talked about?

- Yes 1
No (**SKIP TO QUESTION J13**) 2
REFUSED (**SKIP TO QUESTION J13**) 7
DON'T KNOW (**SKIP TO QUESTION J13**) 8

J12a. How much money from these other sources did you or other members of your household receive in the past month?

Record Response: _____

- REFUSED -1
DON'T KNOW -2

Material Hardship (Adapted from Minnesota Family Investment Project Follow-up [MFIP] questionnaire)

J13. In the last month, did any of your children ever skip a meal because there wasn't enough money for food?

- Yes 1
No (**SKIP TO QUESTION J16**) 2
REFUSED (**SKIP TO QUESTION J16**) 7
DON'T KNOW (**SKIP TO QUESTION J16**) 8

J14. How many days did this happen in the last month?

Record Response: _____

- REFUSED -1
DON'T KNOW -2

J15. Which of these statements best describes the food eaten by you and other living in your household during the last month?

- Enough of the kind of food we wanted 1
- Enough but not always the kinds of food we wanted to eat 2
- Sometimes not enough to eat 3
- Often not enough to eat 4
- Don't Know 7
- REFUSED 8

J16. In the past 12 months, has there been a time when you and your immediate family (people who were living with you at the time): **(Source: New Hope 24 month, BSF 15 month, MFIP)**

	Yes	No	REF	DK
J16a. Were without telephone service for any reason?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
J16b. Didn't pay the full amount of the rent or mortgage?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
J16c. Were evicted from your home or apartment for not paying the rent or mortgage?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
J16d. Had service turned off by the gas/electric company, or the oil company wouldn't deliver oil because the payments were not made?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
J16e. Had someone who needed to see a doctor or go to the hospital but could not go because there was not enough money?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
J16f. Had someone who needed to see a dentist but could not go because there was not enough money?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
J16g. Considered filing for bankruptcy?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Residential Instability

J17. Are you living in the same house or apartment as you were in [RA DATE/DATE OF 12 MONTH INTERVIEW]?

IF YES, SKIP TO J19

- Yes 1
No 2
REFUSED 7
DON'T KNOW 8

J18. How many times altogether have you moved since [RA DATE/DATE OF 12 MONTH INTERVIEW], including your most recent move?

Record Response: _____

- REFUSED -1
DON'T KNOW -2

J19. Is [FOCAL CHILD] living in the same house or apartment as she/he was in [RA DATE/DATE OF 12 MONTH INTERVIEW]? **(Adapted from BSF 36 month follow-up)**

IF YES, SKIP TO J21

- Yes 1
No 2
REFUSED 7
DON'T KNOW 8

J20. How many times altogether has he/she moved since [RA DATE/DATE OF 12 MONTH INTERVIEW], including his/her most recent move?

Record Response: _____

- REFUSED -1
DON'T KNOW -2

INTERVIEWER: If respondent volunteers that the child has moved between the homes of the mother and father due to a joint custody agreement and not because either the father or mother actually moved, please tell him/her not to include the times that the child spent time with the other parent.

Health Insurance Coverage

The next questions are about health insurance coverage.

J21. Is [FOCAL CHILD] currently covered by Medicaid, [STATE/LOCAL], or any other government program that pays for medical care? **(Source: BSF 15 month follow-up)**

- Yes **(SKIP TO J23)** 1
No 2
REFUSED 7
DON'T KNOW 8

J22. Is [FOCAL CHILD] currently covered by health insurance through your or someone else's employer, or insurance purchased directly from a private insurance company? **(BSF 15 month follow-up; MFIP)**

- Yes 1
No 2
REFUSED 7
DON'T KNOW 8

J23. Are you currently covered by Medicaid, [STATE/LOCAL], or any other government program that pays for medical care?

- Yes **(SKIP TO NEXT SECTION)** 1
No 2
REFUSED 7
DON'T KNOW 8

J24. Are you currently covered by health insurance through your or someone else's employer, or insurance purchased directly from a private insurance company?

- Yes 1
No 2
REFUSED 7
DON'T KNOW 8

Section K: Participation in Services

Marriage Education Services

Now I will be asking about experiences you've had and services you may have received since [RA DATE/DATE OF 12 MONTH INTERVIEW].

K1. Since [RA DATE/DATE OF 12 MONTH INTERVIEW], have you been enrolled in any program(s) where you received services or counseling to help you work on your marriage or your relationship in a group setting? These could be by yourself or with your spouse. Please include any services you got from [PROGRAM NAME].

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

K1a. Since [RA DATE/DATE OF 12 MONTH INTERVIEW], have you received marriage education, marriage counseling or mentoring services in a group setting by yourself or with your spouse? Please include any services you got from [PROGRAM NAME]?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

K2. Since [[RA DATE/DATE OF 12 MONTH INTERVIEW]], how many different organizations did you go to for these services?

INTERVIEWER: RECORD TOTAL NUMBER OF PROGRAMS. IF DON'T KNOW PROBE FOR BEST ESTIMATE

Total number of programs: _____

- REFUSED -1
- DON'T KNOW -2

CATI NOTE: IF DON'T KNOW OR REFUSED, LOOP BACK TO QUESTION 1a. RANGE FOR TOTAL NUMBER OF PROGRAMS IS FROM 1 TO 15.

IF Q2 IS MORE THAN 2: We are only interested in the two programs you attended right after [RA DATE/DATE OF 12 MONTH INTERVIEW].

For the <first/second > program you attended right after [RA DATE/DATE OF 12 MONTH INTERVIEW],

K3. What is the name of the organization or program that provided this group class or workshop?

