

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
INQ.010	ENTER THE RESPONDENT'S FIRST NAME.	INQ.010/012	INQ060	No Change
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?	INQ020	INQ130	No Change
INQ.030	Are there any other names {CHILD} goes by?	INQ030		No Change
INQ.040	What are those names?	INQ040		No Change
INQ.050	I have {CHILD} recorded as {male/female}. Is that correct?	INQ.050	INQ160	No Change
INQ.060	{I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?/What is {CHILD}'s date of birth?}	INQ.060	INQ170	No Change
INQ.080	So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.060} years old. Is that correct?	INQ.080	INQ175	No Change
INQ.090	How old is {CHILD}?	INQ.090	INQ176	No Change
INQ.100	I have recorded that {CHILD}'s home address is: Is this correct?	INQ.100	INQ180	No Change
INQ.110	MAKE CORRECTIONS TO ADDRESS BELOW.	INQ.110	INQ190	No Change
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?}	INQ.130	INQ200	No Change
PIQ.020a-d	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?	PIQ.020a-d		No Change
PIQ.030	Have you met {CHILD}'s teacher yet?	PIQ.030		No Change
PIQ.050	Did you [or {CHILD}'s parents] choose where to live so that {CHILD} could attend {his/her} current school?	PIQ.050		No Change
PIQ.060	Is {CHILD} in {his/her} regularly assigned school or a school that you {or {CHILD}'s parents} chose?	PIQ.060		No Change
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?	PIQ.070		No Change
PIQ.080	Is this {CHILD}'s first or second year of kindergarten?	PIQ.080		No Change
PIQ.090a-f	Children sometimes have problems adjusting to kindergarten. On the average, during the <b>first two months</b> of this school year ...	PIQ.090a-f		No Change
PIQ.110a-f	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 ...	PIQ.110a-f		F Revised
PIQ.120	How far in school do you expect {CHILD} to go? Would you say you expect {him/her} ...	PIQ.120		No Change

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Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
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}}?}	FSQ.020	FSQ.020	No Change
FSQ.045	IS THE MATRIX COMPLETE?	FSQ.045	FSQ.045	No Change
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?	FSQ.060	FSQ.060	No Change
FSQ.110	Do you have a spouse or partner who lives in this household?	FSQ.110	FSQ.110	No Change
FSQ.120	Who in the household is your spouse or partner?	FSQ.120	FSQ.120	No Change
FSQ.130	What {is your/is {NAME}'s} relationship to {CHILD}?	FSQ.130	FSQ.130	No Change
FSQ.140	{Are you/Is {NAME}} {CHILD}'s ...	FSQ.140	FSQ.140	No Change
FSQ.150	{Are you/Is {NAME}} {CHILD}'s ...	FSQ.150	FSQ.150	No Change
FSQ.160	{Are you/Is {NAME}} {CHILD}'s ...	FSQ.160	FSQ.160	No Change
FSQ.170	{Are you/Is {NAME}} {CHILD}'s ...	FSQ.170	FSQ.170	No Change
FSQ.180	CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE	FSQ.180	FSQ.180	No Change
FSQ.181	SPECIFY OTHER NON-RELATIVE	FSQ.180OS	FSQ.181	No Change
FSQ.190	{Are you/Is {NAME}} Hispanic or Latino?} {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?"]	FSQ.190	FSQ.190	Revised
FSQ.198	[What is {your/{NAME}'s} race?]	FSQ.195	FSQ.195	Revised
PLQ.020	Is any language other than English regularly spoken in your home?	PLQ.020	SPQ.155	No Change
PLQ.030	Is English also spoken in your home?	PLQ.030	SPQ.156	No Change
PLQ.040	What languages other than English are spoken in your home?	PLQ.040/ 040OS		No Change
PLQ.060	What is the <b>primary</b> language spoken in your home?	PLQ.060/ 060OS	SPQ.157-157OS	Revised
PLQ.070a-d	How well do you . . .			Dropped
PLQ.080	How often {do/does} {{you/{NAME}}/{CHILD}} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {{CHILD}}/{you/{NAME}}?	PLQ.083/ 090		Revised
HEQ.010a-k	Now I'd like to talk with you about {CHILD}'s activities with family members. In a typical <b>week</b> , 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?	HEQ.010a-i		Revised (j and k dropped)
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}?			Dropped

Attachment A.1 - Fall Kindergarten Parent Interview				
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HEQ.015 (alternative)	Generally, how long is {CHILD} read to at each of these times} {in any language}?	HEQ.036		Revised
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.	HEQ.040		No Change
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.			Dropped
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 ...	HEQ.060	HEQ.270	Revised
HEQ.070	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.			Dropped
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?			Dropped
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}?	CFQ.010		No Change
CFQ.020	Who is this person?	CFQ.020		No Change
CFQ.030	Is there any person {other than {yourself/the biological father/the adoptive father}} who is like a father to {CHILD}?	CFQ.030		Revised
CFQ.040	Who is this person?	CFQ.040		No Change
CFQ.060	How many of {CHILD}'s grandparents are still living?	CFQ.060		Revised
CFQ.070	How many grandparents would you say {CHILD} has a close relationship with?	CFQ.070		No Change
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.	CCQ.005		Revised
CCQ.010	Is {CHILD} now receiving care from a relative on a <u>regular basis before or after school</u> ? This may include grandparents, brothers and sisters, or any relatives other than {you/{CHILD}'s {parents/guardians}}.	CCQ.010		Revised
CCQ.015	Has {CHILD} <u>ever</u> received care from a relative on a <u>regular basis</u> ?	CCQ.015		No Change
CCQ.020	How old was {CHILD} in years and months when {he/she} <u>first</u> received care from <u>any</u> relative on a <u>regular basis</u> ?	CCQ.020		No Change

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
CCQ.025	Did {CHILD} receive care from a relative on a <u>regular basis</u> the year before {he/she} started kindergarten?	CCQ.025		Revised
CCQ.030	How many different <u>regular</u> care arrangements did you have with relatives for {CHILD}'s care in the year before {he/she} started kindergarten?	CCQ.030		Revised
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?	CCQ.035		Revised
CCQ.040	How many <u>days</u> each week did {CHILD} receive care from {his/her} relative the year before {he/she} started kindergarten?	CCQ.040		No Change
CCQ.045	How many <u>hours</u> each <u>week</u> did {CHILD} receive care from {his/her} relative the year before {he/she} started kindergarten?	CCQ.045		No Change
CCQ.050	For how long did {CHILD} receive care from {his/her} relative the year before {he/she} started kindergarten? Would you say ...	CCQ.050		Revised
CCQ.051	Was there any charge or fee for the care {CHILD} received [the <b>year before</b> {he/she} started kindergarten] from this relative, paid either by you or someone else?			Dropped
CCQ.052a-d	Did any of the following people or organizations help to pay for this relative care provider to care for {CHILD} the <b>year before</b> {he/she} started kindergarten?			Dropped
CCQ.053	How much did your household pay this relative to care for {CHILD} the <b>year before</b> {he/she} started kindergarten?			Dropped
CCQ.054	Was this amount for {CHILD} only or did it include other children in your household?			Dropped
CCQ.055	How many children was this amount for, including {CHILD}?			Dropped
CCQ.060	How many different <u>regular</u> care arrangements do you currently have with relatives before or after school?	CCQ.060		Revised
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?	CCQ.065		Revised
CCQ.070	Is the care provided by {{CHILD}'s {RELATIVE}/ that relative} in your home or another home?	CCQ.070		No Change
CCQ.075	Does {CHILD} receive that care before school, after school, or on weekends?	CCQ.075		No Change
CCQ.080	Is the care that {CHILD} receives from {{his/her} {RELATIVE}/that relative} <u>regularly scheduled</u> at least once <b>each</b> week?	CCQ.080		Revised
CCQ.085	How many <u>days</u> each week does {CHILD} receive care from {{his/her} {RELATIVE}/that relative}?	CCQ.085		Revised
CCQ.090	How many <u>hours</u> each <u>week</u> does {CHILD} receive care from {{his/her} {RELATIVE}/that relative}?	CCQ.090		No Change

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
CCQ.095	How many <u>children</u> are usually cared for together, in the same group at the same time, by {{his/her} {RELATIVE}/that relative}, counting {CHILD}?			Dropped
CCQ.100	You said that {CHILD} was cared for by {NUMBER} other {relatives/relative} on a regular basis. How many <u>hours</u> each week does {CHILD} receive care from {these/this} other {relatives/relative}??	CCQ.110		Revised
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} <u>now</u> receiving care in a private home on a <u>regular basis before or after school</u> from someone who is not related to {him/her}? This includes home child care providers, regular sitters or neighbors.	CCQ.115		Revised
CCQ.120	Has {CHILD} <u>ever</u> received care in a private home from a nonrelative on a <u>regular basis</u> ?	CCQ.120		No Change
CCQ.125	How old was {CHILD} in years and months when {he/she} <u>first</u> received regular care in a private home from <u>any</u> nonrelative?	CCQ.125		Revised
CCQ.130	Did {CHILD} receive care from a nonrelative on a <u>regular basis</u> the year before {he/she} started kindergarten?	CCQ.130		Revised
CCQ.135	How many different <u>regular</u> care arrangements did you have with nonrelatives for {CHILD}'s care the year before {he/she} started kindergarten?	CCQ.135		Revised
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?	CCQ.140		Revised
CCQ.145	How many <u>days</u> each week did {CHILD} receive care from a nonrelative the year before {he/she} started kindergarten?	CCQ.145		Revised
CCQ.150	How many <u>hours</u> each week did {CHILD} receive care from a nonrelative the year before {he/she} started kindergarten?	CCQ.150		No Change
CCQ.155	For how long did {CHILD} receive care from the nonrelative the year before {he/she} started kindergarten? Would you say ...	CCQ.155		Revised
CCQ.156	Was there any charge or fee for the care {CHILD} received [the <b>year before</b> {he/she} started kindergarten] from this nonrelative, paid either by you or someone else?			Dropped
CCQ.157a-d	Did any of the following people or organizations help to pay for this nonrelative care provider to care for {CHILD} the <b>year before</b> {he/she} started kindergarten?			Dropped
CCQ.158	How much did your household pay this nonrelative to care for {CHILD} the <b>year before</b> {he/she} started kindergarten?			Dropped
CCQ.159	Was this amount for {CHILD} only or did it include other children in your household?			Dropped

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
CCQ.160	How many children was this amount for, including {CHILD}?			Dropped
CCQ.165	How many different <u>regular</u> care arrangements <u>before or after school</u> do you currently have with nonrelatives?	CCQ.165		Revised
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?	CCQ.170		Revised
CCQ.175	Does {CHILD} receive that care before school, after school, or on weekends?	CCQ.175		
CCQ.180	Is the care that {CHILD} receives from that person <b>regularly scheduled</b> at least once each week?	CCQ.180		Revised
CCQ.185	How many <u>days</u> each week does {CHILD} receive care from that person?	CCQ.185		Revised
CCQ.190	How many <u>hours</u> each <u>week</u> does {CHILD} receive care from that person?	CCQ.190		
CCQ.195	How many <u>children</u> are usually cared for together, in the same group at the same time, by that person, counting {CHILD}?			Dropped
CCQ.200	How many <u>adults</u> usually care for {CHILD} at the same time {at {your/that} home}?			Dropped
CCQ.205	You said that {CHILD} was cared for by {NUMBER} other {nonrelative/nonrelatives} on a regular basis. How many <b>hours</b> each <b>week</b> does {CHILD} receive care from {this nonrelative/these nonrelatives}?			Dropped
CCQ.210	Head Start is a federally sponsored preschool program primarily for children from low-income families. Has {CHILD} <b>ever</b> attended Head Start?	CCQ.031/ 136		Revised
CCQ.215	Did {CHILD} attend Head Start <u>the year before</u> {he/she} started kindergarten?			Dropped
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?			Dropped
CCQ.245	How old was {CHILD} in years and months when {he/she} <u>first attended any</u> Head Start program?			Dropped
CCQ.250	How many <u>days</u> each week did {CHILD} go to the Head Start program?			Dropped
CCQ.251	How many <b>hours</b> each <b>week</b> did {CHILD} go to the Head Start program?			Dropped
CCQ.252	How many <b>children</b> were usually in {CHILD}'s room or group, at the same time, at the Head Start program, counting {CHILD}?			Dropped
CCQ.253	How many <b>adults</b> were usually in {CHILD}'s room or group, at the same time, at the Head Start program?			Dropped
CCQ.254	Was there any charge or fee for the Head Start program, paid either by you or someone else?			Dropped
CCQ.255	How many <u>hours</u> each <u>week</u> did {CHILD} go to the Head Start program?			Dropped

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CCQ.260	{Other than Head Start, is/Is} {CHILD} <u>now</u> attending a day care center or a before or after school program at a school or in a center on a <u>regular basis</u> ?	CCQ.260		Revised
CCQ.265	Has {CHILD} <u>ever</u> attended a day care center, nursery school, preschool, prekindergarten, or before or after school program at a school or in a center on a <u>regular basis</u> ?	CCQ.265		Revised
CCQ.275	How old was {CHILD} in years and months when {he/she} <u>first</u> attended <u>any</u> day care center, nursery school, preschool, prekindergarten, or before or after school program on a <u>regular basis</u> ?	CCQ.275		Revised
CCQ.280	Did {CHILD} attend a day care center, nursery school, preschool or prekindergarten program on a <u>regular basis</u> the <u>year before</u> {he/she} started kindergarten?	CCQ.280		Dropped
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?	CCQ.285		Revised
CCQ.290	What kind of program did {CHILD} attend the most?			Dropped
CCQ.300	For the next few questions please think about the {PROGRAM TYPE} that {CHILD} attended the year before {he/she} started kindergarten.			Dropped
CCQ.303	<b>Was</b> that program located in the school where {CHILD} now attends kindergarten?			Dropped
CCQ.305	How many <u>days</u> each week did {CHILD} go to the program?	CCQ.305		Revised
CCQ.310	How many <u>hours</u> each <u>week</u> did {CHILD} go to the program?	CCQ.310		Revised
CCQ.315	For how long did {CHILD} receive care at that {PROGRAM TYPE}? Would you say ...	CCQ.315		No Change
CCQ.316	Was there any charge or fee for the {PROGRAM TYPE} {CHILD} attended [the <b>year before</b> {he/she} started kindergarten], paid either by you or someone else?			Dropped
CCQ.317	Did any of the following people or organizations help to pay for {CHILD} to go to that program the <b>year before</b> {he/she} started kindergarten?			Dropped
CCQ.318	How much did your household pay for {CHILD} to go to the {PROGRAM TYPE} the <b>year before</b> {he/she} started kindergarten?			Dropped
CCQ.319	Was this amount for {CHILD} only or did it include other children in your household?			Dropped
CCQ.320	How many children was this amount for, including {CHILD}?			Revised
CCQ.325	How many different day care centers or before or after school programs does {CHILD} <u>currently</u> go to?	CCQ.325		Revised
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?	CCQ.330		Revised
CCQ.335	Does {CHILD} go to that program before school, after school, or on weekends?	CCQ.335		No Change

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CCQ.340	Does {CHILD} go to that program on a <u>regularly scheduled</u> basis at least once <u>each</u> week?	CCQ.340		No Change
CCQ.350	How many <u>days</u> each week does {CHILD} go to that program?	CCQ.350		Revised
CCQ.355	Other than regular school hours, how many <u>hours</u> each <u>week</u> does {CHILD} go to that program?	CCQ.355		No Change
CCQ.360	How many <u>children</u> are usually in {CHILD}'s room or group, at the same time, at that program?			Dropped
CCQ.365	How many <u>adults</u> are usually in {CHILD}'s room or group, at the same time, at that program?			Dropped
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 <b>hours</b> each <b>week</b> does {CHILD} attend {this program/these programs}?	CCQ.375		Revised
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?	CCQ.380		Revised
CCQ.385	Please tell me anything special that I should know about contacting your {relative caregiver/non-relative caregiver/center director and teacher}. <b>PROBE:</b> For example, the best time to call your child care provider about the interview.	CCQ.490		Revised
CCQ.390/395	What is the name of {CHILD}'s {relative caregiver/non-relative caregiver/center director}?	CCQ.390/ 395		No Change
CCQ.400/400OS	What is {FIRST NAME} {LAST NAME/your center director}'s primary language?			Dropped
CCQ.405	ASK IF NECESSARY. Is {FIRST NAME} {LAST NAME/your center director} male or female?			Dropped
CCQ.410	My records indicate that {CHILD} currently attends {NAME OF SCHOOL}. Is this care provided at that school?			Dropped
CCQ.415	What is the name of {CHILD}'s child care center?	CCQ.415		No Change
CCQ.420	Is {CHILD}'s center director the same person as {his/her} primary {teacher/caregiver}?	CCQ.420		Revised
CCQ.430/435	What is the name of {CHILD}'s primary {caregiver/teacher} at {CENTER NAME/the child care center}?	CCQ.430/ 435		Revised
CCQ.440/440OS	What is {FIRST NAME} {LAST NAME/{CHILD}'s caregiver/{CHILD}'s teacher}'s primary language?			Dropped
CCQ.445	ASK IF NECESSARY. Is {PROVNAME} male or female?			Dropped
CCQ.450	Is {PROVNAME} 18 years of age or older?	CCQ.450		No Change
CCQ.455-475	What is the mailing address of {{RELATIVE/CAREGIVER'S NAME)/(CENTER NAME}}?	CCQ.455-475		Revised



