

Appendix A
Parent Interview

Appendix A.1

1998-99 Fall Kindergarten Parent Interview

Note. The current parent interview item pool is comprised of items fielded as part of:

| | <u>Page number</u> |
|---|------------------------|
| The Early Childhood Longitudinal Study, Kindergarten Class of 1998-99 (ECLS-K) | |
| Fall Kindergarten Parent Interview..... | A-2 |
| Spring Kindergarten Parent Interview..... | A-79 |
| Select Items from the Fall First, Spring First, Spring Third, Spring Fifth, or Spring Eighth Grade Parent Interview..... | A-142 |
| The Early Childhood Longitudinal Study, Birth Cohort (ECLS-B)..... | A-213 |
| Other Large Scale Studies..... | A-217 |

***The following items were fielded as part of the ECLS-K: 1998-99 Fall Kindergarten Parent Interview.**

INTRODUCTION – INQ

INQ.010

ENTER THE RESPONDENT'S FIRST NAME.

RULES FOR SELECTING RESPONDENTS:

1. CHILD'S MOTHER/GUARDIAN
2. CHILD'S FATHER/GUARDIAN, IF MOTHER IS UNAVAILABLE
3. HH MEMBER (OVER 18) WHO IS MOST KNOWLEDGEABLE ABOUT THE CHILD'S CARE AND EDUCATION IF MOTHER AND FATHER ARE NEVER AVAILABLE OR NOT IN HOUSEHOLD

ENTER NAME

INQ.020 {Before we begin the interview, I would like to verify some information.}

I have recorded {CHILD's FIRST, MIDDLE, AND LAST NAME} as {CHILD}'s full name. Is this correct?

Current Info: [CHILD'S FIRST NAME]
[CHILD'S MIDDLE NAME]
[CHILD'S LAST NAME]

FIRST NAME: [_____]
MIDDLE NAME: [_____]
LAST NAME: [_____]

INQ.030 Are there any other names {CHILD} goes by?

- YES 1
- NO 2 (INQ.050)
- REFUSED 7 (INQ.050)
- DON'T KNOW 9 (INQ.050)

INQ.040

What are those names?

ENTER FIRST OTHER NAME

ENTER SECOND OTHER NAME

ENTER THIRD OTHER NAME

INQ.050

ASK IF NOT OBVIOUS: I have {CHILD} recorded as {male/female}. Is that correct?

Current Info: [GENDER]

| | |
|------------------|---|
| MALE | 1 |
| FEMALE | 2 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

INQ.060

{I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?/What is {CHILD}'s date of birth?}

Current Info: [DATE OF BIRTH]

| | |
|--------------------------------------|----|
| _ _ / _ _ / _ _ | |
| ENTER DATE OF BIRTH (MONTH/DAY/YEAR) | |
| REFUSED | 77 |
| DON'T KNOW | 99 |

INQ.080

So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.060} years old. Is that correct?

| | |
|------------------|-------------|
| YES | 1 (INQ.100) |
| NO | 2 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

INQ.090 How old is {CHILD}?

| | |
|-----------|--|
| _ | |
| ENTER AGE | |

INQ.100

I have recorded that {CHILD}'s home address is:

| | |
|----------------------------|--|
| {STREET ADDRESS1..} | |
| {STREET ADDRESS2..} | |
| {CITY..} {ST} {ZIP CODE..} | |

Is this correct?

CORRECT ADDRESS 1 (INQ.130)
SAME ADDRESS - MINOR
CORRECTIONS 2
NEW ADDRESS 3

INQ.110

MAKE CORRECTIONS TO ADDRESS BELOW.

STREET ADDRESS1: [_____]
STREET ADDRESS2: [_____]
CITY: [_____]
STATE: [_____]
ZIP CODE: [_____]

INQ.130

{I have recorded that {PHONE NUMBER} is {CHILD}'s family's current home phone number. Is this correct? /What is {CHILD}'s family's current phone number?}

Current Info: [TELEPHONE NUMBER]

|_|_|_|_| - |_|_|_|_|_| - |_|_|_|_|_|
ENTER TELEPHONE NUMBER

REFUSED 7
DON'T KNOW 9

PARENT'S INVOLVEMENT WITH THE CHILD'S SCHOOL – PIQ

PIQ.020

First, I'd like to ask you about {CHILD}'s school. Did {CHILD}'s school or teacher send home information about any of the following when {CHILD} started kindergarten?

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

- a. How to prepare {CHILD} for kindergarten?..... _____
- b. Topics or skills that are part of the kindergarten program? _____
- c. What to do if {CHILD} will be late or absent from school?..... _____
- d. How to get in touch with a teacher or school staff to discuss any concerns or questions about {CHILD}? _____

PIQ.030 Have you met {CHILD}'s teacher yet?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

PIQ.050 Did you [or {CHILD}'s parents] choose where to live so that {CHILD} could attend {his/her} current school?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

PIQ.060 Is {CHILD} in {his/her} regularly assigned school or a school that you {or {CHILD}'s parents} chose?

- ASSIGNED 1
- CHOSEN 2
- ASSIGNED SCHOOL IS SCHOOL OF CHOICE..... 3
- CHILD IS HOMESCHOOLED 4
- REFUSED 7
- DON'T KNOW 9

PIQ.070 Most schools have guidelines about when a child can start school based on his or her birth date.

Did you [or {CHILD}'s parents] enroll {CHILD} in kindergarten when {he/she} was old enough based on {his/her} birth date, or did you [or {CHILD}'s parents] wait until {he/she} was older?

- WHEN OLD ENOUGH 1
- WAITED 2
- ENTERED EARLY 3
- REFUSED 7
- DON'T KNOW 9

PIQ.080 Is this {CHILD}'s first or second year of kindergarten?

- FIRST 1
- SECOND 2
- THIRD OR MORE 3
- REFUSED 7
- DON'T KNOW 9

PIQ.090 Children sometimes have problems adjusting to kindergarten. On the average, during the **first two months** of this school year ...

RESPONSES: 1 = MORE THAN ONCE A WEEK, 2 = ONCE A WEEK OR LESS, 3 = NOT AT ALL, 7 = REFUSED, 9 = DON'T KNOW

- a. Did {CHILD} complain about school more than once a week, once a week or less, or not at all? _____
- b. Was {CHILD} upset or reluctant to go to school? _____
- c. Did {he/she} pretend to be sick to stay home from school? _____
- d. Did {he/she} say good things about school? _____
- e. Did {CHILD} say {he/she} liked {his/her} teacher? _____
- f. Did {he/she} look forward to going to school? _____

PIQ.110 Now I'm going to ask you how important you think it is for children to know or do certain things to be ready for kindergarten.

How important do you think it is that a child ...

RESPONSES: 1 = ESSENTIAL, 2 = VERY IMPORTANT, 3 = SOMEWHAT IMPORTANT, 4 = NOT VERY IMPORTANT, 7 = REFUSED, 9 = DON'T KNOW

- a. Can count to 20 or more? Would you say it is essential, very important, somewhat important, or not very important? _____
- b. Takes turns and shares? _____
- c. Is able to use pencils and paint brushes? _____
- d. Sits still and pays attention? _____
- e. Knows most of the letters of the alphabet? _____
- f. Communicates needs, wants, and thoughts verbally in primary language? _____

PIQ.120 How far in school do you expect {CHILD} to go? Would you say you expect {him/her} ...

- To receive less than a high school diploma, 1
- To graduate from high school, 2
- To attend two or more years of college, 3
- To finish a four- or five-year college degree, 4
- To earn a master's degree or equivalent, or 5
- To finish a Ph.D., MD, or other advanced degree? 6
- REFUSED 7
- DON'T KNOW 9

FAMILY STRUCTURE – FSQ

FSQ.020 {Now I have a few questions about your household. We have noted that you and {CHILD} currently live in this household. Please tell me the names and ages of all the other people who normally live here. Please do not include anyone staying here temporarily who usually lives somewhere else.}

{How old {are you/is {NAME}}?}

{CODE IF OBVIOUS. OTHERWISE, ASK: {Are you/Is {NAME}} male or female?}

PROBE: Anyone else (living in this household)?

ENTER AGE AND GENDER OF RESPONDENT.

ENTER FIRST NAME, LAST NAME, AGE, AND GENDER OF EACH HOUSEHOLD MEMBER NAMED.

| | FIRST NAME | LAST NAME | AGE | GENDER |
|---|---------------------------------|--------------------------------|-----------------|----------------------|
| R | {Display Respondent First Name} | {Display Respondent Last Name} | [Enter Age - 3] | [Enter Gender - M/F] |
| C | {Display Child First Name} | {Display Child Last Name} | {Display Age} | {Display Gender} |
| | [Enter First Name - 20] | [Enter Last Name - 20] | [Enter Age - 3] | [Enter Gender - M/F] |
| | [Enter First Name - 20] | [Enter Last Name - 20] | [Enter Age - 3] | [Enter Gender - M/F] |

FSQ.045 IS THE MATRIX COMPLETE?

- YES 1 (FSQ.060)
- NO 2 (COMPLETE MATRIX)

FSQ.060 Have we missed anyone who usually lives here who is temporarily away from home or living in a dorm at school, or any babies or small children?

- YES 1 (FSQ.020)
- NO 2
- REFUSED 7
- DON'T KNOW 9

FSQ.110 Do you have a spouse or partner who lives in this household?

- YES 1
- NO 2 (BOX 2)
- REFUSED 7 (BOX 2)
- DON'T KNOW 9 (BOX 2)

FSQ.120 Who in the household is your spouse or partner?

FSQ.130 What {is your/is {NAME}'s} relationship to {CHILD}?

- MOTHER/FEMALE GUARDIAN..... 1
- FATHER/MALE GUARDIAN 2 (FSQ.150)
- SISTER..... 3 (FSQ.160)
- BROTHER 4 (FSQ.170)
- GIRLFRIEND OR PARTNER OF {CHILD}'S
PARENT/GUARDIAN 5 (BOX 3)
- BOYFRIEND OR PARTNER OF {CHILD}'S
PARENT/GUARDIAN 6 (BOX 3)
- GRANDMOTHER..... 7 (BOX 3)
- GRANDFATHER 8 (BOX 3)
- AUNT 9 (BOX 3)
- UNCLE 10 (BOX 3)
- COUSIN..... 11 (BOX 3)
- OTHER RELATIVE..... 12 (BOX 3)
- OTHER NONRELATIVE..... 13 (FSQ.180)

FSQ.140 {Are you/Is {NAME}} {CHILD}'s ...

- Birth mother, 1 (BOX 3)
- Adoptive mother, 2 (BOX 3)
- Step mother, or..... 3 (BOX 3)
- Foster mother or female guardian? 4 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

FSQ.150 {Are you/Is {NAME}} {CHILD}'s ...

- Birth father, 1 (BOX 3)
- Adoptive father, 2 (BOX 3)
- Step father, or..... 3 (BOX 3)
- Foster father or male guardian? 4 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

FSQ.160 {Are you/Is {NAME}} {CHILD}'s ...

- Full sister, 1 (BOX 3)
- Half sister,..... 2 (BOX 3)
- Step sister,..... 3 (BOX 3)
- Adoptive sister, or 4 (BOX 3)
- Foster sister? 5 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

FSQ.170 {Are you/Is {NAME}} {CHILD}'s ...

- Full brother, 1 (BOX 3)
- Half brother,..... 2 (BOX 3)
- Step brother,..... 3 (BOX 3)
- Adoptive brother, or 4 (BOX 3)
- Foster brother? 5 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

FSQ.180 CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

- Girlfriend or Partner of {CHILD}'s Parent/Guardian 1
- Boyfriend or Partner of {CHILD}'s Parent/Guardian 2
- FEMALE GUARDIAN 3
- MALE GUARDIAN 4
- DAUGHTER/SON OF {CHILD}'s PARENT'S PARTNER 5
- OTHER RELATIVE OF {CHILD}'s PARENT'S PARTNER 6
- OTHER NON-RELATIVE (SPECIFY)_____ 91
- REFUSED..... 77
- DON'T KNOW..... 99

FSQ.181 SPECIFY OTHER NON-RELATIVE.

OTHER NON-RELATIVE

FSQ.190 {Are you/Is {NAME}} Hispanic or Latino?

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

{What is {your/{NAME} 's } race? You may name more than one.

[IF "HISPANIC" PROBE "Is that White Hispanic, Black Hispanic, both, or something else?"]

CODE ALL THAT APPLY

RESPONSES: AMERICAN INDIAN OR ALASKA NATIVE = 1, ASIAN = 2, BLACK OR AFRICAN AMERICAN = 3, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER = 4, WHITE = 5, OTHER = 91, REFUSED = 7, DON'T KNOW = 9

FSQ.198 [What is {your/{NAME}'s} race?]
ENTER OTHER-SPECIFY TEXT.