PROBE: Where was this class, workshop or group held?

Name of organization: _____

REFUSED -1

DON'T KNOW -2

CATI NOTE:

RANGE FOR TOTAL NUMBER OF PROGRAMS IS FROM 1 TO 15.

QUESTIONS 4 –5 SHOULD BE ASKED FOR EACH PROGRAM – UP TO 2 PROGRAMS.

IF RESPONDENT'S ANSWER MORE THAN 2 DIFFERENT PROGRAMS, CATI WILL LOOP FOR 2 PROGRAMS ONLY.

DISPLAY TEXT FOR FIRST, SECOND, BASED ON THE ANSWER TO QUESTION 2.

K4. [IF FIRST PROGRAM ATTENDED/ONLY PROGRAM ATTENDED] How many times did you attend these classes or workshops since [RA DATE/DATE OF 12 MONTH INTERVIEW]? Was it...

[IF SECOND PROGRAM ATTENDED] For the second program that you participated in after [[RA DATE/DATE OF 12 MONTH INTERVIEW]], how many times did you attend the classes or workshops since [RA DATE/DATE OF 12 MONTH INTERVIEW]?

Once 1

Two to five times 2

Six to 10 times 3

More than 10 times 4

REFUSED 7

DON'T KNOW 8

K5. How often did you attend with your spouse? Was it...

Always 1

Sometimes 2

Seldom 3

Never 4

REFUSED 7

DON'T KNOW 8

CATI NOTE: BASED ON # OF PROGRAMS, LOOP BACK THRU 4-5 TO COLLECT INFORMATION FOR SECOND PROGRAM IF APPLICABLE. QUESTION 6 SHOULD BE ASKED AFTER GOING THROUGH E4-E5 FOR FIRST TWO PROGRAMS ATTENDED.

K6. Other than the <DISPLAY ANSWER FROM QUESTION 2> programs you mentioned, did you enroll in any other program to receive classes, workshops, groups, or retreats to help you work on your marriage or relationship with your spouse in a group setting?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

K6a. Since [[RA DATE/DATE OF 12 MONTH INTERVIEW]], and in addition to the <DISPLAY ANSWER FROM QUESTION 2> you mentioned before, how many of these different programs did you enroll in?

INTERVIEWER: RECORD TOTAL NUMBER OF PROGRAMS. IF DON'T KNOW PROBE FOR BEST ESTIMATE

Total number of programs: _____

- REFUSED -1
- DON'T KNOW -2

CATI NOTE: IF DON'T KNOW OR REFUSED, LOOP BACK TO QUESTION 6.

IF WE HAVE ALREADY COLLECTED INFORMATION ON 2 PROGRAMS, SKIP TO LOGIC 7.

PROGRAMMER: CALCULATE A NEW VARIABLE FOR TOTAL NUMBER OF PROGRAMS BASED ON Q2 AND 6a.

K7. Are you *currently* receiving any services, including classes, workshops, retreats, or other group activities with or without your spouse, to help with your marriage or relationship?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

Now we would like you to think about programs or places where you received **one-on-one services** to help with your marriage or your relationship. These are services that you or your spouse may have received from a counselor or clergy. Some people call these one-on-one services marital therapy, counseling, or couples' counseling. Please do not include meetings that you, or you and your spouse had with individual staff at [PROGRAM NAME], such as meetings with your [FAMILY SUPPORT STAFF MEMBER: USE STAFF TITLE BY SITE].

K8. Since [RA DATE/DATE OF 12 MONTH INTERVIEW], did you receive one-on-one services with just you and a counselor that may have included your spouse?

PROBE IF NEEDED: Some people call these one-on-one services marital therapy, counseling, or couples' counseling.

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

K9. Since [[RA DATE/DATE OF 12 MONTH INTERVIEW]] at how many places did you receive one-on-one services?

INTERVIEWER: RECORD TOTAL NUMBER OF PROGRAMS. IF DON'T KNOW PROBE FOR BEST ESTIMATE

Total number of places: _____

- REFUSED -1
- DON'T KNOW -2

CATI NOTE:

RANGE FOR TOTAL NUMBER OF PROGRAMS IS FROM 1 TO 15.

ASK E10 ONLY ABOUT THE FIRST PROGRAM ATTENDED. QUESTIONS E11 – E12 SHOULD BE ASKED FOR EACH PLACE/PROGRAM.

DISPLAY TEXT FOR FIRST, SECOND, BASED ON THE ANSWER TO E9.

Now I am going to ask you a series of questions for each of the <DISPLAY ANSWER FROM 9> programs or places where you received one-on one services or counseling to help you work on your marriage or your relationship.

IF QUESTION 9 IS MORE THAN 2: We are only interested in the two programs you attended right after [[RA DATE/DATE OF 12 MONTH INTERVIEW]].

For the <first> place you received services,

K10. What is the name of the place or program that provided these one-on-one services?

Name of place or program: _____

- REFUSED -1
- DON'T KNOW -2

K11. [IF FIRST PROGRAM ATTENDED/ONLY PROGRAM EVER ATTENDED] About how many times since [RA DATE/DATE OF 12 MONTH INTERVIEW] did you receive these one-on-one services to help you work on your marriage or your relationship? Was it...

[IF SECOND PROGRAM ATTENDED] For the second program, how many times since [RA DATE/DATE OF 12 MONTH INTERVIEW] did you receive these one-on-one services?

