

Parent Interview

Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011)

Fall-Kindergarten

INTRODUCTION – INQ

INQ.002 (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.

Parts of this call will be recorded for quality control purposes.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

CONTINUE WITH RECORDING 1
CONTINUE WITHOUT RECORDING 2

<p>BOX 0</p> <p>IF INQ.002 HAS BEEN ASKED TWICE, GO TO INQ.010. ELSE, GO TO INQ.003.</p>

INQ.003 Are you the parent or guardian in this household who knows the most about {CHILD}'s care, education, and health?

NOTE: TO ANSWER "1" FOR "YES, THE PARENT OR GUARDIAN SHOULD LIVE IN THE SAME HOUSEHOLD AS THE CHILD FOR THE MAJORITY OF THE YEAR, HAVE JOINT CUSTODY OF THE CHILD, OR BE THE ADULT WHO SPENDS THE MOST TIME WITH THE CHILD WHEN THE CHILD IS NOT IN A GROUP HOME. IF YOU ARE NOT SPEAKING TO THIS PERSON NOW, CODE "2" FOR "NO." IF THE CHILD DOES NOT LIVE THERE NOW, CODE "3" FOR "CHILD LIVES ELSEWHERE."

YES	1 (INQ.010)
NO	2 (INQ.004)
CHILD LIVES ELSEWHERE	3 (CMQ.701)
REFUSED	8 (INQ.004)
DON'T KNOW	9 (INQ.004)

INQ.004

May I please speak with the parent or guardian in the household who knows the most about {CHILD}'s care, education, and health?

NOTE: THE PARENT OR GUARDIAN SHOULD LIVE IN THE SAME HOUSEHOLD AS THE CHILD FOR THE MAJORITY OF THE YEAR, HAVE JOINT CUSTODY OF THE CHILD, OR BE THE ADULT WHO SPENDS THE MOST TIME WITH THE CHILD WHEN THE CHILD IS NOT IN A GROUP HOME. IF THIS PERSON IS AVAILABLE AND YOU CAN SPEAK TO HIM/HER NOW, CODE "1". IF YOU NEED TO CALL BACK AND THE PARENT OR GUARDIAN WILL BE AVAILABLE IN THE FIELD PERIOD, CODE "2". IF THE PARENT OR GUARDIAN IS NOT AVAILABLE IN THE FIELD PERIOD, CODE "3" TO ASK FOR SOMEONE ELSE. IF THERE IS NOT A PARENT OR GUARDIAN IN THE HOUSEHOLD WHO KNOWS THE MOST ABOUT THE CHILD'S CARE, EDUCATION, AND HEALTH, CODE "4". IF THE CHILD DOES NOT LIVE THERE NOW, CODE "5" FOR "CHILD LIVES ELSEWHERE."

- AVAILABLE..... 1 (INQ.002)
- NOT AVAILABLE BUT WILL BE BEFORE END
OF FIELD PERIOD (CALLBACK APPT.)..... 2 (CMQ.702)
- NOT AVAILABLE IN FIELD PERIOD.....3 (INQ.005)
- NO PARENT OR GUARDIAN IN HH KNOWS ABOUT CHILD...4 (INQ.005)
- CHILD LIVES ELSEWHERE 5 (CMQ.701)
- REFUSED 8 (INQ.005)
- DON'T KNOW 9 (INQ.005)

INQ.005

May I please speak with a household member who is 18 or older and knows about {CHILD}'s care, education, and health?

NOTE: THE RESPONDENT SHOULD LIVE IN THE SAME HOUSEHOLD AS THE CHILD FOR THE MAJORITY OF THE YEAR, HAVE JOINT CUSTODY OF THE CHILD, OR BE THE ADULT WHO SPENDS THE MOST TIME WITH THE CHILD WHEN THE CHILD IS NOT IN A GROUP HOME. IF THIS PERSON IS ON THE PHONE, CODE "1". IF YOU NEED TO CALL BACK AND THIS PERSON WILL BE AVAILABLE IN THE FIELD PERIOD, CODE "2". IF THIS PERSON IS NOT AVAILABLE IN THE FIELD PERIOD, CODE "3". IF THERE IS NOT AN ADULT IN THE HOUSEHOLD WHO KNOWS ABOUT THE CHILD'S CARE, EDUCATION, AND HEALTH, CODE "4". IF THE CHILD DOES NOT LIVE THERE NOW, CODE "5" FOR "CHILD LIVES ELSEWHERE."

□

- PERSON ON PHONE.....1 (INQ.002)
- NOT AVAILABLE BUT WILL BE BEFORE END
OF FIELD PERIOD (CALLBACK APPT.)..... 2 (CMQ.702)
- NOT AVAILABLE IN FIELD PERIOD.....3 (CMQ.703)
- NO ADULT IN THE HH KNOWS ABOUT THE CHILD.....4 (CMQ.703)
- CHILD LIVES ELSEWHERE..... 5 (CMQ.701)
- REFUSED 8 (CMQ.703)
- DON'T KNOW 9 (CMQ.703)

INQ.010 May I have your name, please?

ENTER THE RESPONDENT'S FIRST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

FIRST NAME

INQ.012 [May I have your name, please?]

ENTER RESPONDENT'S LAST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

LAST NAME

INQ.015 {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.

CAPI INSTRUCTIONS: IF THE PRELOAD SHOWS THAT PARENT ALREADY GAVE CONSENT FOR THE CHILD TO PARTICIPATE IN THE STUDY, DISPLAY "I see...us" AND "We...permission." ELSE, DISPLAY "Now, ...get" AND USE A NULL DISPLAY FOR "We...permission."

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ARE NOT ALLOWED.

DID PARENT/GUARDIAN GIVE PERMISSION?

- YES 1
NO 2

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?

ALSO VERIFY SPELLING.

MAKE CORRECTIONS TO NAME BELOW OR PRESS ENTER TO ACCEPT FIRST/MIDDLE/LAST NAME.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

CAPI INSTRUCTION: FOR CHILD'S FIRST, MIDDLE, AND LAST NAME, DISPLAY CHILD'S CORRECTED FULL NAME FROM PRELOAD.

CAPI INSTRUCTION: USE PRELOAD LENGTH FOR CHILD'S NAME.

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

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

- YES 1
- NO 2 (INQ.050)
- REFUSED 8 (INQ.050)
- DON'T KNOW 9 (INQ.050)

INQ.040 What are those names?

ENTER FIRST OTHER NAME

ENTER SECOND OTHER NAME

ENTER THIRD OTHER NAME

INQ.050 ASK IF NOT OBVIOUS: {I have {CHILD} recorded as {male/female}. Is that correct?}/{Is {CHILD} male or female?}

MAKE CORRECTIONS TO GENDER BELOW.

CAPI INSTRUCTION: IF GENDER IS NONMISSING IN THE PRELOAD, DISPLAY "I have...{male/female}. Is that correct?", DISPLAY "male" IF THE PRELOAD SHOWS THAT THE CHILD IS MALE, DISPLAY "female" IF THE PRELOAD SHOWS THAT THE CHILD IS FEMALE, AND NEXT TO "CURRENT INFO" BELOW, DISPLAY "MALE" IF THE CHILD IS MALE ACCORDING TO THE PRELOAD AND DISPLAY "FEMALE" IF THE CHILD IS FEMALE.

ELSE, IF GENDER IS MISSING IN THE PRELOAD, DISPLAY "Is {CHILD}...female?" AND USE A NULL DISPLAY FOR "MALE/FEMALE" NEXT TO "CURRENT INFO".

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED.

CURRENT INFO: [MALE/FEMALE]

MALE	1
FEMALE	2
REFUSED	8
DON'T KNOW	9

INQ.060 {I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?/What is {CHILD}'s date of birth?}

{MAKE CORRECTIONS TO DATE OF BIRTH BELOW OR PRESS ENTER TO ACCEPT CURRENT DATE OF BIRTH.}

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED.

CAPI INSTRUCTION: IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE OF BIRTH IS REQUIRED. (REFUSED AND DON'T KNOW ARE ALLOWED.)

CAPI INSTRUCTION: DISPLAY "I have recorded the {child} was born on {date of birth}. Is that correct?" AND "MAKE CORRECTIONS TO DATE OF BIRTH BELOW OR PRESS ENTER TO ACCEPT CURRENT DATE OF BIRTH.}" IF A DATE OF BIRTH IS AVAILABLE FOR THE FOCAL CHILD FROM THE PRELOAD. OTHERWISE, DISPLAY "What is {child}'s date of birth?"

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH, 1-31 FOR DAY, 2003-2006 FOR YEAR.

Current Info: [DATE OF BIRTH]

_ _ / _ _ / _ _ _ _	
ENTER DATE OF BIRTH (MONTH/DAY/YEAR)	
REFUSED	88
DON'T KNOW	99

BOX 1
<ul style="list-style-type: none"> ■ IF ANY FIELD IN DATE OF BIRTH INQ.060=DK OR REF, GO TO INQ.090. ■ OTHERWISE, CONTINUE WITH INQ.080.

INQ.080 So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.060} years old. Is that correct?

CAPI INSTRUCTION: IF CODED '2' (NO), DISPLAY ERROR MESSAGE: 'IF AGE INCORRECT, CORRECT DATE OF BIRTH.'

- YES 1 (INQ.100)
- NO 2
- REFUSED 8 (INQ.100)
- DON'T KNOW 9 (INQ.100)

INQ.090 How old is {CHILD}?

CAPI INSTRUCTION: RANGE CHECK 4-7.

CAPI INSTRUCTION: IF DK OR RF ENTERED, DISPLAY THIS MESSAGE, "YOU MUST ENTER AN AGE FOR THE CHILD IF DATE OF BIRTH IS MISSING. IF THE RESPONDENT DOESN'T KNOW THE AGE, ASK FOR HIS/HER BEST GUESS. IF THE RESPONDENT REFUSES TO PROVIDE AN AGE, ENTER YOUR BEST GUESS OR A '5' IF YOU CAN'T GUESS THE CHILD'S AGE."

ENTER AGE

INQ.100 I have recorded that {CHILD}'s home address is:

CAPI INSTRUCTION: DISPLAY CURRENT ADDRESS INFO IN THE RESPONSE FIELD.

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

Is this correct?

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

INQ.110 MAKE CORRECTIONS TO ADDRESS BELOW.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

CAPI INSTRUCTION: DISPLAY 'HELP AVAILABLE' WHEN ON STATE ENTRY FIELD. USE STATE ABBREVIATIONS AS HELP TEXT.

CAPI INSTRUCTION: DISPLAY CURRENT ADDRESS INFO IN THE RESPONSE FIELD.

Current Info: [STREET ADDRESS1]
[STREET ADDRESS2]
[CITY]
[STATE]
[ZIP CODE]

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

INQ.130 {I have recorded that {PHONE NUMBER} is {CHILD}'s family's current home phone number. Is this correct?} /{What is {CHILD}'s family's current phone number?}

{MAKE CORRECTIONS TO PHONE NUMBER BELOW OR PRESS ENTER TO ACCEPT CURRENT PHONE NUMBER.}

IF NO TELEPHONE, ENTER '000'.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD IS NOT '000' AND IS NOT 10 NUMBERS, SHOW EDIT:

"Phone number has wrong format. Please correct. The phone number must be formatted as 10 numbers (xxx-xxx-xxxx)."

CAPI INSTRUCTION: DISPLAY "I have recorded ... correct?" AND "MAKE CORRECTIONS...NUMBER" IF A PHONE NUMBER IS AVAILABLE, DISPLAY CORRECTED PHONE NUMBER FROM PRELOAD. IF the PRELOAD PHONE NUMBER WAS '000' RF, DK, OR MISSING, DISPLAY "What is..... phone number?"

CAPI INSTRUCTION: IF CURRENT INFO IS NOT AVAILABLE, ENTRY IS REQUIRED FOR TELEPHONE NUMBER. (REFUSED AND DON'T KNOW ARE ALLOWED)

Current Info: [TELEPHONE NUMBER]

[]-[]-[]-[]-[]-[]-[]-[]-[]-[]-[]
ENTER TELEPHONE NUMBER

REFUSED 8
DON'T KNOW 9

BOX 2

■ GO TO SECTION PIQ (PARENT'S INVOLVEMENT WITH CHILD'S SCHOOL).

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

PIQ.020 Now I'd like to ask you about {CHILD}'s school. Did {CHILD}'s school or teacher send home information about any of the following when {CHILD} started kindergarten?

RESPONSES: YES = 1, NO = 2, REFUSED = 8, DON'T KNOW = 9

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

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

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

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

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

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

- ASSIGNED 1 (PIQ.070)
- CHOSEN 2 (PIQ.070)
- ASSIGNED SCHOOL IS SCHOOL OF CHOICE..... 3 (PIQ.070)
- CHILD IS HOMESCHOOLED..... 4 (PIQ.065)
- REFUSED 8 (PIQ.070)
- DON'T KNOW 9 (PIQ.070)

PIQ.065 Does {CHILD} attend a school?

YES	1
NO	2 (CMQ.701)
REFUSED	8
DON'T KNOW	9

PIQ.066 How many hours each week does {CHILD} usually go to a school for instruction? Please do not include time spent in extracurricular activities.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-30. HARD RANGE CHECK 0-40.

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 ENTER # OF HOURS

REFUSED.....	888
DON'T KNOW.....	999

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

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

WHEN OLD ENOUGH	1
WAITED	2
ENTERED EARLY	3
REFUSED.....	8
DON'T KNOW.....	9

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

FIRST	1
SECOND	2
THIRD OR MORE	3
REFUSED.....	8
DON'T KNOW.....	9

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

PROBE: IF THE CHILD HAS NOT YET BEEN IN SCHOOL FOR TWO MONTHS, ASK ABOUT PROBLEMS "SINCE THE BEGINNING OF THE SCHOOL YEAR."

RESPONSES: 1 = MORE THAN ONCE A WEEK, 2 = ONCE A WEEK OR LESS, 3 = NOT AT ALL, 8 = REFUSED, 9 = DON'T KNOW

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

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

IN "f" DISPLAY "his" IF THE CHILD IS MALE. DISPLAY "her" IF THE CHILD IS FEMALE. DISPLAY "his/her" IF GENDER IS MISSING.