OTHER RACE

PRIMARY LANGUAGE(S) SPOKEN – PLQ

PLQ.020 Is any language other than English regularly spoken in your home?

- YES 1
- NO 2 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

PLQ.030 Is English also spoken in your home?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

PLQ.040 What languages other than English are spoken in your home?

CODE ALL THAT APPLY

- | | |
|--------------------------|---------------------|
| ARABIC..... 1 | KOREAN..... 9 |
| CHINESE..... 2 | POLISH..... 10 |
| FILIPINO LANGUAGE..... 3 | PORTUGUESE..... 11 |
| FRENCH..... 4 | SPANISH..... 12 |
| GERMAN..... 5 | VIETNAMESE..... 13 |
| GREEK..... 6 | SOME OTHER LANGUAGE |
| ITALIAN..... 7 | (SPECIFY) _____ 14 |
| JAPANESE..... 8 | REFUSED.....77 |
| | DON'T KNOW.....99 |

PLQ.060 What is the **primary** language spoken in your home?

- | | |
|--------------------------|---------------------|
| ENGLISH..... 0 | KOREAN..... 9 |
| ARABIC..... 1 | POLISH..... 10 |
| CHINESE..... 2 | PORTUGUESE..... 11 |
| FILIPINO LANGUAGE..... 3 | SPANISH..... 12 |
| FRENCH..... 4 | VIETNAMESE..... 13 |
| GERMAN..... 5 | SOME OTHER LANGUAGE |
| GREEK..... 6 | (SPECIFY) _____ 14 |
| ITALIAN..... 7 | REFUSED.....77 |
| JAPANESE..... 8 | DON'T KNOW.....99 |

PLQ.070 How well do you . . .

RESPONSES: VERY WELL = 1, PRETTY WELL = 2, NOT VERY WELL = 3, NOT WELL AT ALL = 4, REFUSED = 7, DON'T KNOW = 9

- a. Speak English? Would you say very well, pretty well, not very well, or not well at all?..... _____
- b. Read English? _____
- c. Write English? _____
- d. Understand someone speaking English? _____

PLQ.080 How often {do/does} {{you/{NAME}}/{CHILD}} use {{NON-ENGLISH LANGUAGE}}/a language other than English} in speaking to {{CHILD}}/{you/{NAME}}?

- NEVER, 1
- SOMETIMES, 2
- OFTEN, OR 3
- VERY OFTEN?..... 4
- REFUSED 7
- DON'T KNOW 9

HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION – HEQ

HEQ.010 Now I'd like to talk with you about {CHILD}'s activities with family members. In a typical **week**, how often do you or any other family members do the following things with {CHILD}?

PROBE: Would you say not at all, once or twice, 3-6 times, or every day?

| | <u>NOT AT ALL</u> | <u>ONCE OR TWICE</u> | <u>3-6 TIMES</u> | <u>EVERY DAY</u> | <u>REF</u> | <u>DK</u> |
|---|-----------------------|--------------------------|----------------------|----------------------|------------|-----------|
| a. Tell stories to {CHILD}? Would you say not at all, once or twice, 3-6 times, or every day?..... | 1 | 2 | 3 | 4 | 7 | 9 |
| b. Sing songs with {CHILD}?..... | 1 | 2 | 3 | 4 | 7 | 9 |
| c. Help {CHILD} to do arts and crafts?..... | 1 | 2 | 3 | 4 | 7 | 9 |
| d. Involve {CHILD} in household chores, like cooking, cleaning, setting the table, or caring for pets? | 1 | 2 | 3 | 4 | 7 | 9 |
| e. Play games or do puzzles with {CHILD}? ... | 1 | 2 | 3 | 4 | 7 | 9 |
| f. Talk about nature or do science projects with {CHILD}? | 1 | 2 | 3 | 4 | 7 | 9 |
| g. Build something or play with construction toys with {CHILD}? | 1 | 2 | 3 | 4 | 7 | 9 |
| h. Play a sport or exercise together? | 1 | 2 | 3 | 4 | 7 | 9 |
| i. Practice reading, writing or working with numbers? | 1 | 2 | 3 | 4 | 7 | 9 |
| j1. Do any of the activities we just talked about using {PRIMARY LANGUAGE/a language other than English}? | 1 | 2 | 3 | 4 | 7 | 9 |
| j. Read books to {CHILD} {in English}?..... | 1 | 2 | 3 | 4 | 7 | 9 |
| k. Read books to {CHILD} in {PRIMARY LANGUAGE/a language other than English}? | 1 | 2..... | 3 | 4 | 7 | 9 |

HEQ.015 Generally, how long is {CHILD} read to {at the times {he/she} is read to in English/at each of these times} {in any language}?

ENTER MINUTES
 or
 REFUSED 77
 DON'T KNOW 99

HEQ.015 (alternative) Generally, how long is {CHILD} read to at each of these times} {in any language}?

ENTER MINUTES
 or
 REFUSED 77
 DON'T KNOW 99

HEQ.040 About how many children's books does {CHILD} have in your home now, including library books? Please only include books that are for children.

|_|_|_|
ENTER # OF BOOKS
or
REFUSED 777
DON'T KNOW 999

HEQ.050 About how many children's audio tapes, or CD's do you have at home, including any from the library? Please only include what you have for children.

|_|_|_|
ENTER # OF TAPES OR CDS

REFUSED 777
DON'T KNOW 999

HEQ.060 Now, please think about the past week. How often did {CHILD} look at picture books or stories on the computer outside of school in the past week? Would you say ...

Never, 1
Once or twice a week, 2
3 to 6 times a week, or 3
Every day? 4
REFUSED 7
DON'T KNOW 9

HEQ.070 In the past week, how often did {CHILD} read to or pretend to read to {himself/herself} or to others outside of school? Would you say ...

Never, 1
Once or twice a week, 2
3 to 6 times a week, or 3
Every day? 4
REFUSED 7
DON'T KNOW 9

HEQ.080. Now think about the year before {CHILD} started kindergarten. Please tell me whether (CHILD) watched any of the following television programs either at home or someplace else, at least once a week for a period of three months or more.

| | YES | NO |
|-----------------------------|-----|----|
| Sesame Street | 1 | 2 |
| Between the Lions | 1 | 2 |
| Super WHY! | 1 | 2 |
| WordWorld | 1 | 2 |
| Martha Speaks | 1 | 2 |

HEQ.080 Now think about the year before {CHILD} started kindergarten. Did {CHILD} watch one of the PBS shows, such as Sesame Street, Between the Lions, Super WHY!, WordWorld, or Martha Speaks, either at home or someplace else, at least once a week for a period of three months or more?

| | |
|----------------------|---|
| YES | 1 |
| NO | 2 |
| HAVE NO TV | 3 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CRITICAL FAMILY PROCESSES – CFQ

CFQ.010 Now I have some questions about relationships {CHILD} may have with other people. Is there any person {other than {yourself/the biological mother/the adoptive mother}} who is like a mother to {CHILD}?

- YES 1
- NO 2 (CFQ.030)
- REFUSED 7 (CFQ.030)
- DON'T KNOW 9 (CFQ.030)

CFQ.020 Who is this person?

CODE ALL THAT APPLY

- GRANDMOTHER 1
- BIOLOGICAL MOTHER (IF NOT RESPONDENT) 2
- STEPMOTHER (IF NOT RESPONDENT)..... 3
- ADOPTIVE MOTHER (IF NOT RESPONDENT)..... 4
- FOSTER MOTHER (IF NOT RESPONDENT)..... 5
- RESPONDENT'S GIRLFRIEND/PARTNER..... 6
- TEACHER/COACH..... 7
- CLERGY 8
- AUNT 9
- CHILD'S SIBLING 10
- FRIEND OF FAMILY..... 11
- BABYSITTER/NANNY/CAREGIVER..... 12
- OTHER RELATIVE 13
- OTHER NON-RELATIVE..... 14
- REFUSED 77
- DON'T KNOW 99

CFQ.030 Is there any person {other than {yourself/the biological father/the adoptive father}} who is like a father to {CHILD}?

- YES 1
- NO 2 (BOX 1)
- REFUSED 7 (BOX 1)
- DON'T KNOW 9 (BOX 1)

CFQ.040 Who is this person?

CODE ALL THAT APPLY

| | |
|---|----|
| GRANDFATHER..... | 1 |
| BIOLOGICAL FATHER (IF SOMEONE ELSE IS PRIMARY FATHER FIGURE) | 2 |
| STEPFATHER | 3 |
| ADOPTIVE FATHER | 4 |
| FOSTER FATHER | 5 |
| RESPONDENT'S BOYFRIEND/PARTNER..... | 6 |
| TEACHER/COACH..... | 7 |
| CLERGY | 8 |
| UNCLE..... | 9 |
| CHILD'S SIBLING..... | 10 |
| FRIEND OF FAMILY..... | 11 |
| BABYSITTER/NANNY/CAREGIVER..... | 12 |
| OTHER RELATIVE | 13 |
| OTHER NON-RELATIVE..... | 14 |
| REFUSED | 77 |
| DON'T KNOW | 99 |

CFQ.060 How many of {CHILD}'s grandparents are still living?

| | |
|---------------------|-----------|
| NONE | 0 (BOX 2) |
| ONE..... | 1 |
| TWO | 2 |
| THREE | 3 |
| FOUR | 4 |
| MORE THAN FOUR..... | 5 |
| REFUSED | 7 (BOX 2) |
| DON'T KNOW | 9 (BOX 2) |

CFQ.070 How many grandparents would you say {CHILD} has a close relationship with?

| | |
|---------------------|---|
| NONE | 0 |
| ONE..... | 1 |
| TWO | 2 |
| THREE | 3 |
| FOUR | 4 |
| MORE THAN FOUR..... | 5 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CHILD CARE - CCQ

CCQ.005 I'd like to talk to you about all child care {CHILD} now receives on a regular basis before or after school from someone other than {you/{his/her} {parents/guardians}}. This does not include occasional baby-sitting or backup care providers.

Relative Care

CCQ.010 Is {CHILD} now receiving care from a relative on a regular basis before or after school? This may include grandparents, brothers and sisters, or any relatives other than {you/{CHILD}'s {parents/guardians}}.

- YES 1 (CCQ.020)
- NO 2
- REFUSED 7
- DON'T KNOW 9

CCQ.015 Has {CHILD} ever received care from a relative on a regular basis?

- YES 1
- NO 2 (CCQ.115)
- REFUSED 7 (CCQ.115)
- DON'T KNOW 9 (CCQ.115)

CCQ.020 How old was {CHILD} in years and months when {he/she} first received care from any relative on a regular basis?

- AND
 ENTER YEAR ENTER MONTH
- REFUSED 77
 - DON'T KNOW 99

CCQ.025 Did {CHILD} receive care from a relative on a regular basis the year before {he/she} started kindergarten?

- YES 1
- NO 2 (BOX 1)
- REFUSED 7 (BOX 1)
- DON'T KNOW 9 (BOX 1)

CCQ.030 How many different regular care arrangements did you have with relatives for {CHILD}'s care in the year before {he/she} started kindergarten?

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- REFUSED 7
- DON'T KNOW 9

CCQ.035 For the next few questions please think about the relative who provided the most care for {CHILD} the year before {he/she} started kindergarten. Was that care provided in your home or in another home?

- OWN HOME 1
- OTHER HOME 2
- BOTH/VARIES 3
- REFUSED 7
- DON'T KNOW 9

CCQ.040 How many days each week did {CHILD} receive care from {his/her} relative the year before {he/she} started kindergarten?

- |_|
 ENTER # OF DAYS
 or
 REFUSED 77
 DON'T KNOW 99

CCQ.045 How many hours each week did {CHILD} receive care from {his/her} relative the year before {he/she} started kindergarten?

- |_|_|_|
 ENTER # OF HOURS
 or
 REFUSED 777
 DON'T KNOW 999

CCQ.050 For how long did {CHILD} receive care from {his/her} relative the year before {he/she} started kindergarten? Would you say ...

- One to two months, 1
- Three to five months, 2
- Six to eight months, or 3
- Nine to twelve months? 4
- REFUSED 7
- DON'T KNOW 9

CCQ.060 How many different regular care arrangements do you currently have with relatives before or after school?

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE 5
- REFUSED 7
- DON'T KNOW 9

CCQ.065 {Let's talk about the relative who provides the most care for {CHILD} now.} . Who is the relative who cares for {CHILD} before or after school?

