

2009 National Household Education Surveys Program

Early Childhood Program Participation Survey

FINAL: July 30, 2009

National Household Education Survey

Our Children's Future: A Survey of Young Children's Care and Education



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Sponsored by

U.S. Department of Education
National Center for Education Statistics



Instructions

- ◆ In response to the survey you answered earlier, we recorded that the child/youth listed below has not yet started kindergarten. If this child is attending public or private school or is homeschooled for kindergarten through 12th grade or equivalent, please call us at the toll-free number below so we can be sure you received the correct survey.

- ◆ These questions should be filled in by a parent or guardian who knows about:

{SAMPLED CHILD}

Please answer all the survey questions thinking about this child or youth. This information is also at the top of each page for your reference.

- ◆ To answer a question, simply mark the box that best represents your answer.
 - ◆ Please use a black or blue pen, if available, to complete this survey.
 - ◆ If this questionnaire has been sent to the wrong household or the child/youth listed above does not live here, please call to let us know.
 - ◆ Our toll-free number is 1-888-880-3033.
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We are authorized to collect this information by Section 9543, 20 US Code. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of children and families. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20 US Code). Your responses will be combined with those from other participants to produce summary statistics and reports.

This survey is estimated to take an average of 20 minutes, including time for reviewing instructions, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Andrew Zukerberg National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. Do not return the completed form to this address.

1. Childhood Care and Programs

- ▶ Thank you for your help with the previous survey your household completed.
- ▶ Answer all the survey questions thinking about the child listed below:

{SAMPLED CHILD}

▶ Care Your Child Receives from Relatives

These questions ask about different types of child care this child may now receive on a regular basis from someone other than his/her parents or guardians.

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

No ➔ **GO TO question 17.**

Yes

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

No ➔ **GO TO question 17.**

Yes

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

Mark [X] ONE only.

Grandmother/

Grandfather

Aunt /Uncle

Brother /Sister

Another relative

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

|_|_|
age

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

Own home

Other home

Both

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

|_| days each week

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

|_|_| hours each week

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

|_| years |_|_| months

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

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

No



a. Sick but does not have a fever?.....

b. Sick and has a fever?.....

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

Yes

No → GO TO question 15.

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

Mark [X] ONE box for each item below.

Yes No
▼ ▼

a. A relative of this child outside your household who provides money specifically for that care, not including general child support?.....

b. Temporary Assistance for Needy Families, or TANF?.....

c. Another social service, welfare, or child care agency?.....

d. An employer, not including a tax-free spending account for child care?.....

e. Someone else?.....

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

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

\$|_|_|_|_|_|.00

Is that amount per...

Hour

Day

Week

Month

Year

Every 2 weeks

Other → specify: _____

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

This child only

2 children

3 children

4 children

5 or more children

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

Yes

No → GO TO question 17.

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

|_|_| hours each week

► **Care Your Child Receives from Non-relatives**

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

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

No ➔ **GO TO question 34.**

Yes



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

No ➔ **GO TO question 34.**

Yes



19. These next questions are about the care that this child receives from someone who is not related to him/her who provides the most care.

Is this care provided in your own home or in another home?

Own home

Other home } **GO TO**

Both } **question 21.**

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

Yes

No

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

|__| days each week

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

|__| hours each week

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

|__| years |__| months

24. Was this care provider someone you already knew?

Yes

No

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

Yes

No

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

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

No



a. Sick but does not have a fever?.....

b. Sick and has a fever?.....

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

Yes

No **→ GO TO question 32.**

29. Do any of the following people, programs, or organizations help pay for this person to care for this child?

Mark [X] ONE box for each item below.

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

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

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

\$|_|_|_|_|_|.00

Is that amount per...

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other **→** specify: _____

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

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

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

Yes

No **→ GO TO question 34.**

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

|_|_| hours each week

► **Day Care Centers and Preschool Programs Your Child Attends**

The next questions ask about any day care centers and early childhood programs that this child attends. This does not include care provided in a private home.

34. Is this child now attending a day care center, preschool, or prekindergarten not in a private home?

No ➔ **GO TO question 50.**

Yes



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

No ➔ **GO TO question 50.**

Yes



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

Mark [X] ONE only.