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CCQ.480	What is {{RELATIVE/CAREGIVER'S NAME}}/{CENTER NAME}}'s telephone number?	CCQ.451		Revised
CHQ.005	Now I have some questions about {CHILD}'s health. How much did {CHILD} weigh when {he/she} was born?	CHQ.005/ 006/ 007	SPQ.060, SPQ.065, SPQ.070	Revised
CHQ.010	When {he/she} was born, did {CHILD} weigh more than 5 1/2 pounds?	CHQ.010		No Change
CHQ.015	Did {he/she} weigh more than 3 pounds?	CHQ.015	SPQ.080	No Change
CHQ.025	Was {CHILD} born more than two weeks before {he/she} was due?	CHQ.025	SPQ090	No Change
CHQ.030	How many days or weeks early was {he/she}?	CHQ.030	SPQ100-105	
CHQ.035	Was {CHILD} a twin, triplet, or other child born as part of a multiple birth?	CHQ.035	SPQ106	No Change
CHQ.040	{Is {CHILD}'s twin living?/Are all the other children born in the multiple birth still living?}			Dropped
CHQ.045	{Does {CHILD}'s twin/Do they} live in this household?			Dropped
CHQ.050	{What is {CHILD}'s twin's name?/What are the names of the other children born with {CHILD} {who are living}?}			Dropped
CHQ.060	Is {EACH CHILD NAMED IN CHQ.050} a boy or a girl?			Dropped
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}??}	CHQ.070		Revised
CHQ.075	Which one was born first?			Dropped
CHQ.080	Which one weighed {more/the most} at birth?			Dropped
CHQ.085	Apart from being a {twin/part of a multiple birth}, were there any complications in {CHILD}'s birth or delivery?	CHQ.085		Revised
CHQ.090	What were the complications?	CHQ.090		No Change
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} ...			Dropped
CHQ.100	Does {CHILD} pay attention ....			Dropped
CHQ.105	Does {CHILD} learn, think, and solve problems ...			Dropped
CHQ.115	Has {CHILD} ever been evaluated by a professional in response to {his/her} ability to pay attention or learn?			Dropped
CHQ.120	Did you obtain a diagnosis of a problem from a professional?			Dropped
CHQ.125/125OS	What was the diagnosis?			Dropped
CHQ.130	How old was {CHILD} when the first diagnosis of a problem was made?			Dropped
CHQ.135	What was the month and year when the diagnosis was made?			Dropped
CHQ.140	Thinking about {CHILD}'s overall activity level, would you say {he/she} is ...			Dropped

<b>Attachment A.1 - Fall Kindergarten Parent Interview</b>				
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Fall PI New Item #</b>	<b>Spring PI New Item #</b>	<b>Status</b>
CHQ.145	Do you have any concerns about {CHILD}'s overall activity level?			Dropped
CHQ.150	Has {CHILD} ever been evaluated by a professional in response to {his/her} <u>overall</u> activity level?			Dropped
CHQ.155	Did you obtain a diagnosis of a problem from a professional?			Dropped
CHQ.160/1600S	What was the diagnosis?			Dropped
CHQ.165	How old was {CHILD} when the first diagnosis of a problem was made?			Dropped
CHQ.170	What was the month and year when the diagnosis was made?			Dropped
CHQ.175	Does {CHILD} show good coordination in moving {his/her} arms and legs? Would you say {he/she} does this ...			Dropped
CHQ.180	Has {CHILD} ever been evaluated by a professional in response to the use of {his/her} limbs?			Dropped
CHQ.185	Did you obtain a diagnosis of a problem from a professional?			Dropped
CHQ.190	How old was {CHILD} when the first diagnosis of a problem was made?			Dropped
CHQ.195	What was the month and year when the diagnosis was made?			Dropped
CHQ.200	Does {CHILD} pronounce words, communicate with and understand others ...			Dropped
CHQ.205	When {CHILD} was younger, did {he/she} ever have unusual difficulty pronouncing words, communicating with, or understanding others?			Dropped
CHQ.210	Has {CHILD} ever been evaluated by a professional in response to {his/her} ability to communicate?			Dropped
CHQ.215	Did you obtain a diagnosis of a problem from a professional?			Dropped
CHQ.220	How old was {CHILD} when the first diagnosis of a problem was made?			Dropped
CHQ.225	What was the month and year when the diagnosis was made?			Dropped
CHQ.230	Does {CHILD} have difficulty hearing and understanding speech in a normal conversation?			Dropped
CHQ.235	Have {CHILD}'s hearing ever been evaluated by a professional?			Dropped
CHQ.245	Did you obtain a diagnosis of a problem from a professional?			Dropped
CHQ.250	How old was {CHILD} when the first diagnosis of a problem was made?			Dropped
CHQ.255	What was the month and year {CHILD}'s hearing was evaluated?			Dropped
CHQ.260	Which of the following best describes {CHILD}'s hearing loss? Is {he/she} ...			Dropped
CHQ.265	Does {CHILD} usually wear a hearing aid?			Dropped
CHQ.270	Does {CHILD} have a cochlear implant(s)?			Dropped

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
CHQ.271	In what year (was it/were they) implanted?			Dropped
CHQ.272	Was it before {YEAR}?			Dropped
CHQ.273	Does {CHILD} use the cochlear implant(s) in school?			Dropped
CHQ.280	What is the effect of the device on {CHILD}'s ability to hear and understand speech in normal conversations? Does it ...			Dropped
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?			Dropped
CHQ.290	Has {CHILD}'s vision ever been evaluated by an eye care professional?			Dropped
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?			Dropped
CHQ.300	Did you obtain a diagnosis of a <u>vision-related</u> problem from an eye care professional?			Dropped
CHQ.301/301OS	What was the diagnosis? PROBE: What was the primary diagnosis?			Dropped
CHQ.305	How old was {CHILD} when the first diagnosis of a problem was made?			Dropped
CHQ.310	What was the month and year when {CHILD}'s vision was evaluated?			Dropped
CHQ.315	Is {CHILD}'s eyesight ...			Dropped
CHQ.320	Please tell me which of the following {CHILD}'s <u>best</u> eyesight {, with glasses,} allows {him/her} to see.			Dropped
CHQ.325	Would you say {CHILD} behaves and relates to other children and adults ...			Dropped
CHQ.326	Did {CHILD} ever have frequent or repeated ear infections?			Dropped
CHQ.327	Did {CHILD} have frequent or repeated ear infections in the last 12 months?			Dropped
CHQ.330	Would you say {CHILD}'s health is ...	CHQ.330		No Change
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?			Dropped
CHQ.345a-m	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.			Dropped
CHQ.375/375B	How old was {CHILD} when {this service/the earliest of these services} began?			Dropped
CHQ.380	What is the month and year when {{CHILD} first received {NAME OF SINGLE SERVICE}/the first of these services began}?			Dropped
CHQ.385	Is {CHILD} still receiving {this service/any of these services}?			Dropped

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
CHQ.390	What is the month and year when {{CHILD}} last received {NAME OF SINGLE SERVICE}/the last of these services was received?			Dropped
CHQ.400	Overall, how helpful {are/were} the special services your child or family {is receiving/received}?			Dropped
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.?			Dropped
SSQ	The items are not listed as they are copyright protected.	SSQ.010a-x	SSQ.010a-x	No Change
BRQ	The items are not listed as they are copyright protected.			Dropped
MHQ.010	Next are a few questions about {your/{CHILD}'s parents} marital history.	MHQ.010		No Change
MHQ.020	Are you legally married to {CHILD}'s biological {father/mother}?	MHQ.020		No Change
MHQ.025	When did you get married?	MHQ.025		No Change
MHQ.030	Are you and {CHILD}'s biological {father/mother} currently living together in a marriage-like relationship?	MHQ.030		No Change
MHQ.035	When did you and {CHILD}'s biological {father/mother} begin living together?	MHQ.035		No Change
MHQ.040	Are you currently married to someone who is <b>not</b> {CHILD}'s biological {father/mother}?	MHQ.040		Revised
MHQ.045	Are you currently living in a marriage-like relationship with someone who is <b>not</b> {CHILD}'s biological {father/mother}?	MHQ.045		Revised
MHQ.050	When did your current marriage begin?	MHQ.050		No Change
MHQ.055	When did you and this person begin living together?	MHQ.055		No Change
MHQ.060	Are {CHILD}'s biological parents legally married?	MHQ.060		No Change
MHQ.065	When did their marriage begin?	MHQ.065		No Change
MHQ.070	Are {CHILD}'s biological parents currently living together in a marriage-like relationship?	MHQ.070		No Change
MHQ.075	When did {CHILD}'s biological parents begin living together?	MHQ.075		No Change
MHQ.080	Are you and {CHILD}'s biological parent legally married?	MHQ.080		No Change
MHQ.085	When did you get married?	MHQ.085		No Change
MHQ.090	Are you and {CHILD}'s biological {father/mother} living together in a marriage-like relationship?	MHQ.090		Revised
MHQ.095	When did you first start living together?	MHQ.095		No Change
MHQ.100	Are you legally married?	MHQ.096/ 100		No Change
MHQ.105	When did you get married?	MHQ.097/ 105		No Change
MHQ.110	Are you living with someone in a marriage-like relationship?	MHQ.098/ 110		No Change
MHQ.115	When did you begin living together?	MHQ.099/ 115		No Change

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
MHQ.120	To the best of your knowledge, are {CHILD}'s biological parents currently married to each other?	MHQ.120		Revised
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}?	MHQ.125		No Change
MHQ.130	[To the best of your knowledge] When did that marriage begin?	MHQ.130		No Change
MHQ.135	[To the best of your knowledge] Did that marriage end in...	MHQ.135		No Change
MHQ.145	[To the best of your knowledge] When did {CHILD} stop living in a household with at least one biological parent?	MHQ.145		No Change
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?	MHQ.150		No Change
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?	MHQ.155		No Change
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?	MHQ.160		No Change
MHQ.165	How old {were you/was {CHILD}'s biological mother} when {you/she} gave birth for the first time?	MHQ.165		No Change
MHQ.175	I just wanted to double check: {Were you/Was {CHILD}'s biological mother} married to anyone when {CHILD} was born?	MHQ.175		No Change
MHQ.180	{Were you/Was {CHILD}'s biological mother} living in a marriage-like relationship with anyone when {CHILD} was born?	MHQ.180		No Change
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}}?	FSQ205		No Change
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?	HRQ.030		No Change
HRQ.040	What is {CHILD}'s biological {mother's/father's} date of birth?	HRQ.040		No Change
HRQ.060	How old {is/was} {CHILD}'s biological {mother/father} {when {he/she} died}?	HRQ.060		No Change
HRQ.080	What is {CHILD}'s biological {mother's/father's} date of death?	HRQ.080		No Change
HRQ.090	{Is/Was} {he/she} Hispanic or Latino?	HRQ.090		No Change
HRQ.100	What {is/was} {his/her} race? You may name more than one.	HRQ.100		Revised
HRQ.110	To the best of your knowledge, {has/did} {CHILD} ever {lived/live} with {his/her} biological {mother/father}?	HRQ.110		No Change
HRQ.120	When did {CHILD}'s {mother/father} last live in the same household as {CHILD}?	HRQ.120		No Change

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
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?			Dropped
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?			Dropped
HRQ.150	How {were the other {NUMBER} adults/was the other person} related to {CHILD}?			Dropped
NRQ.030	You said before that {you/{NAME}} {are/is} {CHILD}'s adoptive {mother/father}. Does {CHILD} have an adoptive {father/mother}?	NRQ.030		No Change
NRQ.040	The next questions are about {CHILD}'s contact with {his/her} {biological/adoptive} {father/mother}.	NRQ.040	NRQ.040	Revised
NRQ.050	How many days has {CHILD} seen {his/her} {biological/adoptive} {father/mother} in the past 4 weeks?	NRQ.050	NRQ.050	No Change
NRQ.060	How many days was {CHILD} scheduled to see {his/her} {biological/adoptive} {father/mother} in the past 4 weeks?			Dropped
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?	PEQ.020	FSQ.221	Revised
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?	PEQ.030	FSQ.222	Revised
PEQ.050	{Are you/Is {NAME}} currently attending or enrolled in any courses from a school, college, or university?	PEQ.050		No Change
PEQ.060	{Are you/Is {NAME}} currently taking courses full-time or part-time?	PEQ.060		No Change
PEQ.070	{Are you/Is {NAME}} currently participating in a job-training or on-the-job-training program?	PEQ.070		No Change
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.	PEQ.080		No Change
PEQ.100	Now I have some questions about your high school education. What grades did you usually get in high school?			Dropped
PEQ.110	Was your high school program ...			Dropped
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.			Dropped
PEQ.140	What is the highest grade or year of regular school your <b>father</b> completed?			Dropped
PEQ-150.	What is the highest grade or year of regular school your <b>mother</b> completed?			Dropped

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
EMQ.020	During the past week, did {you/{NAME}} work at a job for pay?	EMQ.020		No Change
EMQ.030	{Were you/Was {NAME}} on leave or vacation from a job?	EMQ.030		No Change
EMQ.040	How many jobs {do you/does {NAME}} have now?	EMQ.040		No Change
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?	EMQ.050		Revised
EMQ.060	{Have you/Has {NAME}} been actively looking for work in the past 4 weeks?	EMQ.060		No Change
EMQ.070	What {have you/has {NAME}} been doing in the past 4 weeks to find work?	EMQ.070		No Change
EMQ.070OS	[What {have you/has {NAME}} been doing in the past 4 weeks to find work?]	EMQ.070OS		No Change
EMQ.080	What {were you/was {NAME}} doing most of last week? Would you say	EMQ.080		No Change
EMQ.100	Could {you/{NAME}} have taken a job last week if one had been offered?	EMQ.100		No Change
EMQ.120	For whom {do/does/did} {you/{NAME}} work {when {you/{he/she}} last worked}?	EMQ.120		No Change
EMQ.130	What kind of business or industry {is/was} this?	EMQ.130		No Change
EMQ.140	What kind of work {are/is/were/was} {you/{NAME}} doing?	EMQ.140		No Change
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?	EMQ.150		No Change
EMQ.170	Between {CHILD}'s birth and when {he/she} entered kindergarten, did {you/{CHILD}'s mother} work outside the home for pay?			Dropped
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?	EMQ.180		No Change
EMQ.190	During how many years or months since {he/she} was born has {CHILD}'s family had serious financial problems?	EMQ.190		No Change
WPQ.030	When {you were/{CHILD}'s mother was} pregnant with {CHILD}, did {you/she} receive any WIC benefits?	WPQ.030	SPQ210	Revised
WPQ.040	Did {CHILD} receive any WIC benefits as an infant or child?	WPQ.040	SPQ220	No Change
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}}?	WPQ.050	WPQ.100	No Change
WPQ.060	During those 12 months, how many months did your household receive TANF {or {STATE TANF PROGRAM NAME}}?	WPQ.060	WPQ.105	No Change
WPQ.070	Since {CHILD} was born, has {CHILD}'s family ever received TANF {or {STATE TANF PROGRAM NAME}}?	WPQ.070		Revised

<b>Attachment A.1 - Fall Kindergarten Parent Interview</b>				
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Fall PI New Item #</b>	<b>Spring PI New Item #</b>	<b>Status</b>
WPQ.080	In the past 12 months, have you or anyone in your household received food stamps or EBT (Electronic Benefit Transfer)?	WPQ.080	WPQ.110	Revised
WPQ.090	During those 12 months, how many months did your household receive food stamps or EBT (Electronic Benefit Transfer)?	WPQ.090	WPQ.120	Revised
WPQ.100	Since {CHILD} was born, has {CHILD}'s family ever received food stamps or EBT (Electronic Benefit Transfer)?	WPQ.100		Revised
CMQ.010	Since {CHILD} was born, how many different places has {he/she} lived for four months or more?	CMQ.010		No Change
CMQ.030	How long has {CHILD} lived in {his/her} current residence?	CMQ.030		No Change
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?	CMQ.050		Revised
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?	CMQ.070		No Change
CMQ.080	What is that telephone number?	CMQ.080		No Change
CMQ.090	Where is that telephone located?	CMQ.090		No Change
CMQ.090OS	[Where is that telephone located?]	CMQ.090OS		No Change
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?	CMQ.100		No Change
CMQ.110	What is the name, address, and telephone number of that person? PROBE: What is this person's relationship to you?	CMQ.110		No Change
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?	CMQ.130		No Change
CMQ.140	What is the name, address, and telephone number of that person?	CMQ.140		No Change
CMQ.170	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	CMQ.170		No Change
CMQ.190	Are you, or is someone else, planning to move to a new home with {CHILD} before the spring of 2011?			Dropped
CMQ.200	What is the address and telephone number where {CHILD} will move?			Dropped
CMQ.205	[What is the address and telephone number where {CHILD} will move?]			Dropped
CMQ.220	Will {CHILD} move . .			Dropped



<b>Attachment A.1 - Fall Kindergarten Parent Interview</b>				
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Fall PI New Item #</b>	<b>Spring PI New Item #</b>	<b>Status</b>
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?			Dropped
CMQ.240	What school will {CHILD} attend for kindergarten in the spring of 2011?			Dropped
CMQ.260	Thank you again for your cooperation in participating in the Early Childhood Longitudinal Study.			Dropped
CMQ.263	WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?	CMQ.680	CMQ.680	No Change

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
<b>New Items in the Fall Parent Interview</b>				
New Item #	New Item Stem			
Fall INQ015, Spring INQ072	{Now, I would like to get}/I see that you or someone in your household has already given us} permission for {CHILD} to participate in the study. {We would like for you to say that you have given us this permission.} For our records, please state your name, your relationship to {CHILD}, {CHILD}'s name, and that you give us permission for {CHILD} to participate in the ECLS-K 2011 study.			
Fall PIQ065	Does {CHILD} attend a school?			
Fall HEQ020	How often do you or other family members use {PRIMARY LANGUAGE/a language other than English} when doing any of the activities we just talked about?"			
Fall HEQ035	Do you or family members read books to {CHILD} in {PRIMARY LANGUAGE/a language other than English}...			
Fall HEQ045	{Is this book/Are these books} {mainly} in English{,} {or} {PRIMARY LANGUAGE/a language other than English},{?} {,or is one in English and the other in {PRIMARY LANGUAGE/,or a language other than English}/,or are there about the same number of books in English as in another language}?			
Fall CCQ136	{Head Start is a federally sponsored preschool program primarily for children from low-income families.} {Was the regular care arrangement that {CHILD} had with a nonrelative /Were any of the regular care arrangements that {CHILD} had with nonrelatives} in the year before kindergarten Head Start?			
Fall CCQ287	{Was the day care center, nursery school, preschool, or prekindergarten program/Were any of the day care centers, nursery schools, preschools, or prekindergarten programs} a state-sponsored preschool or state-sponsored prekindergarten program?			
Fall CHQ016, Spring SPQ085	Did {he/she} weigh more than 10 pounds?			
Fall CHQ.095	Has {CHILD} ever had an ear infection?			
Fall CHQ.096	Has {CHILD} ever had an ear ache?			
Fall CHQ.100	How old was {CHILD} when {he/she} had {his/her} first {ear infection/ear ache}?			