- GRANDPARENT 1
- AUNT 2
- UNCLE 3
- BROTHER 4
- SISTER..... 5
- ANOTHER RELATIVE..... 6
- REFUSED 7
- DON'T KNOW 9

CCQ.070 Is the care provided by {{CHILD}'s {RELATIVE}/ that relative} in your home or another home?

- OWN HOME 1
- OTHER HOME 2
- BOTH/VARIES 3
- REFUSED 7
- DON'T KNOW 9

CCQ.075 Does {CHILD} receive that care before school, after school, or on weekends?

- BEFORE SCHOOL..... 1
- AFTER SCHOOL..... 2
- WEEKENDS 3
- REFUSED 7
- DON'T KNOW 9

CCQ.080 Is the care that {CHILD} receives from {{his/her} {RELATIVE}/that relative} regularly scheduled at least once **each** week?

- YES 1
- NO 2 (BOX 2)
- REFUSED 7 (BOX 2)
- DON'T KNOW 9 (BOX 2)

CCQ.085 How many days each week does {CHILD} receive care from {{his/her} {RELATIVE}/that relative}?

- |_|
ENTER # OF DAYS
- REFUSED 77
 - DON'T KNOW 99

CCQ.090 How many hours each week does {CHILD} receive care from {{his/her} {RELATIVE}/that relative}?

- |_|_|_|
ENTER # OF HOURS
- REFUSED 777
 - DON'T KNOW 999

CCQ.095 How many children are usually cared for together, in the same group at the same time, by {{his/her} {RELATIVE}/that relative}, counting {CHILD}?

|_|_|
ENTER # OF CHILDREN

REFUSED 77
DON'T KNOW 99

CCQ.100 How many adults usually care for {CHILD} at the same time {at your home/at {{his/her} {RELATIVE}'s/that relative's} home)?

|_|
ENTER # OF ADULTS

REFUSED 77
DON'T KNOW 99

CCQ.110 You said that {CHILD} was cared for by {NUMBER} other {relatives/relative} on a regular basis. How many hours each week does {CHILD} receive care from {these/this} other {relatives/relative}??

|_|_|_|
ENTER # OF HOURS

REFUSED 777
DON'T KNOW 999

Non-Relative Care

CCQ.115 {Now I'd like to ask you about any care {CHILD} receives from nonrelatives in a private home, not including child care centers.} Is {CHILD} now receiving care in a private home on a regular basis before or after school from someone who is not related to {him/her}? This includes home child care providers, regular sitters or neighbors.

YES 1 (CCQ.125)
NO 2
REFUSED 7
DON'T KNOW 9

CCQ.120 Has {CHILD} ever received care in a private home from a nonrelative on a regular basis?

YES 1
NO 2 (CCQ.210)
REFUSED 7 (CCQ.210)
DON'T KNOW 9 (CCQ.210)

CCQ.125 How old was {CHILD} in years and months when {he/she} first received regular care in a private home from any nonrelative?

|_|_| AND |_|_|_|
ENTER YEAR ENTER MONTH

REFUSED 77
DON'T KNOW 99

CCQ.130 Did {CHILD} receive care from a nonrelative on a regular basis the year before {he/she} started kindergarten?

YES 1
NO 2 (BOX 3)
REFUSED 7 (BOX 3)
DON'T KNOW 9 (BOX 3)

CCQ.135 How many different regular care arrangements did you have with nonrelatives for {CHILD}'s care the year before {he/she} started kindergarten?

ONE 1
TWO 2
THREE 3
FOUR 4
REFUSED 7
DON'T KNOW 9

CCQ.140 For the next few questions please think about the nonrelative who provided the most care for {CHILD} the year before {he/she} started kindergarten. Was that care provided in your home or in another home?

OWN HOME 1
OTHER HOME 2
BOTH/VARIES 3
REFUSED 7
DON'T KNOW 9

CCQ.145 How many days each week did {CHILD} receive care from a nonrelative the year before {he/she} started kindergarten?

|_|
ENTER # OF DAYS

REFUSED 77
DON'T KNOW 99

CCQ.150 How many hours each week did {CHILD} receive care from a nonrelative the year before {he/she} started kindergarten?

|_|_|_|
ENTER # OF HOURS

REFUSED 777
DON'T KNOW 999

CCQ.155 For how long did {CHILD} receive care from the nonrelative the year before {he/she} started kindergarten? Would you say ...

One to two months, 1
Three to five months, 2
Six to eight months, or 3
Nine to twelve months? 4
REFUSED 7
DON'T KNOW 9

CCQ.165 How many different regular care arrangements before or after school do you currently have with nonrelatives?

ONE 1
TWO 2
THREE 3
FOUR 4
FIVE OR MORE 5
REFUSED 7
DON'T KNOW 9

CCQ.170 {Let's talk about the nonrelative who provides the most care for {CHILD} now.} Is that care provided in your home or another home?

OWN HOME 1
OTHER HOME 2
BOTH/VARIES 3
REFUSED 7
DON'T KNOW 9

CCQ.175 Does {CHILD} receive that care before school, after school, or on weekends?

CODE ALL THAT APPLY

BEFORE SCHOOL 1
AFTER SCHOOL 2
WEEKENDS 3
REFUSED 7
DON'T KNOW 9

CCQ.180 Is the care that {CHILD} receives from that person **regularly scheduled** at least once each week?

- YES 1
- NO 2 (BOX 4)
- REFUSED 7 (BOX 4)
- DON'T KNOW 9 (BOX 4)

CCQ.185 How many days each week does {CHILD} receive care from that person?

- |_|
- ENTER # OF DAYS
- REFUSED 77
- DON'T KNOW 99

CCQ.190 How many hours each week does {CHILD} receive care from that person?

- |_|_|_|
- ENTER # OF HOURS
- REFUSED 777
- DON'T KNOW 999

CCQ.195 How many children are usually cared for together, in the same group at the same time, by that person, counting {CHILD}?

- |_|_|
- ENTER # OF CHILDREN
- or
- REFUSED 77
- DON'T KNOW 99

CCQ.200 How many adults usually care for {CHILD} at the same time {at {your/that} home}?

- |_|
- ENTER # OF ADULTS
- REFUSED 77
- DON'T KNOW 99

CCQ.205 You said that {CHILD} was cared for by {NUMBER} other {nonrelative/nonrelatives} on a regular basis. How many **hours** each **week** does {CHILD} receive care from {this nonrelative/these nonrelatives}?

- |_|_|_|
- ENTER # OF HOURS
- REFUSED 777
- DON'T KNOW 999

Head Start

CCQ.210 Head Start is a federally sponsored preschool program primarily for children from low-income families. Has {CHILD} **ever** attended Head Start?

- YES 1
- NO 2 (CCQ.260)
- REFUSED 7 (CCQ.260)
- DON'T KNOW 9 (CCQ.260)

CCQ.215 Did {CHILD} attend Head Start the year before {he/she} started kindergarten?

- YES 1
- NO 2 (CCQ.260)
- REFUSED 7 (CCQ.260)
- DON'T KNOW 9 (CCQ.260)

CCQ.240 Where was the Head Start program located? For example, was it in its own building, a school, in a church or synagogue, your home or another home, or some other place?

- ITS OWN BUILDING 1
- A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 2
- A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 3
- A COLLEGE OR UNIVERSITY 4
- A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP 5
- RESPONDENT'S HOME 6
- ANOTHER HOME 7
- A COMMUNITY CENTER 8
- A PUBLIC LIBRARY 9
- MORE THAN ONE PLACE 10
- SOME OTHER PLACE 11
- REFUSED 77
- DON'T KNOW 99

CCQ.245 How old was {CHILD} in years and months when {he/she} first attended any Head Start program?

- |_|_| AND |_|_|_|
 ENTER YEAR ENTER MONTH
- REFUSED 77
 - DON'T KNOW 99

CCQ.250 How many days each week did {CHILD} go to the Head Start program?

- |_|
 ENTER # OF DAYS
- REFUSED 77
 - DON'T KNOW 99

CCQ.255 How many hours each week did {CHILD} go to the Head Start program?

|_|_|_|
ENTER # OF HOURS

REFUSED 777
DON'T KNOW 999

Day Care Center/Before- or After-School Program

CCQ.260 {Other than Head Start, is/Is} {CHILD} now attending a day care center or a before or after school program at a school or in a center on a regular basis?

YES 1 (CCQ.275)
NO 2
REFUSED 7
DON'T KNOW 9

CCQ.265 Has {CHILD} ever attended a day care center, nursery school, preschool, prekindergarten, or before or after school program at a school or in a center on a regular basis?

YES 1
NO 2 (BOX 8)
REFUSED 7 (BOX 8)
DON'T KNOW 9 (BOX 8)

CCQ.275 How old was {CHILD} in years and months when {he/she} first attended any day care center, nursery school, preschool, prekindergarten, or before or after school program on a regular basis?

|_|_| AND |_|_|
ENTER YEAR ENTER MONTH

REFUSED 77
DON'T KNOW 99

CCQ.280 Did {CHILD} attend a day care center, nursery school, preschool or prekindergarten program on a regular basis the year before {he/she} started kindergarten?

YES 1
NO 2 (BOX 5)
REFUSED 7 (BOX 5)
DON'T KNOW 9 (BOX 5)

CCQ.285 How many different day care centers or before or after school programs did {CHILD} attend on a regular basis the year before {he/she} started kindergarten?

|_|
ENTER # OF DAY CARE CENTERS

REFUSED 77
DON'T KNOW 99

CCQ.290 What kind of program did {CHILD} attend the most?

DAY CARE CENTER 1
NURSERY SCHOOL..... 2
PRESCHOOL..... 3
PREKINDERGARTEN PROGRAM..... 4

CCQ.300 For the next few questions please think about the {PROGRAM TYPE} that {CHILD} attended the year before {he/she} started kindergarten.

CCQ.305 How many days each week did {CHILD} go to the program?

|_|
ENTER # OF DAYS

or
REFUSED 77
DON'T KNOW 99

CCQ.310 How many hours each week did {CHILD} go to the program?

|_|_|_|
ENTER # OF HOURS

REFUSED 777
DON'T KNOW 999

CCQ.315 For how long did {CHILD} receive care at that {PROGRAM TYPE}? Would you say ...

One to two months, 1
Three to five months, 2
Six to eight months, or 3
Nine to twelve months? 4
REFUSED 7
DON'T KNOW 9

CCQ.325 How many different day care centers or before or after school programs does {CHILD} currently go to?

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE 5
- REFUSED 7
- DON'T KNOW 9

CCQ.330 {Let's talk about the program where {CHILD} spends the most time now.} Is that program located in the school where {CHILD} attends kindergarten?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CCQ.335 Does {CHILD} go to that program before school, after school, or on weekends?

CODE ALL THAT APPLY

- BEFORE SCHOOL..... 1
- AFTER SCHOOL..... 2
- WEEKENDS 3
- REFUSED 7
- DON'T KNOW 9

CCQ.340 Does {CHILD} go to that program on a regularly scheduled basis at least once each week?

- YES 1
- NO 2 (BOX 7)
- REFUSED 7 (BOX 7)
- DON'T KNOW 9 (BOX 7)

CCQ.350 How many days each week does {CHILD} go to that program?

-
- ENTER # OF DAYS
- or
- REFUSED 77
- DON'T KNOW 99

CCQ.355 Other than regular school hours, how many hours each week does {CHILD} go to that program?

-
- ENTER # OF HOURS
- REFUSED 777
- DON'T KNOW 999

CCQ.360 How many children are usually in {CHILD}'s room or group, at the same time, at that program?

|_|_|
ENTER # OF CHILDREN

REFUSED 77
DON'T KNOW 99

CCQ.365 How many adults are usually in {CHILD}'s room or group, at the same time, at that program?

|_|
ENTER # OF ADULTS

REFUSED 77
DON'T KNOW 99

CCQ.375 You said that {CHILD} attended {NUMBER} other day care {center/centers} or before or after school {program/programs} on a regular basis. How many **hours** each **week** does {CHILD} attend {this program/these programs}?

|_|_|_|
ENTER # OF HOURS

REFUSED 777
DON'T KNOW 999

CCQ.380

As part of this study, we will be interviewing the early care and education provider of children in the study. We would like to talk to {CHILD}'s {relative caregiver/non-relative caregiver/ center director and teacher}.

We would like your permission to contact {CHILD}'s {relative caregiver/non-relative caregiver/center director and teacher}. Is that OK?

YES 1
NO 2 (GO TO BOX 8)

CCQ.385

Please tell me anything special that I should know about contacting your {relative caregiver/non-relative caregiver/center director and teacher}.