- Once 1
- Two to five times 2
- Six to 10 times 3
- More than 10 times 4
- REFUSED 7
- DON'T KNOW 8

K12. How often did you attend this one-on-one service with your spouse? Was it...

- Always 1
- Sometimes 2
- Seldom 3
- Never 4
- REFUSED 7
- DON'T KNOW 8

K13. Other than the <DISPLAY ANSWER FROM 9> programs or places you mentioned, did you attend any other program to receive one-on-one services that may have included your spouse to help you work on your marriage or relationship?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

K13a. Since [RA DATE/DATE OF 12 MONTH INTERVIEW] and in addition to the <DISPLAY ANSWER FROM 9>, at how many places did you receive these services?

INTERVIEWER: RECORD TOTAL NUMBER OF PROGRAMS. IF DON'T KNOW PROBE FOR BEST ESTIMATE

Total number of places: _____

- REFUSED -1
- DON'T KNOW -2

BASE FOR 14: SKIP 14 IF MARITAL FLAG=DIVORCED OR ANNULLED.

K14. Are you *currently* receiving any one-on-one services to help with your marriage or relationship?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

K15. Now we are asking about other types of services you might have received since [RA DATE/DATE OF 12 MONTH INTERVIEW].

There are many kinds of programs and organizations that help people find jobs, training, food, housing, childcare, health care, and help with other challenges they may face. For each of the following, please tell me whether you have spoken with anyone from an agency, program, or school, or with a social worker, case manager or counselor offering these kinds of help since [RA DATE/DATE OF 12 MONTH INTERVIEW]?

<i>Since [RA DATE/DATE OF 12 MONTH INTERVIEW], did you speak to anyone about...</i>	Yes	No	REF	DK
K15a. Participating in any classes, groups, or workshops to help you improve your parenting skills?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15b. Participating in a job search or job training program?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15c. Participating in classes to finish high school, get a GED, or go to college?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15d. Taking classes to learn English?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15e. Getting services to help you with anger management or domestic violence issues?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15f. Getting services to help you deal with a drug or alcohol problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15g. Getting help finding or paying for child care while you or your spouse worked?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15h. Getting help finding a place to live?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15i. Getting help in receiving Food Stamps, TANF, Medicaid, or medical care?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15j. Getting help handling a financial emergency such as a possible eviction or if your car broke down, etc.?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
K15k. Getting services to help you deal with mental health issues?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Section L: Questions about Current Partner

ASK QUESTIONS IN SECTION L ONLY IF RESPONDENT IS SEPARATED, DIVORCED, ANNULLED, WIDOWED, OR MARRIED/NOT LIVING TOGETHER.

You mentioned at the beginning of the survey that you are currently separated from/divorced from/not living with [BASE SPOUSE].

- L1. Are you currently involved in a romantic relationship with someone other than [BASE SPOUSE]?
NOTE: "BASE SPOUSE" IS THE PERSON THAT THE RESPONDENT WAS MARRIED TO WHEN HE/SHE ENTERED THE STUDY.

Yes 1
No (**SKIP TO SECTION M**) 2
REFUSED (**SECTION M**) 7
DON'T KNOW (**SKIP TO SECTION M**) 8

- L1a. What is his/her name? _____
ENTER NAME: USE TO POPULATE CURRENT PARTER FLAG IN FUTURE SECTIONS

INTERVIEWER: IF RESPONDENT HESITATES, SAY WE ARE ONLY INTERESTED IN THIS SO WE CAN REFER TO THE CURRENT PARTNER THROUGHOUT LATER SECTIONS OF THE SURVEY.

L1a1: Does he/she have a nickname that he/she usually goes by?
IF YES:

L1a2: What is his/her nickname: _____
ENTER NAME: USE TO POPULATE CURRENT PARTNER FLAG IN FUTURE SECTIONS.

- L1b. Do you currently live with [L1a NAME] in the same household...

All of the time, 1
Most of the time, 2
Some of the time, 3
None of the time, or 4
REFUSED 7
DON'T KNOW 8

[IF L1b= 1, 2, 3] How long has [L1a NAME] been living in the same household with you?

ENTER DAYS, MONTH, YEAR

L1c. Are you currently married to [L1a NAME]?

- Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 8

L1d. When did you and [L1a NAME] get married?

ENTER DAY, MONTH, YEAR

L2. [IF L1b=1, 2, 3 AND/OR L1c= 1] We'd like to ask you some questions about your relationship with [CURRENT PARTNER]. Please tell me if you *strongly agree, agree, disagree, or strongly disagree* with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
L2a. [CURRENT PARTNER] understands that there are times when I do not feel like talking, and times when I do.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2b. I trust [CURRENT PARTNER] completely.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2c. [CURRENT PARTNER] knows and understands me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2d. I am comfortable expressing how I feel about sex with [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2e. I can count on [CURRENT PARTNER] to be there for me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2f. It is hard for me to talk with [CURRENT PARTNER] about the important things in our lives.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2g. I believe this relationship can be strong even through hard times.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2h. I feel appreciated by [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L2i. [CURRENT PARTNER] expresses love and affection towards me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

- L3. The following question is about how you and [CURRENT PARTNER] feel about your children. When thinking of these questions please include your biological, adoptive, and stepchildren. Please tell me if you *strongly agree*, *agree*, *disagree*, or *strongly disagree* with the following statement.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
L3a. SKIP IF NO FC, NO REPLACEMENT, NO CHILDREN IN HH: I could/can raise my kids just as well without [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

- L4. These next questions are about extended family, such as grandparents, parents, sisters and brothers, aunts and uncles, and so on. Please tell me if you *strongly agree*, *agree*, *disagree*, or *strongly disagree*.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
L4a. I can count on [CURRENT PARTNER] to help with whatever problems my extended family faces.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L4b. [CURRENT PARTNER] respects and values my extended family.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

- L5. In the last month...[READ ITEM]...Was it *daily*, *2-3 times a week*, *about once a month*, *1-3 times a month*, or *never*?