<b>Attachment A.1 - Fall Kindergarten Parent Interview</b>				
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Fall PI New Item #</b>	<b>Spring PI New Item #</b>	<b>Status</b>
Fall CHQ.101	Was {CHILD} less than 2 years old when {he/she} had {his/her} first {ear infection/ear ache}?			
Fall CHQ.105	Before 2 years, or 24 months, of age, how many times did a doctor, nurse, or other medical professional tell you that {CHILD} had an ear infection?			
Fall CHQ.110-110OS	Before 2 years, or 24 months, of age, how were {CHILD}'s {ear infections/ear aches} treated by your doctor, nurse, or other medical professional?			
Fall CHQ.115	How old was your child when he/she first had surgery to place ear tubes in {his /her} ears to treat ear infections?			
Fall CHQ.120	Have ear tubes been placed in the right ear, left ear, or both ears when your child has had surgery to place tubes in {his/her} ears?			
Fall CHQ.125	Before 2 years, or 24 months, of age, how many {other} times do you think {CHILD} had an {ear infection/ earache} for which you did not seek medical treatment?			
Fall CHQ.130	Before 2 years, or 24 months, of age, did {CHILD} ever have 3 or more {ear infections/ear aches} in a 12 month time period?			
Fall CHQ.135	After your child's second birthday (24 months or older) but before the start of this school year, how many times did a doctor, nurse, or other medical professional tell you that {CHILD} had an ear infection?			
Fall CHQ.140-140OS	After your child's second birthday (24 months or older), how were {CHILD}'s {ear infections/ear aches} treated by your doctor, nurse, or other medical professional?			
Fall CHQ.145	How old was your child when he/she first had surgery to place ear tubes in his /her ears to treat {ear infections/ear aches}?			
Fall CHQ.150	Have ear tubes been placed in the right ear, left ear, or both ears when your child has had surgery to place ear tubes in {his/her} ears {after {his/her} second birthday, but before the start of this school year}?			
Fall CHQ.155	After your child's second birthday (24 months or older) but before the start of this school year, how many {other} times do you think {CHILD} has had an {ear infection/earache} for which you did not seek medical treatment?			
Fall CHQ.326	After your child's second birthday (24 months or older) but before the start of this school year, did {CHILD} ever have 3 or more {ear infections/ear aches} in a 12 month time period?			
Fall CMQ091	Is there an e-mail address where we could reach you?			
Fall CMQ092	What is your e-mail address?			
Fall CMQ690-690OS	WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?			

Attachment A.1 - Fall Kindergarten Parent Interview				
Original Item Pool #	Original Item Pool Stem	Fall PI New Item #	Spring PI New Item #	Status
Fall CMQ701	We would like to call the parent or guardian for {CHILD} at the household where {he/she} lives. Please give me the name and telephone number for the home that I should call.			
Fall CMQ702	We would like to call back when {CHILD}'s parent or guardian is available. Please tell me when we should call back			
Fall CMQ703	Thank you.			
Fall CMQ704	Thank you very much for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.			

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
PIQ110	During this school year, have you or another adult in your household taken it upon yourself to contact {CHILD}'s teacher or school for any reason having to do with {CHILD}?	PIQ110	No Change
PIQ120	Why did you contact {CHILD}'s teacher or school?		Dropped
PIQ126a-c	We're also interested in times the school contacted you without your having contacted them first. During this school year, have any of (CHILD)'s teachers or (his/her) school...		Dropped
PIQ127	Since (the beginning of this school year/September), how many times have any of (CHILD)'s teachers or (his/her) school contacted (you/any adult in your household) about any <u>behavior</u> problems (he/she) is having in (school)?	PIQ127	No Change
PIQ128	How about any problems (he/she) is having with <u>school work</u> ?	PIQ128	No Change
PIQ129	How about anything (CHILD) is doing particularly well or better in (school/presch	PIQ129	Revised
PIQ130	Since the beginning of this school year, have you or the other adults in your household...Attended an open house or a back-to-school night?	PIQ130	No Change
PIQ132	Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?		Dropped
PIQ136	How many times (have/has) ({CHILD}'s (mother/father/both of them/{you or} other adults in your household) attended an open house or a back-to-school night [since the beginning of this school year]?		Dropped
PIQ140	[Since the beginning of this school year, have you or the other adults in your household...] Attended a meeting of a PTA, PTO, or Parent-Teacher Organization?	PIQ140	No Change
PIQ142	Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?		Dropped
PIQ144	How many times (have/has) ({CHILD}'s (mother/father/both of them/{you or} other adults in your household) attended a meeting of PTA, PTO, or Parent-Teacher Student Organization [since the beginning of this school year]?		Dropped
PIQ145	[Since the beginning of this school year, have you or the other adults in your household...] Gone to a meeting of a parent advisory group or policy council?	PIQ145	No Change
PIQ147	Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?		Dropped
PIQ149	How many times (have/has) ({CHILD}'s (mother/father/both of them/{you or} other adults in your household) gone to a meeting of a parent advisory group or policy council [since the beginning of this school year]?		Dropped
PIQ150	[Since the beginning of this school year, have you or the other adults in your household...] Gone to a regularly-scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher?	PIQ150	No Change
PIQ152	Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?		Dropped
PIQ156	How many times (have/has) ({CHILD}'s (mother/father/both of them/{you or} other adults in your household) gone to a regularly-scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher [since the beginning of this school year]?		Dropped
PIQ160	[Since the beginning of this school year, have you or the other adults in your household...] Attended a school or class event, such as a play, sports event, or science fair?	PIQ160	No Change
PIQ162	Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?		Dropped
PIQ166	How many times (have/has) ({CHILD}'s (mother/father/both of them/{you or} other adults in your household) attended a school or class event [since the beginning of this school year]?		Dropped

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
PIQ170	[Since the beginning of this school year, have you or the other adults in your household...] Volunteered at the school or served on a committee?	PIQ170/ PIQ174	Revised
PIQ172	Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?		Dropped
PIQ174	How many times (have/has) ({CHILD}'s (mother/father/both of them/{you or} other adults in your household) acted as a volunteer at the school or served on a committee [since the beginning of this school year]?		Dropped
PIQ175	[Since the beginning of this school year, have you or the other adults in your household...] Participated in fundraising for (CHILD)'s school?	PIQ175	No Change
PIQ177	Who did this, was it {CHILD}'s mother, father, both of them, or neither of them?		Dropped
PIQ179	How many times (have/has) ({CHILD}'s (mother/father/both of them/{you or} other adults in your household) participated in fundraising for {CHILD}'s school [since the beginning of this school year]?		Dropped
PIQ180	[Since the beginning of this school year, have you or the other adults in your household...] Met with a guidance counselor in person?		Dropped
PIQ190	For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year. The school lets you know between report cards how {CHILD} is doing in school.	PIQ190	No Change
PIQ200	[For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school helps you understand what children at {CHILD}'s age are like.	PIQ200	No Change
PIQ210	[For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school makes you aware of chances to volunteer at the school.	PIQ210	No Change
PIQ220	[For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school provides workshops, materials, or advice about how to help {CHILD} learn at home.	PIQ220	No Change
PIQ230	[For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school provides information on community services to help {CHILD} or your family.	PIQ230	No Change
PIQ280	About how far would you say it is from your home to the school {CHILD} attends?	PIQ.491	No Change
PIQ290	How often in the past month, has {CHILD}'s teacher sent home ideas for things to do with {CHILD} at home? Would you say...	PIQ290	Revised
PIQ300	About how many parents of children in {CHILD}'s class do you talk with regularly, either in person or on the phone?	PIQ300	Revised
PIQ305	Does {CHILD} have any older brothers or sisters who attend or attended the same school?	PIQ305	No Change
PIQ310	How does {CHILD} usually get to school in the morning?	PIQ492	No Change
PIQ400	Last time we spoke to you, you said that (ENGLISH/NON-ENGLISH LANGUAGE/a language other than English) is spoken in your home. When (CHILD)'s teacher sends home notes or newsletters, are these in (ENGLISH/NON-ENGLISH LANGUAGE/a language other than English)?	PIQ400	Revised

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
PIQ410	This year, have the following reasons made it harder for you to participate in activities at (CHILD)'s school? Inconvenient meeting times? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ410	No Change
PIQ420	[This year, have the following reasons made it harder for you to participate in activities at (CHILD)'s school?] No child care keeps your family from going to school meetings or events? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ420	No Change
PIQ430	[This year, have the following reasons made it harder for you to participate in activities at (CHILD)'s school?] Family members can't get time off from work? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ430	No Change
PIQ440	[This year, have the following reasons made it harder for you to participate in activities at (CHILD)'s school?] Problems with safety going to the school? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ440	No Change
PIQ450	[This year, have the following reasons made it harder for you to participate in activities at (CHILD)'s school?] The school does not make your family feel welcome? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ450	No Change
PIQ460	[This year, have the following reasons made it harder for you to participate in activities at (CHILD)'s school?] Problems with transportation to the school? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ460	No Change
PIQ470	[This year, have the following reasons made it harder for you to participate in activities at (CHILD)'s school?] Problems because you or members of your family speak a language other than English and meetings are conducted only in English? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ470	No Change
PIQ480	[This year, have the following reasons made it harder for you to participate in activities at {CHILD}'s school?] You don't hear about things going on at school that you might want to be involved in? Has that made it harder for you to participate in activities at {CHILD}'s school?	PIQ480	No Change
PIQ490	Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied...With the school (CHILD) attends this year?	PIQ490	No Change
PIQ500	[Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied . . .] With the teachers (CHILD) has this year?		Dropped
PIQ510	[Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied . . .] With the academic standards of the school?		Dropped
PIQ520	[Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied . . .] With the order and discipline at the school?		Dropped

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
PIQ530	[Would you say that you are very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied . . .] With the way that school staff interacts with parents?		Dropped
PIQ540a-f	[I strongly agree/disagree with the following statements...]		Dropped
PIQ550a-g	[Do you do the following things with/for child?]		Dropped
FSQ010	Does {NAME} <u>still</u> live in this household?	FSQ010	No Change
FSQ015	Why is {NAME} no longer living in this household?	FSQ015	No Change
FSQ017	Other than the people I just asked about, is there anyone else currently living in	FSQ017	No Change
FSQ020	{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.}	FSQ020	No Change
HEQ100	In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD}? Visited a library?	HEQ100	No Change
HEQ130	[In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD}?) Gone to a play, concert, or other live show?	HEQ130	No Change
HEQ140	[In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD}?) Visited an art gallery, museum, or historical site?	HEQ140	No Change
HEQ150	[In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD}?) Visited a zoo, aquarium, or petting farm?	HEQ150	No Change
HEQ180	[In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD}?) Attended an athletic or sporting event in which {CHILD} is not a player?	HEQ180	No Change
HEQ200	In the past week, how often did {CHILD} look at picture books outside of school?	HEQ200	No Change
HEQ210	In the past week, how often did {CHILD} read to (himself/herself) or to others out	HEQ210	No Change
HEQ220	Do you have a home computer that {CHILD} uses?	HEQ220	No Change
HEQ230	In a average week, how often does {CHILD} use the computer?	HEQ230	No Change
HEQ240	Does {CHILD} use the computer ... To play with programs that teach (him/her) something, like math or reading skills?	HEQ240	No Change
HEQ250	[Does {CHILD} use the computer ...] To play with drawing or art programs?	HEQ250	No Change
HEQ260	Does {CHILD} use the computer at home to get on the Internet?	HEQ260	No Change
HEQ300	Outside of school hours, has {CHILD} ever participated in: Dance lessons?	HEQ301	No Change
HEQ310	[Outside of school hours, has {CHILD} ever participated in:] Organized athletic activities, like basketball, soccer, baseball, or gymnastics?	HEQ310	No Change
HEQ320	[Outside of school hours, has {CHILD} ever participated in:] Organized clubs or recreational programs, like scouts?	HEQ320	No Change
HEQ330	[Outside of school hours, has {CHILD} ever participated in:] Music lessons, for example, piano, instrumental music or singing lessons?	HEQ330	No Change
HEQ340	[Outside of school hours, has {CHILD} ever participated in:] Drama classes?	HEQ340	No Change
HEQ350	[Outside of school hours, has {CHILD} ever participated in:] Art classes or lessons, for example, painting, drawing, sculpturing?	HEQ350	Revised
HEQ370	[Outside of school hours, has{CHILD} ever participated in:] Organized performing arts programs, such as children's choirs, dance programs, or theater performances?	HEQ370	No Change



<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
HEQ380	[Outside of school hours, has {CHILD} ever participated in:] Crafts classes or lessons?	HEQ380	No Change
HEQ390	[Outside of school hours, has {CHILD} ever participated in:] Non-English language instruction?	HEQ390	No Change
HEQ400	Now, I have some questions about your neighborhood. How safe is it for children to play outside during the day in your neighborhood?	HEQ400	No Change
HEQ410	How much of a problem are the following in the block or area around your house or apartment? What about ... Garbage, litter, or broken glass in the street or road, on the sidewalks, or in yards?		Dropped
HEQ420	[How much of a problem are the following in the block or area around your house or apartment? What about ...] Selling or using drugs or excessive drinking in public?	HEQ420	No Change
HEQ430	[How much of a problem are the following in the block or area around your house or apartment? What about ...] Burglary or robbery?	HEQ430	No Change
HEQ440	[How much of a problem are the following in the block or area around your house or apartment? What about ...] Violent crimes like drive-by shootings?		Dropped
HEQ450	[How much of a problem are the following in the block or area around your house or apartment? What about ...] Vacant houses and buildings?		Dropped
HEQ500	{I'm going to read some statements about things that may occur in your family.} {Now I have some questions about meals and other routines.} In a typical week, please tell me the number of days ...At least some of the family eats breakfast together.	HEQ500	No Change
HEQ510	{I'm going to read some statements about things that may occur in your family.} {Now I have some questions about meals and other routines.} In a typical week, please tell me the number of days ... ] {CHILD} has breakfast at a regular time.	HEQ510	No Change
HEQ520	{I'm going to read some statements about things that may occur in your family.} {Now I have some questions about meals and other routines.} In a typical week, please tell me the number of days ... ] Your family eats the evening meal together.	HEQ520	No Change
HEQ530	{I'm going to read some statements about things that may occur in your family.} {Now I have some questions about meals and other routines.} In a typical week, please tell me the number of days ... ] The evening meal is served at a regular time.	HEQ530	No Change
HEQ550	On weeknights during the school year, does {CHILD} usually go to bed at about the same time each night, or does (his/her) bedtime vary a lot from night to night?	HEQ550	No Change
HEQ560-565	About what time does {CHILD} usually go to bed?	HEQ560-565	No Change
HEQ570-575	What is the latest time that {CHILD} goes to bed on weekdays?	HEQ570-575	No Change
HEQ580	How often does someone in your family talk with {CHILD} about (his/her) ethnic c	HEQ580	No Change
HEQ590	How often does someone in your family talk with {CHILD} about your family's reli	HEQ590	No Change
HEQ600	How often does someone in your family participate in special cultural events or traditions connected with your racial or ethnic background?		Dropped
CFQ100	Now, I'd like to ask some questions about your relationship with {NAME OF CURRENT PARTNER}. Would you say that your relationship is...	CFQ100	Dropped

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
CFQ106	About how often do you and {NAME OF CURRENT PARTNER} do the following things? Tell each other about troubles after a bad day?		Dropped
CFQ108	[About how often do you and {NAME OF CURRENT PARTNER} do the following things?] Laugh together?		Dropped
CFQ110	[About how often do you and {NAME OF CURRENT PARTNER} do the following things?] Calmly discuss something?		Dropped
CFQ112	[About how often do you and {NAME OF CURRENT PARTNER} do the following things?] Work together on a project?		Dropped
CFQ114	[About how often do you and {NAME OF CURRENT PARTNER} do the following things?] Have a stimulating exchange of ideas?		Dropped
CFQ140	Do you and {(NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about... Chores and responsibilities?		Dropped
CFQ150	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Your {child/children}?		Dropped
CFQ160	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Money?		Dropped
CFQ170	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Not showing love and affection?		Dropped
CFQ180	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Being too tired for sex?		Dropped
CFQ190	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Religion?		Dropped
CFQ200	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Leisure time?		Dropped
CFQ210	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Drinking?		Dropped
CFQ220	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] Other women or men?		Dropped
CFQ230	[Do you and {NAME OF CURRENT PARTNER} often, sometimes, hardly ever, or never have arguments about...] In-laws?		Dropped
CFQ240	There are various ways that couples deal with serious disagreements. When you have a serious disagreement with {NAME OF CURRENT PARTNER}, how often do you: Just keep your opinions to yourself?		Dropped
CFQ250	[There are various ways that couples deal with serious disagreements. When you have a serious disagreement with {NAME OF CURRENT PARTNER}, how often do you:] Discuss your disagreements calmly?		Dropped
CFQ260	[There are various ways that couples deal with serious disagreements. When you have a serious disagreement with {NAME OF CURRENT PARTNER}, how often do you:] Argue heatedly or shout at each other?		Dropped

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
CFQ270	[There are various ways that couples deal with serious disagreements. When you have a serious disagreement with {NAME OF CURRENT PARTNER}, how often do you:] End up hitting or throwing things at each other?		Dropped
CFQ300	How much time (do you/does {NAME}) or another adult male in your home spend playing with {CHILD} on a typical school day?	CFQ300	No Change
CFQ310	How about on a typical weekend day?	CFQ310	No Change
NRQ100	How long has it been since {CHILD} last had a visit, a phone call, or received a card or letter from (his/her) (biological/adoptive) (father/mother)? Would you say ...	NRQ040	No Change
NRQ110	How many days has {CHILD} seen (his/her) (biological/adoptive) (father/mother)	NRQ050	No Change
NRQ120	How many days was {CHILD} scheduled to see (his/her) (biological/adoptive) (fa	NRQ120	No Change
NRQ121	How many nights did {CHILD} and (his/her) (biological/adoptive) (father/mother) sleep in the same house in the past four weeks?	NRQ121	No Change
NRQ122	Did {CHILD}'s (biological/adoptive) (father/mother) miss any scheduled visits with {CHILD} in the past four weeks?	NRQ122	No Change
NRQ123	How many times have {CHILD} and (his/her) (biological/adoptive) (father/mother) talked on the telephone to each other in the past 4 weeks?	NRQ123	No Change
NRQ130	Since the beginning of this school year, has {CHILD}'s (biological/adoptive) (mother/father)...Attended an open house or a back-to-school night?	NRQ130	No Change
NRQ135	[Since the beginning of this school year, has {CHILD}'s (biological/adoptive) (mother/father)...] Gone to a regularly-scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher?	NRQ135	No Change
NRQ140	[Since the beginning of this school year, has {CHILD}'s (biological/adoptive) (mother/father)...] Attended a school or class event, such as a play or sports event or science fair?	NRQ140	No Change
NRQ145	[Since the beginning of this school year, has {CHILD}'s (biological/adoptive) (mother/father)...] Volunteered at the school or served on a committee?	NRQ145	No Change
NRQ200	Did {CHILD}'s biological father ever sign the application for {CHILD}'s birth certificate or sign a statement that legally says he is {CHILD}'s biological father?	NRQ200	No Change
NRQ210	Did you or someone in your family go to court to establish that he was {CHILD}'s	NRQ210	No Change
NRQ250	How many minutes does {CHILD}'s (biological/adoptive) (mother/father) live from	NRQ250	No Change
NRQ251	Does {CHILD}'s (biological/adoptive) (mother/father) live in the same state or a d	NRQ251	No Change
NRQ261	Next, I'd like to ask some questions about child support. Have child support payments for {CHILD} ever been awarded by a court or a judge, agreed to in writing, agreed to informally, or do you not have an agreement of any kind?	NRQ261	No Change
NRQ262	What kind of agreement do you have?	NRQ262	No Change
NRQ264	What parent do you have this agreement with?	NRQ264	No Change
NRQ265	In the past year were you supposed to receive any child support payments for {	NRQ265	No Change
NRQ266	During the last year, have you received this money regularly, so that you could almost always count on getting the money?	NRQ266	No Change
DWQ010	Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true. {CHILD} and I often have warm, close times together.	DWQ010	No Change