PROBE: For example, the best time to call your child care provider about the interview.

ENTER INFORMATION HERE.

CCQ.390

What is the name of {CHILD}'s {relative caregiver/non-relative caregiver/center director}?

ENTER FIRST NAME.

REFUSED 7
DON'T KNOW 9

CCQ.395

[What is the name of {CHILD}'s {relative caregiver/non-relative caregiver/center director}??]

ENTER LAST NAME.

REFUSED 7
DON'T KNOW 9

CCQ.400 What is {FIRST NAME} {LAST NAME/your center director}'s primary language?

- ENGLISH.....1
- ARABIC 2
- CHINESE..... 3
- FILIPINO LANGUAGE (E.G., TAGALOG,
ILOCANO, ETC.) 4
- FRENCH..... 5
- GERMAN..... 6
- GREEK 7
- ITALIAN 8
- JAPANESE 9
- KOREAN 10
- POLISH 11
- PORTUGUESE 12
- SPANISH..... 13
- VIETNAMESE 14
- AFRICAN..... 15
- EAST EUROPEAN.....16
- NATIVE AMERICAN..... 17
- SIGN LANGUAGE 18
- MIDDLE EASTERN 19
- WEST EUROPEAN 20
- INDIAN SUBCONTINENT 21
- SOUTHEAST ASIAN..... 22
- PACIFIC ISLAND 23
- CANNOT CHOOSE..... 24
- ENTER SOME OTHER
LANGUAGE (SPECIFY)..... 91
- REFUSEDRF
- DON'T KNOW DK

CCQ.400OS [What primary language does the provider speak?]

SPECIFY LANGUAGE.

CCQ.405 ASK IF NECESSARY. Is {FIRST NAME} {LAST NAME/your center director} male or female?

MALE 1
FEMALE 2
REFUSED 7
DON'T KNOW 9

CCQ.410 My records indicate that {CHILD} currently attends {NAME OF SCHOOL}. Is this care provided at that school?

YES 1 (CCQ.420)
NO 2
REFUSED 7
DON'T KNOW 9

CCQ.415 What is the name of {CHILD}'s child care center?

ENTER NAME.

REFUSED 7
DON'T KNOW 9

CCQ.420 Is {CHILD}'s center director the same person as {his/her} primary {teacher/caregiver}?

YES 1 (CCQ.430)
NO 2 (CCQ.430)
REFUSED 7 (CCQ.430)
DON'T KNOW 9 (CCQ.430)

CCQ.430 What is the name of {CHILD}'s primary {caregiver/teacher} at {CENTER NAME/the child care center}?

VERIFY SPELLING.
ENTER FIRST NAME.

REFUSED 7
DON'T KNOW 9

CCQ.435 [What is the name of {CHILD}'s primary {caregiver/teacher} at {CENTER NAME/the child care center}?

VERIFY SPELLING.
VERIFY NAME.

REFUSED 7
DON'T KNOW 9

CCQ.440 What is {FIRST NAME} {LAST NAME/{CHILD}'s caregiver/{CHILD}'s teacher}'s primary language?

ELSE, USE A NULL DISPLAY FOR "FIRST NAME" AND DISPLAY "{CHILD}'s caregiver".

| | |
|---|----|
| ENGLISH..... | 1 |
| ARABIC | 2 |
| CHINESE..... | 3 |
| FILIPINO LANGUAGE (E.G., TAGALOG, ILOCANO, ETC.) | 4 |
| FRENCH..... | 5 |
| GERMAN..... | 6 |
| GREEK | 7 |
| ITALIAN | 8 |
| JAPANESE | 9 |
| KOREAN | 10 |
| POLISH | 11 |
| PORTUGUESE | 12 |
| SPANISH..... | 13 |
| VIETNAMESE | 14 |
| AFRICAN..... | 15 |
| EAST EUROPEAN..... | 16 |
| NATIVE AMERICAN..... | 17 |
| SIGN LANGUAGE | 18 |
| MIDDLE EASTERN | 19 |
| WEST EUROPEAN..... | 20 |
| INDIAN SUBCONTINENT | 21 |
| SOUTHEAST ASIAN..... | 22 |
| PACIFIC ISLAND | 23 |
| CANNOT CHOOSE..... | 24 |
| ENTER SOME OTHER LANGUAGE (SPECIFY)..... | 91 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CCQ.440OS [What primary language does the caregiver/teacher speak?]

SPECIFY LANGUAGE.

CCQ.445 ASK IF NECESSARY. Is {PROVNAME} male or female?

- MALE 1
- FEMALE 2
- REFUSED 7
- DON'T KNOW 8

CCQ.450 Is {PROVNAME} 18 years of age or older?

- YES 1
- NO 2
- REFUSED 3
- DON'T KNOW 4

CCQ.455 What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{CENTER NAME}}?
ENTER STREET ADDRESS, LINE 1.
VERIFY SPELLING.

CCQ.460 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{CENTER NAME}}?]

ENTER STREET ADDRESS, LINE 2.
VERIFY SPELLING.

CCQ.465 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{CENTER NAME}}?]

ENTER CITY.
VERIFY SPELLING.

CCQ.470 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{CENTER NAME}}?]

ENTER STATE.

CCQ.475 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{CENTER NAME}}?]

ENTER ZIP CODE.

CCQ.480 What is {{RELATIVE/CAREGIVER'S NAME}}/{CENTER NAME}}'s telephone number?

CHILD'S HEALTH AND WELL-BEING - CHQ

CHQ.005 Now I have some questions about {CHILD}'s health. How much did {CHILD} weigh when {he/she} was born?

AND
 ENTER POUNDS ENTER OUNCES (BOX 1)
 REFUSED 77
 DON'T KNOW 99

CHQ.010 When {he/she} was born, did {CHILD} weigh more than 5 1/2 pounds?

YES 1 (BOX 1)
 NO 2
 REFUSED 7
 DON'T KNOW 9

CHQ.015 Did {he/she} weigh more than 3 pounds?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

CHQ.025 Was {CHILD} born more than two weeks before {he/she} was due?

YES 1
 NO 2 (CHQ.035)
 REFUSED 7 (CHQ.035)
 DON'T KNOW 9 (CHQ.035)

CHQ.030 How many days or weeks early was {he/she}?

ENTER NUMBER
 REFUSED 77
 DON'T KNOW 99
 ENTER UNIT
 WEEKS..... 1
 DAYS..... 2
 REFUSED 7
 DON'T KNOW 9

CHQ.035 Was {CHILD} a twin, triplet, or other child born as part of a multiple birth?

NO 1 (CHQ.095)
 YES, A TWIN 2
 YES, A TRIPLET 3
 YES, MULTIPLE BIRTH (4 OR MORE) 4
 REFUSED 7 (CHQ.095)
 DON'T KNOW 9 (CHQ.095)

CHQ.040 CODE WITHOUT ASKING IF ALREADY KNOWN. OTHERWISE ASK:
 {Is {CHILD}'s twin living?/Are all the other children born in the multiple birth still living?}

YES, TWIN IS LIVING (OR ALL OTHER CHILDREN ARE LIVING) 1
 NO, TWIN DIED (OR ALL OTHER CHILDREN DIED) 2 (CHQ.070)
 [FOR HIGHER-ORDER MULTIPLE BIRTHS ONLY] ONE OR MORE DIED, OTHERS ARE LIVING 3
 REFUSED 7
 DON'T KNOW 9

CHQ.045 {Does {CHILD}'s twin/Do they} live in this household?

LIVES HERE 1
 LIVES ELSEWHERE 2
 SOME LIVE HERE/SOME LIVE ELSEWHERE 3
 REFUSED 7
 DON'T KNOW 9

CHQ.050 {What is {CHILD}'s twin's name?/What are the names of the other children born with {CHILD} {who are living}??}

ENTER CHILD NAME 1 _____
 ENTER CHILD NAME 2 _____
 ENTER CHILD NAME 3 _____
 ENTER CHILD NAME 4 _____
 REFUSED 7
 DON'T KNOW 9

CHQ.060 CODE IF OBVIOUS, OTHERWISE ASK:
 Is {EACH CHILD NAMED IN CHQ.050} a boy or a girl?

RESPONSES: 1 = BOY, 2 = GIRL, 7 = REFUSED, 9 = DON'T KNOW.

| | GENDER |
|-----------|--------|
| {CHILD 1} | |
| {CHILD 2} | |
| {CHILD 3} | |
| {CHILD 4} | |

CHQ.070 {{Are/Were} {CHILD} and {{TWIN's NAME}/{CHILD}'s twin}} identical twins or fraternal (non-identical) twins?/{Is/Was} {CHILD} identical to any of the other children born with {CHILD}?)

- IDENTICAL..... 1
- FRATERNAL 2
- MULTIPLE BIRTH CONTAINING AN IDENTICAL TWIN PAIR OF WHICH {CHILD} IS ONE 3
- MULTIPLE BIRTH WITH NO IDENTICAL TWIN PAIR, OR {CHILD} IS NOT ONE OF THE IDENTICAL TWINS 4
- REFUSED 7
- DON'T KNOW 9

CHQ.075 Which one was born first?

- FOCAL CHILD..... 1
- TWIN (OR OTHER CHILD IN MULTIPLE BIRTH)..... 2
- REFUSED 7
- DON'T KNOW 9

CHQ.080 Which one weighed {more/the most} at birth?

- FOCAL CHILD..... 1
- TWIN (OR OTHER CHILD IN MULTIPLE BIRTH)..... 2
- BOTH WEIGHED ABOUT THE SAME..... 3
- REFUSED 7
- DON'T KNOW 9

CHQ.085 Apart from being a {twin/part of a multiple birth}, were there any complications in {CHILD}'s birth or delivery?

- YES 1
- NO 2 (CHQ.095)
- REFUSED 7 (CHQ.095)
- DON'T KNOW 9 (CHQ.095)

CHQ.090 What were the complications?

CODE ALL THAT APPLY

| | |
|--|----|
| PREMATURE | 1 |
| ANOXIA/BABY DIDN'T GET ENOUGH OXYGEN | 2 |
| ECLAMPSIA/PRE-ECLAMPSIA/MOTHER'S HIGH BLOOD PRESSURE/TOXEMIA/ SWELLING | 3 |
| CESAREAN SECTION | 4 |
| RESPIRATORY DISTRESS SYNDROME | 5 |
| MECONIUM/BABY'S FECAL MATTER EXCRETED AT OR NEAR BIRTH | 6 |
| FETAL DISTRESS | 7 |
| BREECH/MALPRESENTATION/BABY'S FEET CAME OUT FIRST | 8 |
| PREMATURE RUPTURE OF MEMBRANE.. | 9 |
| DYSFUNCTIONAL LABOR | 10 |
| OTHER (SPECIFY) _____ | 11 |
| _____ | 11 |
| REFUSED | 77 |
| DON'T KNOW | 99 |

CHQ.095 For the next set of questions, please base your answer on how {CHILD} compares to other children of the same age.

{CHILD} is independent and takes care of {himself/herself} ...

| | |
|--|---|
| Better than other children {his/her} age, | 1 |
| As well as other children,..... | 2 |
| Slightly less well than other children, or | 3 |
| Much less well than other children? | 4 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CHQ.100 Does {CHILD} pay attention

| | |
|--|---|
| Better than other children {his/her} age, | 1 |
| As well as other children,..... | 2 |
| Slightly less well than other children, or | 3 |
| Much less well than other children? | 4 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CHQ.105 Does {CHILD} learn, think, and solve problems ...

| | |
|--|---|
| Better than other children {his/her} age, | 1 |
| As well as other children,..... | 2 |
| Slightly less well than other children, or | 3 |
| Much less than other children? | 4 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

CHQ.115 Has {CHILD} ever been evaluated by a professional in response to {his/her} ability to pay attention or learn?

- YES 1
- NO 2 (CHQ.140)
- REFUSED 7 (CHQ.140)
- DON'T KNOW 9 (CHQ.140)

CHQ.120 Did you obtain a diagnosis of a problem from a professional?

- YES 1
- NO 2 (CHQ.140)
- REFUSED 7 (CHQ.140)
- DON'T KNOW 9 (CHQ.140)

CHQ.125 What was the diagnosis?