	Was it...					REF	DK
	Daily	2-3 Times a Week	About Once a Month	1-3 Times a Month	Never		
L5a. How often did you and [CURRENT PARTNER] spend time together as a couple alone?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L5b. SKIP IF NO FC, NO REPLACEMENT, NO CHILDREN IN HH: How often did you and [CURRENT PARTNER] spend time together with your children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L5c. [CURRENT PARTNER] and I talk about things that happened during our day.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

L6. Thinking about your relationship with [CURRENT PARTNER], please indicate whether each of the following happened *often*, *sometimes*, *hardly ever*, or *never*.

	Often	Sometimes	Hardly Ever	Never	REF	DK
L6a. [CURRENT PARTNER] listens to me when I need someone to talk to.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6b. [CURRENT PARTNER] and I have similar views about what is important in life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6c. I do things to show [CURRENT PARTNER] I value him/her.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6d. We enjoy doing even ordinary, day-to-day things together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6e. Small issues suddenly become big arguments.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6f. [CURRENT PARTNER] and I are good at working out our differences.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6g. When we argue, past hurts get brought up again.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6h. [CURRENT PARTNER] is rude and mean to me when we disagree.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6i. [CURRENT PARTNER] seems to view my words or actions more negatively than I mean them to be.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6j. I feel respected even when we disagree.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6k. During arguments [CURRENT PARTNER] and I are good at taking breaks when we need them.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6l. [CURRENT PARTNER] and I stay mad at one another after an argument.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L6m. Our arguments become very heated.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

L7. In the last month, when you had a serious disagreement with [CURRENT PARTNER], how often did you...

	Often	Sometimes	Hardly Ever	Never	REF	DK
L7a. Just keep your thoughts to yourself?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L7b. Discuss your disagreements respectfully?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

	Often	Sometimes	Hardly Ever	Never	REF	DK
L7c. SKIP IF NO FC, NO REPLACEMENT, NO CHILDREN IN HH: Argue in front of the children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L7d. Work on it together to find a resolution?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

L8. When thinking about your relationship with [CURRENT PARTNER] how satisfied are you with [INSERT ITEM]? Are you *very satisfied*, *somewhat satisfied*, *somewhat dissatisfied*, *very dissatisfied*?

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	REF	DK
L8a. The way you and [CURRENT PARTNER] communicate?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L8b. The way you and [CURRENT PARTNER] handle your disagreements?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L8c. The amount of time you spend together as a couple?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L8d. Your sex life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L8e. How you divide household chores?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L8f. The way that you and [CURRENT PARTNER] handle your finances together?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

L9. In the last month, how often did you and [CURRENT PARTNER] have a serious disagreement? Was it *often*, *sometimes*, *hardly ever*, or *never*?

- Often 1
- Sometimes 2
- Hardly ever 3
- Never 4
- REFUSED 7
- DON'T KNOW 8

The next question is about how happy or unhappy you are with your [MARRIAGE/RELATIONSHIP] to [CURRENT PARTNER].

L10. All things considered, on a scale from 1 to 7, where 1 is “completely unhappy” and 7 is “completely happy,” how happy are you with your [marriage to/relationship with] [CURRENT PARTNER]?

1 2 3 4 5 6 7

REFUSED 97
 DON'T KNOW 98

L11. Please tell me if you strongly agree, agree, disagree, or strongly disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
L11a. When [CURRENT PARTNER] and my relationship is going well, I usually know why it is.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L11b. When [CURRENT PARTNER] and my relationship is not going well, I usually know why not.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

L12. How often do you think about how it’s going in your relationship with [CURRENT PARTNER]?
(Adapted from BSF 36 month survey)

All the time 1
 Often 2
 Sometimes 3
 Rarely 4
 Never 5
 REFUSED 7
 DON'T KNOW 8

L13. I just have a few more questions about how you feel about your relationship with [CURRENT PARTNER].

Would you say that the following statements are very true, true, somewhat true, or not true at all of your relationship with [CURRENT PARTNER].

	<i>Is that...</i>					
	Very True	True	Somewhat True	Not True	REF	DK
L13a. It is easy for me to be emotionally close to [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L13b. I worry that I will be hurt if I allow myself to become too close to [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L13c. I am comfortable depending on [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L13d. It is very important to me to feel independent and self-sufficient in my relationship with [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L13e. I am comfortable being without a close relationship with [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L13f. I am comfortable having my [CURRENT PARTNER] depend on me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L13g. I want to be completely emotionally intimate with [CURRENT PARTNER].	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L13h. I do not worry about being without a partner.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

The next questions are about some difficult issues and decisions people sometimes have to deal with in their marriage or relationship. These questions are about your [marriage/relationship] with [CURRENT PARTNER] and you may not want anyone who is nearby to hear your answers. Please remember that all the answers you give us will be kept secure and strictly confidential.

L14. As you are speaking with me, is there someone there with you who can overhear your answers?

- Yes [ASK L14a) 1
- No... **Okay. Let's continue with the survey – GO TO L15** 2
- REFUSED 7
- DON'T KNOW 8

L14a. If you are using a push button phone, you can use the number pad on your phone to give me your answer. This may help you to feel more comfortable if you don't want to say your answer out loud. Would you like to use this technology with me?