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
DWQ015	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] Most of the times I feel that {CHILD} likes me and wants to be near me.	DWQ015	No Change
DWQ020	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] I am usually too busy to joke and play around with {CHILD}.		Dropped
DWQ025	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] Even when I'm in a bad mood, I show {CHILD} a lot of love.	DWQ025	No Change
DWQ030	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] By the end of a long day, I find it hard to be warm and loving toward {CHILD}.		Dropped
DWQ035	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] I express affection by hugging, kissing, and praising {CHILD}.	DWQ035	No Change
DWQ040	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] Being a parent is harder than I thought it would be.	DWQ040	No Change
DWQ045	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] {CHILD} does things that really bother me.	DWQ045	No Change
DWQ050	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] I find myself giving up more of my life to meet {CHILD}'s needs than I ever expected.	DWQ050	No Change
DWQ055	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] I feel trapped by my responsibilities as a parent.		Dropped
DWQ060	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] I often feel angry with {CHILD}.	DWQ060	No Change
DWQ065	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] {CHILD} seems harder to care for than most.		Dropped
DWQ070	[Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.] I find taking care of a young child more work than pleasure.		Dropped
DWQ071	Do you have a television at home?		Dropped
DWQ080a-c	On any given weekday, how many hours of television, videotapes, or DVDs on average does {CHILD} watch at home? How about...	DWQ080a-c	No Change
DWQ082a-b	How about on Saturday and Sunday? How many hours does {CHILD} watch television, videotapes, or DVDs at home on...	DWQ082a-b	No Change
DWQ084	Are there family rules for {CHILD} about any of the following...What programs {CHILD} can watch?	DWQ084	No Change
DWQ086	[Are there family rules for {CHILD} about any of the following...] How many hours {CHILD} may watch television?	DWQ086	No Change
DWQ088	[Are there family rules for {CHILD} about any of the following...] How early or late {CHILD} may watch television?	DWQ088	No Change

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
DWQ100	Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you spanked {CHILD} in the past week?	DWQ100	No Change
DWQ110	Most children get angry with their parents from time to time. If {CHILD} got so angry that (he/she) hit you, what would you do? Would you...	DWQ110	No Change
CHQ100	How long has it been since {CHILD}'s last visit to a dentist or dental hygenist for dental care?		
CHQ110	How long has it been since {CHILD}'s last visit to a clinic, health center, hospital, doctor's office, or other place for routine health care?		
CHQ120	Is {CHILD} now covered by a health insurance plan which would pay any part of a hospital, doctor's, or surgeon's bill?		
CHQ130	Compared to other (boys/girls/children) (his/her/{CHILD}'s) age, how physically active is {CHILD} during structured activities like sports or activities at day care or school? Is (he/she/{CHILD})...		
CHQ131	How about during free time?		
CHQ137	Aerobic exercise makes the heart work very hard and makes people break out in a sweat. Compared to other (boys/girls/children) (his/her/{CHILD}'s) age, how much aerobic exercise does (CHILD) get on a consistent basis? Would you say ...		
CHQ140	In a typical week, on how many days does (CHILD) get exercise that causes rapid breathing, perspiration, and a rapid heartbeat for 20 continuous minutes or more?		
CHQ145A-G	In the last 12 months, did {CHILD} regularly get exercise through any of the following organizations?		
CHQ150a-h	What types of exercise or physical activity did {CHILD} get at the places you just mentioned? [yes/no]		
CHQ155	Child A prefers to spend his/her free time reading, playing video games, or watching TV. Child B prefers to spend his/her free time riding a bike, swimming, and playing sports. Is your child...		
CHQ740	{In an earlier year of the study, someone in your household told us that {CHILD} has attention deficit disorder, ADHD, or hyperactivity.} Is {CHILD} now taking any prescription medicine for the condition related to {his/her} ADD, ADHD, or hyperactivity?		
CHQ750a-g	Is {he/she} taking....		
CHQ760	How long has {CHILD} taken such prescription medicine for this condition, in total?		
CHQ160	During this school year, did (CHILD) receive any services for children with special needs such as speech therapy or did (he/she) participate in a special education program?		
CHQ170	Overall, how satisfied are you with the special services or special education program that {CHILD} has received this school year? Are you:		
PPQ100	How often during the past week have you felt that you were bothered by things that don't usually bother you? Would you say never, some of the time, a moderate amount of the time, or most of the time?	PPQ100	No Change
PPQ110	How often during the past week have you felt that you did not feel like eating, tha	PPQ110	No Change
PPQ120	How often during the past week have you felt that you could not shake off the blues even with help from your family or friends?	PPQ120	No Change
PPQ130	How often during the past week have you felt that you had trouble keeping your	PPQ130	No Change
PPQ140	How often during the past week have you felt depressed?	PPQ140	No Change
PPQ150	How often during the past week have you felt that everything you did was an effo	PPQ150	No Change
PPQ160	How often during the past week have you felt fearful?	PPQ160	No Change
PPQ170	How often during the past week have you felt that your sleep was restless?	PPQ170	No Change

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
PPQ180	How often during the past week have you felt that you talked less than usual?	PPQ180	No Change
PPQ190	How often during the past week have you felt lonely?	PPQ190	No Change
PPQ200	How often during the past week have you felt sad?	PPQ200	No Change
PPQ210	How often during the past week have you felt that you could not get going?	PPQ210	No Change
PPQ220	Now, I would like to ask you about your health. In general, would you say that yo	PPQ220	No Change
PPQ230	Does any impairment or health problem now keep you from working at a job or b	PPQ230	No Change
PPQ240	Are you limited in the kind or amount of work you can do because of any impairm	PPQ240	No Change
PPQ250	During the past 12 months, have you felt or has anyone suggested that you needed professional help for any	PPQ250	No Change
PPQ260	Did you get help for your problem?	PPQ260	No Change
PPQ261	About how tall are you without shoes?	PPQ261	No Change
PPQ262	About how much do you weigh without shoes?	PPQ262	No Change
PPQ270	During the past 12 months, has {CHILD}'s biological father felt or has anyone suggested that he needed professional help for any emotional problem or for drug or alcohol use?	PPQ270	No Change
PPQ280	Did he get help for his problem?	PPQ280	No Change
PPQ290	During the past 12 months, has {CHILD}'s stepfather felt or has anyone suggested that he needed professional help for any emotional problem or for drug or alcohol use?	PPQ290	No Change
PPQ300	Did he get help for his problem?	PPQ300	No Change
FDQ130a	{I/We} worried whether {my/our} food would run out before {I/we} got money to buy more. Was that often true, sometimes true, or never true for {you/your household} in the last 12 months?	FDQ130a	No Change
FDQ130a1	Did this happen in the last 30 days?		Dropped
FDQ130b	The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. Was that often true, sometimes true, or never true for {you/your household} in the last 12 months?	FDQ130b	No Change
FDQ130b1	Did this ever happen in the last 30 days?		Dropped
FDQ130c	{I/We} couldn't afford to eat balanced meals.	FDQ130c	No Change
FDQ130d	{I/We} couldn't afford to eat nutritious meals.		Dropped
FDQ130e	{We/I} couldn't afford to eat the quality and variety of foods that {I/we} should.		Dropped
FDQ140	In the last 12 months, did {you/you or other adults in your household} ever cut the size of your meals or skip meals because there wasn't enough money for food?	FDQ140	No Change
FDQ150	How often did this happen? Would you say...	FDQ150	No Change
FDQ151	Now think about the last 30 days? During that time did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?		Dropped
FDQ152	How many days did this happen in the last 30 days?		Dropped
FDQ160	In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?	FDQ160	No Change
FDQ165	How often did this happen? Would you say...		Dropped
FDQ166	In the last 30 days, how many days did you eat less than you felt you should because there wasn't enough money for food?		Dropped
FDQ170	In the last 12 months, were you ever hungry but didn't eat because there wasn't	FDQ170	No Change
FDQ175	How often did this happen? Would you say...		Dropped
FDQ176	In the last 30 days, how many days were you hungry but didn't eat because there wasn't enough money for food?		Dropped
FDQ180	In the last 12 months, did you lose weight because there wasn't enough money t	FDQ180	No Change
FDQ185	How often did this happen? Would you say...		Dropped

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
FDQ190	In the last 12 months, did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?	FDQ190	No Change
FDQ191	How often did this happen? Would you say...	FDQ191	No Change
FDQ191a	Now think about the last 30 days. During that time did (you/ you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?		Dropped
FDQ191a	How many times did this happen in the last 30 days?		Dropped
FDQ192	{I/We} relied on only a few kinds of low-cost food to feed {{CHILD}/the children} because {I was/we were} running out of money to buy food. Was that often true, sometimes true, or never true for {you/your household} in the last 12 months?	FDQ.192a	No Change
FDQ193	{I/We} couldn't feed {{CHILD}/the children} a balanced meal because {I/we} couldn't afford that. Was that often true, sometimes true, or never true for {you/your household} in the last 12 months?	FDQ.192b	No Change
FDQ194	{I/We} couldn't feed {{CHILD}/the children} a nutritious meal because {I/we} couldn't afford that.		Dropped
FDQ195	{I/We} couldn't feed {{CHILD}/the children} the quality and variety of food that we should, because {I/we} couldn't afford that.		Dropped
FDQ196	{{CHILD} was/The children were} not eating enough because {I/we} just couldn't	FDQ.192c	No Change
FDQ210	In the last 12 months, since {CURRENT MONTH OF LAST YEAR}, 2009 did you ever cut the size of {{CHILD}'s/any of the children's} meals because there wasn't enough money for food?	FDQ210	No Change
FDQ211	How often did this happen? Would you say...		Dropped
FDQ212	In the last 30 days, how many days did you cut the size of (your child's/the children's) meals because there wasn't enough money for food?		Dropped
FDQ240	In the last 12 months, {was {CHILD}/were any of the children} ever hungry but you	FDQ240	No Change
FDQ241	How often did this happen? Would you say...		Dropped
FDQ241b	In the last 30 days, how many days (was your child/were the children) but you just couldn't affo		Dropped
FDQ242	In the last 12 months, did {{CHILD}/any of the children} ever skip a meal because there wasn't enough money for food?	FDQ.242	No Change
FDQ243	How often did this happen? Would you say...	FDQ243	No Change
FDQ244	Now think about the last 30 days. Did (your child/the children) ever skip a meal because there wasn't enough money for food?		Dropped
FDQ250	In the last 12 months, did {{CHILD}/any of the children} ever not eat for a whole day because there wasn't enough money for food?	FDQ250	No Change
WPQ100	(Since {DATE OF LAST INTERVIEW}/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}}?	WPQ100	No Change
WPQ105	(Since {DATE OF LAST INTERVIEW}/During those 12 months), how many months did your household receive TANF {or {STATE TANF PROGRAM NAME}}?	WPQ105	No Change
WPQ110	(Since {DATE OF LAST INTERVIEW}/In the past 12 months), have you or anyone in your household received food stamps?	WPQ110	Revised
WPQ120	(Since {DATE OF LAST INTERVIEW}/During those 12 months), how many months did your household receive food stamps?	WPQ120	Revised
WPQ150	Does {CHILD}'s school offer lunch for its students?	WPQ150	No Change
WPQ160	Does {CHILD} usually receive a complete lunch offered at school?	WPQ160	No Change
WPQ170	Does {Child} receive free or reduced price lunches at school?	WPQ170	No Change

<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
WPQ180	Are these lunches free or reduced price?	WPQ180	No Change
WPQ190	During the last five days {CHILD} was in school, how many complete school lunches did {CHILD} receive?	WPQ190	No Change
WPQ200	Does {CHILD}'s school offer breakfast for its students?	WPQ200	No Change
WPQ210	Does {CHILD} usually receive a breakfast provided by the school?	WPQ210	No Change
WPQ215	Does {CHILD} receive <b>free</b> or <b>reduced price</b> breakfasts at school?	WPQ215	No Change
WPQ216	Are these breakfasts free or reduced price?	WPQ216	No Change
WPQ220	During the last five days {CHILD} was in school, how many school breakfasts did {CHILD} receive?	WPQ220	No Change
WPQ230	Does {CHILD} attend a day care center or a before or after school program, or receive child care in someone else's home?		Dropped
WPQ240	How many meals or snacks per day does {CHILD} receive in total at all the day care centers or the before or after school programs (he/she) attends?		Dropped
PAQ100	[In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?]	PAQ100	No Change
PAQ110	Was it...	PAQ110	No Change
PAQ120	What was your total household income last year, to the nearest thousand?	PAQ120	No Change
PAQ135	Is tuition paid for {CHILD}'s education?	PAQ135	No Change
PAQ137	Approximately, how much does {CHILD}'s family pay in tuition per year?	PAQ137	No Change
CMQ100	Just to make sure I can reach you for the next interview, which will take place next spring, I'd like to ask a few questions about how to find you. I have recorded {PHONE NUMBER} as a second phone number where you can sometimes be reached? Is this the right number?	CMQ100	No Change
CMQ200	I have recorded that {NAME OF RELATIVE/FRIEND} ...will always know where you are if you move. Is this still true?	CMQ200	No Change
CMQ300	I have also recorded that {NAME OF RELATIVE/FRIEND}...will always know where you are if you move. Is this still true?	CMQ300	No Change
CMQ395	I have recorded {NAME OF NONRESIDENTIAL PARENT} at {PHONE NUMBER}...is still {CHILD}'s {RELATIONSHIP AT CMQ170}	CMQ395	No Change
CMQ600	My records indicate that {CHILD} currently attends {NAME OF SCHOOL}. Will {he/she} be attending this school next year?		Dropped
CMQ610	What is the name, address, and telephone number of the school {CHILD} will attend for first grade?		Dropped
CMQ620	What is the name, address, and telephone number of the school {CHILD} will attend for first grade?		Dropped
CMQ630	What is the name, address, and telephone number of the school {CHILD} will attend for first grade?		Dropped
CMQ640	What is the name, address, and telephone number of the school {CHILD} will attend for first grade?		Dropped
CMQ650	What is the name, address, and telephone number of the school {CHILD} will attend for first grade?		Dropped
CMQ660	What is the name, address, and telephone number of the school {CHILD} will attend for first grade?		Dropped
CMQ670	What is the name, address, and telephone number of the school {CHILD} will attend for first grade?		Dropped
CMQ671	Is it a public or private school?		Dropped
CMQ672	What is the name of the district this school is located in?		Dropped
CMQ673	What type of private school is it?		Dropped
CMQ674	What is the name of the diocese?		Dropped
CMQ690	WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?	CMQ690	No Change



<b>Attachment A.2 - Spring Kindergarten Parent Interview</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>Spring New Item #</b>	<b>Status</b>
CMQ6900S	[WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?] SPECIFY OTHER LANGUAGE.	CMQ6900S	No Change
CMQ695	WHERE WAS THIS INTERVIEW CONDUCTED?	CMQ695	No Change
<b>New Items in the Spring Parent Interview</b>			
<b>New Item #</b>	<b>New Item Stem</b>		
Spring INQ05	May I please speak with {NAME OF PREVIOUS ROUND RESPONDENT}		
Spring HEQ39	[Outside of school hours, has {CHILD} ever participated in:] Religious activities or instruction?		
Spring HEQ39	[Outside of school hours, has {CHILD} ever participated in:] Volunteer work or community service?		
Spring DWQ1	Do you ever spank {CHILD}?		
Spring CMQ2	What is the person's relationship to you		
Spring CMQ3	What is the person's relationship to you		
Sprong CMQ3	I have also recorded that your e-mail address is {EMAIL ADDRESS}. Is that correct?		
Spring CMQ3	Is there an e-mail address where we could reach you?		
Spring CMQ3	What is your e-mail address?		
Spring CMQ4	{Let me just confirm our information}. What is the person's relationship to {CHILD}?		
Spring CMQ7	We would like to call the parent or guardian for {CHILD} at the household where {he/she} lives. Please give me the name and telephone number for the home that I should call.		
Spring CMQ7	We would like to call back when {CHILD}'s parent or guardian is available. Please tell me when we should call back. AFTER EXITING ON THE NEXT SCREEN, ENTER CALL BACK TIME INTO THE ELECTRONIC RECORD OF CALLS.		
Spring CMQ7	Thank you.		