- LEARNING DISABILITY..... 1
- ATTENTION DEFICIT DISORDER (ADD) 2
- ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD)..... 3
- DEVELOPMENTAL DELAY 4
- AUTISM OR PERVASIVE DEVELOPMENTAL DISORDER..... 5
- DYSLEXIA 6
- DYSCALCULIA..... 7
- MENTAL RETARDATION 8
- OTHER (SPECIFY) _____ 91

- REFUSED 77
- DON'T KNOW 99

CHQ.125OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

CHQ.130 How old was {CHILD} when the first diagnosis of a problem was made?

|_|_|
ENTER AGE

- REFUSED 77 (CHQ.140)
- DON'T KNOW 99

ENTER UNIT

- MONTHS 1 (CHQ.140)
- YEARS 2 (CHQ.140)
- REFUSED 7 (CHQ.140)
- DON'T KNOW 9

- CHQ.135 What was the month and year when the diagnosis was made?
- |_|_| AND |_|_|_|_|_|
ENTER MONTH ENTER YEAR
- REFUSED 77
DON'T KNOW 99
- CHQ.140 Thinking about {CHILD}'s overall activity level, would you say {he/she} is ...
- Less active than other children of {his/her} age, 1 (CHQ.175)
About as active,..... 2 (CHQ.175)
Slightly more active, or..... 3 (CHQ.175)
A lot more active than other children of {his/her} age? 4
REFUSED 7 (CHQ.175)
DON'T KNOW 9 (CHQ.175)
- CHQ.145 Do you have any concerns about {CHILD}'s overall activity level?
- YES 1
NO 2 (CHQ.175)
REFUSED 7 (CHQ.175)
DON'T KNOW 9 (CHQ.175)
- CHQ.150 Has {CHILD} ever been evaluated by a professional in response to {his/her} overall activity level?
- YES 1
NO 2 (CHQ.175)
REFUSED 7 (CHQ.175)
DON'T KNOW 9 (CHQ.175)
- CHQ.155 Did you obtain a diagnosis of a problem from a professional?
- YES 1
NO 2 (CHQ.175)
REFUSED 7 (CHQ.175)
DON'T KNOW 9 (CHQ.175)
- CHQ.160 What was the diagnosis?
- LEARNING DISABILITY 1
ATTENTION DEFICIT DISORDER (ADD) 2
HYPERACTIVITY 3
DYSLEXIA 4
MENTAL RETARDATION 5
OTHER (SPECIFY) _____ 91
-
- REFUSED 7
DON'T KNOW 9

CHQ.160OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

CHQ.165 How old was {CHILD} when the first diagnosis of a problem was made?

|_|_|
ENTER AGE

REFUSED 77 (CHQ.175)
DON'T KNOW 99

ENTER UNIT

MONTHS 1 (CHQ.175)
YEARS 2 (CHQ.175)
REFUSED 7 (CHQ.175)
DON'T KNOW 9

CHQ.170 What was the month and year when the diagnosis was made?

|_|_| AND |_|_|
ENTER MONTH ENTER YEAR

REFUSED 77
DON'T KNOW 99

CHQ.175 Does {CHILD} show good coordination in moving {his/her} arms and legs? Would you say {he/she} does this ...

Better than other children {his/her} age, 1 (CHQ.200)
As well as other children, 2 (CHQ.200)
Slightly less well than other children, or 3
Much less well than other children? 4
REFUSED 7 (CHQ.200)
DON'T KNOW 9 (CHQ.200)

CHQ.180 Has {CHILD} ever been evaluated by a professional in response to the use of {his/her} limbs?

YES 1
NO 2 (CHQ.200)
REFUSED 7 (CHQ.200)
DON'T KNOW 9 (CHQ.200)

CHQ.185 Did you obtain a diagnosis of a problem from a professional?

YES 1
NO 2 (CHQ.200)
REFUSED 7 (CHQ.200)
DON'T KNOW 9 (CHQ.200)

CHQ.190 How old was {CHILD} when the first diagnosis of a problem was made?

|_|_|
ENTER AGE

REFUSED 77 (CHQ.200)
DON'T KNOW 99

ENTER UNIT

MONTHS 1 (CHQ.200)
YEARS 2 (CHQ.200)
REFUSED 7 (CHQ.200)
DON'T KNOW 9

CHQ.195 What was the month and year when the diagnosis was made?

|_|_| AND |_|_|_|_|
ENTER MONTH ENTER YEAR

REFUSED 77
DON'T KNOW 99

CHQ.200 Does {CHILD} pronounce words, communicate with and understand others ...

Better than other children {his/her} age, 1
As well as other children, 2
Slightly less well than other children, or 3 (CHQ.210)
Much less well than other children? 4 (CHQ.210)
REFUSED 7
DON'T KNOW 9

CHQ.205 When {CHILD} was younger, did {he/she} ever have unusual difficulty pronouncing words, communicating with, or understanding others?

YES 1
NO 2 (CHQ.230)
REFUSED 7 (CHQ.230)
DON'T KNOW 9 (CHQ.230)

CHQ.210 Has {CHILD} ever been evaluated by a professional in response to {his/her} ability to communicate?

YES 1
NO 2 (CHQ.230)
REFUSED 7 (CHQ.230)
DON'T KNOW 9 (CHQ.230)

CHQ.215 Did you obtain a diagnosis of a problem from a professional?

YES 1
 NO 2 (CHQ.230)
 REFUSED 7 (CHQ.230)
 DON'T KNOW 9 (CHQ.230)

CHQ.220 How old was {CHILD} when the first diagnosis of a problem was made?

|_|_|
 ENTER AGE

REFUSED 77 (CHQ.230)
 DON'T KNOW 99

ENTER UNIT

MONTHS 1 (CHQ.230)
 YEARS 2 (CHQ.230)
 REFUSED 7 (CHQ.230)
 DON'T KNOW 9

CHQ.225 What was the month and year when the diagnosis was made?

|_|_| AND |_|_|_|_|
 ENTER MONTH ENTER YEAR

REFUSED 77
 DON'T KNOW 99

CHQ.230 Does {CHILD} have difficulty hearing and understanding speech in a normal conversation?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

CHQ.235 Have {CHILD}'s hearing ever been evaluated by a professional?

YES 1
 NO 2
 REFUSED 7
 DON'T KNOW 9

CHQ.245 Did you obtain a diagnosis of a problem from a professional?

YES 1
 NO 2 (CHQ.260)
 REFUSED 7 (CHQ.260)
 DON'T KNOW 9 (CHQ.260)

CHQ.250 How old was {CHILD} when the first diagnosis of a problem was made?

|_|_|
ENTER AGE

REFUSED 77 (CHQ.260)
DON'T KNOW 99

ENTER UNIT

MONTHS 1 (CHQ.260)
YEARS 2 (CHQ.260)
REFUSED 7 (CHQ.260)
DON'T KNOW 9

CHQ.255 What was the month and year {CHILD}'s hearing was evaluated?

|_|_| AND |_|_|_|_|
ENTER MONTH ENTER YEAR

REFUSED 77
DON'T KNOW 99

CHQ.260 Which of the following best describes {CHILD}'s hearing loss? Is {he/she} ...

Deaf in both ears,..... 1
Deaf in one ear and hard of hearing in the other, 2
Deaf in one ear and normally hearing in the other,..... 3
Hard of hearing in both ears, or 4
Hard of hearing in one ear and normally hearing in the other?..... 5
REFUSED 7
DON'T KNOW 9

CHQ.265 Does {CHILD} usually wear a hearing aid?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CHQ.270 Does {CHILD} have a cochlear implant(s)?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CHQ.271 In what year (was it/were they) implanted?

____|____|____|____| (CHQ.254)
ENTER YEAR..... (CHQ.274)
REFUSED 7777 (CHQ.272)
DON'T KNOW 9999 (CHQ.272)

CHQ.272 Was it before {YEAR}?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CHQ.273 Does {CHILD} use the cochlear implant(s) in school?

All the time, 1
Some of the time, or 2
Not at all? 3
REFUSED 7
DON'T KNOW 9

CHQ.280 What is the effect of the device on {CHILD}'s ability to hear and understand speech in normal conversations? Does it ...

Greatly improves {his/her} hearing, 1
Somewhat improves {his/her} hearing, 2
Minimally improves {his/her} hearing, or 3
Does it not improve {his/her} hearing? 4
Does not improve {his/her} ability to understand speech? 4
REFUSED 7
DON'T KNOW 9

CHQ.285 Now I want to ask you about {CHILD}'s vision. Without the use of eyeglasses or contact lenses, does {CHILD} have difficulty seeing objects in the distance or letters on paper?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CHQ.290 Has {CHILD}'s vision ever been evaluated by an eye care professional?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CHQ.291 Has {CHILD} been prescribed glasses or contact lenses to improve {his/her} ability to see objects in the distance or letters on paper?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

CHQ.300 Did you obtain a diagnosis of a vision-related problem from an eye care professional?

- YES 1
- NO 2 (CHQ.315)
- REFUSED 7 (CHQ.315)
- DON'T KNOW 9 (CHQ.315)

CHQ.301 What was the diagnosis?

PROBE: What was the primary diagnosis?

- NEARSIGHTEDNESS (MYOPIA) 1
- FARSIGHTED (HYPEROPIA) 2
- COLOR BLINDNESS OR DEFICIENCY 3
- ASTIGMATISM 4
- CROSSED OR WANDERING EYE (STRABISMUS) 5
- AMBLYOPIA OR "LAZY EYE" 6
- RETINOPATHY 7
- OTHER (SPECIFY) _____ 91
- REFUSED 77
- DON'T KNOW 99

CHQ.301OS [What was the diagnosis?]

SPECIFY DIAGNOSIS.

CHQ.305 How old was {CHILD} when the first diagnosis of a problem was made?

|_|_|
ENTER AGE

REFUSED 77 (CHQ.315)
DON'T KNOW 99

ENTER UNIT

MONTHS 1 (CHQ.315)
YEARS 2 (CHQ.315)
REFUSED 7 (CHQ.315)
DON'T KNOW 9

CHQ.310 What was the month and year when {CHILD}'s vision was evaluated?

|_|_| AND |_|_|
ENTER MONTH ENTER YEAR

REFUSED 77
DON'T KNOW 99

CHQ.315 Is {CHILD}'s eyesight ...

Correctable with glasses, 1
Improvable with glasses, or 2
Not correctable with glasses? 3
REFUSED 7
DON'T KNOW 9

CHQ.320 Please tell me which of the following {CHILD}'s best eyesight {, with glasses,} allows {him/her} to see.

Print in children's story books, 1
Form and/or color of distant objects, with details 2
Form and/or color of distant objects, but not detail, 3
Shadows, 4
Lights, or 5
Does {CHILD} see no light or have no light perception? 6
REFUSED 7
DON'T KNOW 9

CHQ.325 Would you say {CHILD} behaves and relates to other children and adults ...

Better than other children {his/her} age, 1
As well as other children, 2
Slightly less well than other children, or 3
Much less well than other children? 4
REFUSED 7
DON'T KNOW 9

CHQ.330 Would you say {CHILD}'s health is ...

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5
- REFUSED 7
- DON'T KNOW 9

CHQ.340 Children with disabilities include children with developmental delays, communication impairments, or special health care needs. Prior to this school year, did {CHILD} ever receive therapy services or take part in a program for children with disabilities?

- YES 1
- NO 2 (BOX 10)
- REFUSED 7 (BOX 10)
- DON'T KNOW 9 (BOX 10)

CHQ.345 I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.

RESPONSES: 1=YES, 2=NO, 7=REFUSED, 9=DON'T KNOW

- a. Speech or language therapy? ____
- b. Occupational therapy? ____
- c. Physical therapy? ____
- d. Vision services? ____
- e. Social work services? ____
- f. Psychological services? ____
- g. Home visits? ____
- h. Parent support or training? ____
- i. Special class with other children some or all of whom also had special needs? ____
- l. Private tutoring or schooling for learning problems? ____
- k. Instruction in Braille ____
- l. Instruction in sign language, Cued Speech, ASL, TOCO ____
- m. Other (SPECIFY) _____

CHQ.375 How old was {CHILD} when {this service/the earliest of these services} began?

ENTER YEARS

REFUSED 77 (CHQ.375B)
DON'T KNOW 99 (CHQ.375B)

CHQ.375B [How old was {CHILD} when {this service/the earliest of these services} began?]

ENTER MONTHS

REFUSED 77
DON'T KNOW 99

CHQ.380 What is the month and year when {{CHILD} first received {NAME OF SINGLE SERVICE}/the first of these services began}?

____ AND _____
ENTER MONTH ENTER YEAR

REFUSED 77
DON'T KNOW 99

CHQ.385 Is {CHILD} still receiving {this service/any of these services}?

YES 1 (CHQ.400)
NO 2
REFUSED 7
DON'T KNOW 9

CHQ.390 What is the month and year when {{CHILD} last received {NAME OF SINGLE SERVICE}/the last of these services was received}?

____ AND _____
ENTER MONTH ENTER YEAR

REFUSED 77
DON'T KNOW 99

CHQ.400 Overall, how helpful {are/were} the special services your child or family {is receiving/received}?