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

RESPONSES: 1 = ESSENTIAL, 2 = VERY IMPORTANT, 3 = SOMEWHAT IMPORTANT, 4 = NOT VERY IMPORTANT, 5 = NOT IMPORTANT, 8 = REFUSED, 9 = DON'T KNOW

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

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "expect" IN UNDERLINED TEXT.

HELP TEXT

How far the respondent expects the child to go in school:

This question is about how far in school the respondent realistically expects the child to go, not how far the respondent hopes the child will go. If it is difficult to answer the question because the answer depends on many factors, ask for the best guess.

To receive less than a high school diploma,	1
To graduate from high school,	2
To attend a vocational or technical school after high school,.....	3
To attend two or more years of college,	4
To finish a four- or five-year college degree,	5
To earn a master's degree or equivalent, or	6
To finish a Ph.D., MD, or other advanced degree?	7
REFUSED	88
DON'T KNOW	99

BOX 1
<p>■ GO TO SECTION FSQ (CURRENT FAMILY STRUCTURE).</p>

FAMILY STRUCTURE - FSQ

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

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

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

PROBE: Anyone else (living in this household)?

ENTER AGE AND GENDER OF RESPONDENT.

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

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

CAPI MATRIX INSTRUCTIONS:

1. DISPLAY THE RESPONDENT'S FIRST NAME (FROM INQ.010) IN THE FIRST ROW OF THE FIRST NAME COLUMN. DISPLAY THE RESPONDENT'S LAST NAME (FROM INQ.012) IN THE FIRST ROW OF THE LAST NAME COLUMN. DISPLAY "R" IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE RESPONDENT.
2. DISPLAY THE FIRST NAME (FROM INQ.020) OF THE FOCAL CHILD IN THE SECOND ROW OF THE FIRST NAME COLUMN. DISPLAY THE LAST NAME (FROM INQ.020) OF THE FOCAL CHILD IN THE SECOND ROW OF THE LAST NAME COLUMN. DISPLAY "C" IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE FOCAL CHILD. DISPLAY THE AGE (IF INQ.080 = 1, CALCULATE AGE FROM INQ.060 BIRTHDATE; ELSE, GET AGE FROM INQ.090) AND GENDER (INQ.050) OF THE CHILD IN THE APPROPRIATE COLUMNS OF THE SECOND ROW.
3. DISPLAY THE FIRST PARAGRAPH "Now... somewhere else." WHEN YOU FIRST ARRIVE AT FSQ.020.
4. DISPLAY "How old {are you/is {NAME}}?" WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN. DISPLAY "ARE YOU" WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR THE RESPONDENT'S ROW AND "IS {NAME}" (DISPLAY THE APPROPRIATE FIRST NAME) WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR SOMEONE OTHER THAN THE RESPONDENT'S ROW.
5. DISPLAY "CODE IF OBVIOUS. OTHERWISE, ASK: {Are you/is {NAME}} male or female?" WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN. DISPLAY "Are you" WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN FOR THE RESPONDENT'S ROW AND "Is {NAME}" (DISPLAY THE APPROPRIATE FIRST NAME) WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN FOR SOMEONE OTHER THAN THE RESPONDENT'S ROW.
6. THE INTERVIEWER CAN ADD UP TO 25 ROW ENTRIES.
7. THE INTERVIEWER CAN MOVE ALL AROUND THE MATRIX USING THE ARROW KEYS.
8. REFUSED AND DON'T KNOW ARE ALLOWED ON THE AGE AND GENDER FIELDS.
9. ONCE THE MATRIX IS COMPLETE (AS APPLICABLE), MOVE TO THE NEXT ITEM FSQ.045.

FSQ.045 IS THE MATRIX COMPLETE?

CAPI INSTRUCTION: CHECK HOUSEHOLD MATRIX. IF ANY BLANK FIELDS, RETURN THE CURSOR TO THE BLANK FIELD ON THE MATRIX AND DISPLAY THE APPROPRIATE ERROR MESSAGE.

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

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

YES 1 (FSQ.020)
NO 2
REFUSED..... 8
DON'T KNOW..... 9

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

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

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

SELECT NAME FROM ROSTER.

ENTER NUMBER NEXT TO NAME OF PERSON WHO IS {RESPONDENT}'S SPOUSE/PARTNER.

{DISPLAY HH MEMBER NAME 1} 1
{DISPLAY HH MEMBER NAME 2} 2
{DISPLAY HH MEMBER NAME 3} 3
{DISPLAY HH MEMBER NAME 4} 4
{DISPLAY HH MEMBER NAME 5} 5
{DISPLAY HH MEMBER NAME 6} 6
{DISPLAY HH MEMBER NAME 7} 7
{DISPLAY HH MEMBER NAME 8} 8

IF NAME NOT LISTED, BACK UP AND ADD PERSON (IF PART OF HOUSEHOLD).

CAPI ROSTER INSTRUCTIONS:

- 1. ONLY DISPLAY HOUSEHOLD MEMBERS WHO ARE 16 YEARS OF AGE OR OLDER.
- 2. DO NOT DISPLAY THE RESPONDENT'S NAME.
- 3. DO NOT DISPLAY THE FOCAL CHILD'S NAME.
- 4. FLAG PERSON SELECTED AT FSQ.120 AS "RESPONDENT'S SPOUSE/PARTNER".
- 5. DISPLAY THE RESPONDENT'S FIRST NAME FOR {RESPONDENT}.

BOX 1

LOOP 1

- ASK FSQ.130 - FSQ.180 FOR EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS NOT THE FOCAL CHILD.

HELP AVAILABLE

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

CODE RELATIONSHIP OF HOUSEHOLD MEMBER.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ARE DISALLOWED FOR FSQ.130.

CAPI INSTRUCTION: DISPLAY "is your" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "is {NAME}" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

HELP TEXT:

Mother/Female Guardian: The female primarily responsible for the child. Includes birth or biological mothers, adoptive, step, foster, and other mothers, as well as, legal female guardians.

Father/Male Guardian: The male primarily responsible for the child. Includes birth or biological fathers, adoptive, step, foster, and other fathers, as well as, legal male guardians.

Sister: Include biological (full, half), adoptive, step, and foster sisters.

Brother: Include biological (full, half), adoptive, step, and foster brothers.

Girlfriend or Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Boyfriend or Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Grandmother: The female parent of the child's biological or adoptive mother or father.

Grandfather: The male parent of the child's biological or adoptive mother or father.

Aunt: The sister of the child's biological or adoptive mother or father or the wife of the child's uncle.

Uncle: The brother of the child's biological or adoptive mother or father or the husband of the child's aunt.

Cousin: A child of the focal child's uncle, aunt, or cousin.

Other Relative: Refers to relationships that aren't specifically listed, such as great grandmother, niece, or nephew.

Other Non-relative: Refers to the relationship between two people when there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married). It also refers to more ambiguous relationships that exist where there are two people living together as married and they have children. For example, the child's father and the father's girlfriend (who is not the child's mother) live together as married and the girlfriend's daughter lives with them. The relationship of the girlfriend's daughter to the child would be siblings if they were married, but since the father and the girlfriend are not married, she is an "other non-relative." If the "other non-relative" is coded, you will receive a list of other codes to use if they are more descriptive than "other non-relative."

CAPI INSTRUCTION: DISPLAY THE RELATIONSHIP MATRIX.

CAPI INSTRUCTION: DO NOT DISPLAY THE FOCAL CHILD'S ROW.

CAPI INSTRUCTION: DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.

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

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "Is {NAME}" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

HELP TEXT:

Biological or Birth Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child.

Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.

Step Mother: The female other than the child's mother who is married to the child's father.

Foster Mother: The female with whom the child is placed temporarily, usually through a social service agency and/or a court.

Female Guardian: The female legally placed in charge of the affairs of the child.

Other Female Parent or Guardian: This person acts as the mother to the child, but does not fit into one of the other categories. For example, in a household with two mothers, one of the mothers may not classify herself as biologically related and she may not be legally in charge of the affairs of the child even though she is another parent to the child. This category may also be used if a mother has a child through a surrogate mother, or with a donated egg, and does not classify the child as biologically related or adopted through a legal process.

Biological or birth mother,	1 (BOX 2)
Adoptive mother,.....	2 (BOX 2)
Step mother,	3 (BOX 2)
Foster mother or female guardian, or	4 (BOX 2)
Other female parent or guardian.....	5 (BOX 2)
REFUSED.....	8 (BOX 2)
DON'T KNOW.....	9 (BOX 2)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "Is {NAME}" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

HELP TEXT:

Biological or Birth Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.

Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child.

Step Father: The male other than the child's father who is married to the child's mother.

Foster Father: The male with whom the child is placed temporarily, usually through a social service agency and/or a court.

Male Guardian: The male legally placed in charge of the affairs of the child.

Other Male Parent or Guardian: This person acts as the father to the child, but does not fit into one of the other categories. For example, in a household with two fathers, one of the fathers may not classify himself as biologically related and he may not be legally in charge of the affairs of the child even though he is another parent to the child. This category may also be used if a father has a child through a surrogate mother, or with donated sperm, and does not classify the child as biologically related or adopted through a legal process.

- Biological or birth father, 1 (BOX 2)
- Adoptive father,..... 2 (BOX 2)
- Step father, or 3 (BOX 2)
- Foster father or male guardian?..... 4 (BOX 2)
- Other male parent or guardian..... 5 (BOX 2)
- REFUSED..... 8 (BOX 2)
- DON'T KNOW..... 9 (BOX 2)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "Is {NAME}" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

HELP TEXT:

Full Sister: A female with whom the child shares the same biological parents.

Half Sister: A female with whom the child shares one biological parent.

Step Sister: A female to whom the child is unrelated except by the marriage of one biological parent.

Adoptive Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child has been legally adopted by the family.

Foster Sister: A female to whom the child is unrelated except that they are in the same family in which she or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

- Full sister, 1 (BOX 2)
- Half sister, 2 (BOX 2)
- Step sister, 3 (BOX 2)
- Adoptive sister, or 4 (BOX 2)
- Foster sister? 5 (BOX 2)
- REFUSED 8 (BOX 2)
- DON'T KNOW 9 (BOX 2)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "Is {NAME}" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

HELP TEXT:

Full Brother: A male with whom the child shares the same biological parents.

Half Brother: A male with whom the child shares one biological parent.

Step Brother: A male to whom the child is unrelated except by the marriage of one biological parent.

Adoptive Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child has been legally adopted by the family.

Foster Brother: A male to whom the child is unrelated except that they are in the same family in which he or the child have been taken into the home on a temporary basis and the parents have legal responsibility for the child.

- Full brother,..... 1 (BOX 2)
- Half brother, 2 (BOX 2)
- Step brother,..... 3 (BOX 2)
- Adoptive brother, or 4 (BOX 2)
- Foster brother? 5 (BOX2)
- REFUSED..... 8 (BOX 2)
- DON'T KNOW..... 9 (BOX 2)

HELP AVAILABLE

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

HELP TEXT:

Girlfriend or Female Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Boyfriend or Male Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Female Guardian: The female legally placed in charge of the affairs of the child.

Male Guardian: The male legally placed in charge of the affairs of the child.

Daughter/son of CHILD's Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.

Other Relative of CHILD's Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians.

Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 1 (GIRLFRIEND), FLAG RESPONSE TO FSQ.130 AS CODE 5.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 2 (BOYFRIEND), FLAG RESPONSE TO FSQ.130 AS CODE 6.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 3 (FEMALE GUARDIAN), FLAG RESPONSE TO FSQ.130 AS CODE 1 AND RESPONSE TO FSQ.140 AS CODE 4.

CAPI INSTRUCTION: IF FSQ.180 IS CODED 4 (MALE GUARDIAN), FLAG RESPONSE TO FSQ.130 AS CODE 2 AND RESPONSE TO FSQ.150 AS CODE 4.

GIRLFRIEND OR FEMALE PARTNER OF {CHILD}'S PARENT/GUARDIAN	1
BOYFRIEND OR MALE PARTNER OF {CHILD}'S PARENT/GUARDIAN	2
FEMALE GUARDIAN	3
MALE GUARDIAN	4
DAUGHTER/SON OF {CHILD}'S PARENT'S PARTNER.....	5
OTHER RELATIVE OF {CHILD}'S PARENT'S PARTNER.....	6
OTHER NON-RELATIVE (SPECIFY) _____	91
REFUSED.....	88
DON'T KNOW.....	99

FSQ.180OS SPECIFY OTHER NON-RELATIVE.

OTHER NON-RELATIVE

BOX 2

END LOOP 1

- ASK FSQ.130 - FSQ.180 FOR NEXT PERSON ON THE HOUSEHOLD ROSTER WHO IS NOT THE FOCAL CHILD.
- IF NO NEXT PERSON, CONTINUE WITH FSQ.190.

HELP AVAILABLE

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

HELP TEXT:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

FIRST NAME	HISPANIC/LATINO
{Display HH Member Name}	__
{Display HH Member Name}	__
{Display HH Member Name}	__

RESPONSES: YES = 1, NO = 2, REFUSED = 8, DON'T KNOW = 9

CAPI ROSTER INSTRUCTIONS: DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (FSQ.020) WHO IS THE FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130), OR FATHER FIGURE (CODE '2' AT FSQ.130).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), DISPLAY IN COLUMN 1 THE FOCAL CHILD, THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

CAPI MATRIX INSTRUCTIONS:

1. DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.
2. THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD.
3. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE ROSTER INSTRUCTIONS ABOVE).
4. DISPLAY "Are you" IF THE SUBJECT OF THE QUESTION IS THE RESPONDENT. ELSE, DISPLAY "Is {NAME}" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS THE SUBJECT OF THE QUESTION.
5. DISPLAY "{Are you/Is {NAME}} HISPANIC OR LATINO?" AND "1 = YES 2 = NO" WHEN CURSOR IS POSITIONED IN THE HISPANIC COLUMN OF THE MATRIX.
6. REFUSED AND DON'T KNOW ARE ALLOWED FOR HISPANIC/LATINO.
7. CURSOR WILL MOVE FROM HISPANIC/LATINO COLUMN TO RACE COLUMN IN FSQ.195 FOR SAME PERSON AND THEN WILL MOVE TO HISPANIC/LATINO COLUMN IN FSQ.190 FOR NEXT PERSON, ETC. THE CURSOR WILL MOVE IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED.
8. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR.