- Yes 1
- No... **Okay. Let's continue with the survey – GO TO L15** 2
- REFUSED... **It's turned on. Tell me when you want to use it.**
- Here's the first question (GO TO L15)** 7
- DON'T KNOW 8

L14b. Let's try a practice question first. I'm going to ask you a question and instead of saying your answer out loud, press the number that goes with the answer you choose. If you want to change your answer at any time, just let me know. How much do you agree with the following statement: Strawberry ice cream is better than chocolate ice cream? Press 1 if you strongly agree, press 2 if you somewhat agree, press 3 if you somewhat disagree, and press 4 if you strongly disagree.

- Strongly Agree 1
- Somewhat Agree 2
- Somewhat Disagree 3
- Strongly Disagree 4
- REFUSED 7
- DON'T KNOW 8

L14c. According to my computer, you entered [FILL WITH ANSWER]. If you want to, you can change your answer to any of the questions I ask you; just let me know before you re-enter the number. Okay, now we'll go on with the survey .

L15. In the last three months, have you thought about getting services or counseling to help with your [marriage/relationship]?

- Yes 1

No 2
 REFUSED 7
 DON'T KNOW 8

L16. In the last three months, have you ever thought your [marriage/relationship] was in trouble?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 8

L17. In the last three months, have you considered [separating or] getting a divorce from [CURRENT PARTNER]? **Developed by SHM team**

Yes (ASK L18a) 1
 No 2
 REFUSED 7
 DON'T KNOW 8

L18. In the last three months, have you spoken to anyone about the possibility that you and [CURRENT PARTNER] might [separate/get a divorce]?

Yes 1
 No 2
 REFUSED 7
 DON'T KNOW 8

L18a. Why did you decide [not to separate from [CURRENT PARTNER] or] get a divorce? **(Adapted from BSF 15 month survey)**

INTERVIEWER: DO NOT READ OPTIONS; INSERT ANSWER AND CODE FOR RESPONSE

IMPROVED COMMUNICATION/ARGUING LESS 1
 FINANCIAL SITUATION IMPROVED/EMPLOYMENT 2
 COULDN'T AFFORD TO SEPARATE OR DIVORCE 3
 BETTER PARENTING/ROLE MODEL 4
 WORKING ON/IMPROVING DRUG OR ALCOHOL PROBLEMS 5
 STOPPED DOMESTIC VIOLENCE/ABUSE 6
 ENDED INFIDELITY/CHEATING 7

- SPENDING MORE TIME AT HOME 8
- INCREASED SUPPORT FROM FAMILY MEMBERS 9
- GOT OUT OF JAIL 10
- INCARCERATED 11
- STAYED TOGETHER FOR THE KIDS 95
- STILL DECIDING WHETHER OR NOT TO SEPARATE/DIVORCE 95
- OTHER SPECIFY _____) 95
- REFUSED 97
- DON'T KNOW 98

L19. Sometimes couples are not always sexually faithful to each other. I'm going to read statement to you and then I'd like you to tell me which of the following responses you would say is right. In the last three months, has [CURRENT PARTNER] cheated on you with someone else? Would you say...

INSTRUCTION: IF RESPONDENT ANSWERS 'DON'T KNOW' DO NOT PROBE.

- Definitely yes, 1
- Probably yes, 2
- Definitely no, or 3
- Probably no 4
- REFUSED 7
- DON'T KNOW 8

L20. In the last three months, have you cheated on [CURRENT PARTNER] with someone else?

- Yes 1
- No 2
- REFUSED 7
- DON'T KNOW 8

Next I'm going to read a list of things that might have happened to you in the past three months.

L21. In the last three months how often...

	<i>Was it...</i>					
	Often	Sometimes	Hardly Ever	Never	REF	DK
L21a. Have you felt afraid that [CURRENT PARTNER] would hurt you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21b. Have your and [CURRENT PARTNER'S] arguments gotten physical?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21c. Has [CURRENT PARTNER] accused you of having an affair?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21d. Has [CURRENT PARTNER] tried to keep you from seeing or talking with your friends or family?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21e. Has [CURRENT PARTNER] kept money from you, made you ask for money, or taken your money?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21f. Has [CURRENT PARTNER] yelled or screamed at you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21g. Has [CURRENT PARTNER] made you feel stupid?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21h. Has [CURRENT PARTNER] blamed you for his/her problems?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L21i. Has [CURRENT PARTNER] threatened to hurt you or the children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

L22. In the past three months, how many times did [CURRENT PARTNER]...**

	0	1	2	3-5	6+	REF	DK
L22a. Throw something at you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L22b. Push, shove, hit, slap, or grab you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L22c. Use a knife, gun, or weapon on you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L22d. Choke, slam, kick, burn, or beat you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
L22e. Use threats or force (like hitting, holding down, or using a weapon) to make you have sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

** The Revised Conflict Tactics Scale (CTS2) items used in this questionnaire are copyrighted. For the complete text of these items, please contact **Western Psychological Services**.

Section M: Locating and Demographic Information

CATI NOTE:

BASE ALL: HUSBAND AND WIFE

I would like to find out a little bit more information about where you're from.

M1. Were you born in one of the 50 U.S. states or Washington D.C.?

INTERVIEWER INSTRUCTION: PLEASE CODE "NO" IF RESPONDENT WAS BORN IN THE TERRITORIES OF PUERTO RICO, GUAM, THE U.S. VIRGIN ISLANDS, OR NORTHERN MARIANAS.