Attachment A.3 1998-99 Fall First, Spring First, Third, Fifth, or Eighth Grade Parent Interview			
Fall PI New Item #	Spring PI New Item #	Stem	Source
INQ002	INQ040	(As I mentioned earlier,) You and {CHILD} have been selected to take part in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved. All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law.	K1.INQ.002
FSQ200		{FILL 1} currently married, separated, divorced, widowed, or {FILL 2} never been married?	K2.FSQ.200
PLQ041		What is the primary language that {you/NAME} {speak/speaks} in your home?	K1.PLQ.060 modified
PLQ050		How well do/does {you/NAME} . . .	K1.PLQ.070
HEQ030		In a typical week, how often do you or any other family members read books to {CHILD}? Would you say...	K5.HEQ.010
HEQ070		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 ...	K1.HEQ.070
CCQ092		Is there any charge or fee for the care {CHILD} receives from {{his/her} {RELATIVE}/that relative}, paid either by you or someone else?	K1.CCQ.051
CCQ093/ 093OS		Do any of the following people or organizations help to pay for {{his/her} {RELATIVE}/that relative} to care for {CHILD}? How about...	K1.CCQ.052 AND NHES:2005 ECPP (b and part of c)
CCQ192		Is there any charge or fee for the care {CHILD} receives from this nonrelative, paid either by you or someone else?	K1.CCQ.051
CCQ193/ 193OS		Do any of the following people or organizations help to pay for this nonrelative to care for {CHILD}? How about...	K1.CCQ.052 AND NHES:2005 ECPP (b and part of c)
CCQ205		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}?	K6.CCQ.250
CCQ300		For the next few questions please think about the program that {CHILD} attended most the year before {he/she} started kindergarten.	K1.CCQ.300
CCQ301		Where was the program that {CHILD} attended {most} located? For example, was it in its own building, a school, in a church or synagogue, or some other place?	K1.CCQ.240
CCQ303		Was that program located in the school where {CHILD} now attends kindergarten?	K1.CCQ.303
CCQ365		Is there any charge or fee for the program, paid either by you or someone else?	K1.CCQ.051
CCQ370/ 370OS		Do any of the following people or organizations help to pay for {CHILD} to go to that program? How about...	K1.CCQ.052 AND NHES:2005 ECPP (b and part of c)
CCQ376		Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or older child responsible for them. Does {CHILD} spend time caring for {himself/herself} on a regular basis before or after school?	ECLS-K
CCQ377		How many hours per week does {CHILD} take care of {himself/herself}?	ECLS-K

Attachment A.3 1998-99 Fall First, Spring First, Third, Fifth, or Eighth Grade Parent Interview			
Fall PI New Item #	Spring PI New Item #	Stem	Source
CMQ695		WHERE WAS THIS INTERVIEW CONDUCTED?	K2.CMQ.695
CMQ700		Thank you very much for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.	K2.CMQ.700
	INQ050	Last fall, we spoke with {NAME OF FALL RESPONDENT} who took part in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 on {DATE OF FALL INTERVIEW}. Am I talking to the same person?	K2.INQ.050
	INQ055	May I have your name please?	K2.INQ.060 (modified)
	INQ060	May I have your name please?	K2.INQ.060
	INQ070	May I have your name please?	K2.INQ.070
	INQ080	(As I mentioned earlier), you and {CHILD} were selected to take part in the Early Childhood Longitudinal Study Kindergarten Class of 2010-2011 last fall, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved. All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. This call will be recorded for quality control purposes.	K2.INQ.080
	INQ090	Last fall, you and {CHILD} took part in the Early Childhood Longitudinal Study Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences since our last interview. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved. All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. This call will be recorded for quality control purposes.	K2.INQ.090
	INQ110	I would like to verify the spelling of your name for our records. Is your first name spelled {FIRST NAME OF FALL RESPONDENT}?	K2.INQ.110
	INQ112	How do you spell your first name?	K2.INQ.112
	INQ115	[I would like to verify the spelling of your name for our records. Is your last name spelled] {LAST NAME OF FALL RESPONDENT}?	K2.INQ.115
	INQ116	How do you spell your last name?	K2.INQ.116
	INQ300	Next, I have a few questions about {CHILD}'s background. Was {CHILD} born in this country, that is, in any of the fifty states or the District of Columbia?	K2.INQ.300
	INQ310-312OS	In what country or territory was {CHILD} born?	K4.SPQ.170
	INQ320	In what year did {CHILD} come to the United States to stay?	K2.INQ.320
	INQ330	Is {CHILD} a U.S. citizen?	K2.INQ.330
	SPQ010	I'd like to talk to you about child care {CHILD} received on a regular basis from someone other than {you/{his/her} {parents/guardians}} the year before {he/she} started kindergarten. This does not include occasional baby-sitting or backup care providers. Did {CHILD} receive care from a relative on a regular basis the year before (he/she) started kindergarten? This may include grandparents, brothers and sisters, or any relatives other than {you/{CHILD}'s {parents/guardians}}	K1.CCQ.025
	SPQ015	Head Start is a federally sponsored preschool program primarily for children from low-income families. Were any of the regular care arrangements that {CHILD} had with relatives in the year before kindergarten Head Start?	K1.CCQ.031

Attachment A.3 1998-99 Fall First, Spring First, Third, Fifth, or Eighth Grade Parent Interview			
Fall PI New Item #	Spring PI New Item #	Stem	Source
	SPQ020	{Now I'd like to ask you about any care {CHILD} received from nonrelatives in a private home, not including child care centers.} Did {CHILD} receive care from a nonrelative on a regular basis the year before (he/she) started kindergarten? This includes home child care providers, regular sitters or neighbors. {It does not include child care centers.}	K1.CCQ.130
	SPQ025	{Head Start is a federally sponsored preschool program primarily for children from low-income families.} Were any of the regular care arrangements that {CHILD} had with nonrelatives in the year before kindergarten Head Start?	K1.CCQ.136
	SPQ040	Did {CHILD} attend a day care center, nursery school, preschool, or prekindergarten program on a regular basis the year before {he/she} started kindergarten?	K1.CCQ.280
	SPQ041	{Head Start is a federally sponsored preschool program primarily for children from low-income families.} Were any of {CHILD}'s care arrangements in a day care center, nursery school, preschool, or prekindergarten program in the year before kindergarten Head Start?	K1.CCQ.286
	SPQ150	When {CHILD} was born, were {his/her} biological mother and biological father married?	K2.SPQ.150
	PIQ185	During this school year, how many times have you or other adults in your household gone to meetings or participated in activities at {CHILD}'s school?	K2.PIQ.185
	FSQ.030	How old {are you/is {NAME}}?	K1.FSQ.020
	FSQ.040	CODE IF OBVIOUS. OTHERWISE, ASK: {Are you/Is {NAME}} male or female?}	K1.FSQ.020
	FSQ.070	FLAG THE PERSON SELECTED AS THE RESPONDENT FOR THE SPRING-K ROUND. THE 'R' IN THE PERSON TYPE COLUMN OF THE HOUSEHOLD MATRIX SHOULD ONLY SHOW UP FOR THE PERSON SELECTED HERE.	K2.FSQ.070
	FSQ.200	{FILL 1} currently married, separated, divorced, widowed, or {FILL 2} never been married?	K2.FSQ.200
	FSQ212-2120S	Now I have a few questions about {your/{NAME}'s} country of birth. In what country {were/was} {you/{NAME}} born?	K2.FSQ.240
	PIQ493	How long does this take? Would you say...	K5.HEQ.126
	PIQ494	On school days, how much time does {CHILD} have between arriving at school and classes starting? Would you say...	K5.HEQ.127
	FSQ212	Now I have a few questions about {your/{NAME}'s} country of birth. In what country {were/was} {you/{NAME}} born?	K2.FSQ.240
	FSQ213	How old {was/were} {you/{NAME}} when {you/{he/she}} first moved to the United States?	K2.FSQ.250
	HEQ270	Now, please think about the <u>past week</u> . How often did {CHILD} use a computer outside of school to read stories or look at picture books in the past week? Would you say...Round: 2 Source: K1.HEQ.060 (modified)	K1.HEQ.060 (modified)
	HEQ460	During the last five days {CHILD} was in school, how many breakfasts did (he/she) eat that were NOT school breakfasts. By breakfast we mean breakfasts eaten at home, at childcare, or at school, but not part of a school breakfast program. Please count only one breakfast per day.	K5.HEQ.115
	HEQ470a	Where did {CHILD} eat these breakfasts?	K5.HEQ.116
	HEQ480	During the last five days {CHILD} was in school, how many breakfasts did you eat? Please count only one breakfast per day.	K5.HEQ.118
	WPQ125	Are you or anyone in your family required to work, attend school or anything else in order to receive these benefits?	K7.WPQ.105
	WPQ130	What are you or anyone in your family required to do?	K7.WPQ.106
	CMQ060	Just to make sure I can reach you for the next interview, which will take place next school year, I'd like to ask a few questions about how to find you. 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?	K2.CMQ.060
	CMQ140	What is that telephone number?	K2.CMQ.140

Attachment A.3 1998-99 Fall First, Spring First, Third, Fifth, or Eighth Grade Parent Interview			
Fall PI New Item #	Spring PI New Item #	Stem	Source
	CMQ150	Where is that telephone located?	K2.CMQ.150
	CMQ155	Where is that telephone located?	K2.CMQ.155
	CMQ205	Is there a relative or friend, who does not live in this household, who will always know where you are if you move?	K6.CMQ.205
	CMQ210	What is the name, address, and telephone number of that person?	K2.CMQ.210
	CMQ220	What is the name, address, and telephone number of that person?	K2.CMQ.220
	CMQ230	What is the name, address, and telephone number of that person?	K2.CMQ.230
	CMQ240	What is the name, address, and telephone number of that person?	K2.CMQ.240
	CMQ250	What is the name, address, and telephone number of that person?	K2.CMQ.250
	CMQ260	What is the name, address, and telephone number of that person?	K2.CMQ.260
	CMQ270	What is the name, address, and telephone number of that person?	K2.CMQ.270
	CMQ305	Is there a relative or friend, who does not live in this household, who will always know where you are if you move?	K6.CMQ.305
	CMQ310	What is the name, address, and telephone number of that person?	K2.CMQ.310
	CMQ320	What is the name, address, and telephone number of that person?	K2.CMQ.310
	CMQ330	What is the name, address, and telephone number of that person?	K2.CMQ.330
	CMQ340	What is the name, address, and telephone number of that person?	K2.CMQ.340
	CMQ350	What is the name, address, and telephone number of that person?	K2.CMQ.350
	CMQ360	What is the name, address, and telephone number of that person?	K2.CMQ.360
	CMQ370	What is the name, address, and telephone number of that person?	K2.CMQ.370
	CMQ400	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	K2.CMQ.400
	CMQ410	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	K2.CMQ.410
	CMQ420	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	K2.CMQ.420
	CMQ430	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	K2.CMQ.430
	CMQ440	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	K2.CMQ.440
	CMQ450	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	K2.CMQ.450
	CMQ460	What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?	K2.CMQ.460
	CMQ680	WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?	K2.CMQ.680
	CMQ700	Thank you very much for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.	K2.CMQ.700

<b>Attachment A.4 - Food Consumption (FCQ)</b>			
<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>	<b>New Item #</b>	<b>Status</b>
FCQ041	During the past 7 days, how many times did {CHILD} drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit-flavored drinks.		Dropped
FCQ043	During the past 7 days, how many times did {CHILD} drink soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?		Dropped
FCQ044	During the past 7 days, how many times did {CHILD} eat fresh fruit, such as apples, bananas, oranges, berries or other fruit such as applesauce, canned peaches, canned fruit cocktail, frozen berries, or dried fruit? Do not count fruit juice.		Dropped
FCQ045	During the past 7 days, how many times did {CHILD} eat vegetables other than French fries and other fried potatoes? Include vegetables like those served as a stir fry, soup, or stew, in your response.		Dropped
FCQ046	During the past 7 days, how many times did {CHILD} eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider both eating out, carry out, and delivery of meals in your response.		Dropped
FCQ047	During the past 7 days, how many times did {CHILD} eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?		Dropped
FCQ048	During the past 7 days, how many times did {CHILD} eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods?		Dropped
FCQ050a	Do you have {CHILD} on any special diet?		Dropped
FCQ050b	What type of diet?		Dropped
FCQ051	During the past 12 months, did {CHILD} take any vitamin or mineral supplements of any kind?		Dropped

Attachment A.5 - Other Large Scale Studies			
New Fall Item #	New Spring Item #	Item Stem	Source
INQ003	INQ041, INQ052	Are you the parent or guardian in this household who knows the most about {CHILD}'s care, education, and health?	NHES 2007 (modified)
INQ004	INQ042, INQ053	May I please speak with the parent or guardian in the household who knows the most about {CHILD}'s care, education, and health?	NHES 2007 (modified)
INQ005	INQ043, INQ054	May I please speak to a household member who is 18 or older and knows about {CHILD}'s care, education, and health?	NHES 2007 (modified)
PIQ066		How many hours each week does {CHILD} usually go to a school for instruction? Please do not include time spent in extracurricular activities.	NHES 2007 (modified)
CCQ050b/ 050bOS		What language did {CHILD}'s relative speak most when caring for {CHILD}?	ECLS-B-K06 CC190
CCQ050c		Was this relative 18 years of age or older at the time he or she cared for {CHILD}?	NHES ECPP and ECLS-B
CCQ066		Is {{CHILD}'s {RELATIVE}/ that relative} 18 years of age or older?	NHES ECPP
CCQ094		How much does your household pay for {CHILD}'s {RELATIVE}/that relative} to care for {him/her}, not counting any money that you may receive from others to help pay for care?	NHES
CCQ095/ 095OS		[How much does your household pay for {CHILD}'s {RELATIVE}/that relative} to care for {him/her}, not counting any money that you may receive from others to help pay for care?]	NHES
CCQ096		How many children is this amount for, including {CHILD}?	NHES
CCQ155b/ 155bOS		What language did {CHILD}'s nonrelative speak most when caring for {CHILD}?	ECLS-B-K06 CC190
CCQ155c		Was this nonrelative 18 years of age or older at the time he or she cared for {CHILD}?	NHES ECPP and ECLS-B
CCQ166		{Let's talk about the nonrelative who provides the most care for {CHILD} now.} Is this person 18 years of age or older?	NHES ECPP and ECLS-B
CCQ194		How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?	NHES
CCQ195/ 195OS		[How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?]	NHES
CCQ196		How many children is this amount for, including {CHILD}?	NHES
CCQ286		{Head Start is a federally sponsored preschool program primarily for children from low-income families.} {Was/Were any of} {CHILD}'s care arrangement{s} in a day care center, nursery school, preschool, or prekindergarten program in the year before kindergarten Head Start?	NHES (modified)
CCQ320/ 320OS		What language did {CHILD}'s main care provider or teacher at that program speak most when caring for {CHILD}?	ECLS-B-K06 CC320
CCQ371		How much does your household pay for {CHILD} to go to that program, not counting any money that you may receive from others to help pay for care?	NHES
CCQ372/ 372OS		[How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?]	NHES

Attachment A.5 - Other Large Scale Studies			
New Fall Item #	New Spring Item #	Item Stem	Source
CCQ373		How many children is this amount for, including {CHILD}?	NHES
CHQ031		Was {CHILD} ever breastfed or fed breast milk?	National Immunization Study
CHQ032/033		How old was {CHILD} when {he/she} completely stopped breastfeeding or being fed breast milk?	National Immunization Study
CHQ091		Did {CHILD} receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?	NHANES
CHQ092		Before (CHILD) turned 3, did {he/she} ever receive services from a program called Early Intervention Services or have an Individualized Family Service Plan, or IFSP?	NHES 2007 PFI
MHQ136		In what month and year did the marriage legally end?	ECLS-B MH065
EMQ055		(Do you/Does [he/she]) work a regular day shift, that is, one with most of the	NHES and ECLS-B (modified)
EMQ056		(Do you/Does {he/she}) work...	NHES and ECLS-B (modified)
	HEQ110	[In the past month, that is, since {MONTH} {DAY}, has anyone in your family done the following things with {CHILD}?] Visited a bookstore?	NHES SR 2007
	HEQ300	Outside of school hours, has {CHILD} ever participated in: Academic activities, like tutoring, or math lab?	NHES 2007
	HEQ393	Did {CHILD}'s participation in {this activity/any of these activities} help to cover the hours when you needed adult supervision for {him/her}?	NHES
	NRQ124	Which of the following statements best describes your current relationship with {CHILD}'s {biological/adoptive} {father/mother}?	ECLS-B 9 month



## Attachment B School Administrator Questionnaire

Original Item Pool #	Original Item Pool Stem
A1	How many days are children required to attend school this academic year?
A2	What are the start and end dates for this school for the 2010-2011 school year?
A3 (a-c)	Approximately, what is the Average Daily Attendance for your school this year?
A4	School enrollment.
A5	Circle all grade levels included in your school.
A6	Which of the following characterizes your school?
A7	Does this school (or a program within the school) have a particular focus or emphasis (including magnet programs)?
A8	What is the emphasis of this school or program?
A9	Please circle all grades that participate in the special program.
A10	How many children in your school are enrolled in the special program?
A11	Does this school use any of the following requirements for admission?
A12(a-h)	Approximately, what percentage of the children in your school belongs to each of the following racial/ethnic groups?
A13	This set of questions asks you for information about your kindergarten and (if you have them) transitional first grade classes.
A14	By what date did a child need to turn five to enter kindergarten for this school year, 2010 - 2011?
A15	What time does the first bus usually arrive in the morning?
A16	What time does the last bus usually arrive in the morning?
A17	What time does school officially start in the morning?
B1	Does your school participate in USDA's (U.S. Dept. of Agriculture) school breakfast program?
B2 (a-f)	What are the reasons why your school does not participate in USDA's school breakfast program?
B3	What time is breakfast served at the school?
B4	Where is the breakfast typically served for (kindergartners/ ___ graders)?
B5	Are children who are served breakfast in the cafeteria allowed to take it to the classroom?
B6 (a-c)	How many children in your school were (a) eligible for and (b) participating in the school breakfast program as of October 2010?
B7 (a-c)	How many children in your school were (a) eligible for and (b) participating in the school lunch program as of October 2010?
B8	What is the price of a USDA-reimbursable breakfast for students who pay the <b>full price</b> ?
B9	What is the price of a USDA-reimbursable breakfast for students who pay the <b>reduced price</b> ?
B10	What is the price of a USDA-reimbursable lunch for students who pay the <b>full price</b> ?
B11	What is the price of a USDA-reimbursable lunch for students who pay the <b>reduced price</b> ?
B12	Did your school receive Federal Title I funds for this school year?
B13	Is your school operating a Title I targeted assistance or schoolwide program?
B14 (a-h)	Does your school use Title I funds for any of the following purposes?
B15	If your school is designated a targeted assistance school, how many students are served by the Title 1 program?