YES 1
 NO 2
 REFUSED..... 8
 DON'T KNOW..... 9

HELP AVAILABLE

FSQ.195 {What is {your/{NAME} 's } race? You may name one or more races to indicate what {you/NAME} {consider/considers} {yourself/himself/herself} to be.

CODE ALL THAT APPLY}

HELP TEXT:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

RESPONSES: AMERICAN INDIAN OR ALASKA NATIVE = 1, ASIAN = 2, BLACK OR AFRICAN AMERICAN = 3, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER = 4, WHITE = 5, REFUSED = 8, DON'T KNOW = 9

FIRST NAME	RACE
{Display HH Member Name}	__
{Display HH Member Name}	__
{Display HH Member Name}	__

CAPI INSTRUCTIONS: DISPLAY "your" "you" "consider" AND "yourself" IF THE SUBJECT OF THE QUESTIONS IS THE RESPONDENT. ELSE, DISPLAY THE NAME OF THE SUBJECT OF THE QUESTIONS, "considers" AND "himself" IF THE SUBJECT OF THE QUESTIONS IS MALE. ELSE, DISPLAY THE NAME OF THE SUBJECT OF THE QUESTIONS, "considers" AND "herself" IF THE SUBJECT OF THE QUESTIONS IS FEMALE.

CAPI ROSTER INSTRUCTIONS: DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (FSQ.020) WHO IS THE FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130), OR FATHER FIGURE (CODE '2' AT FSQ.130).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130), DISPLAY IN COLUMN 1 THE FOCAL CHILD, THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

CAPI MATRIX INSTRUCTIONS:

2. DISPLAY FIRST NAME, LAST NAME, AND AGE OF THE PERSON, USING INFORMATION FROM THE CURRENT ROUND HOUSEHOLD MATRIX.
2. THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD.
3. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE ROSTER INSTRUCTIONS ABOVE).
5. DISPLAY "What is {your/{NAME}'s} race?", "CODE ALL THAT APPLY", AND ANSWER CATEGORIES WHEN CURSOR IS POSITIONED IN THE RACE COLUMN OF THE MATRIX.
6. REFUSED AND DON'T KNOW ARE ALLOWED FOR RACE.

7. CURSOR WILL MOVE FROM THE RACE COLUMN (FSQ.195) BACK TO THE HISPANIC/LATINO COLUMN (FSQ.190) FOR THE NEXT PERSON IN THE MATRIX, IF THERE IS ANOTHER HOUSEHOLD MEMBER TO BE ASKED ABOUT. THE CURSOR WILL MOVE IN THIS FASHION UNTIL ALL FIELDS ARE COMPLETED.
8. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL ANSWER FIELDS ARE ACCOUNTED FOR.

FSQ.200

{FILL 1}	{FILL 2}	ParentsR	BioMolnHH	BioFalnHH	AdopMolnHH	AdopFalnHH	OtherinHH
		THE CURRENT ROSTER SHOWS A RELATIONSHIP OF BIOLOGICAL/ ADOPTIVE MOTHER OR BIOLOGICAL/ ADOPTIVE FATHER FOR THE PERSON FLAGGED AS THE RESPONDENT FOR YES	THE CURRENT ROSTER SHOWS THE RELATIONSHIP OF BIOLOGICAL MOTHER FOR AT LEAST ONE HH MEMBER (NOT THE R) FOR YES	THE CURRENT ROSTER SHOWS THE RELATIONSHIP OF BIOLOGICAL FATHER FOR AT LEAST ONE HH MEMBER (NOT THE R) FOR YES	THE CURRENT ROSTER SHOWS THE RELATIONSHIP OF ADOPTIVE MOTHER FOR AT LEAST ONE HH MEMBER (NOT THE R) FOR YES	THE CURRENT ROSTER SHOWS THE RELATIONSHIP OF ADOPTIVE FATHER FOR AT LEAST ONE HH MEMBER (NOT THE R) FOR YES	THE CURRENT ROSTER SHOWS THERE IS NO BIOLOGICAL/ ADOPTIVE MOTHER/FATHER IN THE HOUSEHOLD FOR YES
Are you	have you	YES					
Are you	have you						YES
Are CHILD's biological parents	have they	NO	YES	YES			NO
Are CHILD's biological parents	have they	NO	NO	NO	NO	NO	NO
Is CHILD's biological mother	has she	NO	YES	NO			NO
Is CHILD's biological father	has he	NO	NO	YES			NO
Is CHILD's adoptive mother	has she	NO	NO	NO	YES	NO	NO
Is CHILD's adoptive father	has he	NO	NO	NO	NO	YES	NO
Are CHILD's adoptive parents	have they	NO	NO	NO	YES	YES	NO

{FILL 1} currently married, separated, divorced, widowed, or {FILL 2} never been married?

- MARRIED.....1
- SEPARATED.....2
- DIVORCED.....3
- WIDOWED.....4
- NEVER MARRIED 5
- CIVIL UNIONS/DOMESTIC PARTNERSHIP.....6
- REFUSED.....8
- DON'T KNOW.....9

BOX 3

IDENTIFY THE 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD. THIS PERSON OR PERSONS SHOULD BE CHOSEN AS FOLLOWS:

- 1) THE KEY PARENT FIGURES SHOULD BE CHOSEN ONLY FROM AMONG CURRENT MEMBERS OF THE HOUSEHOLD;
- 2) IF A MOTHER (RELATION=1) IS IN THE HOUSEHOLD SHE SHOULD BE A KEY PARENT FIGURE; IF A FATHER (RELATION =2) IS IN THE HOUSEHOLD HE SHOULD BE A KEY PARENT FIGURE; IF THERE ARE TWO MOTHERS (RELATION=1) PICK THE MOTHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH MOTHER =1, ADOPTIVE MOTHER=2, STEPMOTHER=3, FOSTER MOTHER OR FEMALE GUARDIAN =4. OTHER TYPE OF MOTHER = 5. IF TWO MOTHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER. IF THERE ARE TWO FATHERS (RELATION=2), PICK THE FATHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH FATHER =1, ADOPTIVE FATHER=2, STEPFATHER=3, FOSTER FATHER OR MALE GUARDIAN =4, AND OTHER TYPE OF FATHER = 5. IF TWO FATHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER;
- 3) IF THERE IS A MOTHER (RELATION =1) BUT NO FATHER (RELATION=2) AND THE MOTHER HAS A SPOUSE/PARTNER, THE MOTHER SHOULD BE A KEY PARENT FIGURE AND THE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE;
- 4) IF THERE IS A FATHER (RELATION=2) BUT NO MOTHER (RELATION=1) AND THE FATHER HAS A SPOUSE/PARTNER, THE FATHER SHOULD BE A KEY PARENT FIGURE AND THE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE;
- 5) OTHERWISE, IF THERE ARE NOT PARENTS IN THE HOUSEHOLD (RELATION NE 1 OR 2), THE RESPONDENT SHOULD BE A KEY PARENT FIGURE AND THE RESPONDENT'S SPOUSE/PARTNER, IF ONE, SHOULD BE A KEY PARENT FIGURE.

BOX 4

IF BOTH (A BIOLOGICAL OR BIRTH MOTHER) AND (A BIOLOGICAL OR BIRTH FATHER) ARE IN THE HOUSEHOLD (FSQ.140 = 1 AND FSQ.150 = 1), GO TO BOX 5. ELSE, GO TO FSQ.205.

FSQ.205 How long has {CHILD} lived with you?

ENTER "88" IF THE CHILD HAS LIVED WITH THE RESPONDENT HIS/HER WHOLE LIFE.

CAPI INSTRUCTION: RANGE CHECK: 4-7 FOR YEARS, 0-12 FOR MONTHS.

|_|_| AND |_|_|_|

ENTER YEARS ENTER MONTHS

REFUSED..... 88

DON'T KNOW..... 99

BOX 5

■ GO TO SECTION PLQ (PRIMARY LANGUAGE SPOKEN)

PRIMARY LANGUAGE(S) SPOKEN - PLQ

HELP AVAILABLE

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

HELP TEXT:

Regularly: A language, other than English, that is spoken on a regular basis (that is, occurring at least weekly) by at least one household member.

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

PLQ.030 Is English also spoken in your home?

- YES 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

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

CODE ALL THAT APPLY

- ARABIC 1
- CHINESE LANGUAGE/DIALECT 2
- FILIPINO LANGUAGE..... 3
- FRENCH..... 4
- GERMAN 5
- GREEK 6
- ITALIAN 7
- JAPANESE 8
- KOREAN 9
- POLISH 10
- PORTUGUESE 11
- SPANISH..... 12
- VIETNAMESE 13
- FARSI 14
- HMONG..... 15
- SOME OTHER LANGUAGE (SPECIFY)_____ 91
- REFUSED 88
- DON'T KNOW 99

BOX 1

IF PLQ.040 = 91, GO TO PLQ.0400S. ELSE, GO TO BOX 2.

PLQ.0400S [What languages other than English are spoken in your home?]

SPECIFY LANGUAGE.

BOX 2
<ul style="list-style-type: none"> ■ IF ONLY ONE LANGUAGE SPOKEN IN THE HOME (PLQ.030 = 2, 8, OR 9 AND ONLY ONE LANGUAGE IS CODED AT PLQ.040 OR PLQ.040 = 88 OR 99), GO TO PLQ.050. ■ OTHERWISE, GO TO BOX 3.

BOX 3
ASK PLQ.041, PLQ.0410S, AND PLQ.050 AS A LOOP FOR UP TO 2 "KEY" PARENT FIGURES AS DEFINED IN BOX 3 OF FSQ.

HELP AVAILABLE

PLQ.041 What is the primary language that {you/NAME} {speak/speaks} in your home?

HELP TEXT:

Primary language: The language spoken most of the time.

CAPI INSTRUCTIONS: DISPLAY "you" AND "speak" IF CURRENT CYCLE OF LOOP IS ASKING ABOUT THE RESPONDENT. DISPLAY "{NAME}" (AND THAT PERSON'S FIRST NAME) AND "speaks" IF ASKING ABOUT A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT.

CAPI INSTRUCTION: DISPLAY 'you' AND "NAME" IN UNDERLINED TEXT.

CODE '16' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

ENGLISH.....	0	KOREAN	9
ARABIC	1	POLISH	10
CHINESE LANGUAGE/DIALECT	2	PORTUGUESE	11
FILIPINO LANGUAGE.....	3	SPANISH.....	12
FRENCH.....	4	VIETNAMESE	13
GERMAN.....	5	FARSI.....	14
GREEK	6	HMONG.....	15
ITALIAN	7	RESPONDENT CANNOT	
JAPANESE	8	CHOOSE A PRIMARY	
		LANGUAGE.....	16
		SOME OTHER LANGUAGE	
		(SPECIFY).....	91
		REFUSED	88
		DON'T KNOW	99

BOX 4

IF PLQ.041 = 91, GO TO PLQ.041OS. ELSE, GO TO PLQ.050.

PLQ.041OS [What is the primary language that {you/NAME} {speak/speaks} in your home?]

CAPI INSTRUCTIONS: DISPLAY "you" AND "speak" IF CURRENT CYCLE OF LOOP IS ASKING ABOUT THE RESPONDENT. DISPLAY "{NAME}" (AND THAT PERSON'S FIRST NAME) AND "speaks" IF ASKING ABOUT A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT.

CAPI INSTRUCTION: DISPLAY 'you' AND "NAME" IN UNDERLINED TEXT.

SPECIFY LANGUAGE.

PLQ.050 How well do/does {you/NAME} . . .

CAPI INSTRUCTIONS: DISPLAY "do" AND "you" IF CURRENT CYCLE OF LOOP IS ASKING ABOUT THE RESPONDENT. DISPLAY "done" AND "{NAME}" (AND THAT PERSON'S FIRST NAME) IF ASKING ABOUT A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT.

RESPONSES: VERY WELL = 1, PRETTY WELL = 2, NOT VERY WELL = 3, NOT WELL AT ALL = 4, REFUSED = 8, DON'T KNOW = 9

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

BOX 5

ASK PLQ.041, PLQ.041OS, AND PLQ.050 AS A LOOP FOR SECOND "KEY" PARENT FIGURE (IF APPLICABLE). ELSE, GO TO BOX 6.

BOX 6

IF (THERE ARE 2 KEY PARENT FIGURES IN THE HOUSEHOLD AND PLQ.041 FOR ONE KEY PARENT FIGURE IS NOT EQUAL TO PLQ.041 FOR THE OTHER KEY PARENT FIGURE) OR (THERE IS ONLY 1 KEY PARENT FIGURE BUT THERE ARE OTHER HOUSEHOLD MEMBERS WHO ARE 18 YEARS OLD OR OLDER), ASK PLQ.060. ELSE, GO TO PLQ.083.

HELP AVAILABLE

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

HELP TEXT:

Primary language: The language spoken the most of the time by most of the household members.

CAPI INSTRUCTION: DISPLAY 'primary' IN UNDERLINED TEXT.

CODE '16' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

CODE '17' IF TWO LANGUAGES ARE USED EQUALLY.

ENGLISH.....	0	KOREAN	9
ARABIC	1	POLISH	10
CHINESE LANGUAGE/DIALECT	2	PORTUGUESE	11
FILIPINO LANGUAGE	3	SPANISH.....	12
FRENCH.....	4	VIETNAMESE	13
GERMAN.....	5	FARSI.....	14
GREEK	6	HMONG.....	15
ITALIAN	7	SOME OTHER LANGUAGE	
JAPANESE	8	(SPECIFY).....	91
		RESPONDENT CANNOT	
		CHOOSE A PRIMARY	
		LANGUAGE.....	16
		TWO LANGUAGES ARE USED	
		EQUALLY	17
		REFUSED	88
		DON'T KNOW	99

BOX 7

IF PLQ.060 = 91, GO TO PLQ.0600S. ELSE, GO TO PLQ.083.