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

➔ Specify: _____

37. Is this program run by a church, synagogue, or other religious group?

Yes

No

38. Is this program located at your workplace or this child's other parent's workplace?

Yes

No

39. How many days each week does this child go to this program?

|_| days each week

40. How many hours each week does this child go to this program?

|_|_| hours each week

41. How old was this child in years and months when he/she started going to this particular program?

|_| years |_|_| months

42. What language does this child's main care provider or teacher at this program speak most when caring for this child?

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

► **Continue with question 43 on the next page.**

43. Does this program provide any of the following services to this child or your family?

Mark [X] ONE box for each item below.

	Yes ▼	No ▼
a. Hearing, speech, or vision testing?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Physical examinations?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Dental examinations?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Formal testing for developmental or learning problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Sick child care when this child is sick but does not have a fever?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Sick child care when this child is sick and has a fever?.	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes
 No **→ GO TO question 48.**

45. Do any of the following people, programs, or organizations help pay for this child to go to this program?

Mark [X] ONE box for each item below.

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

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

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

\$|_|_|_|_|_|.00

Is that amount per...

Hour
 Day
 Week
 Month
 Year
 Every 2 weeks
 Other **→** specify: _____

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

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

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

Yes
 No **→ GO TO question 50.**

49. How many total hours each week does this child spend at those day care centers or preschools?

|_|_| hours each week

► **Participation in Head Start**

► **Continue with section 2, question 54 on the next page.**

50. In the past, has this child ever attended Head Start or Early Head Start?

Early Head Start and Head Start are federally sponsored preschool programs primarily for children from low-income families.

- Yes
- No

51. Earlier we asked about child care arrangements you may now have for this child.

Did you report any childcare arrangements with relatives, non-relatives, day care centers, preschools, and any other early childhood programs?

Mark 'yes' if you marked yes to question 2, or question 18, or question 35.

- No **➡ GO TO section 3 on page 9.**
- Yes



52. Are any of those current arrangements you reported Head Start or Early Head Start?

Early Head Start and Head Start are federally sponsored preschool programs primarily for children from low-income families.

- No **➡ GO TO question 54.**
- Yes



53. (If yes) Which type of care or program you reported is part of the Head Start or Early Head Start program?

Mark [X] ONE box for each item below.

- | | No | |
|---------------------------------|--------------------------|--------------------------|
| | ▼ | |
| a. Relative care?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Non-relative care?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Day care center or preschool | <input type="checkbox"/> | <input type="checkbox"/> |

2. Finding and Choosing Care for Your Child

54. How much difficulty did you have finding the type of child care or early childhood program you wanted for this child?

- A lot of difficulty
- Some difficulty
- A little difficulty
- No difficulty

- Did not find the child care program you wanted

The next question asks about how you decided on the child care arrangements and early childhood programs you now have for this child.

55. How important was each of these reasons when you chose the child care arrangement or program where this child spends the most time?

a. The location of the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

b. The cost of the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

c. The reliability of the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

d. The learning activities at the arrangement?

- Not at all important
- A little important
- Somewhat important
- Very important

e. The child spending time with other kids his/her age?

- Not at all important
- A little important
- Somewhat important
- Very important

f. The times during the day that this caregiver is able to provide care?

- Not at all important
- A little important
- Somewhat important
- Very important

g. The number of other children in the child's care group?

- Not at all important
- A little important
- Somewhat important
- Very important

56. Do you feel there are good choices for child care or early childhood programs where you live?

- Yes
- No

- Don't know / Have not tried to find care

3. Family Activities

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

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

|_|_|_| number of books

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

- Not at all **➡ GO TO question 60.**
- 1 or 2 times
- 3 or more times
- Every day

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

|_|_| minutes

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

a. Told this child a story?

- Not at all
- 1 or 2 times
- 3 or more times

b. Taught this child letters, words, or numbers?

- Not at all
- 1 or 2 times
- 3 or more times

c. Taught this child songs or music?

- Not at all
- 1 or 2 times
- 3 or more times

d. Worked on arts and crafts with this child?

- Not at all
- 1 or 2 times
- 3 or more times

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

- Yes
- No

► Continue with section 4 on the next page.