C1	In addition to basic funding or resources provided by the district or from tuition, do you receive funding or resources from any of the following sources?
C2	How many portable classrooms are on the school grounds?
C3	How many children is this school site designed to accommodate?
C4	How many rooms in this school are used for instructional purposes, for examples, classrooms, computer labs and other labs, library/media centers, etc.?
C5 (a-j)	In general, how adequate are each of the following school facilities for meeting the needs of the children in your school?
C6 (a-c)	How many computers in this school are used by (kindergarten) classes for....
C7 (a-b)	Please indicate whether or not each type of equipment or service is available to kindergarten classes at this school. If the equipment or service is available, please indicate whether it is available for student use.
C8 (a-d)	About what percentage of the children enrolled in this school are....
D1	At this school, can students purchase food or beverages from...
D2	Does this school offer a la carte lunch or breakfast items to students, that is, items not sold as part of the NSLP School Lunch or the School Breakfast Program?
D3	Can students purchase, either from vending machines, school store, canteen, snack bar or a la carte items from the cafeteria during school hours...
D4	Does this school limit the package or serving size of any of the items listed in Question D3 above (for example, size of package of chips)?
D5	At your peak meal time, how full is the cafeteria compared to the maximum seating capacity? Would you say it is...
E1	Which of these best describes the community in which this school is located?
E2 (a-h)	How much of a problem are the following in the neighborhood where this school is located?
E3 (a-h)	Have any of the following types of problems happened <b>during this school year</b> at this school?
E4 (a-i)	Does your school take any of the following measures to ensure the safety of children?
E5 (a-c)	To what extent is each of the following matters a problem in this school? Indicate whether each is a SERIOUS problem, a MODERATE problem, a MINOR problem or NOT a problem in this school. CIRCLE ONE NUMBER ON EACH LINE.
F1	Are ( <b>kindergartners</b> ) at this school required to wear a school uniform? Do not include required physical education uniforms.
F2	Are any children given a readiness or placement test before or shortly after entering kindergarten?
F3 (a-f)	How are the assessments used?
F4	What grades in this school are tested with state assessments and/or standardized tests?
F6	Can children be retained in grade in your school?
F7 (a-k)	Which of the following statements describe your school's grade promotion and retention practices or policies?
F8	Are any of the following programs or support services provided by your school or district for children who are retained or who might be retained if they do not participate?
F9	How many ( <b>kindergarten</b> ) children were retained at their current grade levels last school year?
F10 (a-g)	During the past three years, did the following changes occur at your school?
G1	Do all of the teachers in this school meet the requirements for "highly qualified teacher"?

G2	How many teachers in this school fail to meet each of these criteria for a “highly qualified teacher”?
G3	Did this school make Adequate Yearly Progress (AYP) for the prior school year (2009-2010)?
G4	If no to G3, has this school been identified for improvement under NCLB provisions?
G5(a-h)	Which of the following actions has this school taken, in response to the need for improvement?
Not Numbered	Based on recent state assessments what percentage of the grade 3 students in your school in the 2010-1011 school year scored “proficient” or above in the subjects in this table; please also indicate the percentage needed to meet your AYP ?
H1 (a-k)	Are any of the following programs or services for children available to (kindergarten) children and their families at your school site? Please include programs run by the school and those run by outside groups.
H2 (a-e)	Are any of the following programs or services for parents and families available at your school site? Please include programs run by the school and those run by outside groups.
H3 (a-h)	Please indicate how often each of the following activities is provided by your school.
H4	Which of the following are used to provide ( <b>kindergartners'</b> ) parents with information about their children's performance?
H5	What percent of children in the school have parents who participate in the following activities?
H6	Does this school have a school-based management committee or other decision-making body <b>other than</b> a school board, parent/teacher association (PTA), or parent/teacher organization?
H7	Are the following groups represented on your school-based management committee?
I1	Are any of the children in this school English language learners (ELL)?
I2	What percent of children in this school and in (Kindergarten) are English language learners (ELL)?
I3 (a-c)	What percent of (kindergarten) children receive ESL, bilingual, or Dual-language (also known as two-way immersion)?
I4	On average, how many years will a kindergartner who is an English language learner (ELL) receive the following services at your school?
I5 (a-f)	Are any of the following special services provided to families of Language Minority/English language learner (LM-ELL) children?
I6 (a-d)	Approximately what percentage of your ( <b>kindergartners</b> ) is in each of the following instructional programs?
I7 (a-c)	Are there any children with disabilities in this school receiving special education on any of the following plans?
I8	Where are children with Individual Education Plans (IEPs) typically served in this school?
I9	For about what percent of children with IEP's (Individualized Education Plans) do the following statements apply?
I10	Is there a gifted and talented program at this school?
I11	Do children participate in a gifted and talented program at this school in...
L1 (a-j)	Approximately how many staff members does your school currently have in the following categories?
Not Numbered	Teacher mobility.
L2	What is the lowest annual base salary currently paid to full-time teachers in your school?
L3	What is the highest annual base salary currently paid to full-time teachers in your school?

Not Numbered	What percentage of your part –time and full-time teachers, including regular classroom, ELL/Bilingual, remedial, special education, art, and physical education teachers, belongs to each of the following racial/ethnic groups?
L6	If a person other than the school principal has answered Sections I to VII, please provide the following information:
M1	How many times a year do you conduct classroom observations of individual <b>kindergarten</b> teachers in your school?
M2	Indicate the extent to which you agree or disagree with the following statements about staff development opportunities at your school.
M3	How much emphasis do you place on the following goals and objectives for your teachers?
M4 (a-i)	Indicate how much you agree or disagree with the following statements about the school's climate.
M5	We are interested in how decisions are made at your school. Decisions that are often made in the course of running a school are listed in column A. Individuals or groups who often make these decisions are listed in column B.
M6	How much influence do the following have on how your job performance is evaluated?
N1	What is your gender
N2	In what year were you born?
N3	Are you Hispanic/Latino?
N4	Which best describes your race?
N5 (a-c)	How many years experience do you have in each of the following positions?
Not Numbered	Through which, if any, of the types of training programs below did you receive preparation for fulfilling your role as a school administrator?
N6	How many years have you taught each of the following grades and programs?
N7	How many college courses have you completed in the following areas?
N8	What is the highest level of education you have completed?
N9 (a-j)	What was your major field of study in the highest degree you completed?
N10 (a-h)	Please estimate how many hours you spend on average per week in the following activities
N11	What is your best estimate of the number of children you know by name?

Newly added items

<b>New Item Number</b>	<b>Stem</b>
A23	Does your school participate in the U.S. Department of Agriculture's (USDA's) school lunch program?
E1	Do any of the children in this school come from a home where a language other than English is spoken?
F3	Does your school's Title I program serve children in prekindergarten or kindergarten?
F5	Did your school receive Federal Title III funds for this school year? (Title III is "Language Instruction for Limited English Proficient and Immigrant Students.")
F6	Does your school use Title III funds for any of the following purposes?
F7	Does your school's Title III program serve children in prekindergarten or kindergarten?
F11	Does this school have grade 3 students

<b>New Item #</b>	<b>Status</b>
A1	No Change
A2	No Change
A4	No Change
A3 (a-c)	No Change
A5	Revised
A6	Revised
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
A7 (a-h)	No Change
A9,A10	Revised
A11	No Change
A12	No Change
A13	No Change
A14	No Change
A15	Revised
A16 (a-f)	No Change
A17	No Change
A18	Revised
A19	No Change
A20 (a-c)	Revised
A24 (a-c)	Revised
A21	No Change
A22	No Change
A25	No Change
A26	No Change
F1	No Change
F2	No Change
F4 (a-g)	Revised; B14e dropped
	Dropped

	Dropped
	Dropped
B2	No Change
	Dropped
B1 (a-j)	No Change
B3 (a-b)	Revised; C6c dropped
B4 (a-b)	Revised
A8 (a-e)	Revised
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
C5 (a-e)	Revised; C5( b,e and f) dropped
C6 (a-h)	Revised
C7 (a-b)	Revised; E4 (c-i) dropped
C8 (a-f)	Revised
D1	No Change
D2	No Change
D3 (a-f)	No Change
	Dropped
	Dropped
D4 (a-j)	Revised;F7a dropped
D5	No Change
C9 (a-f)	Revised; C9a dropped
	Dropped

	Dropped
F8	Revised
F9	Revised
F10 (a-h)	No Change
F12 (a-d)	No Change
C1 (a-c)	Revised; C1(d-k) dropped
C2 (a-g)	Revised
C3 (a-g)	Revised;H3b dropped
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
E2	No Change
E3 (a-c)	Revised
E4 (a-e)	Revised;I5f dropped
E6 (a-d)	Revised
E5 (a-b)	Revised; I7c dropped
E7	No Change
	Dropped
	Dropped
G1 (a-j)	No Change
G2 (a-b)	No Change
	Dropped
	Dropped

G3 (a-h)	No Change
G5	No Change
	Dropped
	Dropped
	Dropped
C4 (a-c);G4	Revised; C4 (b-c and f-h) dropped
	Dropped
	Dropped
H1	No Change
H2	No Change
H3	No Change
H4	No Change
H5 (a-c)	No Change
H6 (a-f)	Revised; (a and d) dropped
	Dropped
	Dropped
H7	No Change
H8 (a-f)	Revised; N9 (d-h) dropped
H9 (a-h)	No Change
H10	No Change



## Attachment C.1 Teacher Questionnaire A

Item Pool Number	Item Pool Stem
A1	Which of the following describes the kindergarten class(es) you currently teach?
A2	How many hours per day does each of your classes normally meet?
A3	How many days per week does each of your classes normally meet?
A4a-h	What type of kindergarten program(s) do you teach?
A5	Do you currently teach a multigrade class?
A6	What grade levels are included in each of the classes that you teach?
A7	What grade levels are included in the class you teach?
A8a-h	As of today's date, how many children in your class(es) are at each of the following age levels?
A9	As of today's date, how many children in your class are at each of the following age levels?
A10a-g	As of today's date, how many children in each of your classes belong to each of the following racial-ethnic groups?
A11	As of today's date, how many boys and girls are there in each of your classes?
A12	Were children assigned to any of your classes on the basis of their preschool experience?
A13	For what percent of children in your classroom did you get records from their preschool or Head Start program or communicate with their preschool or Head Start teacher?
A14	How many of the children in each of your classes are repeating kindergarten this year?
A15	How many of the children in each of your classes are repeating first grade this year?
A16	How many of the children in each of your classes are repeating second grade this year?
A17	How many children: Are currently enrolled in your class? Have joined your class since the beginning of the school year? Have left your class since the beginning of the school year?
A18a-g	How many children in your class(es) have the following characteristics?
A19a-f	How many of the children in each of your classes demonstrated the following skills when they started school this year?
A20	At this point in the school year, how would you rate the behavior of the children in each of your classes?
A21	How many children in your class(es) have a diagnosed physical or psychological disability and need special health or educational accommodations or services?
A22a-n	How many of these children have the following diagnosed disabilities?
A23a-d	For how many of these children do the following apply?
A24	Are any languages other than English used in your classroom?
A25a-e	How often is a non-English language used in each of your classes in the following ways?
A26	What languages are used for academic instruction in your class(es)?
A27	Do any of the children in your class(es) speak a language other than English (aside from native English speakers who are learning a foreign language)?
A28a-h	Which languages other than English are spoken by the children in each of your classes?
A29	In which languages other than English are the books or other written materials in your class?
A30	Do you have any children who are English language learners in your class(es)?
A31	How many English language learners (ELL) do you have in each of your classes?

A31a	If you have services in your classroom for English Language Learners, would you say these services are primarily: a) English as a Second Language (ELL), b) Bilingual education, c) Dual-language program (also called two-way immersion (TWI))?
A32	How many of the ELL children in each of your classes receive instruction designed to teach listening, speaking, reading, and writing English language skills to children with limited English proficiency in the following ways?
A33	How often do ELL children in this class do each of the following activities (in your classroom or in a pull-out program)?
A34a-i	Which languages other than English are spoken by you and any other teacher or aide to the ELL children in each of your classes for instructional support or conversation?
A35	How much time per day do you and any other teacher or aide speak any non-English language in each of your classes?

<b>New Number</b>	<b>Status</b>
FTQ-A1, STQ-A1	No Change
FTQ-A2	No Change
FTQ-A3	No Change
FTQ-A4a-h	No Change
FTQ-A5	No Change
FTQ-A6	No Change
	Dropped
FTQ-A7a-h	No Change
	Dropped
FTQ-A8a-h	Revised A10g
FTQ-A9a-c	No Change
	Dropped
	Dropped
FTQ-A10	No Change
	Dropped
	Dropped
FTQ-A2	Revised
FTQ-A3a-f	Dropped A18g
FTQ-A11a-f	No Change
FTQ-A12, STQ-A4	No Change
STQ-A5	Revised
STQ-A6a-n	Revised A22f, A22g, A22m
STQ-A7a-b	Revised A23a-d
FTQ-A17, STQ-A8	Revised A24
FTQ-A18a-e, STQ-A9a-e	Revised A25 stem
FTQ-A19a-j	Revised A26
FTQ-A21	No Change
FTQ-A22a-h	Revised A28c, A28g
FTQ-A20	Revised A29 response options
FTQ-A23, STQ-A11	No Change
FTQ-A24	No Change

FTQ = Fall Teacher Questionnaire  
STQ = Spring Teacher Questionnaire  
TSQ = Teacher Supplement Questions

FTQ-A26	Revised A31a
FTQ-A25	No Change
STQ-A12	No Change
FTQ-A27a-i	Revised A34d, A24h
FTQ-A28, STQ-A10	No Change

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## Attachment C.2 Teacher Questionnaire B

Item Pool Number	Item Pool Stem
A1	In a typical day, how much time does a child in your class spend in the following activities?
A2(1)	Of the following three potential objectives, which is most important (rank=1) to you in your teaching of kindergarten, which is the least important (rank=3), and which is in the middle (rank=2)?
A2(2)	How <b>often</b> AND <b>how much time</b> does the typical child in your class(es) usually work on lessons or projects in the following general subject areas, whether as a whole class, in small groups, or in individualized arrangements?
A3	Do you typically integrate two or more curriculum areas around common or unifying themes (e.g., using math and science concepts in the same unit of study or using arts and social studies in the same unit of study)?
A4	To what extent do you integrate curriculum areas around common or unifying themes? (e.g., using math and science concepts in the same unit of study or using arts and social studies in the same unit of study)?
A5	How often do you divide your class(es) into ability groups for reading and math activities or lessons?
A6	On days when you use achievement grouping, approximately or on average, how many groups do you have and how many minutes per day are your class(es) usually divided into achievement groups for reading and math activities or lessons?
A7	Since the beginning of January, how many children in this class have moved to a different (higher or lower) ability reading group?
A8a-e	How often do children in your class(es) who need more help with reading receive the following kinds of services while at school?
A9a-b	How often do the children in your class(es) do the following activities?
A10	How many days a week do children have recess?
A11	Between the school day starting time and the dismissal time, how many times a day do children have recess?
A12a-b	In a typical day, how much time does your class spend in the following activities?
A13	How many paid aides assist you in any of your classes?
A14a-b	How many hours a week do different types of paid aides usually assist in your class(es) in the following ways?
A15	Is the aide's first language English?
A16	How well does the aide speak English?
A17	What is the highest level of education completed by your aide(s)?
A18	Which certifications does your aide have?
A19	Does your aide have any of the following certifications?
A20	In a typical week, about how many total hours do volunteer(s) assist with your class?
A21a-b	How many hours a week do volunteers usually assist in your class in the following ways?
A22a-c	Which of the following statements is true about how well your school system provides you with the instructional materials and other resources you need to teach your class in the following subject areas: Reading? Math? Science?
A23a-s	In general, how adequate is each of the following for your class(es)?
A24a-h	How often do your children use the following materials or resources in your class?
A25a-j	Does your classroom have the following interest areas or centers for activities?
B1	If you use a specific reading series or program for reading instruction, please write its name on the line below.
B2a-f	How often do you use the following resources to teach reading in this class?

B3a-bb	How often do children in this class do each of the following <b>READING and LANGUAGE ARTS</b> activities?
B4a-x	For this school year as a whole, please indicate how each of the following <b>READING and LANGUAGE ARTS</b> skills is taught in your class(es)?
C1	If you use a specific mathematics series or program for mathematics instruction, please write its name on the line below.
C2a-v	How often do children in this class do each of the following <b>MATH</b> activities?
C3a-gg	For this school year as a whole, please indicate how each of the following <b>MATH</b> skills is taught in your class(es)?
C4a-i	How often do children in your class(es) use computers for the following purposes?
C5	Which best describes the availability of computers for use in your class?
D1	If you use a specific series or program for science instruction, please write its name on the line below.
D1a-cc	For this school year as a whole, please indicate how each of the following <b>SCIENCE or SOCIAL STUDIES</b> topics or skills is taught in your class(es)?
D2a-b	How many days per week do you assign homework in: Reading and language arts? Math?
D3a-b	On days when homework is assigned, how much time do you expect children to spend on homework in the following areas?
E1	How many regularly scheduled conferences do you have with a parent or guardian of each child in your class(es) during the school year?
E2a-d	What percent of children in your class(es) have parents who participate in the following activities?
E3	In a typical week, about how many total hours do volunteer(s) assist with your class(es)?
E4a-b	During this school year, how many times have you done the following?
E5	Do you use the following to communicate with parents?
F1a-i	How important is each of the following in evaluating the children in your class(es)?
F2	Which of the following best describes your evaluation and grading practices for different types of children?
F3a-g	How often do you use the following to assess your children?
G1a-d	How often have you participated in the following school-related activities since the beginning of the year?
G2a-h	In which of the following staff development and training activities have you participated during the current academic year?
G3	How many hours do you have designated as paid preparation periods per week?
G4	Other than time spent during the work day, how many hours a week on average do you spend preparing for the class(es) you teach – for example, preparing lesson plans, grading papers?
G5a-f	In some schools, special efforts are made to make the transition into kindergarten less difficult for children. Are any of the following done in your school?
G6a-f	In some schools, special efforts are made to make the transition from kindergarten to first grade less difficult for children. Are any of the following done in your school?
H1a-m	How important do you believe the following characteristics are for a child to be ready for kindergarten?
H2a-h	Please indicate the extent to which you agree with each of the following statements on children's preparation for school.
H3a-n	Please indicate the extent to which you agree with each of the following statements about your school.