PLQ.0600S [What is the primary language spoken in your home?]

CAPI INSTRUCTION: DISPLAY 'primary' IN UNDERLINED TEXT.

SPECIFY LANGUAGE.

PLQ.083 How often {do/does} {{you/{NAME}} use {{NON-ENGLISH LANGUAGE}/a language other than English} when speaking to {{CHILD}}? Would you say never, sometimes, often, or very often?

{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often {do/does} {{you/{NAME}}/{CHILD}} use **all** languages, other than English, in speaking to {{CHILD}}/{you/{NAME}}?}

PROBE: We just need to know in general.

First Name	PLQ.083 VARIABLE NAME How often {do/does} {{you/{NAME}} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {CHILD}? Would you say never, sometimes, often, or very often?
{Display HH Member Name}	_
{Display HH Member Name}	_

CAPI ROSTER INSTRUCTION: DISPLAY IN COLUMN 1 PERSONS ENUMERATED ON THE HOUSEHOLD ROSTER WHO ARE KEY PARENT FIGURES (UP TO TWO PERSONS).

CAPI MATRIX INSTRUCTIONS:

1. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE CAPI ROSTER INSTRUCTIONS ABOVE).
2. WHEN CURSOR IS POSITIONED IN THE SECOND COLUMN (PLQ.083), DISPLAY THE VARIABLE NAME FOR PLQ.083 AT THE TOP OF THE COLUMN AND THE FOLLOWING QUESTION TEXT AT THE TOP OF THE SCREEN: "How often {do/does} {{you/{NAME}} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {CHILD}? Would you say never, sometimes, often, or very often?" DISPLAY "you" IF THE KEY PARENT FIGURE IS THE RESPONDENT. OTHERWISE, DISPLAY THE NAME OF THE KEY PARENT FIGURE. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 15, DISPLAY THE NAME OF THE LANGUAGE IN "{NON-ENGLISH LANGUAGE}". ELSE IF PLQ.040 = 91, 88, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English" AND "{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often {do/does} {{you/{NAME}} use **all** languages, other than English, in speaking to {CHILD}}?"
3. ANOTHER COLUMN OF THE MATRIX IS USED TO ASK PLQ.090 (BELOW) THE CURSOR WILL MOVE FROM PLQ.083 TO PLQ.090 FOR THE SAME PERSON AND THEN WILL MOVE BACK TO PLQ.083 AND THEN PLQ.090 FOR THE SECOND PERSON.
4. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL FIELDS ARE ACCOUNTED FOR.

- NEVER, 1
- SOMETIMES, 2
- OFTEN, OR 3
- VERY OFTEN?..... 4
- REFUSED..... 8
- DON'T KNOW..... 9

PLQ.090 How often does {CHILD} use {{NON-ENGLISH LANGUAGE}/a language other than English} when speaking to {you/{NAME}}? Would you say never, sometimes, often, or very often?

{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often {do/does} {you/{NAME}}/{CHILD} use all languages, other than English, in speaking to {{CHILD}/you/{NAME}}?}

PROBE: We just need to know in general.

First Name	PLQ.090 VARIABLE NAME: How often does {CHILD} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {you/{NAME}}? Would you say never, sometimes, often, or very often?"
{Display HH Member Name}	__
{Display HH Member Name}	__

CAPI ROSTER INSTRUCTION: DISPLAY IN COLUMN 1 PERSONS ENUMERATED ON THE HOUSEHOLD ROSTER WHO ARE KEY PARENT FIGURES (UP TO TWO PERSONS).

CAPI MATRIX INSTRUCTIONS:

1. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE CAPI ROSTER INSTRUCTIONS ABOVE).
2. WHEN CURSOR IS POSITIONED IN THE NEXT COLUMN {PLQ.090}, DISPLAY THE VARIABLE NAME FOR PLQ.090 AT THE TOP OF THE COLUMN AND THE FOLLOWING QUESTION TEXT AT THE TOP OF THE SCREEN: "How often does {CHILD} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {you/{NAME}}? Would you say never, sometimes, often, or very often?" DISPLAY "you" IF THE KEY PARENT FIGURE IS THE RESPONDENT. OTHERWISE, DISPLAY THE NAME OF THE KEY PARENT FIGURE. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 15, DISPLAY THE NAME OF THE LANGUAGE IN "{NON-ENGLISH LANGUAGE}". ELSE IF PLQ.040 = 91, 88, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English" AND "{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often does {CHILD} use all languages, other than English, in speaking to {you/{NAME}}}."
4. AFTER PLQ.090 IS COMPLETED FOR THE FIRST PERSON, THE CURSOR WILL MOVE BACK TO PLQ.083 FOR THE SECOND PERSON AND THEN TO PLQ.090 FOR THAT PERSON.,
5. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL FIELDS ARE ACCOUNTED FOR.

- NEVER, 1
- SOMETIMES, 2
- OFTEN, OR 3
- VERY OFTEN?..... 4
- REFUSED..... 8
- DON'T KNOW..... 9

BOX 8

GO TO SECTION HEQ (HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION).

HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION - HEQ

HELP AVAILABLE

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

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

HELP TEXT:

FAMILY MEMBER: A family member refers to any person who lives in the child's household and any relative of the child living outside the child's household.

Tell stories: Story-telling is different from reading. Stories include fairy tales, family stories, or any type of story that is not read.

Sing Songs with child: Include times that a family member sings to or with the child. This may include teaching the child songs, singing along with tapes or to the radio, or singing while playing musical instruments.

Help child with arts and crafts: Arts and crafts may include making seasonal decorations, making cutouts or drawing pictures, painting or finger-painting, whittling wood, etc. It also includes helping the child with arts and crafts projects assigned by school, but done at home.

Involve child in household chores: Chores not mentioned can also satisfy this item.

Play games or do puzzles: Includes indoor "quiet" games like board games or puzzles, or more active indoor games like Ping-Pong.

Talk about nature or do science projects: Talking about nature could include answering any questions the child may have about trees, weather, etc. or watching a television program or video about nature together and then discussing it. Science projects include any type of project designed to show the child how the world works, such as understanding how plants grow, studying rocks, using flashlights to create shadows, or mixing paints to create different colors.

Build something or play with construction toys: This would include activities that the child does with family members, such as making a tent, constructing a toy car, building a doghouse, and using Lincoln logs, Brio, or other construction toys or tools.

Play a sport or exercise together: This includes calisthenics (e.g., jumping jacks, sit-ups), riding bicycles, rollerblading, individual or team sports, games like hide-and-go-seek, or other outdoor activities where activity or exercise is involved. Do not include times when the child does the sport or activity by him or herself.

Practice reading, writing, or working with numbers: This includes time family members spend on homework, reading a calendar, practicing in an exercise or workbook.

CAPI INSTRUCTION:

1. WHEN ON B-I. DISPLAY "PROBE.....every day?" IN SQUARE BRACKETS.
2. DISPLAY "Now {CHILD}?" IN SQUARE BRACKETS WHEN ON B-K.
3. DISPLAY "week" in UNDERLINED TEXT.

	<u>NOT</u> <u>AT ALL</u>	<u>ONCE</u> <u>OR TWICE</u>	<u>3-6</u> <u>TIMES</u>	<u>EVERY</u> <u>DAY</u>	<u>REF</u>	<u>DK</u>
a. Tell stories to {CHILD}? Would you say not at all, once or twice a week, 3-6 times a week, or every day?	1	2	3	4	8	9
b. Sing songs with {CHILD}?	1	2	3	4	8	9
c. Help {CHILD} to do arts and crafts?	1	2	3	4	8	9
d. Involve {CHILD} in household chores, like cooking, cleaning, setting the table, or caring for pets?	1	2	3	4	8	9
e. Play games or do puzzles with {CHILD}?	1	2	3	4	8	9
f. Talk about nature or do science projects with {CHILD}?	1	2	3	4	8	9
g. Build something or play with construction toys with {CHILD}?	1	2	3	4	8	9
h. Play a sport or exercise together?	1	2	3	4	8	9
i. Practice reading, writing or working with numbers?	1	2	3	4	8	9

BOX 1

IF (PLQ.020 = 1) CONTINUE WITH HEQ.020. ELSE, GO TO HEQ.030.

HEQ.020 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?"

CAPI INSTRUCTIONS. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 15, DISPLAY THE NAME OF THE LANGUAGE IN "{PRIMARY LANGUAGE}". ELSE IF PLQ.040 = 91, 88, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English".

- Always, 1
- Most of the time, 2
- Sometimes, or..... 3
- Never? 4
- REFUSED 8
- DON'T KNOW 9

HELP AVAILABLE

HEQ.030 In a typical week, how often do you or any other family members read books to {CHILD}? Would you say...
HELP TEXT:

Read books: Include only times family members have read books to the child. Do not include times when the child reads or looks at books by him or herself.

- Not at all, 1
- Once or twice a week, 2
- 3-6 times a week, or 3
- Every day?..... 4
- REFUSED 8
- DON'T KNOW 9

BOX 2

IF HEQ.030 =1, 8, OR 9 GO TO HEQ.040. ELSE, IF (PLQ.020 = 1) CONTINUE WITH HEQ.035. ELSE, GO TO HEQ.036.

HEQ.035 Do you or family members read books to {CHILD} in {PRIMARY LANGUAGE/a language other than English}...

CAPI INSTRUCTIONS. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 15, DISPLAY THE NAME OF THE LANGUAGE IN "{PRIMARY LANGUAGE}". ELSE IF PLQ.040 = 91, 88, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English".

- Not at all, 1
- Once or twice,..... 2
- 3-6 times, or..... 3
- Every day?..... 4
- REFUSED 8
- DON'T KNOW 9

HEQ.036Generally, how long is {CHILD} read to at each of these times?

CAPI INSTRUCTION: HARD RANGE CHECK: 1-60 MINUTES.

|_|_|
ENTER MINUTES

REFUSED..... 88
DON'T KNOW..... 99

HELP AVAILABLE

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.

HELP TEXT:

Number of children's books: This item asks about the books that belong to the child, not all books in the home (e.g., not parents' books). Books shared by siblings may be counted. For example, if the children share 50 books, count all 50.

CAPI INSTRUCTION: HARD RANGE CHECK: 0-5000 BOOKS.

|_|_|_|_|
ENTER # OF BOOKS

REFUSED 888
DON'T KNOW 999

BOX 3

IF (PLQ.020 = 1) AND (HEQ.040 IS GREATER THAN OR EQUAL TO 1), GO TO HEQ.045. ELSE, GO TO HEQ.060.

HEQ.045 {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)?

CAPI INSTRUCTIONS: IF HEQ.040 = 1, DISPLAY "Is this book", USE A NULL DISPLAY FOR "mainly", USE A NULL DISPLAY FOR ",", AND DISPLAY {or} AND "?". USE A NULL DISPLAY FOR THE REST OF THE SENTENCE AND DISPLAY RESPONSE CATEGORIES 1 AND 2. ELSE, IF HEQ.040 = 2, DISPLAY "Are these books", USE A NULL DISPLAY FOR "mainly", DISPLAY "{PRIMARY LANGUAGE/a language other than English}" ACCORDING TO THE INSTRUCTIONS BELOW, AND DISPLAY ",or is one in English and the other in {PRIMARY LANGUAGE/,or a language other than English}" AND DISPLAY RESPONSE CATEGORIES 1-3. ELSE, DISPLAY "Are these books", "mainly", DISPLAY "{PRIMARY LANGUAGE/a language other than English}" ACCORDING TO THE INSTRUCTIONS BELOW, DISPLAY ",or are there about the same number of books in English as in another language" AND DISPLAY RESPONSE CATEGORIES 1-3.

CAPI INSTRUCTIONS. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 15, FOR ALL LANGUAGE DISPLAYS IN THIS ITEM, DISPLAY THE NAME OF THE LANGUAGE IN "{PRIMARY LANGUAGE}". ELSE IF PLQ.040 = 91, 88, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English".

- ENGLISH, 1
- {PRIMARY LANGUAGE/A LANGUAGE OTHER THAN ENGLISH} 2
- SAME NUMBER IN ENGLISH AND {PRIMARY LANGUAGE/ A LANGUAGE OTHER THAN ENGLISH} 3
- REFUSED 8
- DON'T KNOW 9

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

- Never, 1
- Once or twice a week, 2
- 3 to 6 times a week, or..... 3
- Every day?..... 4
- REFUSED 8
- DON'T KNOW 9

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

CAPI INSTRUCTION: DISPLAY "week" IN UNDERLINED TEXT.

- Never, 1
- Once or twice a week, 2
- 3 to 6 times a week, or..... 3
- Every day?..... 4
- REFUSED 8
- DON'T KNOW 9

BOX 4

■ GO TO SECTION CCQ (CHILD CARE).

CHILD CARE - CCQ

CCQ.005 Next, I'd like to talk with you about the child care arrangements you have for {CHILD}, both for this year and last year. First, I'd like to talk to you about all child care {CHILD} now receives on a regular basis from someone other than {you/{his/her} {parents/guardians}}. This does not include occasional baby-sitting or backup care providers.

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTION: FOR ALL DISPLAYS DEFINE "PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, FOSTER, AND OTHER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE, OR THERE IS NO PARENT IN THE HOUSEHOLD, DISPLAY "you", OTHERWISE DISPLAY "{his/her} {parents/guardians}".

CAPI INSTRUCTION: DISPLAY "regular basis" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A PARENT FIGURE OR THE RELATIONSHIP IS DK OR RF, OTHERWISE DISPLAY "guardians".

Relative Care

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

CAPI INSTRUCTION: DISPLAY "now" AND "regular basis" IN UNDERLINED TEXT.

FOR ALL DISPLAYS DEFINE "PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (THIS INCLUDES BIRTH, ADOPTIVE, STEP, AND FOSTER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE, OR THERE IS NO PARENT IN THE HOUSEHOLD, DISPLAY "you", OTHERWISE DISPLAY "{his/her} {parents/guardians}".