- Yes [SKIP TO M3; IF RESPONDENT RAed IN OKLAHOMA, SKIP TO M2b] 1
- No 2
- REFUSED 7
- DON'T KNOW 8

M2. Where were you born?

SPECIFY [IF RESPONDENT WAS RAed IN OK SITE, ASK M2a AND M2b; IF NOT, SKIP TO M3]

Country/US Territory: _____

- REFUSED -1
- DON'T KNOW -2

M2a. [ASK ONLY IF RESPONDENT IS FROM OKLAHOMA AND WAS ANON-RESPONDER AT 12MONTH]: What year did you come to live in one of 50 U.S. states or Washington D.C?

Year: _____

- REFUSED -1
- DON'T KNOW -2

M2b. **[ASK ONLY IF RESPONDENT IS FROM OKLAHOMA AND WAS ANON-RESPONDER AT 12MONTH]:** Do you consider yourself Spanish, Hispanic or Latino?

- Yes 1
No **(SKIP TO N3)** 2
REFUSED **(SKIP TO N3)** 7
DON'T KNOW **(SKIP TO N3)** 8

M2c. Is that...(READ LIST)?

- Mexican/Mexican-American/Chicano 1
Puerto Rican 2
Cuban 3
Other Spanish/Hispanic/Latino 4
REFUSED 7
DON'T KNOW 8

M3. How well do you speak English?

- Very well 1
Well 2
Not well 3
Not at all 4
REFUSED 7
DON'T KNOW 8

M4. Do you speak or understand another language or languages other than English?

- Yes 1
No **[SKIP TO QUESTION M5]** 3
REFUSED **[SKIP TO QUESTION M5]** 7
DON'T KNOW **[SKIP TO QUESTION M5]** 8

M4a. And what would that (those) language(s) be?

- SPANISH 1
TAGALOG 2
NEPALESE 3
THAI 4
CHINESE 5

- LUGANDA 6
- OTHER SPECIFY: 95
- REFUSED 97
- DON'T KNOW 98

M4b. Do you speak [INSERT LANGUAGE FROM M3a]....(READ LIST)?
NOTE: ASK M4b FOR EACH LANGUAGE MENTIONED IN M4a

- Very well 1
- Somewhat well 2
- Or not very well 3
- REFUSED 7
- DON'T KNOW 8

M4c. What languages do you usually speak at home?

RECORD RESPONSE: _____

ASK: Is that... (READ LIST)?

- Only [INSERT RESPONSE FROM ABOVE] 1
- More [INSERT RESPONSE FROM ABOVE] than English 2
- Both English and [INSERT RESPONSE FROM ABOVE] equally 3
- More English than [INSERT RESPONSE FROM ABOVE] 4
- Only English 5

M5. Do(es) your child(ren) speak or understand a language other than English at home?

- Yes 1
- No 2
- MY CHILD(REN) IS/ARE TOO YOUNG TO SPEAK OR UNDERSTAND ANY LANGUAGE 3
- REFUSED 7
- DON'T KNOW 8

M6. **[ASK ONLY IF RESPONDENT IS FROM OKLAHOMA AND WAS ANON-RESPONDER AT 12MONTH]** When did you and (SPOUSE) get married?
PROBE: If you do not know the exact date, you can give me an estimate of the date that you started considering yourselves to be husband and wife.

RECORD MONTH: _____

RECORD YEAR: _____

REFUSED 7
DON'T KNOW 8

M7. **[ASK ONLY IF RESPONDENT IS FROM OKLAHOMA AND WAS ANON-RESPONDER AT 12MONTH]** Did you live with (SPOUSE) before you were married?

Yes 1
No 2
REFUSED 7
DON'T KNOW 8

M8. **[ASK ONLY IF RESPONDENT IS FROM OKLAHOMA AND WAS ANON-RESPONDER AT 12MONTH]** Prior to being married to (SPOUSE), were you married?

Yes 1
No 2
REFUSED 7
DON'T KNOW 8

Section N: Contact Information

CATI NOTE:

BASE ALL: HUSBAND AND WIFE

Thank you very much for your time. We are almost done. We will be sending you a check for [\$30] within the next four weeks. To help us get back in touch with you in the future, we would like to confirm your correct address and telephone number, as well as collect the names, telephone numbers and addresses of three people who will always know how to reach you. This information will be kept strictly confidential and will only be used if we are unable to contact you.

N1. IF HOME ADDRESS IN THE SAMPLE:

Is [HOME ADDRESS] still your home address?

- Yes (SKIP TO QUESTION N3) 1
- No 2
- Don't have a home address (SKIP TO QUESTION N3) 3
- REFUSED (SKIP TO QUESTION N3) 7
- DON'T KNOW (SKIP TO QUESTION N3) 8

IF HOME ADDRESS BLANK IN THE SAMPLE:

N2. May I please have your home address?

- Yes (SKIP TO RECORD ADDRESS) 1
- No 2
- Don't have a home address (SKIP TO QUESTION N3) 3
- REFUSED (SKIP TO QUESTION N3) 7
- DON'T KNOW (SKIP TO QUESTION N3) 8

RECORD HOME ADDRESS:

STREET: _____

CITY, STATE, ZIP: _____

INTERVIEWER NOTE: PROBE TO GET FULL ADDRESS AND READ IT BACK TO CONFIRM SPELLING.

N3. **IF HOME PHONE NUMBER IN THE SAMPLE:**
Is [HOME PHONE NUMBER] still your home phone number?