Very helpful,..... 1
Helpful, 2
Not helpful, or 3
Not at all helpful?..... 4
REFUSED 7
DON'T KNOW 9

CHQ.410 Does {CHILD} currently use special equipment for children with special needs such as a wheelchair, communication board, electronic Braille device, or other assistance device, etc.?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

SOCIAL SKILLS, PROBLEM BEHAVIORS, AND APPROACHES TOWARD LEARNING - SSQ

Twenty-four items ask parents to rate their children's social skills (including their ability to exercise self-control, interact with others, resolve conflict, and participate in group activities); problem behaviors (e.g., fighting, bullying, arguing, anger, depression, low self-esteem, impulsiveness, etc.); and learning dispositions (e.g., curiosity, self-direction, and inventiveness). The items are not listed as they are copyright protected.

BEHAVIOR REGULATION - BRQ

Source: Behavioral Regulation subscales from the Behavior Rating Inventory of Executive Function (BRIEF; Gioia, Isquith, Guy, & Kenworthy, (2000)

Twenty-eight items from the BRIEF ask parents to assess their children's executive functioning, such as inhibition, shifting and flexibility, and emotional control. The items are not listed as they are copyright protected.

PARENT MARITAL HISTORY - MHQ

MHQ.010 Next are a few questions about {your/{CHILD}'s parents'} marital history.

MHQ.020 Are you legally married to {CHILD}'s biological {father/mother}?

YES 1
NO 2 (MHQ.030)
REFUSED 7 (MHQ.030)
DON'T KNOW 9 (MHQ.030)

MHQ.025 When did you get married?

|_|_| AND |_|_|_|_|_| (MHQ.165)
ENTER MONTH ENTER YEAR
REFUSED 777 (MHQ.165)
DON'T KNOW 999 (MHQ.165)

MHQ.030 Are you and {CHILD}'s biological {father/mother} currently living together in a marriage-like relationship?

YES 1
NO 2 (MHQ.040)
REFUSED 7 (MHQ.040)
DON'T KNOW 9 (MHQ.040)

MHQ.035 When did you and {CHILD}'s biological {father/mother} begin living together?

|_|_| AND |_|_|_|_|_| (MHQ.165)
ENTER MONTH ENTER YEAR
REFUSED 777 (MHQ.165)
DON'T KNOW 999 (MHQ.165)

MHQ.040 Are you currently married to someone who is **not** {CHILD}'s biological {father/mother}?

- YES 1 (MHQ.050)
- NO 2
- REFUSED 7
- DON'T KNOW 9

MHQ.045 Are you currently living in a marriage-like relationship with someone who is **not** {CHILD}'s biological {father/mother}?

- YES 1 (MHQ.055)
- NO 2 (MHQ.125)
- REFUSED 7 (MHQ.125)
- DON'T KNOW 9 (MHQ.125)

MHQ.050 When did your current marriage begin?

- |_|_| AND |_|_|_|_| (MHQ.125)
ENTER MONTH ENTER YEAR
- REFUSED 777 (MHQ.125)
- DON'T KNOW 999 (MHQ.125)

MHQ.055 When did you and this person begin living together?

- |_|_| AND |_|_|_|_| (MHQ.125)
ENTER MONTH ENTER YEAR
- REFUSED 777 (MHQ.125)
- DON'T KNOW 999 (MHQ.125)

MHQ.060 Are {CHILD}'s biological parents legally married?

- YES 1
- NO 2 (MHQ.070)
- REFUSED 7 (MHQ.070)
- DON'T KNOW 9 (MHQ.070)

MHQ.065 When did their marriage begin?

- |_|_| AND |_|_|_|_| (MHQ.165)
ENTER MONTH ENTER YEAR
- REFUSED 777 (MHQ.165)
- DON'T KNOW 999 (MHQ.165)

MHQ.070 Are {CHILD}'s biological parents currently living together in a marriage-like relationship?

YES 1
 NO 2 (MHQ.125)
 REFUSED 7 (MHQ.125)
 DON'T KNOW 9 (MHQ.125)

MHQ.075 When did {CHILD}'s biological parents begin living together?

____ AND _____ (MHQ.165)
 ENTER MONTH ENTER YEAR

REFUSED 777 (MHQ.165)
 DON'T KNOW 999 (MHQ.165)

MHQ.080 Are you and {CHILD}'s biological parent legally married?

YES 1
 NO 2 (MHQ.090)
 REFUSED 7 (MHQ.090)
 DON'T KNOW 9 (MHQ.090)

MHQ.085 When did you get married?

____ AND _____ (MHQ.125)
 ENTER MONTH ENTER YEAR

REFUSED 777 (MHQ.125)
 DON'T KNOW 999 (MHQ.125)

MHQ.090 Are you and {CHILD}'s biological {father/mother} living together in a marriage-like relationship?

YES 1
 NO 2 (MHQ.125)
 REFUSED 7 (MHQ.125)
 DON'T KNOW 9 (MHQ.125)

MHQ.095 When did you first start living together?

____ AND _____ (MHQ.125)
 ENTER MONTH ENTER YEAR

REFUSED 777 (MHQ.125)
 DON'T KNOW 999 (MHQ.125)

MHQ.100 Are you legally married?

YES 1
 NO 2 (MHQ.110)
 REFUSED 7 (MHQ.110)
 DON'T KNOW 9 (MHQ.110)

MHQ.105 When did you get married?

|_|_| AND |_|_|_|_|
ENTER MONTH ENTER YEAR (MHQ.120)

REFUSED 777 (MHQ.120)
DON'T KNOW 999 (MHQ.120)

MHQ.110 Are you living with someone in a marriage-like relationship?

YES 1
NO 2 (MHQ.120)
REFUSED 7 (MHQ.120)
DON'T KNOW 9 (MHQ.120)

MHQ.115 When did you begin living together?

|_|_| AND |_|_|_|_|
ENTER MONTH ENTER YEAR

REFUSED 777
DON'T KNOW 999

MHQ.120 To the best of your knowledge, are {CHILD}'s biological parents currently married to each other?

YES 1 (MHQ.130)
NO 2
REFUSED 7
DON'T KNOW 9

MHQ.125 [To the best of your knowledge] {Have you/Has {CHILD}'s biological {mother/father}} EVER been married to {CHILD}'s biological {father/mother}?

YES 1
NO 2 (MHQ.150)
REFUSED 7 (MHQ.150)
DON'T KNOW 9 (MHQ.150)

MHQ.130 [To the best of your knowledge] When did that marriage begin?

|_|_| AND |_|_|_|_|
ENTER MONTH ENTER YEAR

REFUSED 777
DON'T KNOW 999

MHQ.135 [To the best of your knowledge] Did that marriage end in...

- Legal separation, 1
- Divorce, or 2
- Death? 3
- REFUSED 7
- DON'T KNOW 9

MHQ.145 [To the best of your knowledge] When did {CHILD} stop living in a household with at least one biological parent?

- |_|_| AND |_|_|_|_|_| (MHQ.165)
ENTER MONTH ENTER YEAR
- REFUSED 777 (MHQ.165)
DON'T KNOW 999 (MHQ.165)

MHQ.150 [To the best of your knowledge] Since {CHILD} was born, have {you/{CHILD}'s biological {mother/father}} and {CHILD}'s biological {father/mother} ever lived together in a marriage-like relationship?

- YES 1
- NO 2 (MHQ.165)
- REFUSED 7 (MHQ.165)
- DON'T KNOW 9 (MHQ.165)

MHQ.155 [To the best of your knowledge] When did {you/{CHILD}'s biological {mother/father}} and {CHILD}'s biological {father/mother} first live together in the same household?

- |_|_| AND |_|_|_|_|_|
ENTER MONTH ENTER YEAR
- REFUSED 777
DON'T KNOW 999

MHQ.160 [To the best of your knowledge] When did {you/{CHILD}'s biological {mother/father}} and {CHILD}'s biological {father/mother} last live together?

- |_|_| AND |_|_|_|_|_|
ENTER MONTH ENTER YEAR
- REFUSED 777
DON'T KNOW 999

MHQ.165 How old {were you/was {CHILD}'s biological mother} when {you/she} gave birth for the first time?

|_|_|

ENTER AGE IN YEARS

or

REFUSED 77

DON'T KNOW 99

MHQ.175 I just wanted to double check: {Were you/Was {CHILD}'s biological mother} married to anyone when {CHILD} was born?

YES 1 (BOX 5)

NO 2

REFUSED 7

DON'T KNOW 9

MHQ.180 {Were you/Was {CHILD}'s biological mother} living in a marriage-like relationship with anyone when {CHILD} was born?

YES 1

NO 2

REFUSED 7

DON'T KNOW 9

CHILD ALWAYS LIVED WITH PERSON - ALQ

ALQ.010 {I now have just a few questions about the past living arrangements of your household.}

How long has {CHILD} lived with {you/{NAME}}?

| FIRST NAME | YEARS | MONTHS |
|--------------------------|-------|--------|
| {Display HH Member Name} | __ __ | __ __ |
| {Display HH Member Name} | __ __ | __ __ |
| {Display HH Member Name} | __ __ | __ __ |

HISTORICAL ROSTER - HRQ

HRQ.030 I'd like to ask you a few questions about {CHILD}'s biological {mother/father}. Is {CHILD}'s biological {mother/father} currently living?

- YES 1
- NO 2
- DON'T KNOW WHO BIOLOGICAL
{MOTHER/FATHER} IS 3 (BOX 6)
- REFUSED 7
- DON'T KNOW 9

HRQ.040 What is {CHILD}'s biological {mother's/father's} date of birth?

- |_|_| AND |_|_|
 ENTER MONTH ENTER YEAR
- REFUSED 777
 - DON'T KNOW 999

HRQ.060 How old {is/was} {CHILD}'s biological {mother/father} {when {he/she} died}?

- |_|_|
 ENTER AGE IN YEARS
- REFUSED 777
 - DON'T KNOW 999

HRQ.080 What is {CHILD}'s biological {mother's/father's} date of death?

- |_|_| AND |_|_|
 ENTER MONTH ENTER YEAR
- REFUSED 777
 - DON'T KNOW 999

HRQ.090 {Is/Was} {he/she} Hispanic or Latino?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

HRQ.100 What {is/was} {his/her} race? You may name more than one.

CODE ALL THAT APPLY

- AMERICAN INDIAN OR ALASKA NATIVE... 1
- ASIAN..... 2
- BLACK OR AFRICAN AMERICAN..... 3
- NATIVE HAWAIIAN OR OTHER
- PACIFIC ISLANDER 4
- WHITE 5
- ANOTHER RACE (SPECIFY) _____ 6

- REFUSED 7
- DON'T KNOW 9

HRQ.110 To the best of your knowledge, {has/did} {CHILD} ever {lived/live} with {his/her} biological {mother/father}?

- YES 1
- NO 2 (BOX 6)
- {FATHER DECEASED BEFORE
- CHILD BORN 3 (BOX 6)}
- REFUSED 7 (BOX 6)
- DON'T KNOW 9 (BOX 6)

HRQ.120 When did {CHILD}'s {mother/father} last live in the same household as {CHILD}?

____ AND ____
ENTER MONTH ENTER YEAR

- REFUSED 77
- DON'T KNOW 99

HRQ.130 {Besides {CHILD}'s biological {mother/father/parents}, are/Are} there any {other} adults, 18 years or older at the time, who do not currently live with {CHILD} who have lived with {him/her} in the past for at least four months?

- YES 1
- NO 2 (BOX 7)
- REFUSED 7 (BOX 7)
- DON'T KNOW 9 (BOX 7)

HRQ.140 {Besides {CHILD}'s biological {mother/father/parents}, how/How} many adults, 18 years or older at the time, once lived with {CHILD} for at least four months, but no longer do?

ENTER # OF ADULTS

- REFUSED 77
- DON'T KNOW 99

HRQ.150 How {were the other {NUMBER} adults/was the other person} related to {CHILD}?

| | |
|---|----|
| MOTHER FIGURE/FEMALE GUARDIAN | 1 |
| FATHER FIGURE/MALE GUARDIAN..... | 2 |
| GIRLFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN | 3 |
| BOYFRIEND OR PARTNER OF {CHILD}'S PARENT/GUARDIAN | 4 |
| SISTER/BROTHER | 5 |
| GRANDMOTHER/GRANDFATHER..... | 6 |
| OTHER RELATIVE..... | 7 |
| OTHER NON-RELATIVE | 8 |
| REFUSED | 77 |
| DON'T KNOW | 99 |

NON-RESIDENT PARENT QUESTIONS - NRQ

NRQ.030 You said before that {you/{NAME}} {are/is} {CHILD}'s adoptive {mother/father}. Does {CHILD} have an adoptive {father/mother}?