CAPI INSTRUCTION: DISPLAY "parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A PARENT FIGURE OR THE RELATIONSHIP IS DK OR RF, OTHERWISE DISPLAY "guardians".

HELP TEXT:

Care from a relative: Record care or programs provided by a relative other than the child's parents in a private home. The private home may be the child's home, the caregiver's home, or another home. In all cases, do not include care provided by a parent, even if they do not live in the household. (Do not include visitation with a separated or divorced parent who does not have custody.)

If there is at least one parent in the household, any relative living in the household is eligible to be counted as a care arrangement, if the care is provided on a regularly scheduled basis. Relatives outside the household may also be regular care providers.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are similar to parents).

Relative care arrangements may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- YES 1 (CCQ.020)
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "ever" AND "regular basis" IN UNDERLINED TEXT.

HELP TEXT:

Care from a relative: Record care or programs provided by a relative other than the child's parents in a private home. The private home may be the child's home, the caregiver's home, or another home. In all cases, do not include care provided by a parent, even if they do not live in the household. (Do not include visitation with a separated or divorced parent who does not have custody.)

If there is at least one parent in the household, any relative living in the household is eligible to be counted as a care arrangement, if the care is provided on a regularly scheduled basis. Relatives outside the household may also be regular care providers.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are similar to parents).

Relative care arrangements may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- YES 1
- NO 2 (CCQ.115)
- REFUSED..... 8 (CCQ.115)
- DON'T KNOW..... 9 (CCQ.115)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "first", "any" AND "regular basis" IN UNDERLINED TEXT.

CAPI INSTRUCTION: RANGE CHECK 0-7 FOR YEARS, 0-12 FOR MONTHS.

HELP TEXT:

Care from a relative: Record care or programs provided by a relative other than the child's parents in a private home. The private home may be the child's home, the caregiver's home, or another home. In all cases, do not include care provided by a parent, even if they do not live in the household. (Do not include visitation with a separated or divorced parent who does not have custody.)

If there is at least one parent in the household, any relative living in the household is eligible to be counted as a care arrangement, if the care is provided on a regularly scheduled basis. Relatives outside the household may also be regular care providers.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are similar to parents).

Relative care arrangements may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

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

REFUSED..... 88
DON'T KNOW..... 99

HELP AVAILABLE

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

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

CAPRI INSTRUCTION: DISPLAY "regular basis the year before" IN UNDERLINED TEXT.

HELP TEXT:

Care from a relative: Record care or programs provided by a relative other than the child's parents in a private home. The private home may be the child's home, the caregiver's home, or another home. In all cases, do not include care provided by a parent, even if they do not live in the household. (Do not include visitation with a separated or divorced parent who does not have custody.)

If there is at least one parent in the household, any relative living in the household is eligible to be counted as a care arrangement, if the care is provided on a regularly scheduled basis. Relatives outside the household may also be regular care providers.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are similar to parents).

Relative care arrangements may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

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

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "regular" AND "the year before" IN UNDERLINED TEXT.

HELP TEXT:

Regular Care Arrangements: Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE..... 5
- REFUSED 8
- DON'T KNOW 9

HELP AVAILABLE

CCQ.031 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 relative/Were any of the regular care arrangements that {CHILD} had with relatives} in the year before kindergarten Head Start?

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

HELP TEXT:

Head Start: Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children (i.e., children from low-income families). Children who participate are usually 3 to 5 years old. Head Start may be offered in a variety of locations. For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is related to the child but is not his or her parent.

Rarely, you may find a case in which a respondent reports that the child is in "home Head Start," that is, he/she participates in Head Start in his/her own home. Generally, this involves the parent acting as the child's teacher, supplemented by occasional home visits by a Head Start teacher and perhaps some occasional group activities at a central location. Do not include child care by a parent in this question.

CAPI INSTRUCTIONS: DISPLAY "Was...relative" IF CCQ.030 = 1. ELSE, DISPLAY "Were...relatives".

- YES 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

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

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

- OWN HOME 1
- OTHER HOME 2
- BOTH/VARIES..... 3
- REFUSED 8
- DON'T KNOW 9

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

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.

CAPI INSTRUCTION: DISPLAY "days" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. RANGE CHECK 1-7.

|_|
ENTER # OF DAYS

- REFUSED..... 88
- DON'T KNOW..... 99

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 0-70.

|_|_|_|
ENTER # OF HOURS

- REFUSED..... 888
- DON'T KNOW..... 999

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

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

- One to two months, 1
- Three to five months, 2
- Six to eight months, or 3
- Nine to twelve months? 4
- REFUSED..... 8
- DON'T KNOW..... 9

CCQ.050b What language did {CHILD}'s relative speak most when caring for {CHILD}?

CODE '16' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

- | | |
|----------------------------|---------------------|
| ENGLISH..... 0 | KOREAN 9 |
| ARABIC 1 | POLISH 10 |
| CHINESE LANGUAGE/DIALECT 2 | PORTUGUESE 11 |
| FILIPINO LANGUAGE..... 3 | SPANISH..... 12 |
| FRENCH..... 4 | VIETNAMESE 13 |
| GERMAN 5 | FARSI..... 14 |
| GREEK 6 | HMONG..... 15 |
| ITALIAN 7 | RESPONDENT CANNOT |
| JAPANESE 8 | CHOOSE A PRIMARY |
| | LANGUAGE.....16 |
| | SOME OTHER LANGUAGE |
| | (SPECIFY)_____ 91 |
| | REFUSED 88 |
| | DON'T KNOW 99 |

BOX 1

IF CCQ.050b = 91, GO TO CCQ.050bOS. ELSE, GO TO CCQ.050c.

CCQ.050bOS [What language did {CHILD}'s relative speak most when caring for {CHILD}??]

SPECIFY LANGUAGE.

CCQ.050c Was this relative 18 years of age or older at the time he or she cared for {CHILD}?

- YES, 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

BOX 2

IF CHILD IS CURRENTLY RECEIVING CARE FROM A RELATIVE (CCQ.010= 1), CONTINUE WITH CCQ.060.

OTHERWISE, GO TO CCQ.115.

HELP AVAILABLE

CCQ.060 {Let's talk about your current care arrangements with relatives.} How many different regular care arrangements do you currently have with relatives?

HELP TEXT:

Care from a relative: Record care or programs provided by a relative other than the child's parents in a private home. The private home may be the child's home, the caregiver's home, or another home. In all cases, do not include care provided by a parent, even if they do not live in the household. (Do not include visitation with a separated or divorced parent who does not have custody.)

If there is at least one parent in the household, any relative living in the household is eligible to be counted as a care arrangement, if the care is provided on a regularly scheduled basis. Relatives outside the household may also be regular care providers.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are similar to parents).

Relative care arrangements may or may not have a charge or fee.

Regular Care Arrangements: Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

CAPI INSTRUCTION: IF CCQ.025 = 1, DISPLAY THE SENTENCE "Let's talk about ... with relatives." OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "regular" AND "currently" IN UNDERLINED TEXT.

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE..... 5
- REFUSED..... 8
- DON'T KNOW..... 9

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

PROBE FOR RELATIONSHIP TO CHILD.

CAPI INSTRUCTION: DISPLAY "{Let's talk about the relative who provides the most care for {CHILD} now.}" IF CCQ.060 = 2, 3, 4, 5, 8, OR 9. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "now" IN UNDERLINED TEXT.

- GRANDPARENT 1 (CCQ.070)
- AUNT 2
- UNCLE 3
- BROTHER 4
- SISTER..... 5
- ANOTHER RELATIVE 6
- REFUSED..... 8
- DON'T KNOW..... 9

BOX 2B

IF CCQ.065 = 1, AUTOCODE CCQ.066 = 1 AND GO TO CCQ.070

OTHERWISE, GO TO CCQ.066.

CCQ.066 Is {{CHILD}'s {RELATIVE}/ that relative} 18 years of age or older?

CAPI INSTRUCTION: DISPLAY "{CHILD}'S {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

- YES, 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

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

CAPI INSTRUCTION: DISPLAY "{CHILD}'S {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent" IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

- OWN HOME 1
- OTHER HOME 2
- BOTH/VARIES..... 3
- REFUSED..... 8
- DON'T KNOW..... 9

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

CODE ALL THAT APPLY

- BEFORE SCHOOL..... 1
- AFTER SCHOOL..... 2
- WEEKENDS..... 3
- REFUSED 8
- DON'T KNOW 9

HELP AVAILABLE

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

HELP TEXT:

Regularly Scheduled: Regularly scheduled at least once **each week** could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once **each week**.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent" IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" AND "each" IN UNDERLINED TEXT.

- YES 1
- NO 2 (BOX 4)
- REFUSED..... 8 (BOX 4)
- DON'T KNOW..... 9 (BOX 4)

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

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative".

CAPI INSTRUCTION: DISPLAY "days" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent" IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

ENTER # OF DAYS

- REFUSED..... 88
- DON'T KNOW..... 99

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

ENTER # OF HOURS

REFUSED..... 888

DON'T KNOW..... 999

CCQ.092 Is there any charge or fee for the care {CHILD} receives from {{his/her} {RELATIVE}/that relative}, paid either by you or someone else?

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

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3,4, OR 5. OTHERWISE, DISPLAY "that relative."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

YES 1

NO 2 (BOX 4)

REFUSED..... 8 (BOX 4)

DON'T KNOW..... 9 (BOX 4)

CCQ.093 Do any of the following people or organizations help to pay for {{his/her} {RELATIVE}/that relative} to care for {CHILD}?

How about...

CAPI INSTRUCTION: FOR ITEMS B – D DISPLAY THE FIRST PARAGRAPH (Do any ... {CHILD}) IN BRACKETS.

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3,4, OR 5. OTHERWISE, DISPLAY "that relative."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

	YES	NO	R	DK
a. A relative of {CHILD} outside your household who provides money <u>specifically</u> for that care?	1	2	8	9
b. Temporary Assistance for Needy Families, or TANF?.....				
c. Another social service or welfare agency?.....	1	2	8	9
d. An employer?	1	2	8	9
e. Someone else? (SPECIFY)	1	2	8	9

BOX 3

IF CCQ.093E = 1, GO TO CCQ.093OS. ELSE, GO TO CCQ.094.

CCQ.093OS [Who was that?]

SPECIFY PERSON.

CCQ.094 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?

CAPI INSTRUCTION: DISPLAY "{RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

CAPI INSTRUCTION: HARD RANGE CHECK: \$1 – 9999.

\$|_|_|_|_|_|_|_|_|_|_|_|_|_|

ENTER AMOUNT OF PAYMENT (CCQ.095)

REFUSED..... 8 (BOX 4)

DON'T KNOW..... 9 (BOX 4)

CCQ.095 [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?]

ENTER UNIT

CAPI INSTRUCTION: DISPLAY "{RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative."

CAPI INSTRUCTION: FOR "{RELATIVE}", DISPLAY "grandparent IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

- PER HOUR..... 1 (BOX 3B)
- PER DAY..... 2 (BOX 3B)
- PER WEEK..... 3 (BOX 3B)
- PER MONTH..... 4 (BOX 3B)
- PER YEAR 5 (BOX 3B)
- EVERY TWO WEEKS.....6 (BOX 3B)
- OTHER (SPECIFY)..... 91 (CCQ.095OS)
- REFUSED 8 (BOX 4)
- DON'T KNOW 9 (BOX 4)

CCQ.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?]

SPECIFY UNIT.

BOX 3B

- IF THE NUMBER OF CHILDREN IN THE HOUSEHOLD WHO ARE LESS THAN OR EQUAL TO 15 YEARS OLD (INCLUDING THE CHILD) = 1, GO TO BOX 4. ELSE, GO TO CCQ.096.

CCQ.096 How many children is this amount for, including {CHILD}?

- {CHILD} ONLY..... 1
- {CHILD} + 1 MORE (2 TOTAL)..... 2
- {CHILD} + 2 MORE (3 TOTAL)..... 3
- {CHILD} + 3 OR MORE (4 OR MORE TOTAL) 4
- REFUSED..... 8
- DON'T KNOW..... 9

BOX 4

- IF ONLY ONE CURRENT REGULAR RELATIVE CARE ARRANGEMENT FOR CHILD (CCQ.060 = 1 OR 8 OR 9), GO TO CCQ.115.
- OTHERWISE, CONTINUE WITH CCQ.110.

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

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.060 = 2; "2" IF CCQ.060 = 3; DISPLAY "3" IF CCQ.060 = 4. IF CCQ.060 = 5, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CCQ.060 = 2, DISPLAY "relative," "this" and "relative." OTHERWISE, DISPLAY "relatives", "these," and "relatives."

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

ENTER # OF HOURS

REFUSED..... 888
DON'T KNOW..... 999

Non-Relative Care

HELP AVAILABLE

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

PROBE: This refers to care received from nonrelatives in a private home, including home child care providers, regular sitters, or neighbors. However, this does not include child care centers.

CAPI INSTRUCTION: DISPLAY "now" AND "regular basis before or after school" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "Now . . . centers" IF CCQ.010 = 1. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "It does not include child care centers." IF CCQ.010 NE 1. OTHERWISE, USE A NULL DISPLAY.

HELP TEXT:

Care from a non-relative: Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home.

If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, IF the care is given on a regularly scheduled basis.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents).

Non-relative care arrangements or programs may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES 1 (CCQ.125)
NO 2
REFUSED..... 8
DON'T KNOW..... 9

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "ever" AND "regular basis" IN UNDERLINED TEXT.

HELP TEXT:

Care from a non-relative: Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home.

If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, IF the care is given on a regularly scheduled basis.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents).

Non-relative care arrangements or programs may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- YES 1
- NO 2 (CCQ.260)
- REFUSED..... 8 (CCQ.260)
- DON'T KNOW..... 9 (CCQ.260)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "first", "regular", AND "any" IN UNDERLINED TEXT.

CAPI INSTRUCTION: RANGE CHECK 0-7 FOR YEARS, 0-12 FOR MONTHS.

HELP TEXT:

Care from a non-relative: Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home.

If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, IF the care is given on a regularly scheduled basis.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents).