- Yes (SKIP TO QUESTION N5) 1
- No 2
- Don't have a home number (SKIP TO QUESTION N53) 3
- REFUSED (SKIP TO QUESTION N5) 7
- DON'T KNOW (SKIP TO QUESTION N5) 8

IF HOME PHONE NUMBER BLANK IN THE SAMPLE:

N4. May I please have your home phone number, starting with the area code?

- Yes (SKIP TO RECORD HOME NUMBER) 1
- No 2
- Don't have a home number (SKIP TO QUESTION N5) 3
- REFUSED (SKIP TO QUESTION N5) 7
- DON'T KNOW (SKIP TO QUESTION N5) 8

RECORD HOME NUMBER:

HOME PHONE NUMBER: _____

INTERVIEWER NOTE: READ IT BACK TO CONFIRM CORRECT NUMBER WAS RECORDED.

N5. **IF WORK PHONE NUMBER IN THE SAMPLE:**
Is [WORK PHONE NUMBER] still your work phone number, starting with the area code?

- Yes (SKIP TO QUESTION N7) 1
- No 2
- Don't have a work number (SKIP TO QUESTION N7) 3
- REFUSED (SKIP TO QUESTION N7) 7
- DON'T KNOW (SKIP TO QUESTION N7) 8

IF WORK PHONE NUMBER BLANK IN THE SAMPLE:

N6. May I please have your work phone number?

- Yes (**SKIP TO RECORD WORK NUMBER**) 1
- No 2
- Don't have a work number (**SKIP TO QUESTION N7**) 3
- REFUSED (**SKIP TO QUESTION N7**) 7
- DON'T KNOW (**SKIP TO QUESTION N7**) 8

RECORD WORK NUMBER:

WORK PHONE NUMBER: _____

WORK EXTENSION: _____

INTERVIEWER NOTE: READ IT BACK TO CONFIRM CORRECT NUMBER WAS RECORDED.

N7. IF CELL PHONE NUMBER IN THE SAMPLE:

Is [CELL PHONE NUMBER] still your cell phone number?

- Yes (**SKIP TO QUESTION N9**) 1
- No 2
- Don't have a cell number (**SKIP TO QUESTION N9**) 3
- REFUSED (**SKIP TO QUESTION N9**) 7
- DON'T KNOW (**SKIP TO QUESTION N9**) 8

IF CELL PHONE NUMBER BLANK IN THE SAMPLE:

N8. May I please have your cell phone number, starting with the area code?

- Yes (**SKIP TO RECORD CELL NUMBER**) 1
- No 2
- Don't have a cell number (**SKIP TO QUESTION N9**) 3
- REFUSED (**SKIP TO QUESTION N9**) 7
- DON'T KNOW (**SKIP TO QUESTION N9**) 8

RECORD CELL NUMBER:

CELL PHONE NUMBER: _____

INTERVIEWER NOTE: READ IT BACK TO CONFIRM CORRECT NUMBER WAS RECORDED.

N9. What is the best phone number to reach you?

- Home phone (SKIP TO QUESTION N10) 1
- Work phone (SKIP TO QUESTION N10) 2
- Cell phone (SKIP TO QUESTION N10) 3
- DA phone (SKIP TO QUESTION N10) 4
- REFUSED (SKIP TO QUESTION N10) 7
- DON'T KNOW (SKIP TO QUESTION N10) 8

CATI NOTE: DISPLAY NUMBERS THAT WERE GIVING IN THE HOME, WORK OR CELL SECTION. DO A CHECK WITH HOME NUMBER AND DA NUMBER BEFORE DISPLAYING IT. IF HOME AND DA THE SAME, ONLY DISPLAY HOME.

N10. **IF EMAIL ADDRESS IN THE SAMPLE:**

Is [EMAIL ADDRESS] still your email address?

- Yes (SKIP TO QUESTION N12) 1
- No 2
- Don't have email (SKIP TO QUESTION N12) 3
- REFUSED (SKIP TO QUESTION N12) 7
- DON'T KNOW (SKIP TO QUESTION N12) 8

IF EMAIL ADDRESS BLANK IN THE SAMPLE:

N11. May I please have your email address?

- Yes (SKIP TO RECORD EMAIL) 1
- No 2
- Don't have email (SKIP TO QUESTION N12) 3
- REFUSED (SKIP TO QUESTION N12) 7
- DON'T KNOW (SKIP TO QUESTION N12) 8

RECORD EMAIL ADDRESS:

EMAIL ADDRESS: _____

INTERVIEWER: PLEASE RECORD EMAIL ADDRESS AND READ IT BACK TO CONFIRM SPELLING.

CONTACT #1:

IF CONTACT 1 IN THE SAMPLE:

N12. Our records show that:
CATI: DISPLAY FULL INFO OF 1ST CONTACT

INTERVIEWER: VERIFY SPELLING OF NAMES AND FULL ADDRESS AND PHONE NUMBER.

is a primary person who does not live with you and will always know how to contact you. Is this correct?

Yes (**SKIP TO SECOND CONTACT**) 1

No 2

REFUSED 7

DON'T KNOW 8

IF CONTACT 1 BLANK or IF N12=2, 7, 8

N13. Could you tell us the name of a primary person who does not live with you and will always know how to contact you?