H3a-g (first grade version)	Please indicate the extent to which you agree with each of the following statements on children's preparation for school.
H4	At your school, how much influence do you think teachers have over school policy in areas such as determining discipline policy, deciding how some school funds will be spent, and assigning children to classes?
H5	How much control do you feel you have IN YOUR CLASSROOM over such areas as selecting skills to be taught, deciding about teaching techniques, and disciplining children?
H6a-c	Please indicate the extent to which you agree with each of the following statements on teaching.
H7a-d	To what extent do you agree with the following statements?
H8a-h*	Please indicate the extent to which you agree with each of the following statements.
H9a-j*	Indicate the extent to which you agree or disagree with each of the following statements as it applies to your instruction.
	*Note: original pool questions H8a, H9c, and H9i are essentially all the same question.
I1	What is your gender?
I2	In what year were you born?
I3	Are you Hispanic/Latino?
I4	Which best describes your race?
I5	What is the highest level of education one of <u>your own</u> parents have completed?
I6a-k	Counting this school year, how many years have you taught each of the following grades and programs?
I7	Counting this school year, how many years have you taught in your current school including part-time teaching?
I8	Counting this school year, how many years have you been a schoolteacher?
I9	What is the highest level of education you have completed?
I10	What is the name of the college or university where you earned your highest degree?
I10a	In what city and state is it located?
I11a-e	If you have an associate's or bachelor's degree, indicate your undergraduate major field of study.
I12a-e	If you have a graduate degree, indicate the major field of study of your highest level graduate degree.
I13a-i	Have you ever had a class in the following areas?
I14	Which of the following describes the teaching certificate you currently hold in THIS state?
I15	In what areas are you certified?
I16	This school year, are you a Highly Qualified Teacher (HQT) according to your state's requirements?
I17	Date questionnaire completed:
Not numbered	How much time per day would you estimate that you spend in managing your classroom and handling disruptive behavior?

### Newly Added Items

New Item Number	Stem
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FTQ-C10, TSQ-10	Have you taken the exam for National Board for Professional Teaching Standards certification?
FTQ-C15; TSQ-15	Did any of the college courses mentioned in item C14/14 address issues related to the following?

New Number	Status
FTQ-A13, STQ-B1	No Change
	Dropped
STQ-B2a and B2b	Revised A2(2)
	Dropped
	Dropped
STQ-B3	No Change
STQ-B4	No Change
	Dropped
STQ-B5a-d	Dropped A8e
STQ-B6a-b	No Change
STQ-B7	No Change
STQ-B8	No Change
STQ-B9a-c	Revised A12a-b
	Dropped
STQ-B10a-b	No Change
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
STQ-B11	No Change
STQ-B12	No Change
STQ-B13a-q	Dropped A23e
STQ-B14a-h	No Change
FTQ-A14a-j	No Change
	Dropped
STQ-C1	No Change

STQ-C2a-w	Dropped B3o, B3x, B3y, B3z, B3aa, B3bb
STQ-C3a-u	Dropped B4c2, B4q, B4t
	Dropped
STQ-C4a-r	Dropped C2s, C2t, C2u, C2v
STQ-C5a-y	Dropped C3q, C3y, C3z, C3aa, C3dd, C3ee, C3ff, C3gg
	Dropped
	Dropped
	Dropped
STQ-C6a-bb	Dropped D1bb, revised D1 response options
	Dropped
STQ-C7a-b	Revised D3a-b response options
STQ-D1	No Change
STQ-D2a-d	No Change
	Dropped
STQ-D3a-e	Revised E4a-b
	Dropped
STQ-E1a-i	No Change
STQ-E2	Revised "limited English proficiency" with "English language learners"
STQ-E3a-h	Added h
STQ-F1a-b	Dropped G1c-d
	Dropped
	Dropped
STQ-F2	No Change
FTQ-A15a-g	Added g
	Dropped
FTQ-B1a-m	No Change
FTQ-B2a-h	No Change
STQ-G1a-l	Dropped H3k and H3l (thus m and n became the new k and l)

	Dropped
	Dropped
FTQ-B3	No Change
FTQ-B4a-d; STQ-G2a-g STQ-G2a-d	Added d in FTQ; Added a-d in STQ, thus a-c became new e-g
STQ-G3a-k	Added i-k
STQ- varies - see notes in status	H9a became G3i; H9c* became G3a (revised); H9f became G3j; H9g became G3k; H9i* became G3a; H9b, d, e, h, and j were dropped
FTQ-C1; TSQ-1	No Change
FTQ-C2; TSQ-2	No Change
FTQ-C3; TSQ-3	No Change
FTQ-C4; TSQ-4	No Change
FTQ-C6; TSQ-6	Revised
FTQ-C7a-k; TSQ-7	No Change
FTQ-C8; TSQ-8	No Change
FTQ-C9; TSQ-9	No Change
FTQ-C5; TSQ-5	Revised response options
FTQ-C11; TSQ-11	No Change
FTQ-C11a; TSQ-11a	No Change
FTQ-C12; TSQ-12	No Change
FTQ-C13; TSQ-13	No Change
FTQ-C14; TSQ-14	Revised
FTQ-C16; TSQ-16	No Change
FTQ-C17; TSQ-17	No Change
FTQ-C18 ; TSQ-18	No Change
FTQ and STQ - Not numbered	Revised in format; appears at end of questionnaire but is not numbered
FTQ-A16	Revised

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**Attachment C.3 Teacher Questionnaire ( Child Level)**

<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>
<b>Section A: Language and Literacy</b>	
1	Are you the child's primary teacher in language and literacy?
A1	Uses complex sentence structures
A2	Understands and interprets a story or other text read to him/her
A3	Easily and quickly names all upper- and lower-case letters of the alphabet
A4	Produces rhyming words
A5	Predicts what will happen next in stories
A6	Reads simple books independently
A7	Demonstrates early writing behaviors
A8	Demonstrates an understanding of some of the conventions of print –
A9	Uses the computer for a variety of purposes
<b>Section B: General Knowledge</b>	
1	Are you the teacher most knowledgeable about this child's progress in this general knowledge?
B1	Recognizes distinct differences in habits and living patterns knows
B2	Understands what people do who have different kinds of jobs
B3	Uses his/her senses to explore and observe
B4	Forms explanations based on observations and explorations
B5	Classifies and compares living and non-living things in different ways
<b>Section C: Mathematical Thinking</b>	
1	Are you the child's primary teacher in mathematics?
C1	Sorts, classifies, and compares math materials by various rules and attributes
C2	Orders a group of objects
C3	Shows an understanding of the relationship between quantities
C4	Solves problems involving numbers using concrete objects –
C5	Demonstrates an understanding of graphing activities
C6	Uses instruments accurately for measuring
C7	Uses a variety of strategies to solve math problems
C8	Demonstrates an understanding of fractions such as $\frac{1}{4}$ and $\frac{1}{2}$ ,
<b>Section D: Specific Academic Skills</b>	
Section-(D1-D3)	First Grade
D2d	Makes logical predictions when pursuing scientific investigations
<b>Section E: Specific Academic Skills</b>	
Section-(E1-E4)	Second/Third Grade
E3b	Communicates scientific information
E3e	Demonstrates understanding of physical science concepts
E3f	Demonstrates understanding of life science concepts
E3g	Demonstrates understanding of earth and space science concepts
<b>Social Skills</b>	
E5	Twenty-four items ask teachers to rate children in their classroom on social skills
E6	Twenty-eight items from the BRIEF
<b>Student Information</b>	
F1	In which grade is this child enrolled?

F2	In what type of kindergarten program is this child enrolled?
F3	Was this child retained in grade at the end of the (2009-2010) 2010-2011 school year?
F4	How long has this child been in your classroom this school year?
F5	Please record the total number of absences for this child for the current school year.
F6	Has this child ever fallen two or more weeks behind in school work this year?
F7	Why has this child fallen behind in school work?
F8 (a-i)	Does this child receive instruction in any of the following types of programs in your school?
F9	Did this child participate in any of the following federally funded Title I programs or services offered by the school during this school year?
F10 (a-d)	Does this child receive (or has he/she received during the past year) instruction and/or related services in any of the following types of programs in your school <b>outside of the regular school day</b> ?
F11	Does the student have a first language other than English?
F12	Does this child receive instruction in any of the following types of programs in your school?
F13	How often AND how much time does this child usually receive ESL or ELL program instruction, whether as a whole class, in small groups, or in individualized arrangements?
F13a	How many days?
F13b	How much time per day (on the days this is done)
F14	During this school year, what percentage of this child's academic instruction is provided in his/her native language?
F15	How much time per day do you and any other teacher or aide speak any non-English language in each of your classes?
F16	Does this child have an IEP/IFSP on record with the school?
F17	To what extent did this child participate in any grade-level assessment administered as part of the school's testing program during the current school year?
F18	Did this child receive special accommodations (e.g., for a disability or limited-English proficiency) to participate in the school's testing or assessment program?
F19	On average how often do you meet with school staff (i.e., administrators, other teachers, specialists, counselors) to discuss this child's program and progress?
F20	During <i>structured</i> play time, how does this child compare with other children in the class in terms of physical activity?
F21	During <i>unstructured</i> play time, how does this child compare with other children in the class in terms of physical activity?
F22	Are you this child's primary teacher in the following subject areas?
F23	Overall, how would you rate this child's academic skills in each of the following areas, compared to other children of the same grade level?
F24 (a-d)	Overall, how would you rate this child's academic skills in each of the following areas, compared to other children of the same grade level?
F25	How often does this child work to the best of her/his ability?
F26	How many achievement groups in <u>reading</u> do you currently have in this child's class?
F27	In which reading group is this child currently placed?
F28	Has this child moved to a higher or lower reading achievement group, or not moved during this school year?
F29	How many achievement groups in <u>mathematics</u> do you currently have in this child's class?
F30	In which mathematics group is this child currently placed?

F31	Has this child moved to a higher or lower mathematics achievement group, or not moved during this school year?
F32 (a-e)	During this school year, have this child's parents/guardians participated in the following activities?
F33	During this school year, have this child's parents/guardians done the following?
F34	During this school year, besides regular teacher conferences, have you communicated with this child's parents?
F35	Was the purpose to discuss ...
F36	When you assign homework for this class, how often does this child complete it?
<b>Section G: Teacher-Child Relationships</b>	
G	Twenty-eight items ask teachers to rate the relationships they have with the children in their classrooms

### Newly Added Items

New Item Number	Stem
<b>Section A: Language and Literacy</b>	
FTCQ - 5; STCQ - 5	Uses different strategies to read unfamiliar words
FTCQ - 7; STCQ - 7	Composes simple stories
<b>Social Skills</b>	
FTCQ - 48-59; STCQ - 40-51	Twelve items from the Child's Behavior Questionnaire
<b>Student Information</b>	
FTCQ - 2	Is the 2010-2011 school year this child's...
STCQ - 9	Does this child participate in an instructional program designed to teach English language skills to children with limited English proficiency?
STCQ - 10	Would you say the instruction this child receives is primarily ...
STCQ - 25	How involved at the school would you say this child's parents/guardians are?



New Item #	Status
	Dropped
FTCQ - 1; STCQ - 1	No Change
FTCQ - 2; STCQ - 2	No Change
FTCQ - 3; STCQ - 3	No Change
	Dropped
	Dropped
FTCQ - 4; STCQ - 4	No Change
FTCQ - 6; STCQ - 6	No Change
	Dropped
	Dropped
	Dropped
	Dropped
FTCQ - 8	No Change
FTCQ - 9	No Change
FTCQ - 10	No Change
	Dropped
FTCQ - 16; STCQ - 8	No Change
FTCQ - 17; STCQ - 9	No Change
FTCQ - 18; STCQ - 10	No Change
FTCQ - 19; STCQ - 11	No Change
FTCQ - 20; STCQ - 12	No Change
FTCQ - 21; STCQ - 13	No Change
FTCQ - 22; STCQ - 14	No Change
FTCQ - 23; STCQ - 15	Revised
	Dropped (with exceptions)
FTCQ - 11	No Change
	Dropped (with exceptions)
FTCQ - 12	No Change
FTCQ - 13	No Change
FTCQ - 14	No Change
FTCQ - 15	No Change
FTCQ - 24-47; STCQ - 16-39	No Change
	Dropped
STCQ - 1	No Change

FTCQ = Fall teacher (c  
STCQ = Spring teache

FTCQ - 1	No Change
	Dropped
STCQ - 2	No Change
STCQ - 3	Revised
STCQ - 4	No Change
STCQ - 5	No Change
STCQ - 6 (a-f) STCQ- 14 (a-b)	Revised; F8 g dropped
	Dropped
STCQ - 7 (a-c)	Revised; F10d dropped
STCQ - 8	No Change
	Dropped
STCQ - 11	No Change
STCQ - 11a	No Change
STCQ - 11b	No Change
STCQ - 12	No Change
	Dropped
STCQ - 13	No Change
	Dropped
STCQ - 15	Revised
	Dropped
STCQ - 16	No Change
STCQ - 17	No Change
	Dropped
	Dropped
STCQ - 18(a-d)	Revised
STCQ - 19	No Change
FTCQ - 3; STCQ - 20	No Change
FTCQ - 4; STCQ - 21	No Change
	Dropped
FTCQ - 5; STCQ - 22	No Change
FTCQ - 6; STCQ - 23	No Change

	Dropped
STCQ - 24 (a-e)	No Change
	Dropped
STCQ - 26	No Change
STCQ - 27 (a-c)	Revised
	Dropped
STCQ - 52-66	Revised; 13 items dropped

:child-level) questionnaire  
r (child-level) questionnaire

**Attachment D.1 Special Education Teacher Questionnaire -A**

<b>Original Item Pool #</b>	<b>Original Item Pool Stem</b>
1	What is your gender?
2	In what year were you born?
3	Are you Hispanic/Latino?
4	Which best describes your race?
5	What is the highest level of education you have completed?
6	What is the highest level of education completed by <u>your own parents</u> ?
7	Counting this school year, how many years in total (including part-time) have you worked in this school?
8	Counting this school year, how many years (including part-time) have you been working with students receiving special education or related services?
9	Counting this school year, how many years (including part-time) have you been teaching?
10 (a-k)	Which of the following credentials, licenses, or certificates do you have for working with students with disabilities?
11	Have you taken the following test?
12 (a-s)	How many college courses have you completed in the following areas?
13	Which of the following best describes your current position in this school?
14	How do you classify your main assignment at this school, that is, the activity at which you spend most of your time during this school year?
15 (a-e)	During this school year, where did you work with students with IEPs?
16 (a-e)	Please indicate the extent to which you agree with each of the following statements on teaching.
17	During this school year, how many students with IEPs did you work with, on average, each <u>week</u> ?
18	Date questionnaire completed

**Newly Added Items**

<b>New Item Number</b>	<b>Stem</b>
13	Did any of the college courses mentioned in item 12 address issues related to the following?

<b>New Item #</b>	<b>Status</b>
1	No Change
2	No Change
3	No Change
4	No Change
5	Revised
6	Revised
7	Revised
8	Revised
9	Revised
10 (a-m)	Revised
11	Revised
12 (a-r)	Revised; 12f dropped
14	Revised
15	No Change
16 (a-e)	No Change
17 (a-d)	Revised; 16e dropped
18	Revised
Not Numbered	No Change

**Attachment D.2 Special Education Teacher Questionnaire - Child Level B**

Original Item Pool #	Original Item Pool Stem
1	Is this student currently receiving special education services or gifted/talented services through an IEP?
2	In which grade is this student enrolled? MARK ONE RESPONSE ONLY.
3	When did this student first have an IEP? MARK ONE RESPONSE ONLY.
4	When was this student first determined eligible for special education or related services?
5	Did this child have an IEP during the year prior to kindergarten?
6	To what extent were you involved in planning the transition from preschool special education for this child?
7	To what extent were you involved in planning the transition from preschool special education for this child?
8	Have you reviewed this student's records related to special education services provided before this school year?
9	What is this student's <u>primary</u> disability as identified on the student's IEP?
10 (a-m)	For which of the following disabilities did this student receive (or is this student receiving) special education or related services this school year?
11	Is this student receiving any special education or related services because of a diagnosed Attention Deficit/Hyperactivity Disorder (AD/HD)?
12	Which of the following best describes the IEP goals for this student during this school year? MARK ALL OF THE AREAS IN WHICH THIS STUDENT HAD IEP GOALS.
13 (a-m)	Which of the following related services were provided through the school to this student during this school year?
14	Approximately how many <u>hours per week</u> of direct special education and related services (that is, service provided directly to the student, from a teacher or another adult) was this student receiving this school year? WRITE NUMBER IN BOX.
15 (a-k)	Did this student receive any of the following?
16	Was this student's primary placement a general education classroom? MARK ONE RESPONSE ONLY.
17	Approximately what percentage of the total weekly hours in school did this student receive special education and related services outside of a general education classroom but within the school setting?
18 (a-m)	What teaching practices and methods are used with this student?
19	Which of the following best describes the curriculum materials used with this student?
20	To what extent was this student expected to achieve the same general education goals as other students at his/her grade level?
21	Which of the following assistive technologies and devices did this student use this school year?
22	Does this student have a computer, laptop, or word processing device assigned to him/her for use full time?
23	On average, how often did you meet with general education teacher(s) to discuss this student's program and progress during this school year?
24	On average, how long were the meetings with the general education teacher(s) to discuss this student's program?
25	Approximately how often have you communicated with this student's parents during this school year about this student's program or progress (by phone, in person, or in writing)?

26 (a-h)	During the past year, did this student receive any of the following formal individual evaluations for purposes of developing IEP goals?
27	What percentage of this student's current IEP goals have been met or nearly met at this point in the school year?
28	Which of the following best expresses the likelihood that this student will continue to receive some level of special education services (through an IEP) in the next school year?
29	To what extent did this student participate in any grade-level assessment administered as part of the school's testing program during the current school year?
30	Date questionnaire completed:

**Newly Added Items**

New Item Number	Stem
3	In what capacity or capacities do you teach or provide services to this child?