Non-relative care arrangements or programs may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

____ AND ____
ENTER YEAR ENTER MONTH

- REFUSED..... 88
- DON'T KNOW..... 99

HELP AVAILABLE

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

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

CAPI INSTRUCTION: DISPLAY "regular basis the year before" IN UNDERLINED TEXT.

PROBE: This refers to care received from nonrelatives in a private home, including home child care providers, regular sitters, or neighbors. However, this does not include child care centers.

HELP TEXT:

Care from a non-relative: Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home.

If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, IF the care is given on a regularly scheduled basis.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents).

Non-relative care arrangements or programs may or may not have a charge or fee.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- YES 1
- NO 2 (BOX 5)
- REFUSED..... 8 (BOX 5)
- DON'T KNOW..... 9 (BOX 5)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "regular" AND "the year before" IN UNDERLINED TEXT.

HELP TEXT: **Regular Care Arrangements:** Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE..... 5
- REFUSED 8
- DON'T KNOW 9

HELP AVAILABLE

CCQ.136 {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?

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

HELP TEXT:

Head Start: Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children (i.e., children from low-income families). Children who participate are usually 3 to 5 years old. Head Start may be offered in a variety of locations. For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is not his or her parent and is not related to the child.

CAPI INSTRUCTIONS: DISPLAY "Head Start...families" IF CCQ.031 WAS NOT ASKED. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTIONS: DISPLAY "Was...nonrelative" IF CCQ.135 = 1. ELSE, DISPLAY "Were...nonrelatives".

- YES 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

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

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

- OWN HOME 1
- OTHER HOME 2
- BOTH/VARIES..... 3
- REFUSED 8
- DON'T KNOW 9

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

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.

CAPI INSTRUCTION: DISPLAY "days" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

ENTER # OF DAYS

- REFUSED..... 88
- DON'T KNOW..... 99

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

ENTER # OF HOURS

REFUSED..... 888
DON'T KNOW 999

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

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

One to two months, 1
Three to five months, 2
Six to eight months, or 3
Nine to twelve months? 4
REFUSED..... 8
DON'T KNOW 9

CCQ.155b What language did {CHILD}'s nonrelative speak most when caring for {CHILD}?

CODE '16' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

ENGLISH..... 0 KOREAN 9
ARABIC 1 POLISH 10
CHINESE LANGUAGE/DIALECT 2 PORTUGUESE 11
FILIPINO LANGUAGE..... 3 SPANISH..... 12
FRENCH..... 4 VIETNAMESE 13
GERMAN..... 5 FARSI..... 14
GREEK 6 HMONG..... 15
ITALIAN 7 RESPONDENT CANNOT
JAPANESE 8 CHOOSE A PRIMARY
LANGUAGE.....16
SOME OTHER LANGUAGE
(SPECIFY) _____ 91
REFUSED 88
DON'T KNOW 99

BOX 5

IF CCQ.155b = 91, GO TO CCQ.155bOS. ELSE, GO TO CCQ.155c.

CCQ.155bOS [What language did {CHILD}'s nonrelative speak most when caring for {CHILD}?:]

SPECIFY LANGUAGE.

CCQ.155c Was this nonrelative 18 years of age or older at the time he or she cared for {CHILD}?

- | | |
|-----------------|---|
| YES | 1 |
| NO | 2 |
| REFUSED..... | 8 |
| DON'T KNOW..... | 9 |

BOX 6

- IF CHILD IS NOT CURRENTLY RECEIVING CARE FROM A NON-RELATIVE (CCQ.115 = 2 OR 8 OR 9), GO TO CCQ.260.
- OTHERWISE, CONTINUE WITH CCQ.165.

HELP AVAILABLE

CCQ.165 {Let's talk about your current care arrangements with nonrelatives.} How many different regular care arrangements do you currently have with nonrelatives?

CAPI INSTRUCTION: IF CCQ.130 = 1, DISPLAY THE SENTENCE "Let's talk about ... with nonrelatives." OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "regular" AND "currently" IN UNDERLINED TEXT.

HELP TEXT:

Care from a non-relative: Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home.

If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, IF the care is given on a regularly scheduled basis.

If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents).

Non-relative care arrangements or programs may or may not have a charge or fee.

Regular Care Arrangements: Arrangements or programs occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE..... 5
- REFUSED..... 8
- DON'T KNOW..... 9

CCQ.166 {Let's talk about the nonrelative who provides the most care for {CHILD} now.} Is this person 18 years of age or older?

CAPI INSTRUCTION: DISPLAY "Let's talk about the nonrelative who provides the most care for {CHILD} now." IF CCQ.165 = 2, 3, 4, 5, 8, OR 9. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "now" IN UNDERLINED TEXT.

- YES, 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

CCQ.170 Is that care provided in your home or another home?

- OWN HOME 1
- OTHER HOME 2
- BOTH/VARIES..... 3
- REFUSED..... 8
- DON'T KNOW..... 9

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

CODE ALL THAT APPLY

- BEFORE SCHOOL..... 1
- AFTER SCHOOL..... 2
- WEEKENDS..... 3
- REFUSED 8
- DON'T KNOW 9

HELP AVAILABLE

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

HELP TEXT:

Regularly Scheduled: Regularly scheduled at least once each week could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once each week.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" AND "each" IN UNDERLINED TEXT.

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

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

CAPI INSTRUCTION: DISPLAY "days" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

ENTER # OF DAYS

- REFUSED..... 88
- DON'T KNOW..... 99

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

ENTER # OF HOURS

- REFUSED..... 888
- DON'T KNOW..... 999

CCQ.195 [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?

ENTER UNIT

- PER HOUR..... 1 (BOX 7B)
- PER DAY..... 2 (BOX 7B)
- PER WEEK..... 3 (BOX 7B)
- PER MONTH..... 4 (BOX 7B)
- PER YEAR 5 (BOX 7B)
- EVERY TWO WEEKS..... 6 (BOX 7B)
- OTHER (SPECIFY)..... 91 (CCQ.195OS)
- REFUSED 8 (BOX 8)
- DON'T KNOW 9 (BOX 8)

CCQ.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?]

SPECIFY UNIT.

BOX 7B

- IF THE NUMBER OF CHILDREN IN THE HOUSEHOLD WHO ARE LESS THAN OR EQUAL TO 15 YEARS OLD (INCLUDING THE CHILD) = 1, GO TO BOX 8. ELSE, GO TO CCQ.196.

CCQ.196 How many children is this amount for, including {CHILD}?

- {CHILD} ONLY 1
- {CHILD} + 1 MORE (2 TOTAL) 2
- {CHILD} + 2 MORE (3 TOTAL) 3
- {CHILD} + 3 OR MORE (4 OR MORE TOTAL) 4
- REFUSED 8
- DON'T KNOW 9

BOX 8

- IF ONLY ONE CURRENT REGULAR NON-RELATIVE CARE ARRANGEMENT FOR CHILD (CCQ.165 = 1 OR 8 OR 9), GO TO CCQ.260.
- OTHERWISE, CONTINUE WITH CCQ.205.

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

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.165 = 2; DISPLAY "2" IF CCQ.165 = 3; DISPLAY "3" IF CCQ.165 = 4.

CAPI INSTRUCTION: IF CCQ.165 = 2, DISPLAY "nonrelative" AND "this nonrelative." OTHERWISE, DISPLAY "nonrelatives" AND "these nonrelatives."

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

ENTER # OF HOURS

REFUSED..... 888
DON'T KNOW..... 999

Day Care Center/Before- or After-School Program

HELP AVAILABLE

CCQ.260 {Now I'd like to ask you about any care {CHILD} receives from day care centers or before- or after-school programs.} Is {CHILD} now attending a day care center or a before- or after-school program at a school or in a center on a regular basis?

CAPI INSTRUCTION: DISPLAY "Now . . . programs" IF CCQ.115 = 1. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "now" and "regular basis" in UNDERLINED TEXT.

HELP TEXT:

Day Care Center or Before- or After-School Program: Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs that include children who are now in kindergarten (some of which may be sponsored by the state) are also included.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES 1 (CCQ.275)
NO 2
REFUSED..... 8
DON'T KNOW..... 9

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "ever" and "regular basis" in UNDERLINED TEXT.

HELP TEXT:

Day Care Center: Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs (some of which may be sponsored by the state) are also included.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- YES 1
- NO 2 (BOX 12)
- REFUSED..... 8 (BOX 12)
- DON'T KNOW..... 9 (BOX 12)

HELP AVAILABLE

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

CAPI INSTRUCTION: RANGE CHECK 0-7 FOR YEARS, 0-12 FOR MONTHS.

CAPI INSTRUCTION: DISPLAY "first", "any" AND "regular basis" IN UNDERLINED TEXT.

HELP TEXT:

Day Care Center: Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs (some of which may be sponsored by the state) are also included.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

____ AND ____
ENTER YEAR ENTER MONTH

- REFUSED..... 88
- DON'T KNOW..... 99

HELP AVAILABLE

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

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

CAPI INSTRUCTION: DISPLAY "regular basis the year before" IN UNDERLINED TEXT.

HELP TEXT:

Day Care Center: Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs (some of which may be sponsored by the state) are also included.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

- YES 1
- NO 2 (BOX 12)
- REFUSED 8 (BOX 12)
- DON'T KNOW 9 (BOX 12)

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

CAPI INSTRUCTION: DISPLAY "regular basis the year before" in UNDERLINED TEXT.

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE..... 5
- REFUSED 8
- DON'T KNOW 9

CCQ.286 {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?

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

HELP TEXT:

Head Start: Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children (i.e., children from low-income families). Children who participate are usually 3 to 5 years old. Head Start may be offered in a variety of locations. For this question, we are interested in Head Start services in a center setting.

CAPI INSTRUCTIONS: DISPLAY "Head Start...families" IF CCQ.031 AND CCQ.136 WERE NOT ASKED. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTIONS: DISPLAY "Was" and "arrangement" IF CCQ.285 = 1. ELSE, DISPLAY "Were any of" AND "arrangements".

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

BOX 9

- IF ONLY ONE CURRENT REGULAR CENTER CARE ARRANGEMENT FOR CHILD (CCQ.285 = 1) AND IT WAS HEAD START (CCQ.286 = 1), GO TO CCQ.301.
- OTHERWISE, CONTINUE WITH CCQ.287.

CCQ.287 {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?

CAPI INSTRUCTIONS: DISPLAY "Was...program" IF CCQ.285 = 1. ELSE, DISPLAY "Were...programs".

HELP TEXT:

State-sponsored preschool or state-sponsored prekindergarten program: State-sponsored preschool or prekindergarten programs are child care programs that are paid for by the state. In some states, the programs are for all children, while in others they are only for some children such as those whose families have low incomes. State-sponsored programs can be in a public or private setting, and can be part-day or full-day. Many state pre-kindergarten programs are delivered through child care programs.

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

BOX 10

- IF THERE IS MORE THAN ONE CENTER BASED CARE ARRANGEMENT (CCQ.285 = 2, 3, 4, 5, 8, OR 9), GO TO CCQ.300.
- ELSE, GO TO CCQ.301.

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

THIS MEANS ANYTIME IN THE YEAR BEFORE CHILD ENTERED KINDERGARTEN.

CAPI INSTRUCTION: DISPLAY "the year before" IN UNDERLINED TEXT.

CCQ.301 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?

IF R SAYS "SCHOOL", PROBE: Was that a public school or a private school?

IF R SAYS "SOME OTHER PLACE", PROBE: Was it in a community center, a public library, more than one place, or some other place?

CAPI INSTRUCTION: DISPLAY "most" IF CCQ.285 = 2, 3, 4, 5, 8, OR 9. OTHERWISE, USE A NULL DISPLAY.

- ITS OWN BUILDING 1
- A PUBLIC ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 2
- A PRIVATE ELEMENTARY, JUNIOR HIGH, OR HIGH SCHOOL 3
- A COLLEGE OR UNIVERSITY 4
- A CHURCH, SYNAGOGUE, OR OTHER PLACE OF WORSHIP 5
- RESPONDENT'S HOME 6 (CCQ.305)
- ANOTHER HOME 7 (CCQ.305)
- A COMMUNITY CENTER 8 (CCQ.305)
- A PUBLIC LIBRARY 9 (CCQ.305)
- AN OFFICE BUILDING OR STOREFRONT BUILDING THAT SHARES
WALLS WITH OTHER BUSINESSES 10
- MORE THAN ONE PLACE 11
- SOME OTHER PLACE 12
- REFUSED 88
- DON'T KNOW 99

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

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.

CAPI INSTRUCTION: DISPLAY "days" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

|_|
ENTER # OF DAYS

REFUSED..... 88
DON'T KNOW..... 99

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

IF RESPONDENT SAYS SCHEDULE CHANGED, ANSWER FOR THE SCHEDULE CHILD HAD AT THE END OF LAST YEAR.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

|_|_|
ENTER # OF HOURS

REFUSED..... 888
DON'T KNOW..... 999

CCQ.315 For how long did {CHILD} receive care at that program the year before {he/she} started kindergarten?
Would you say ...

One to two months, 1
Three to five months, 2
Six to eight months, or 3
Nine to twelve months? 4
REFUSED..... 8
DON'T KNOW..... 9

CCQ.320 What language did {CHILD}'s main care provider or teacher at that program speak most when caring for {CHILD}?

CODE '16' IF RESPONDENT CANNOT CHOOSE A PRIMARY LANGUAGE.

ENGLISH	0	KOREAN	9
ARABIC	1	POLISH	10
CHINESE LANGUAGE/DIALECT	2	PORTUGUESE	11
FILIPINO LANGUAGE	3	SPANISH.....	12
FRENCH.....	4	VIETNAMESE	13
GERMAN	5	FARSI.....	14
GREEK	6	HMONG.....	15
ITALIAN	7	RESPONDENT CANNOT	
JAPANESE	8	CHOOSE A PRIMARY	
		LANGUAGE.....	16
		SOME OTHER LANGUAGE	
		(SPECIFY).....	91
		REFUSED	88
		DON'T KNOW	99

BOX 11

IF CCQ.320 = 91, GO TO CCQ.320OS. ELSE, GO TO BOX 12.