Yes 1

No (**SKIP TO SECOND CONTACT**) 2

REFUSED (**SKIP TO SECOND CONTACT**) 7

DON'T KNOW (**SKIP TO SECOND CONTACT**) 8

N14. What is his/her first name? _____

N14a. What is his/her last name? _____

N15. What is (his/her) street address? _____

N14a. Is there a complex/building name? _____

N14b. Is there an apartment number? _____

N14c. In what city? _____

N14d. In what state? _____

N14e. What is the zip code? _____

N16. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (_____) _____ - _____

N17. Is she/he a friend or a relative, or what is (his/her) relationship to you?
ACCEPT ONE RESPONSE ONLY.

- Friend 1
- Relative 2
- Other (Specify _____) 3
- REFUSED 7
- DON'T KNOW 8

CONTACT #2:

IF CONTACT 2 IN THE SAMPLE:

N18. Our records show that:
CATI: DISPLAY FULL INFO OF 2ND CONTACT

INTERVIEWER: VERIFY SPELLING OF NAMES AND FULL ADDRESS AND PHONE NUMBER.

is the name of a second person who does not live with you and will always know how to contact you. Is this correct?

- Yes (**SKIP TO THIRD CONTACT**) 1
- No 2
- REFUSED 7
- DON'T KNOW 8

IF CONTACT 2 BLANK or IF N18=2, 7, 8

N19. Could you tell us the name of a second person who does not live with you and will always know how to contact you?

- Yes 1
- No (**SKIP TO THIRD CONTACT**) 2
- REFUSED (**SKIP TO THIRD CONTACT**) 7
- DON'T KNOW (**SKIP TO THIRD CONTACT**) 8

N20. What is his/her first name? _____

N20a. What is his/her last name? _____

N21. What is (his/her) street address? _____

N21a. Is there a complex/building name? _____

N21b. Is there an apartment number? _____

N21c. In what city? _____

N21d. In what state? _____

N21e. What is the zip code? _____

N22. What's the best phone number to reach (him/her) at starting with the area code?

Telephone # with area code: (_____) _____ - _____

N23. Is she/he a friend or a relative, or what is (his/her) relationship to you?
ACCEPT ONE RESPONSE ONLY.

- Friend 1
Relative 2
Other (Specify _____) 3
REFUSED 7
DON'T KNOW 8

CONTACT #3:

IF CONTACT 3 IN THE SAMPLE:

N24. Our records show that:
CATI: DISPLAY FULL INFO OF 3rd CONTACT

INTERVIEWER: VERIFY SPELLING OF NAMES AND FULL ADDRESS.

is the name of a third person who does not live with you and will always know how to contact you. Is this correct?

- Yes (**SKIP TO SSN**) 1
No 2
REFUSED 7
DON'T KNOW 8

IF CONTACT 3 BLANK or IF N24=2,7,8

N25. Could you tell us the name of a primary person who does not live with you and will always know how to contact you?

- Yes 1
No (SKIP TO SSN) 2
REFUSED (SKIP TO SSN) 7
DON'T KNOW (SKIP TO SSN) 8

N26. What is his/her first name? _____

N26b. What is his/her last name? _____

N27. What is (his/her) street address? _____

N27a. Is there a complex/building name? _____

N27b. Is there an apartment number? _____

N27c. In what city? _____

N27d. In what state? ___

N27e. What is the zip code? _____

N28. What's the best phone number to reach (him/her) at starting with the area code?

TELEPHONE # WITH AREA CODE: (_____) _____ - _____

N29. Is she/he a friend or a relative, or what is (his/her) relationship to you?

ACCEPT ONE RESPONSE ONLY.

- Friend 1
Relative 2
Other (Specify _____) 3
REFUSED 7
DON'T KNOW 8

CATI NOTE:

IF SSN IS MISSING IN THE SAMPLE SKIP TO SCRIPT OF SSN OTHERWISE GO TO CLOSING

Our records show that we do not have your Social Security Number. To help us be able to get back in touch with you in the future, we would like to collect your SSN. This information will be kept strictly confidential and will only be used if we are unable to contact you and to verify that we are speaking with you.

What is your SSN?

RECORD NUMBER: _____

DOES NOT HAVE A SSN 3
REFUSED -1
DON'T KNOW -2

GENERAL CLOSING

These are all the questions I have.

IF COUPLE IS INTACT AND/OR LIVING TOGETHER. Is [BASE SPOUSE] available? I'd like to interview [him/her] too, if [he/she] are around.

If YES: Great, can you put him/her on the phone?

If NO: OK, when would be a good time to reach her/him.

INSTRUCTION: IF [BASE SPOUSE] IS AVAILABLE, ASK TO SPEAK TO HIM/HER. CLOSE THE CURRENT CASE AFTER LEAVING A NOTE ABOUT THIS CASE AND OPEN [SPOUSE'S] CASE.

INSTRUCTION: IF [BASE SPOUSE] ISN'T AVAILABLE, ASK FOR THE BEST TIME TO REACH HIM/HER AND ASK THE RESPONDENT TO TELL THEM WE WILL BE CALLING. RECORD ON [BASE SPOUSE]'S CONTACT SHEET.

CLOSING FOR SAMPLE MEMBERS SELECTED FOR ASSESSMENT & INTERVIEW

IF RESPONDENT WAS SELECTED FOR OBS: Your family has been selected to participate in another component of this study. It involves coming to your home to talk [FOCAL CHILD]. We will also do some activities with [FOCAL CHILD]. We will give \$10 to [FOCAL CHILD] for participating in this additional component of the study. Another interviewer will be calling you in the next couple of weeks to make arrangements to come visit and your family.

We will [now give you your money order for \$30 /mail your \$30 check within the next four weeks] in appreciation for your time for completing this phone interview.

Thank you.