4. Things Your Child May be Learning

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

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

Under 2 years **→ GO TO question 70.**

2 years or older

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

Yes, all of them

Yes, some of them

No

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

Yes, all of them

Yes, most of them

Yes, some of them

No

65. How high can this child count?

This child cannot count

Up to 5

Up to 10

Up to 20

Up to 50

Up to 100 or more

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

Yes

No

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

Yes

No **→ GO TO question 69.**

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

Sounds like connected story

Tells what's in each picture

Does both

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

Yes

No

► Continue with section 5, question 70 on the next page.

5. This Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

Mark [X] ONE box for each item below.

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

!

If you marked yes for any disability in question 71 continue with question 72. If you marked no for all disabilities then GO TO question 79, the next section.

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

- Yes
- No **→ GO TO question 77.**

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

Mark [X] ONE box for each item below.

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

74. Are any of these services provided through an Individualized Family Service Plan (IFSP), or an Individualized Educational Program or Plan (IEP)?

- Yes
- No **→ GO TO question 77.**

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

- Yes
- No

76. During this school year, to what extent have you been satisfied or dissatisfied with the following aspects of this child's IFSP or IEP?

a. The service provider's or school's communication with your family?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

b. The child's special needs teacher or therapist?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

c. The service provider's or school's ability to accommodate the child's special needs?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

d. The service provider's or school's commitment to help your child learn?

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
- Does not apply

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

- Yes
- No

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

- Yes
- No

► **Continue with section 6, question 79 on the next page.**

6. Child's Background

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

/
month year

80. Where was this child born?

One of the 50 United States or the District of Columbia

 **GO TO question 82.**

One of the U.S. territories
(Puerto Rico, Guam, American Samoa,
U.S. Virgin Islands, or Mariana Islands)

Another country

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

age

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

Yes

No

83. What is this child's race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific
Islander

White

84. For the current school year, does this child usually live at another address, for example because of a joint custody arrangement?

Do not include vacation properties.

Yes

No

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

Mark [X] ONE only.

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

Child has not started to speak

!
If you marked 'English' or 'Child has not started to speak' in question 85 GO TO question 87, otherwise continue with question 86.

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

Yes

No

► **Continue with section 7, question 87 on the next page.**

7. Child's Mother or Female Guardian

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

- No **→ GO TO question 103.**
- Yes

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

- Birth mother,
- Adoptive mother,
- Stepmother,
- Foster mother,
- Grandmother, or
- Other female guardian

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

____|____|
age

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

Mark [X] ONE only.

- Married
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

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

Mark [X] ONE only.

- English **→ TO question 93.**
- Spanish
- A language other than English or Spanish
- English and Spanish equally
- English and another language equally

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

Mark [X] ONE only.

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

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

One of the 50 United States or the District of Columbia

→ GO TO question 95.

One of the U.S. territories
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

Another country

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

____|____|
age

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

- Yes
- No

96. What is her race? You may mark one or more races.

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

97. What is the highest grade or level of school that she completed?

Mark [X] ONE only.

- 8th grade or less
- High School, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associates degree (AA, AS)
- Bachelor's degree (BA, BS)
- Some graduate or professional education but no degree
- Master's degree (MA, MS)
- Doctorate Degree (PhD, EdD)
- Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)

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

- Yes
- No

99. Which of the following best describes her employment status?

Mark [X] ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work **➔ GO TO question 101.**
- Stay at home mother **➔ GO TO question 102.**
- Retired **➔ GO TO question 102.**
- Disabled or unable to work **➔ GO TO question 102.**

100. (If employed or self employed) About how many hours per week does she usually work for pay or income, counting all jobs?

____|____| **➔ GO TO question 102.**
hours

101. (If unemployed or out of work) Has she been actively looking for work in the past 4 weeks?

- Yes
- No

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

____|____|
months

► Continue with section 8, question 103 on the next page.

8. Child's Father or Male Guardian

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

No **➔ GO TO question 118.**

Yes

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

Birth father,

Adoptive father,

Stepfather,

Foster father,

Grandfather, or

Other male guardian?

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

Mark [X] ONE only.

Married

Living with a partner

Separated

Divorced

Widowed

Never married

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

Mark [X] ONE only.

English **➔ GO TO question 108.**

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

Mark [X] ONE only.

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

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

One of the 50 United States or the District of Columbia

➔ GO TO question 110.

One of the U.S. territories
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)

Another country

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

age

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

Yes

No

111. What is his race? You may mark one or more races.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

112. What is the highest grade or level of school that he completed?

Mark [X] ONE only.