CCQ.320OS [What language did {CHILD}'s main care provider or teacher at that program speak most when caring for {CHILD}??]

SPECIFY LANGUAGE.

BOX 12

- IF CHILD IS NOT CURRENTLY IN CENTER OR PROGRAM CARE (CCQ.260 = 2 OR 8 OR 9), GO TO CCQ.376.
- OTHERWISE, CONTINUE WITH CCQ.325.

CCQ.325 {Let's talk about your current care arrangements with day care centers or before or after school programs.} How many different day care centers or before- or after-school care programs does {CHILD} currently go to on a regular basis?

CAPI INSTRUCTION: DISPLAY "currently"AND "regular" IN UNDERLINED TEXT.

CAPI INSTRUCTION: IF CCQ.280 = 1, DISPLAY THE SENTENCE "Let's ...programs." OTHERWISE, USE A NULL DISPLAY.

HELP TEXT:

Day Care Center or Before- or After-School Program: Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs that include children who are now in kindergarten (some of which may be sponsored by the state) are also included.

- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- FIVE OR MORE..... 5
- REFUSED..... 8
- DON'T KNOW..... 9

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

CAPI INSTRUCTION: DISPLAY "now" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY {Let's talk about the program where {CHILD} spends the most time now.} IF CCQ.325 = 2, 3, 4, 5, 8, OR 9. OTHERWISE, USE A NULL DISPLAY.

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

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

CODE ALL THAT APPLY

- BEFORE SCHOOL..... 1
- AFTER SCHOOL..... 2
- WEEKENDS 3
- REFUSED 8
- DON'T KNOW 9

HELP AVAILABLE

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

HELP TEXT:

Regularly Scheduled: Regularly scheduled at least once **each week** could mean every Wednesday, every Monday and Friday, everyday, or some other schedule, as long as it is at least once **each week**.

CAPI INSTRUCTION: DISPLAY "regularly scheduled" and "each" IN UNDERLINED TEXT.

YES 1
NO 2 (BOX 14)
REFUSED..... 8 (BOX 14)
DON'T KNOW..... 9 (BOX 14)

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

CAPI INSTRUCTION: DISPLAY "days" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-5. HARD RANGE CHECK 1-7.

ENTER # OF DAYS

REFUSED..... 88
DON'T KNOW..... 99

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

ENTER # OF HOURS

REFUSED..... 888
DON'T KNOW..... 999

CCQ.365 Is there any charge or fee for the program, paid either by you or someone else?

IF NECESSARY SAY, Please only think about the program that provides the most care for {CHILD}.

CAPI INSTRUCTIONS: DISPLAY "most" IN UNDERLINED TEXT.

YES, 1
 NO 2 (BOX 14)
 REFUSED..... 8 (BOX 14)
 DON'T KNOW..... 9 (BOX 14)

CCQ.370 Do any of the following people or organizations help to pay for {CHILD} to go to that program?

How about...

CAPI INSTRUCTION: FOR ITEMS B – E DISPLAY THE FIRST PART OF THE QUESTION "Do any ... program?" IN BRACKETS.

	<u>YES</u>	<u>NO</u>	<u>R</u>	<u>DK</u>
a. A relative of {CHILD} outside your household who provides money <u>specifically</u> for that care?	1	2	8	9
b. Temporary Assistance for Needy Families, or TANF?.....				
c. Another social service or welfare agency?.....	1	2	8	9
d. An employer?	1	2	8	9
e. Someone else? (SPECIFY)	1	2	8	9

BOX 13

IF CCQ.370e = 1, GO TO CCQ370OS. ELSE, GO TO CCQ.371.

CCQ.370OSOS [Who was that?]

SPECIFY PERSON.

CCQ.371 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?

CAPI INSTRUCTION: HARD RANGE CHECK: \$1 – 9999.

\$|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

ENTER AMOUNT OF PAYMENT (CCQ.372)

REFUSED.....8 (BOX 14)
 DON'T KNOW.....9 (BOX 14)

CCQ.372 [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?

ENTER UNIT

- PER HOUR..... 1 (BOX 13B)
- PER DAY..... 2 (BOX 13B)
- PER WEEK..... 3 (BOX 13B)
- PER MONTH..... 4 (BOX 13B)
- PER YEAR 5 (BOX 13B)
- EVERY TWO WEEKS..... 6 (BOX 13B)
- OTHER (SPECIFY)..... 91 (CCQ.372OS)
- REFUSED 8 (BOX 14)
- DON'T KNOW 9 (BOX 14)

CCQ.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?]

SPECIFY UNIT.

BOX 13B

- IF THE NUMBER OF CHILDREN IN THE HOUSEHOLD WHO ARE LESS THAN OR EQUAL TO 15 YEARS OLD (INCLUDING THE CHILD) = 1, GO TO BOX 14. ELSE, GO TO CCQ.373.

CCQ.373 How many children is this amount for, including {CHILD}?

- {CHILD} ONLY..... 1
- {CHILD} + 1 MORE (2 TOTAL)..... 2
- {CHILD} + 2 MORE (3 TOTAL)..... 3
- {CHILD} + 3 OR MORE (4 OR MORE TOTAL) 4
- REFUSED..... 8
- DON'T KNOW..... 9

BOX 14

- IF ONLY ONE CURRENT REGULAR CENTER OR PROGRAM CARE ARRANGEMENT FOR CHILD (CCQ.325 = 1 OR 88 OR 99), GO TO CCQ.376.
- OTHERWISE, CONTINUE WITH CCQ.375.

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

CAPI INSTRUCTION: FOR "{NUMBER}", DISPLAY "1" IF CCQ.325 = 2; DISPLAY "2" IF CCQ.325 = 3; DISPLAY "3" IF CCQ.325 = 4. IF CCQ.325 = 5, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CCQ.325 = 2, DISPLAY "center," "program" AND "this program." OTHERWISE, DISPLAY "centers," "programs" AND "these programs."

CAPI INSTRUCTION: DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70.

|_|_|

ENTER # OF HOURS

REFUSED..... 888

DON'T KNOW..... 999

CCQ.376 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?

CAPI INSTRUCTION: DISPLAY "regular basis" IN UNDERLINED TEXT.

YES, 1

NO 2 (BOX 15)

REFUSED..... 8 (BOX 15)

DON'T KNOW..... 9 (BOX 15)

CCQ.377 How many hours per week does {CHILD} take care of {himself/herself}?

CAPI INSTRUCTIONS:

1. DISPLAY "hours" AND "week" IN UNDERLINED TEXT.

2. SOFT RANGE CHECK : 0 – 25. HARD RANGE CHECK: 0-70 HOURS.

|_|

ENTER # HOURS

REFUSED 88

DON'T KNOW 99

BOX 15

IF CHILD IS IN CURRENT CARE FOR 5 OR MORE HOURS PER WEEK AND AT LEAST ONE CARE TYPE USED 5 OR MORE HOURS A WEEK IS USED BEFORE OR AFTER SCHOOL (CCQ.090 GE 5 AND ONE OF THE CODES IN CCQ.075 IS 1 AND/OR 2) OR (CCQ.190 GE 5 AND ONE OF THE CODES IN CCQ.175 IS 1 AND/OR 2) OR (CCQ.355 GE 5 AND ONE OF THE CODES IN CCQ.335 IS 1 OR 2), GO TO CCQ.380.

(NOTE: CCQ.075, CCQ.175, AND CCQ.335 ARE "CODE ALL THAT APPLY" AND MAY ALSO HAVE CODES OF 3 FOR WEEKEND CARE, BUT THEY NEED TO HAVE A CODE OF 1 AND/OR 2 FOR "BEFORE" OR "AFTER SCHOOL" CARE TO GO TO CCQ.380.)

ELSE, GO TO BOX 19.

CCQ.380 As part of this study, we will be interviewing the early care and education provider of children in the study. That is, we would like to interview the person who most often regularly supervises your child before or after school. Thus, 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?

CAPI INSTRUCTIONS: AMONG CHILD CARE TYPES THAT ARE USED 5 OR MORE HOURS A WEEK AND USED AT LEAST SOME OF THE TIME BEFORE OR AFTER SCHOOL, CALCULATE WHERE THE CHILD SPENDS THE MOST HOURS OF CHILD CARE (COMPARE HOURS OF CARE BY A RELATIVE FOR WHICH CCQ.090 GE 5 AND CCQ.075 HAS A CODE OF 1 AND/OR 2) TO (HOURS OF CARE BY A NONRELATIVE FOR WHICH CCQ.190 GE 5 AND CCQ.175 HAS A CODE OF 1 AND/OR 2) TO HOURS OF CARE AT A CENTER FOR WHICH CCQ.355 GE 5 AND CCQ.335 HAS A CODE OF 1 AND/OR 2), IF ANY INFORMATION IS MISSING, COUNT IT AS ZERO. IF THE MOST HOURS OF CARE ARE WITH A RELATIVE-, DISPLAY "relative caregiver". ELSE, IF THE MOST HOURS OF CARE ARE WITH A NON-RELATIVE, DISPLAY "non-relative caregiver". ELSE, IF THE MOST HOURS OF CARE ARE WITH A CENTER, DISPLAY "center director and teacher."

ELSE, IF (THERE ARE THREE TYPES OF CARE (RELATIVE CARE, NON-RELATIVE CARE, AND CENTER CARE)) AND (ALL ARE USED 5 OR MORE HOURS A WEEK AND AT LEAST SOME OF THE TIME BEFORE OR AFTER SCHOOL) AND (THE NUMBER OF HOURS ARE EQUAL AMONG THREE TYPES OF CARE), SELECT ONE OF THEM RANDOMLY AND USE THE APPROPRIATE DISPLAY FOR "relative caregiver," "non-relative caregiver," OR "center director and teacher."

ELSE, IF THERE ARE THREE TYPES OF CARE AND (ALL ARE USED 5 OR MORE HOURS A WEEK AND AT LEAST SOME OF THE TIME BEFORE OR AFTER SCHOOL) AND (TWO OF THEM HAVE HOURS THAT ARE EQUAL TO EACH OTHER AND GREATER THAN THE HOURS OF THE THIRD TYPE), SELECT ONE OF THE TWO RANDOMLY AND USE THE APPROPRIATE DISPLAY FOR "relative caregiver," "non-relative caregiver," OR "center director and teacher."

ELSE, IF THERE ARE ONLY TWO TYPES OF CARE AND (BOTH ARE USED 5 OR MORE HOURS A WEEK AND AT LEAST SOME OF THE TIME BEFORE OR AFTER SCHOOL) AND (BOTH TYPES OF CARE HAVE AN EQUAL NUMBER OF HOURS), SELECT ONE OF THEM RANDOMLY AND USE THE APPROPRIATE DISPLAY FOR "relative caregiver," "non-relative caregiver," OR "center director and teacher."

CAPI INSTRUCTIONS: REFUSED AND DON'T KNOW DISALLOWED.

YES 1
NO 2 (GO TO BOX 19)

CCQ.390 What is the name of {CHILD}'s {relative caregiver/nonrelative caregiver/center director}?

VERIFY SPELLING.

ENTER FIRST NAME.

CAPI INSTRUCTIONS: USE DISPLAY INSTRUCTIONS IN CCQ.380.

REFUSED.....	8
DON'T KNOW.....	9

CCQ.395 [What is the name of {CHILD}'s {relative caregiver/non-relative caregiver/center director}??]

VERIFY SPELLING.

ENTER LAST NAME.

CAPI INSTRUCTIONS: USE DISPLAY INSTRUCTIONS IN CCQ.380.

REFUSED.....	8
DON'T KNOW.....	9

<p>BOX 16</p> <p>IF THE CHILD HAS THE MOST HOURS OF CARE IN A CENTER, GO TO CCQ.415.</p> <p>ELSE, GO TO CCQ.450.</p>

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

VERIFY SPELLING.

ENTER NAME.

REFUSED.....	8
DON'T KNOW.....	9

CCQ.420 Is {CHILD}'s center director the same person as {his/her} primary {before- or after-school teacher or care provider/caregiver}?

IF NEEDED, EXPLAIN: Sometimes there is a person in charge of a child care center who is different from the teacher or care provider who mainly cares for your child. In smaller centers, though, the person in charge of the child care center and the main teacher or care provider might be the same person. We would like to know if the center director is the same person as your child's main teacher or care provider.

CAPI INSTRUCTIONS: IF MOST HOURS OF CHILD CARE ARE IN CENTER BASED CARE AND THE CHILD IS IN A SCHOOL (CCQ.330 = 1), DISPLAY "before- or after-school teacher or care provider". ELSE, DISPLAY "caregiver".

- YES 1 (CCQ.450)
- NO 2
- REFUSED 8
- DON'T KNOW 9

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

CAPI INSTRUCTIONS:

FIRST DISPLAY: IF CHILD HAS CHILD CARE IN A SCHOOL (CCQ.330 = 1), DISPLAY "teacher or care provider". ELSE, IF CHILD DOES NOT HAVE CHILD CARE IN A SCHOOL (CCQ.330 = 2, 8, 9), DISPLAY "caregiver".

SECOND DISPLAY: DISPLAY NAME GIVEN FOR CENTER IN CCQ.415 FOR "CENTER NAME". ELSE, IF CENTER NAME IS MISSING DISPLAY "the child care center".

VERIFY SPELLING.
ENTER FIRST NAME.

FIRST NAME

- REFUSED..... 8
- DON'T KNOW..... 9

CCQ.435 [What is the name of {CHILD}'s primary {before- or after-school teacher or care provider/caregiver} at {CENTER NAME/the child care center}??]

CAPI INSTRUCTIONS: FIRST DISPLAY: IF CHILD HAS CHILD CARE IN A SCHOOL (CCQ.330 = 1), DISPLAY "teacher or care provider". ELSE, IF CHILD DOES NOT HAVE CHILD CARE IN A SCHOOL (CCQ.330 = 2, 8, 9), DISPLAY "caregiver".

SECOND DISPLAY: DISPLAY NAME GIVEN FOR CHILD IN CCQ.415 FOR "CENTER NAME". ELSE, IF CENTER NAME IS MISSING, DISPLAY "the child care center".