- YES 1
- NO 2 (BOX 4)
- REFUSED 7 (BOX 4)
- DON'T KNOW 9 (BOX 4)

NRQ.040 The next questions are about {CHILD}'s contact with {his/her} {biological/adoptive} {father/mother}.

- Less than one month 1
- More than a month but less than a year, 2 (NRQ.060)
- More than a year, or 3 (NRQ.060)
- No contact since birth 4 (NRQ.060)
- PARENT IS DECEASED 5 (BOX 8)
- NO CONTACT SINCE ADOPTION 6 (BOX 8)
- NO ADOPTIVE (MOTHER/FATHER)..... 7 (BOX 8)
- REFUSED 7 (NRQ.060)
- DON'T KNOW 9 (NRQ.060)

NRQ.050 How many days has {CHILD} seen {his/her} {biological/adoptive} {father/mother} in the past 4 weeks?

|_|_|
ENTER # OF DAYS

- REFUSED 77
- DON'T KNOW 99

NRQ.060 How many days was {CHILD} scheduled to see {his/her} {biological/adoptive} {father/mother} in the past 4 weeks?

|_|_|
ENTER # OF DAYS

- REFUSED 77
- DON'T KNOW 99

PARENT EDUCATION AND HUMAN CAPITAL - PEQ

PEQ.020 {Now I have a few questions about education and job training.} What is the highest grade or year of school that {you/{NAME}/{CHILD}'s {mother/father}} {have/has} completed?

| | |
|--|----|
| 1ST GRADE | 1 |
| 2ND GRADE | 2 |
| 3RD GRADE | 3 |
| 4TH GRADE | 4 |
| 5TH GRADE | 5 |
| 6TH GRADE | 6 |
| 7TH GRADE | 7 |
| 8TH GRADE | 8 |
| 9TH GRADE | 9 |
| 10TH GRADE | 10 |
| 11TH GRADE | 11 |
| 12TH GRADE BUT NO DIPLOMA | 12 |
| HIGH SCHOOL DIPLOMA OR VOC/TECH PROGRAM | |
| AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA | 13 |
| GED | 14 |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL..... | 15 |
| SOME COLLEGE BUT NO DEGREE | 16 |
| ASSOCIATE'S DEGREE | 17 |
| BACHELOR'S DEGREE..... | 18 |
| GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE | 19 |
| MASTER'S OR DOCTORATE (MA, MS) | 20 |
| DOCTORATE DEGREE (PHD, EDD) | 21 |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE | |
| (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) | 22 |
| REFUSED..... | 77 |
| DON'T KNOW..... | 99 |

PEQ.030 PEQ.030 {Do/Does/Did} {you/{NAME}/{CHILD}'s {biological/adoptive} {mother/father}} have a high school diploma or its equivalent, such as a GED?

| | |
|------------------------------------|---|
| HIGH SCHOOL DIPLOMA | 1 |
| GED | 2 |
| NO HIGH SCHOOL DIPLOMA OR GED..... | 3 |
| REFUSED | 7 |
| DON'T KNOW | 9 |

PEQ.050 {Are you/Is {NAME}} currently attending or enrolled in any courses from a school, college, or university?

- YES 1
- NO 2 (PEQ.070)
- REFUSED 7 (PEQ.070)
- DON'T KNOW 9 (PEQ.070)

PEQ.060 {Are you/Is {NAME}} currently taking courses full-time or part-time?

- FULL-TIME 1
- PART-TIME 2
- REFUSED 7
- DON'T KNOW 9

PEQ.070 {Are you/Is {NAME}} currently participating in a job-training or on-the-job-training program?

- YES 1
- NO 2 (BOX 4)
- REFUSED 7 (BOX 4)
- DON'T KNOW 9 (BOX 4)

PEQ.080 About how many hours a week {do/does} {you/NAME} spend in that program? Please include hours spent on homework for the training program.

- |_|_|
ENTER HOURS PER WEEK
- REFUSED 77
 - DON'T KNOW 99

PEQ.100 Now I have some questions about your high school education. What grades did you usually get in high school?

- MOSTLY A's (NUMERICAL AVERAGE OF 90-100)... 1
- MOSTLY A's AND B's (85-89) 2
- MOSTLY B's (80-84) 3
- MOSTLY B's AND C's (75-79) 4
- MOSTLY C's (70-74) 5
- MOSTLY C's AND D's (65-69) 6
- MOSTLY D's AND LOWER (64 AND BELOW) 7
- NEVER IN HIGH SCHOOL 8 (PEQ.140)
- REFUSED 77
- DON'T KNOW 99

PEQ.110 Was your high school program ...

- Academic or college preparatory, 1
- Commercial or business training, or 2
- Vocational or technical? 3
- REFUSED 7
- DON'T KNOW 9

PEQ.120 Now I have a list of high school mathematics and technical courses. As I read each one, please tell me whether you have taken that course in regular high school.

RESPONSES: TAKEN = 1, NOT TAKEN = 2, REFUSED = 7, DON'T KNOW = 9

- a. Elementary Algebra or Algebra I? ___
- b. Plane Geometry? ___
- c. Business Math? ___
- d. Intermediate Algebra or Algebra II? ___
- e. Trigonometry? ___
- f. Calculus? ___
- g. Physics? ___

PEQ.140 What is the highest grade or year of regular school your **father** completed?

- 1ST GRADE 1
- 2ND GRADE 2
- 3RD GRADE 3
- 4TH GRADE 4
- 5TH GRADE 5
- 6TH GRADE 6
- 7TH GRADE 7
- 8TH GRADE 8
- 9TH GRADE 9
- 10TH GRADE 10
- 11TH GRADE 11
- 12TH GRADE BUT NO DIPLOMA 12
- HIGH SCHOOL DIPLOMA/EQUIVALENT OR VOC/TECH PROGRAM
- AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA 13
- VOC/TECH PROGRAM AFTER HIGH SCHOOL..... 14
- SOME COLLEGE BUT NO DEGREE 15
- ASSOCIATE'S DEGREE 16
- BACHELOR'S DEGREE 17
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE 18
- MASTER'S OR DOCTORATE (MA, MS) 19
- DOCTORATE DEGREE (PHD, EDD) 20
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
- (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 21
- REFUSED..... 77
- DON'T KNOW..... 99

PEQ-150. What is the highest grade or year of regular school your **mother** completed?

| | |
|--|----|
| 1ST GRADE | 1 |
| 2ND GRADE | 2 |
| 3RD GRADE | 3 |
| 4TH GRADE | 4 |
| 5TH GRADE | 5 |
| 6TH GRADE | 6 |
| 7TH GRADE | 7 |
| 8TH GRADE | 8 |
| 9TH GRADE | 9 |
| 10TH GRADE | 10 |
| 11TH GRADE | 11 |
| 12TH GRADE BUT NO DIPLOMA | 12 |
| HIGH SCHOOL DIPLOMA/EQUIVALENT OR VOC/TECH PROGRAM | |
| AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA | 13 |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL..... | 14 |
| SOME COLLEGE BUT NO DEGREE | 15 |
| ASSOCIATE'S DEGREE | 16 |
| BACHELOR'S DEGREE..... | 17 |
| GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE | 18 |
| MASTER'S OR DOCTORATE (MA, MS) | 19 |
| DOCTORATE DEGREE (PHD, EDD) | 20 |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE | |
| (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) | 21 |
| REFUSED..... | 77 |
| DON'T KNOW..... | 99 |

PARENT EMPLOYMENT - EMQ

EMQ.020 During the past week, did {you/{NAME}} work at a job for pay?

YES 1 (EMQ.040)
NO 2
REFUSED 7
DON'T KNOW 9

EMQ.030 {Were you/Was {NAME}} on leave or vacation from a job?

YES 1
NO 2 (EMQ.060)
REFUSED 7 (EMQ.060)
DON'T KNOW 9 (EMQ.060)

EMQ.040 How many jobs {do you/does {NAME}} have now?

|_|
ENTER # OF JOBS
or
REFUSED 7
DON'T KNOW 9

EMQ.050 About how many total hours per week {do you/does {NAME}} usually work for pay, counting all (# of jobs from EMQ.040, IF MORE THAN ONE) jobs?

|_|_|
ENTER # OF WEEKLY HOURS (BOX 4)
REFUSED 777 (BOX 4)
DON'T KNOW 999 (BOX 4)

EMQ.060 {Have you/Has {NAME}} been actively looking for work in the past 4 weeks?

YES 1
NO 2 (EMQ.080)
REFUSED 7 (EMQ.080)
DON'T KNOW 9 (EMQ.080)

EMQ.070 What {have you/has {NAME}} been doing in the past 4 weeks to find work?

CODE ALL THAT APPLY

- CHECKED WITH PUBLIC EMPLOYMENT AGENCY..... 1 (EMQ.100)
- CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2 (EMQ.100)
- CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 3 (EMQ.100)
- CHECKED WITH FRIENDS OR RELATIVES 4 (EMQ.100)
- PLACED OR ANSWERED ADS/SENT RESUME 5 (EMQ.100)
- READ WANT-ADS 6
- SOMETHING ELSE (SPECIFY)_____ 7
- _____
- REFUSED 77
- DON'T KNOW 99

EMQ.070OS [What {have you/has {NAME}} been doing in the past 4 weeks to find work?]

EMQ.080 What {were you/was {NAME}} doing most of last week? Would you say ...

- Keeping house or caring for children, 1
- Going to school, 2
- Retired, 3
- Unable to work, or 4
- Something else? What was that?
(SPECIFY) _____ 5
- REFUSED 7
- DON'T KNOW 9

EMQ.100 Could {you/{NAME}} have taken a job last week if one had been offered?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

EMQ.120 For whom {do/does/did} {you/{NAME}} work {when {you/{he/she}} last worked}?

ENTER EMPLOYER NAME

- REFUSED 7
- DON'T KNOW 9

EMQ.130 What kind of business or industry {is/was} this?

ENTER INDUSTRY DESCRIPTION
REFUSED..... 7
DON'T KNOW..... 9

EMQ.140 What kind of work {are/is/were/was} {you/{NAME}} doing?

ENTER JOB TITLE
REFUSED..... 7
DON'T KNOW..... 9

EMQ.150 What {are/is/were/was} {your/{NAME}'s} most important activities or duties on this job? What {do/does/did} {you/{NAME}} actually do at this job?

PROBE: For example, typing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

ENTER JOB DUTIES
REFUSED 7
DON'T KNOW 9

EMQ.170 Between {CHILD}'s birth and when {he/she} entered kindergarten, did {you/{CHILD}'s mother} work outside the home for pay?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

EMQ.180 Since {CHILD} was born, was there any time in which {his/her} family had serious financial problems or was unable to pay the monthly bills?

YES 1
NO 2 (BOX 7)
REFUSED 7 (BOX 7)
DON'T KNOW 9 (BOX 7)

EMQ.190 During how many years or months since {he/she} was born has {CHILD}'s family had serious financial problems?

|_|_|
ENTER NUMBER

REFUSED 77
DON'T KNOW 99

ENTER UNIT

MONTH 1
YEAR 2
REFUSED 7
DON'T KNOW 9

WELFARE AND OTHER PUBLIC TRANSFERS - WPQ

WPQ.030 When {you were/{CHILD}'s mother was} pregnant with {CHILD}, did {you/she} receive any WIC benefits?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

WPQ.040 Did {CHILD} receive any WIC benefits as an infant or child?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

WPQ.050 In the past 12 months, have you or anyone in your household received Temporary Assistance for Needy Families, sometimes called TANF {or{STATE TANF PROGRAM NAME}}?

PROBE: TANF was formally known as Aid to Families with Dependent Children, or AFDC.

- YES 1
- NO 2 (WPQ.070)
- REFUSED 7 (WPQ.070)
- DON'T KNOW 9 (WPQ.070)

WPQ.060 During those 12 months, how many months did your household receive TANF {or {STATE TANF PROGRAM NAME}}?

ENTER NUMBER OF MONTHS.

- REFUSED 77
- DON'T KNOW 99

WPQ.070 Since {CHILD} was born, has {CHILD}'s family ever received TANF {or {STATE TANF PROGRAM NAME}}?

- YES 1
- NO 2
- REFUSED 7
- DON'T KNOW 9

WPQ.080 In the past 12 months, have you or anyone in your household received food stamps or EBT (Electronic Benefit Transfer)?