<b>New Item #</b>	<b>Status</b>
1,2	Revised
	Dropped
	Dropped
4	Revised
5	No Change
6	No Change
7	No Change
8	Revised
9	Revised
10 (a-m)	Revised
11	Revised
12	Revised
13 (a-m)	No Change
16	No Change
14 (a-n)	Revised
15	Revised
17	Revised
18 (a-l)	Revised; 18m dropped
19	Revised
26	Revised
20	Revised
21	Revised
22	Revised
23	Revised
24	Revised

25 (a-h)	Revised
27	Revised
28	Revised
29	Revised
Not Numbered	No Change

**Attachment E Wrap-Around Early Care and Education Provider (WECEP)**

Original Item Pool #	Original Item Pool Stem
1	How many 0- and 3-year old children are you licensed to {care for/teach}?
2	How many children are fully or partially funded by (funding source)...?
	Do you receive funds from any of these sources for {CHILD}?
	[IF YES...] Which of these sources provide funds for {CHILD}?
3	Do you help parents link to subsidies or give parents information about payment assistance for child care that they may qualify for?
1	How many children are currently enrolled/do you currently care for?
2	How many children do you typically care for at the same time as...?
	How many of the children are related to you?
3	How many hours is a television or video on while {CHILD} is in your {care/class}?
4	What is the age of the youngest child in your care?
5	Do you receive any money or in-kind support from the School Breakfast or Lunch programs?
6	I'm going to read a list of activities that children may participate in...Outdoor play; Adult-directed/led activities.
7	In a typical day, how much time {{do/does} {the children in your program/ the children in your care/{CHILD} spend in the following kinds of activities?
8	Which credential do you have?
9	Do you offer care...
VAINTRO	UPDATE/CONFIRM THE CONTACT INFORMATION IN THIS SECTION.
VA002	PLEASE ENTER/CORRECT THE NAME OF THE CENTER/PROGRAM.
VA004	PLEASE ENTER/CORRECT THE DIRECTOR/ADMINISTRATOR'S FIRST NAME.
VA005	PLEASE ENTER/CORRECT THE DIRECTOR/ADMINISTRATOR'S FIRST NAME.
VA006	PLEASE ENTER/CORRECT THE CARE PROVIDER'S FIRST NAME.
VA007	PLEASE ENTER/CORRECT THE CARE PROVIDER'S LAST NAME.
VA009	PLEASE ENTER/CORRECT THE CARE PROVIDER'S FIRST LINE OF THE MAILING
VA011	PLEASE ENTER/CORRECT THE CARE PROVIDER'S SECOND LINE OF THE MAILING
VA013	PLEASE ENTER/CORRECT THE CARE PROVIDER'S CITY
VA015	PLEASE ENTER/CORRECT THE CARE PROVIDER'S STATE
VA017	PLEASE ENTER/CORRECT THE CARE PROVIDER'S ZIP
VA018	PLEASE ENTER/CORRECT THE CARE PROVIDER'S PHONE NUMBER
VA050	PLEASE VERIFY THE FOLLOWING INFORMATION...
VA060	IF POSSIBLE, BREAKOUT OF THE INTERVIEW USING "ALT-X" AND TRANSMIT THE ADDRESS INFORMATION
PVAGE	What is {Caregiver First and Last Name} age?
PVAGEDOB	What is {Caregiver First and Last Name}'s birth date?
UP002	According to {FULL NAME OF PARENT/RESPONDENT}, you provide care for {CHILD} {and{TWIN}} in a {home/{center/not located in a private home/program, not located in a private home}}. Is this correct?
CKLOCCenter	PLEASE VERIFY THE INFORMATION YOU JUST ENTERED.

CKLOCHome	PLEASE VERIFY THE INFORMATION YOU JUST ENTERED
UP007	Do I have your permission to begin the interview?
UP010	Are you related to {CHILD}{and {TWIN}}?
UP012	How are you related to {him/her/them}?
UP016	Because you are the {mother/father} of {CHILD}{and {TWIN}} we cannot finish the interview.
UP022	Are {CHILD} and {TWIN} both cared for at this setting?
UP024	{Do/Does} {CHILD} {and {TWIN}} have the same primary {caregiver/teacher}?
UP025	Which child is cared for at this setting by {this provider/you}?
UP025a	{Does/Do} {CHILD and TWIN} attend the {center/program} before school, after school, or both before and after school?
	Do you provide care for {CHILD} { and {TWIN}} in the home where {he/she/they} {live/lives}?
UP028	Do you live with {CHILD} {and {TWIN}}?
UP029	Can you tell me what you prefer to be called in your role as an early childhood professional
CI001	Do I have your permission to begin the interview?
CI002	What type of program is {CHILD}{ and {TWIN}} enrolled in?
CI005OS	PLEASE SPECIFY.
	In what type of place is your program located?
CI011	ENTER OTHER PLACE.
CI014	Is this program run by a church, synagogue, or other religious group?
CI018	Is the organization that legally administers your program a public organization or a private organization?
	Is the public organization that administers your program a public elementary, middle, or junior high school or a public school district?
CI023	What type of organization sponsors your {center/program}?
CI024	ENTER OTHER TYPE OF SPONSORING AGENCY.
CI030a	Is your {center/program} accredited by any national, state, or local organization?
	Is your {center/program} licensed by any national, state, or local organization?
CI040	How many children are you licensed to {care for/teach}?
CI043	How many 4- and 5-year old children are you licensed to {care for/teach}?
	What is the average fee for 5-year old children who attend the {center/program} full-time and whose parents pay in full?
CI047	[What is the average fee for 5-year old children who attend the {center/program} full-time and whose parents pay in full?] ENTER UNIT.
CI049	SPECIFY OTHER UNIT.
CI053	Does your {center/program} receive any local, state, or government funding?
CI055.	Do you receive funds from...
CI057	SPECIFY OTHER FUNDS.
ST005	In months and year, how long have you been the {director/administrator} at this {center/program}? ENTER NUMBER OF YEARS.
ST010	[In months and years, how long have you been the {director/administrator} at this {center/program}?]ENTER NUMBER OF MONTHS.
ST019	How many total staff members, who work directly with children, are employed at the {center/program} during the time {CHILD}{and {TWIN}} attend?
	How many of the {center/program}'s staff members who work directly with children have you hired in the last 12 months, since {MONTH YEAR}?
ST025	How many of the {center's/program's} staff who work directly with children have left the program in the last 12 months, since {MONTH YEAR}?

CS005a-h	Does your {center/program} provide any of the following services to children or their families?
CS010	Do you serve meals or snacks to children in your {before-/after-/before- and after-}school program?
	Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program or the Child Care Food Program for the meals and snacks you serve?
CS016	Does your program collaborate with a Head Start or Early Head Start program to offer extended care or other services?
CS018	Did Head Start or Early Head Start require your center to make any changes to the {center/program} or the care you provide as a condition for making these referrals?
CS022a	Please tell me the name of {CHILD/TWIN}'s primary {care provider/teacher}.
TC005	Do I have your permission to start the interview?
TC005a	Can you tell me what you prefer to be called in your role as an early childhood professional? Do you prefer to be called a teacher, a provider, or a caregiver?
CF002PRE	We recently mailed a packet of Response Cards to {you/your administrator}. Please get those out and have them handy while we begin.
CF005	How many months have you been {caring for/teaching} {CHILD/TWIN}?
CF010	Typically, how many days each week do you {care for/teach} {CHILD/TWIN}?
CF015	How many hours each week do you {care for/teach} {CHILD/TWIN}?
	Including yourself, how many adults usually help {care for/teach} {CHILD}{ and {TWIN}} at the same time?
CF055a	What is your primary language?
CF055a	SPECIFY OTHER LANGUAGE.
	What language or languages do you speak most when {caring for/teaching} {CHILD}{ and {TWIN}}?
CF056	SPECIFY OTHER LANGUAGE.
OC005	Do you {care for/teach} other children at the same time that you are {caring for/teaching} {CHILD}{ and {TWIN}}?
OC010	How many children do you typically {care for/teach} at the same time as {CHILD}{ and {TWIN}}?
OC040	How many of the other children that you {care for/teach} at the same time as {CHILD} {and {TWIN}} speak a language other than English?
	How many of the other children that you currently {care for/teach} at the same time as {CHILD} {and {TWIN}} have special health needs?
CB025a-e	Next I'm going to read some statements about caring for and educating children. Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.
LE005	About how many children's books are available to the {him/her/them}?
LE015	Do you have a computer available for {him/her/them} to use?
LE020a	How many days per week (in a typical week) does {CHILD/TWIN} use the computer?
LE020b	On average, how many minutes per day does {CHILD/TWIN} use the computer?
LE030a-e	On average, how many times per week do you...
	In the past month, that is, since {MONTH} {DAY}, how many times have you and {the group of children you care for/{CHILD}{ and {TWIN}} visited the library?
LE050	On average, about how many hours a day does {CHILD/TWIN} watch television or videos while in your {care/class}?
	Do you provide meals or snacks while {CHILD}{ and {TWIN}} {is/are} in your care?

LE085b	Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program (CACFP) or the Child Care Food Program for the meals and snacks you serve?
WA001PRE	Now, I'd like to ask you some questions about your wrap-around care {program/setting}. By wraparound care we mean regularly scheduled, nonparental care for at least 10 hours per week, during the hours before and/or after school.
WA001	Do kindergarten children in your {before-/after-/before- and after-} school {program/care setting} come during the same hours as older children?
	What time do you usually arrive at CHILD's {and TWIN's} home?
	What time do you usually arrive at CHILD's {and TWIN's} home for before-school care?
	What time {does/do} CHILD {and TWIN} usually become your responsibility?
	What time {does/do} CHILD {and TWIN} usually become your responsibility for before-school care?
	What time {does/do} CHILD {and TWIN} usually arrive at your care setting?
	What time {does/do} CHILD {and TWIN} usually arrive at your care setting for before-school care?
	What time {does/do} CHILD {and TWIN} usually arrive at your program?
	What time {does/do} CHILD {and TWIN} usually arrive at your before-school program? [ _ ]: [ _ ] AM/PM
	And what time do you usually leave your care setting?
	And what time do you usually leave the before-school care setting?
	And what time {does/do} {he/she/they} stop being your responsibility?
	And what time {does/do} {he/she/they} stop being your responsibility for before-school care?
	And what time {does/do} {he/she/they} usually leave your care setting?
	And what time {does/do} {he/she/they} usually leave your care setting for before-school care?
	And what time {does/do} {he/she/they} usually leave your program?
	And what time {does/do} {he/she/they} usually leave your before-school program? [ _ ]: [ _ ] AM/PM
	What time do you usually arrive at CHILD's {and TWIN's} home?
	What time do you usually arrive at CHILD's {and TWIN's} home for after-school care?
	What time {does/do} CHILD {and TWIN} usually become your responsibility?
	What time {does/do} CHILD {and TWIN} usually become your responsibility for after-school care?
	What time {does/do} CHILD {and TWIN} usually arrive at your care setting?
	What time {does/do} CHILD {and TWIN} usually arrive at your care setting?
	What time {does/do} CHILD {and TWIN} usually arrive at your care setting?
	What time {does/do} CHILD {and TWIN} usually arrive at your after-school program? [ _ ]: [ _ ] AM/PM
	And what time do you usually leave your care setting?
	And what time do you usually leave the after-school care setting?
	And what time {does/do} {he/she/they} stop being your responsibility?
	And what time {does/do} {he/she/they} stop being your responsibility for after-school care?
	And what time {does/do} {he/she/they} usually leave your care setting?
	And what time {does/do} {he/she/they} usually leave your care setting for after-school care?
	And what time {does/do} {he/she/they} usually leave your program?

	And what time {does/do} {he/she/they} usually leave your after-school program? [ _ ]: [ _ ] AM/PM
WA010	Are there any pre-kindergarten children cared for along with the older children in your {before/after-/before- and after-}school {program/care setting}?
WA015a-g	The following statements describe some of the purposes of school-age child care {programs/settings}. {Was your program designed/Do you provide care} for any of the following reasons? How about...
	Which of these purposes is your most important purpose?
WA018a-w	I'm going to read a list of activities that children may participate in. Think about the time when {CHILD}{ and {TWIN}} {is/are} in your {program/care}. For each activity I mention, please tell me whether it is available in your care {program/setting} for {CHILD} {and TWIN}} to participate in daily, weekly, monthly, occasionally, as needed, or never.
WA020	How are children grouped for activities during the time {CHILD}{and {TWIN}} attend{s)?
WA022	SPECIFY OTHER GROUPING.
WA023	Are there any other ways that children are grouped?
WA025	School-age child care {programs/settings} sometimes serve specific groups of children. Are {most of} the children you {serve/care for}...
WA030	Does your program coordinate services for children with schools or other organizations?
	Is your {before-/after-/before- and after-} school {program/setting} part of a multi-site program?
WA065	Do {caregivers/teachers/providers} follow a written curriculum when planning {before-/after/before- and after-} school activities for the children in their group?
WA075	Do {caregivers/teachers/providers} receive training on the use of these curricula?
	Does your program plan individualized activities for {specific children/CHILD}?
WA110	Do you keep a {separate} folder or record on {each child/CHILD}?
BK008	Are you male or female?
BK010	In what month and year were you born? ENTER MONTH.
BK012	ENTER YEAR.
BK025	Are you of Spanish, Hispanic or Latino origin?
	What is your race?
BK039	ENTER ANOTHER RACE (SPECIFY).
	What is the highest level of school you have completed?
BK074	Do you have a Child Development Associate (CDA) credential?
	Are you currently working on a Child Development Associate (CDA) credential?
BK075	Do you have any college degree in early childhood education or a related field other than Child Development Associate (CDA) credential?
BK120	Not counting raising your own children, how long have you been providing child care or working in the early education field?

BK126a-c	Please tell me the extent to which you agree with each of the following statements on {providing care/teaching}. Tell me whether you strongly disagree, disagree, neither agree or disagree, agree, or strongly agree.
BK135a	Does the state or community require a license to provide child care?
BK136	How many 4- and 5-year old children are you licensed to care for at the same time?
BK140	Are you a member of a group that organizes family child care in your area?

**Newly added items**

<b>New Item Number</b>	<b>Stem</b>
CTQ - 10	Have you taken part in a course or training to meet licensing, certification, or degree requirements in the last 12 months?
CTQ - 11	Have you taken part in any other types of professional development activities in the last 12 months (including workshops, mentoring, coaching, consultation, provider/teacher reflection groups, etc.)?
CTQ - 12	Which of the following subjects were talked about in your course, training, or activity?
HTQ - 2	Where do you watch after children? MARK ALL THAT APPLY.
HTQ - 5	Do you take watch after more than one child at the same time?
HTQ - 21	Which credential do you have?
HTQ - 24	Have you taken part in a course or training to meet licensing, certification, or degree requirements in the last 12 months?
HTQ - 25	Have you taken part in any other types of professional development activities in the last 12 months (including workshops, mentoring, coaching, consultation, provider reflection groups, etc.)?
HTQ - 26	Which of the following subjects were talked about in your course, training, or activity?
HTQ - 30a-e	To what extent do you agree or disagree with the following statements?
HTQ - 32	Do you have any kind of state or community license for providing child care?
CAQ - 14	If Yes: How many children are fully or partially funded by this source?
CAQ - 25	What type of before- and/or after-school program do you have?
CAQ - 26	What time does your before-school program begin?
CAQ - 27	What time does your before-school program end?
CAQ - 28	What time does your after-school program begin?
CAQ - 29	And what time does your after-school program end?
CAQ - 40a-i	Now we'd like to ask you about professional development opportunities that may be available for the staff at this program. Are any of the following available to the staff?
WCQ - 24	In the past month, how many times have you and this child (alone or with the group of children you watch after) visited a bookstore? Please only consider trips made during the time that this child was in your care.
WCQ - 25	In the past month, how many times have you and this child (alone or with the group of children you watch after) visited a playground? Please only consider trips made during the time that this child was in your care.





	Dropped
	Dropped
WCQ - 5	No change
WCQ - 6	No change
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
WCQ - 8	Revised
WCQ - 7	No change
	Dropped
	Dropped
	Dropped
	Dropped
CAQ - 2	No change
CAQ - 2	No change
CAQ - 3	Revised
CAQ - 4	Revised
CAQ - 5	No change
CAQ - 6	Revised
CAQ - 6	Revised
CAQ - 7	No change
CAQ - 8	No change
	Dropped
CAQ - 10/11	Revised
CAQ - 12; HTQ - 12	Revised
CAQ - 12	Revised
CAQ - 12	Revised
CAQ - 13	Revised
CAQ - 14	Revised
	Dropped
CAQ - 1	Revised
CAQ - 1	Revised
CAQ - 16	Revised
CAQ - 17	Revised
CAQ - 18	Revised

CAQ - 19a-i	new subitem (h) added
CAQ - 20	Revised
CAQ - 21	Revised
CAQ - 23	Revised
CAQ - 24	Revised
	Dropped
	Dropped
	Dropped
	Dropped
WCQ - 1	Revised
WCQ - 2	Revised
WCQ - 3	Revised
WCQ - 4	Revised
HTQ - 27; CTQ - 13	Revised
HTQ - 27; CTQ - 13	Revised
WCQ - 9	Revised
WCQ - 9	No change
WCQ - 10	Revised
WCQ - 11	Revised
WCQ - 14	Revised
WCQ - 15	Revised
CTQ - 18	Revised
WCQ - 18	No change
WCQ - 19	No change
WCQ - 20	No change
WCQ - 21	Revised
WCQ - 22	Revised
WCQ - 23	No change
WCQ - 17	Revised
HTQ- 3	No change

HTQ - 4	Revised
	Dropped
CAQ - 30; HTQ - 6	No change
	Dropped
	Dropped
	Dropped
WCQ - 26	No change
	Dropped
	Dropped
	Dropped
CAQ - 25	Revised
	Dropped
	Dropped
	Dropped
WCQ - 27	No change
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
WCQ - 28	No change
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
	Dropped
WCQ - 29	No change
	Dropped
	Dropped
	Dropped

	Dropped
CAQ - 31; HTQ - 7	No change
CAQ - 32a-f; HTQ - 1a-f	Dropped one subitem
CAQ - 32a-f	
WCQ - 32 WCQ - 33	Revised
CTQ - 16	No change
CTQ - 16	No change
	Dropped
CAQ - 33a-g; HTQ - 11a-g	Revised
CAQ - 35; HTQ 37	No change
CAQ - 36; HTQ - 8	No change
CAQ - 37; HTQ - 8	No change
CAQ - 38; HTQ - 9	No change
CAQ - 39; HTQ - 10	No change
WCQ - 34	No change
HTQ - 15; CTQ - 1	No change
HTQ - 16; CTQ - 2	No change
HTQ - 16; CTQ - 2	No change
HTQ - 17; CTQ - 3	Revised
HTQ - 18; CTQ - 4	Revised
	Dropped
HTQ - 19; CTQ - 5	No change
HTQ - 20; CTQ - 6	Revised
HTQ - 22; CTQ - 8	No change
HTQ - 23; CTQ - 9	No change
HTQ - 28; CTQ - 14	No change

HTQ - 29; CTQ - 17	Revised
HTQ - 31	No change
HTQ - 34/35	Revised
HTQ - 36	Revised

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