- 8th grade or less
- High School, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associates degree (AA, AS)
- Bachelor's degree (BA, BS)
- Some graduate or professional education but no degree
- Master's degree (MA, MS)
- Doctorate Degree (PhD, EdD)
- Professional degree beyond Bachelor's degree (MD, DDS, JD, LLB)

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

- Yes
- No

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

Mark [X] ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work **GO TO question 116.**
- Stay at home father **GO TO question 117.**
- Retired **GO TO question 117.**
- Disabled or unable to work **GO TO question 117.**

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

____ hours **GO TO question 117.**

116. (If unemployed or out of work) Has he been actively looking for work in the past 4 weeks?

- Yes
- No

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

____ months

► Continue with section 9, question 118 on the next page.

9. Your Household

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

Mark [X] all that apply.

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

119. How many females live in this household?

|_|_| number of females

120. How many males live in this household?

|_|_| number of males

121. Of everyone in this household, how many are age 20 or younger?

Include the child selected for this survey.

Do not include those living in college housing.

|_|_| number age 20 or younger

122. Are there any adults in this household who do not speak English at home?

- Yes
- No

123. What is the highest grade or level of school completed among the adults in this household?

Mark [X] ONE only.

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or associate's degree
- Four year college degree (BA or BS)
- Some graduate or professional education but no degree
- Graduate or professional degree beyond a bachelor's degree

124. Is this house...

Mark [X] ONE only.

- Owned or being bought by someone in this household,
- Rented by someone in this household, or
- Occupied by some other arrangement?

125. Other than this address does anyone in this household currently receive mail at another address including P.O. Boxes?

- Yes
- No

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

Mark [X] ONE box for each item below.

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

127. Which category best fits the total income of all persons in your household over the past 12 months?

Include your own income.

Include money from jobs or other earnings, pensions, interest, rent, Social Security payments, and so on.

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

10. Questions about You

These questions are about the adult that filled in this survey. Your responses to these questions will help describe the homes children live in.

128. How are you related to this child?

Mark [X] ONE only.

- Mother/Father
(birth, adoptive, step, or foster)
- Aunt/Uncle
- Grandparent
- Girlfriend/Boyfriend of this child's parent or guardian
- Other relationship – specify:

129. Are you male or female?

- Male
- Female

130. How old are you?

|_|_|
age

131. How many years have you lived at this address?

Write '0' if less than 1 year.

|_|_| years at this address

132. Are you the person in this household who usually opens the mail?

Yes

No

133. Did anyone else complete or help with any part of this survey?

Yes

No

134. Do you have access to the internet at this address?

Yes

No **➔GO TO question 136.**

135. What type of internet access do you have?

Mark [X] ONE only.

Cable

DSL

FIOS

Satellite

Dial-up

Air Card

Other

136. Is there at least one telephone inside this home that is currently working and not a cell phone?

Yes

No

137. Do you have a working cell phone?

Yes

No **➔GO TO END OF SURVEY.**

138. Of all the telephone calls that you receive are...

all or almost all calls received on cell phones,

some received on cell phones and some on regular phones, or

very few or none on cell phones?

Thank you.

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

**National Household Education Survey
Westat
1600 Research Blvd. Room TB135
Rockville, MD 20850-3129**

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Commonly Asked Questions

Q: How did you get my address?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other households in the U.S.

Q: Why should I take part in this study? Do I have to do this?

A: You represent thousands of other households like yours, and you cannot be replaced. Your answers and opinions are very important to the success of this study. You may choose not to answer any or all questions in this survey. In order for the survey to be representative it is important that you complete and return this questionnaire.

Q: How will the information I provide be used?

A: Your responses will be combined with those of others to produce statistical summaries and reports. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (Section 9573, 20).

Q: Who is sponsoring the study? Is this study conducted by the Federal Government?

A: The National Center for Education Statistics, within the Department of Education is authorized to conduct this study (Section 9543, 20). Westat has been contracted to conduct this study. This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is XXXX-XXXX. You may send any comments about this survey, including its length, to the Federal Government. Write to Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to info@nhessurvey.org.

Q: Who is Westat?

A: Westat is a research company located in Rockville, Maryland. Westat is conducting this survey under contract to the U.S. Department of Education. If you have any questions about the study contact Westat toll-free at 1-888-880-3033.