- YES 1
- NO 2 (WPQ.100)
- REFUSED 7 (WPQ.100)
- DON'T KNOW 9 (WPQ.100)

WPQ.090 During those 12 months, how many months did your household receive food stamps or EBT (Electronic Benefit Transfer)?

|_|_|
ENTER NUMBER OF MONTHS.

REFUSED 77
DON'T KNOW 99

WPQ.100 Since {CHILD} was born, has {CHILD}'s family ever received food stamps or EBT (Electronic Benefit Transfer)?

YES 1
NO 2
REFUSED 7
DON'T KNOW 9

CHILD MOBILITY AND PLANS TO MOVE - CMQ

CMQ.010 Since {CHILD} was born, how many different places has {he/she} lived for four months or more?

PROBE: IF RESPONDENT SAYS ZERO, ASK: By saying zero places, do you mean that {CHILD} did not live anywhere since spring 2004 for four months or more?

|_|_|
 ENTER # OF PLACES
 REFUSED 77
 DON'T KNOW 99

CMQ.030 How long has {CHILD} lived in {his/her} current residence?

|_|_| AND |_|_|_|
 ENTER YEARS ENTER MONTHS
 REFUSED 77
 DON'T KNOW 99

CMQ.050 Thank you for your cooperation and for taking the time to participate in this important study. Just to make sure I can reach you for the next interview, which will take place in the spring, I'd like to ask a few questions about how to find you.

First, what are the last names of the household members living here?

| | FIRST NAME | LAST NAME |
|---|---------------------------------|-------------------------------------|
| R | {Display Respondent First Name} | [Enter Respondent's Last Name - 25] |
| C | {Display Child First Name} | {Display Child's Last Name - 25} |
| | {Display HH Member Name} | [Enter HH Member Last Name - 25] |

CMQ.070 Is there a second phone number, such as a work number, a friend or relative's number, or a beeper or cell phone number, where you can sometimes be reached?

- YES 1
- NO 2 (CMQ.100)
- REFUSED 7 (CMQ.100)
- DON'T KNOW 9 (CMQ.100)

CMQ.080 What is that telephone number?

|_|_|_| - |_|_|_| - |_|_|_|_| | _____
SECOND TELEPHONE NUMBER EXTENSION

- REFUSED 7 (CMQ.100)
- DON'T KNOW 9 (CMQ.100)

CMQ.090 Where is that telephone located?

- OFFICE/PLACE OF BUSINESS 1
- RELATIVE (SPECIFY) _____ 2
- NEIGHBOR (SPECIFY) _____ 3
- FRIEND (SPECIFY) _____ 4
- BEEPER NUMBER 5
- CELL PHONE 6
- OTHER (SPECIFY) _____ 7
- REFUSED 77
- DON'T KNOW 99

CMQ.090OS [Where is that telephone located?]

CMQ.100 Is there a relative or friend, who does not live in this household, who will always know where you are if you move?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

- YES 1
- NO 2 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

CMQ.110 What is the name, address, and telephone number of that person?

PROBE: What is this person's relationship to you?

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Relationship: _____

CMQ.130 Besides {PERSON AT CMQ.110}, is there another relative or friend, who does not live in this household, who will always know where you are if you move?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

- YES 1
- NO 2 (BOX 3)
- REFUSED 7 (BOX 3)
- DON'T KNOW 9 (BOX 3)

CMQ.140 What is the name, address, and telephone number of that person?

PROBE: What is this person's relationship to you?

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Relationship: _____

CMQ.170 What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?

First Name: _____ Last Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____
Relationship: _____

CMQ.190 Are you, or is someone else, planning to move to a new home with {CHILD} before the spring of 2011?

- YES 1
- NO 2 (CMQ.230)
- REFUSED 7 (CMQ.230)
- DON'T KNOW 9 (CMQ.230)

CMQ.200 What is the address and telephone number where {CHILD} will move?

CMQ.205 [What is the address and telephone number where {CHILD} will move?]

CMQ.220 CODE IF OBVIOUS. OTHERWISE, ASK:

Will {CHILD} move . . .

- To a new state, 1 (CMQ.240)
- To a new city or town in the same state, or... 2
- To a new home in the same city or town? 3
- REFUSED 7
- DON'T KNOW 9

CMQ.230 Do {you/{CHILD}'s parents/{CHILD}'s {mother/father}} plan to transfer {CHILD} to a new school before the end of this school year?

- YES 1
- NO 2 (CMQ.260)
- REFUSED 7 (CMQ.260)
- DON'T KNOW 9 (CMQ.260)

CMQ.240 What school will {CHILD} attend for kindergarten in the spring of 2011?

School Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____

CMQ.260 Thank you again for your cooperation in participating in the Early Childhood Longitudinal Study.

ADDITIONAL ITEMS FROM ECLS-K FALL KINDERGARTEN PARENT INTERVIEW

CCQ.051 Was there any charge or fee for the care {CHILD} received [the **year before** {he/she} started kindergarten] from this relative, paid either by you or someone else?

IF NECESSARY SAY, Please only think about the relative who provided the **most** care for {CHILD}.

- YES..... 1
- NO 2 (BOX 1)
- REFUSED..... 7 (BOX 1)
- DON'T KNOW..... 9 (BOX 1)

CCQ.052 Did any of the following people or organizations help to pay for this relative care provider to care for {CHILD} the **year before** {he/she} started kindergarten?

How about...

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

CAPI INSTRUCTION: FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (DID ANY ... KINDERGARTEN) IN BRACKETS.

CAPI INSTRUCTION: IF D = 1 (YES), FOR THE FOLLOW-UP SPECIFY QUESTION, DISPLAY "WHO WAS THAT?" IN MIXED CASE AND IN GRAY.

| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>REF</u> |
|--|------------|-----------|-----------|------------|
| a. A relative of {CHILD} outside your household who provided money specifically for that care?..... | 1 | 2 | 7 | 9 |
| b. A social service or welfare agency?..... | 1 | 2 | 7 | 9 |
| c. An employer? | 1 | 2 | 7 | 9 |
| d. Someone else? (SPECIFY) _____ | 1 | 2 | 7 | 9 |

CCQ.155 For how long did {CHILD} receive care from the nonrelative the **year before** {he/she} started kindergarten?

Would you say ...

- One to two months,..... 1
- Three to five months,..... 2
- Six to eight months, or 3
- Nine to twelve months? 4
- REFUSED..... 7
- DON'T KNOW..... 9

CCQ.156 Was there any charge or fee for the care {CHILD} received [the **year before** {he/she} started kindergarten] from this nonrelative, paid either by you or someone else?

IF NECESSARY SAY, Please only think about the nonrelative who provided the **most** care for {CHILD}.

- YES..... 1
- NO 2 (BOX 3)
- REFUSED..... 7 (BOX 3)
- DON'T KNOW..... 9 (BOX 3)

CCQ.157 Did any of the following people or organizations help to pay for this nonrelative care provider to care for {CHILD} the **year before** {he/she} started kindergarten?

How about...

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9

CAPI INSTRUCTION: FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (DID ANY KINDERGARTEN) IN BRACKETS.

CAPI INSTRUCTION: IF D = 1 (YES), FOR THE FOLLOW-UP SPECIFY QUESTION, DISPLAY "WHO WAS THAT?" IN MIXED CASE AND IN GRAY.

| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>REF</u> |
|--|------------|-----------|-----------|------------|
| a. A relative of {CHILD} outside your household who provided money specifically for that care?..... | 1 | 2 | 7 | 9 |
| b. A social service or welfare agency?..... | 1 | 2 | 7 | 9 |
| c. An employer? | 1 | 2 | 7 | 9 |
| d. Someone else? (SPECIFY) _____ | 1 | 2 | 7 | 9 |

CCQ.251 How many **hours** each **week** did {CHILD} go to the Head Start program?

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE LAST YEAR IN HEAD START.
CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

ENTER # OF HOURS

or

REFUSED..... 77
DON'T KNOW..... 99

HELP AVAILABLE

CCQ.252 How many **children** were usually in {CHILD}'s room or group, at the same time, at the Head Start program, counting {CHILD}?

CAPI INSTRUCTION: SOFT RANGE CHECK 5-25. HARD RANGE CHECK 1-40.

ENTER # OF CHILDREN

or

REFUSED..... 77
DON'T KNOW..... 99

CCQ.253 How many **adults** were usually in {CHILD}'s room or group, at the same time, at the Head Start program?

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-10.

ENTER # OF ADULTS

or

REFUSED..... 77
DON'T KNOW..... 99

CCQ.254 Was there any charge or fee for the Head Start program, paid either by you or someone else?

YES..... 1
NO 2 (CCQ.259)
REFUSED..... 7 (CCQ.259)
DON'T KNOW..... 9 (CCQ.259)

CCQ.303 **Was** that program located in the school where {CHILD} now attends kindergarten?

YES..... 1
NO 2
REFUSED..... 7
DON'T KNOW..... 9

CCQ.316 Was there any charge or fee for the {PROGRAM TYPE} {CHILD} attended [the **year before** {he/she} started kindergarten], paid either by you or someone else?

CAPI INSTRUCTION: FOR "PROGRAM TYPE", DISPLAY "DAY CARE CENTER" IF CCQ.290 = 1; DISPLAY "NURSERY SCHOOL" IF CCQ.290 = 2; DISPLAY "PRESCHOOL" IF CCQ.290 = 3; DISPLAY "PREKINDERGARTEN PROGRAM" IF CCQ.290 = 4.

- YES..... 1
- NO 2 (BOX 6)
- REFUSED..... 7 (BOX 6)
- DON'T KNOW..... 9 (BOX 6)

CCQ.317 Did any of the following people or organizations help to pay for {CHILD} to go to that program the **year before** {he/she} started kindergarten?

How about...

RESPONSES: YES = 1, NO = 2, REFUSED = 7, DON'T KNOW = 9
 CAPI INSTRUCTION: FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (DID ANY ... KINDERGARTEN) IN BRACKETS.
 CAPI INSTRUCTION: IF D = 1 (YES), FOR THE FOLLOW-UP SPECIFY QUESTION, DISPLAY "WHO WAS THAT?" IN MIXED CASE AND IN GRAY.

| | <u>Yes</u> | <u>No</u> | <u>DK</u> | <u>REF</u> |
|--|------------|-----------|-----------|------------|
| a. A relative of {CHILD} outside your household who provided money specifically for that care?..... | 1 | 2 | 7 | 9 |
| b. A social service or welfare agency?..... | 1 | 2 | 7 | 9 |
| c. An employer? | 1 | 2 | 7 | 9 |
| d. Someone else? (SPECIFY) _____ | 1 | 2 | 7 | 9 |

CCQ.319 Was this amount for {CHILD} only or did it include other children in your household?

CHILD ONLY 1 (BOX 6)
 CHILD AND OTHER(S)..... 2
 REFUSED..... 7 (BOX 6)
 DON'T KNOW..... 9 (BOX 6)

CCQ.320 How many children was this amount for, including {CHILD}?

CAPI INSTRUCTION: HARD RANGE CHECK: 2-12; SOFT RANGE CHECK; 2-6.

|_|_|
 ENTER # OF CHILDREN

or

REFUSED..... 77
 DON'T KNOW..... 99

CHQ.326 Did {CHILD} ever have frequent or repeated ear infections?

IF NECESSARY SAY: Consider 3 or more ear infections in a 12 month time period as frequent or repeated.

YES..... 1
 NO 2 (CHQ.330)
 REFUSED..... 7 (CHQ.330)
 DON'T KNOW..... 9 (CHQ.330)

CHQ.327 Did {CHILD} have frequent or repeated ear infections in the last 12 months?

IF NECESSARY SAY: Consider 3 or more ear infections in the last 12 months as frequent or repeated.

YES..... 1
 NO 2
 REFUSED..... 7
 DON'T KNOW..... 9

MHQ.120 {[Next are a few question about {CHILD}'s biological parents. We understand that some of these questions may be difficult {for adoptive parents} to answer, however, these are standard questions we ask when a child does not live with {his/her} biological parents. Any information you can provide will be helpful.]}

To the best of your knowledge, are {CHILD}'s biological parents currently legally married to each other?

CAPI INSTRUCTION: DISPLAY "[NEXT ARE BE HELPFUL.]" IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140 OR FSQ.150. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "FOR ADOPTIVE PARENTS" IF THE RESPONDENT IS AN ADOPTIVE PARENT (FSQ.140 OR FSQ.150 IS CODED '2' FOR THE PERSON FLAGGED AS THE RESPONDENT).

YES..... 1 (MHQ.130)
 NO 2
 REFUSED..... 7
 DON'T KNOW..... 9

CMQ.263 WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?

TELEPHONE 1
IN-PERSON 2