VERIFY SPELLING.
ENTER LAST NAME.

LAST NAME

- REFUSED..... 8
- DON'T KNOW..... 9

BOX 17

IF THE CHILD HAS MOST HOURS OF CARE WITH A RELATIVE, AUTOCODE CCQ.450 ACCORDING TO ANSWER IN CCQ.066 AND GO TO BOX 18. ELSE, IF THE CHILD HAS THE MOST HOURS OF CARE WITH A NON-RELATIVE, AUTOCODE CCQ.450 ACCORDING TO THE ANSWER IN CCQ.166 AND GO TO BOX 18.

ELSE, GO TO CCQ.450.

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

DISPLAY INSTRUCTIONS: IF MOST CHILD CARE IS IN A CENTER AND THE CENTER DIRECTOR IS NOT THE BEFORE OR AFTER SCHOOL TEACHER OR CARE PROVIDER, DISPLAY NAME ENTERED AT CCQ.430/CCQ.435 FOR {PROVNAME}. ELSE, DISPLAY NAME ENTERED AT CCQ.390/CCQ.395 FOR {PROVNAME}.

YES	1
NO	2
REFUSED.....	8
DON'T KNOW.....	9

BOX 18

IF CCQ.450 NE 1 (CAREGIVER IS YOUNGER THAN 18 OR REF/DK), GO TO BOX 19 (WE WILL NOT CONDUCT THE INTERVIEW WITH THE CAREGIVER).

ELSE, GO TO CCQ.451.

CCQ.451 What is {{RELATIVE/CAREGIVER'S NAME}}/{{CENTER NAME}}/{{CHILD}'s caregiver}}/{{CENTER NAME}}/{{the child care center}}'s telephone number?

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

{Does the school not have a telephone number or do they have one, but you don't know what it is?"

{IF SCHOOL HAS NO TELEPHONE NUMBER, LEAVE ANSWER AS '000'. IF SCHOOL HAS TELEPHONE NUMBER, BUT IT IS NOT KNOWN OR REFUSED, REPLACE '000' WITH F5 FOR "DON'T KNOW" OR F6 FOR "REFUSED."}

CAPI INSTRUCTIONS: IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS RELATIVE OR NON-RELATIVE CARE, DISPLAY NAME ENTERED AT CCQ.390/CCQ.395 FOR "{RELATIVE/CAREGIVER'S NAME}." IF FIRST OR LAST NAME IS MISSING, BUT ONE NAME IS THERE, USE THE NON-MISSING NAME. IF BOTH NAMES ARE MISSING, USE "{CHILD}'s caregiver".

ELSE, IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS CENTER-BASED CARE, DISPLAY NAME ENTERED AT CCQ.415 FOR "{CENTER NAME}." IF NAME FOR CENTER IS MISSING, DISPLAY "the child care center."

CAPI INSTRUCTION: IF CENTER IS IN A SCHOOL (CCQ.330 = 1), DISPLAY EDIT MESSAGE IF PHONE NUMBER FIELD ENTRY = '000': "Does the school not have a telephone number or do they have one, but you don't know what it is? " AND "IF..."REFUSED."

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD IS NOT '000' AND IS NOT 10 NUMBERS, SHOW EDIT:

"Phone number has wrong format. Please correct. The phone number must be formatted as 10 numbers (xxx-xxx-xxxx)."

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR ('000' AND ANSWER WAS CONFIRMED AS CORRECT WITH EDIT MESSAGE), THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CCQ.455 What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{{CHILD}'s caregiver}}/{{CENTER NAME}}/{the child care center}}?
IF DON'T KNOW, SAY: Do you know the street it is on?
ENTER STREET ADDRESS, LINE 1.
VERIFY SPELLING.

STREET ADDRESS LINE 1

CAPI INSTRUCTIONS: IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS RELATIVE OR NON-RELATIVE CARE, DISPLAY NAME ENTERED AT CCQ.390/CCQ.395 FOR “{{RELATIVE/CAREGIVER'S NAME}}.” IF FIRST OR LAST NAME IS MISSING, BUT ONE NAME IS THERE, USE THE NON-MISSING NAME. IF BOTH NAMES ARE MISSING, USE “{{CHILD}'s caregiver”.

ELSE, IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS CENTER-BASED CARE, DISPLAY NAME ENTERED AT CCQ.415 FOR “{{CENTER NAME}}.” IF NAME FOR CENTER IS MISSING, DISPLAY “the child care center.”

CAPI INSTRUCTIONS: REFUSED AND DON'T KNOW ARE ALLOWED.

CCQ.460 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{{CHILD}'s caregiver}}/{{CENTER NAME}}/{child care center}}?]

ENTER STREET ADDRESS, LINE 2.
VERIFY SPELLING.

STREET ADDRESS LINE 2

CAPI INSTRUCTIONS: IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS RELATIVE OR NON-RELATIVE CARE, DISPLAY NAME ENTERED AT CCQ.390/CCQ.395 FOR “{{RELATIVE/CAREGIVER'S NAME}}.” IF FIRST OR LAST NAME IS MISSING, BUT ONE NAME IS THERE, USE THE NON-MISSING NAME. IF BOTH NAMES ARE MISSING, USE “{{CHILD}'s caregiver”.

ELSE, IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS CENTER-BASED CARE, DISPLAY NAME ENTERED AT CCQ.415 FOR “{{CENTER NAME}}.” IF NAME FOR CENTER IS MISSING, DISPLAY “the child care center.”

CAPI INSTRUCTIONS: REFUSED AND DON'T KNOW ARE ALLOWED.

CCQ.465 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{{CHILD}'s caregiver}}/{{CENTER NAME}}/{the child care center}}?]
ENTER CITY.
VERIFY SPELLING.

CITY

CAPI INSTRUCTIONS: IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS RELATIVE OR NON-RELATIVE CARE, DISPLAY NAME ENTERED AT CCQ.390/CCQ.395 FOR “{RELATIVE/CAREGIVER’S NAME}.” IF FIRST OR LAST NAME IS MISSING, BUT ONE NAME IS THERE, USE THE NON-MISSING NAME. IF BOTH NAMES ARE MISSING, USE “{CHILD}’s caregiver”.
ELSE, IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS CENTER-BASED CARE, DISPLAY NAME ENTERED AT CCQ.415 FOR “{CENTER NAME}.” IF NAME FOR CENTER IS MISSING, DISPLAY “the child care center.”

CAPI INSTRUCTIONS: REFUSED AND DON’T KNOW ARE ALLOWED.

HELP AVAILABLE

CCQ.470 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{{CHILD}'s caregiver}}/{{CENTER NAME}}/{the child care center}}?]
ENTER STATE.

STATE

CAPI INSTRUCTION: DISPLAY STATE ABBREVIATIONS IN F1 HELP TEXT.

CAPI INSTRUCTIONS: IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS RELATIVE OR NON-RELATIVE CARE, DISPLAY NAME ENTERED AT CCQ.390/CCQ.395 FOR “{RELATIVE/CAREGIVER’S NAME}.” IF FIRST OR LAST NAME IS MISSING, BUT ONE NAME IS THERE, USE THE NON-MISSING NAME. IF BOTH NAMES ARE MISSING, USE “{CHILD}’s caregiver”.
ELSE, IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS CENTER-BASED CARE, DISPLAY NAME ENTERED AT CCQ.415 FOR “{CENTER NAME}.” IF NAME FOR CENTER IS MISSING, DISPLAY “the child care center.”

CAPI INSTRUCTIONS: REFUSED AND DON’T KNOW ARE ALLOWED.

CCQ.475 [What is the mailing address of {{RELATIVE/CAREGIVER'S NAME}}/{{CHILD}'s caregiver}/{CENTER NAME}/{the child care center}}?]

ENTER ZIP CODE.

ZIP CODE

CAPI INSTRUCTIONS: IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS RELATIVE OR NON-RELATIVE CARE, DISPLAY NAME ENTERED AT CCQ.390/CCQ.395 FOR “{RELATIVE/CAREGIVER’S NAME}.” IF FIRST OR LAST NAME IS MISSING, BUT ONE NAME IS THERE, USE THE NON-MISSING NAME. IF BOTH NAMES ARE MISSING, USE “{CHILD}’s caregiver”.

ELSE, IF CHILD CARE PROVIDER WHERE MOST HOURS OF CARE IS CENTER-BASED CARE, DISPLAY NAME ENTERED AT CCQ.415 FOR “{CENTER NAME}.” IF NAME FOR CENTER IS MISSING, DISPLAY “the child care center.”

CAPI INSTRUCTIONS: REFUSED AND DON’T KNOW ARE ALLOWED.

CCQ.490

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

CHECKLIST OF QUESTIONS TO ASK RESPONDENT:

1. HOURS OF OPERATION?
2. BEST TIME TO CALL YOUR CHILD CARE PROVIDER ABOUT THE INTERVIEW?
3. DOES THE CENTER DIRECTOR OR CAREGIVER SPEAK ENGLISH WELL ENOUGH TO ANSWER QUESTIONS IN ENGLISH, OR SHOULD WE HAVE A BILINGUAL INTERVIEWER CALL?
- (4. IF A BILINGUAL INTERVIEWER IS NEEDED, DOES THE CENTER DIRECTOR/CAREGIVER SPEAK SPANISH?)

ENTER INFORMATION HERE.

CAPI INSTRUCTIONS: USE DISPLAY INSTRUCTIONS IN CCQ.380.

BOX 19
<ul style="list-style-type: none"> ■ GO TO SECTION CHQ (CHILD'S HEALTH AND WELL-BEING).

CHILD'S HEALTH AND WELL-BEING - CHQ

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

- POUNDS (WITH OR WITHOUT OUNCES) .. 1 (CCQ.006)
- GRAMS 2 (CCQ.007)
- REFUSED 8 (CHQ.010)
- DON'T KNOW 9 (CHQ.010)

CHQ.006 [Now I have some questions about {CHILD}'s health. How much did {CHILD} weigh when {he/she} was born?]

IF ANSWER GIVEN IN POUNDS AND NOT OUNCES, PROBE TO ALSO GET OUNCES.

ENTER POUNDS AND OUNCES.

CAPI INSTRUCTION: RANGE CHECK: 1-13 FOR POUNDS, 0-15 FOR OUNCES.

AND
POUNDS OUNCES

- REFUSED 8
- DON'T KNOW 9

BOX 1

IF BOTH POUNDS AND OUNCES ARE ENTERED IN CHQ.006 AND NEITHER ANSWER IS REFUSED OR DON'T KNOW, GO TO CHQ.025.

ELSE, IF (CHQ.006 IS REFUSED OR DON'T KNOW FOR THE NUMBER OF POUNDS) OR (THE NUMBER OF POUNDS IN CHQ.006 IS 5 AND REFUSED OR DON'T KNOW FOR THE NUMBER OF OUNCES, GO TO CHQ.010. ELSE, IF THE NUMBER OF POUNDS IN CHQ.006 IS 3 AND REFUSED OR DON'T KNOW FOR THE NUMBER OF OUNCES, GO TO CHQ.015. ELSE, IF THE NUMBER OF POUNDS IN CHQ.006 IS 10 AND REFUSED OR DON'T KNOW FOR THE NUMBER OF OUNCES, GO TO CHQ.016.

CHQ.007 [Now I have some questions about {CHILD}'s health. How much did {CHILD} weigh when {he/she} was born?]

CAPI INSTRUCTION: RANGE CHECK: 454 -6,322 GRAMS.

ENTER GRAMS

- REFUSED 8
- DON'T KNOW 9

BOX 2

IF GRAMS ARE ENTERED IN CHQ.007, GO TO CHQ.025.

ELSE, IF CHQ.007 IS REFUSED OR DON'T KNOW, GO TO CHQ.010.

HELP AVAILABLE

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

HELP TEXT:

5 1/2 pounds = 5 pounds, 8 ounces = 2,495 grams

YES	1 (CHQ.016)
NO	2
REFUSED	8
DON'T KNOW.....	9

BOX 3

IF THE NUMBER OF POUNDS IN CHQ.006 WAS 5 AND REFUSED OR DON'T KNOW FOR THE NUMBER OF OUNCES, GO TO CHQ.025. ELSE, GO TO CHQ.015.

HELP AVAILABLE

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

HELP TEXT:

3 pounds = 1,361 grams

YES	1
NO	2
REFUSED	8
DON'T KNOW.....	9

BOX 4

IF (CHQ.015 = 1 OR 2) OR (CHQ.010 = 2 AND CHQ.015 = REF OR DK), GO TO CHQ.025. ELSE, GO TO CHQ.016.

HELP AVAILABLE

CHQ.016 Did {he/she} weigh more than 10 pounds?

HELP TEXT: 10 pounds = 4,536 grams

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

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

- YES 1
- NO 2 (CHQ.031)
- REFUSED 8 (CHQ.031)
- DON'T KNOW 9 (CHQ.031)

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

CAPI INSTRUCTION: RANGE CHECK: 1-31 IF DAYS IS THE UNIT; 1-20 IF WEEKS IS THE UNIT.

ENTER NUMBER

- REFUSED 8
- DON'T KNOW 9

ENTER UNIT

- WEEKS 1
- DAYS 2
- REFUSED 8
- DON'T KNOW 9

CHQ.031 Was {CHILD} ever breastfed or fed breast milk?

- YES 1
- NO 2 (CHQ.035)
- REFUSED 8 (CHQ.035)
- DON'T KNOW 9 (CHQ.035)

CHQ.032 How old was {CHILD} when {he/she} completely stopped breastfeeding or being fed breast milk?

ENTER "96" IF CHILD IS STILL BREASTFEEDING.

CAPI INSTRUCTIONS: RANGE CHECK: 0-36 IF MONTHS IS THE UNIT; 0-7 IF YEARS IS THE UNIT."

CAPI INSTRUCTIONS: DISPLAY "he" IF THE CHILD IS MALE. DISPLAY "she" IF THE CHILD IS FEMALE.

ENTER AGE

REFUSED 88
DON'T KNOW 99

ENTER UNIT

MONTHS 1
YEARS 2
REFUSED 8
DON'T KNOW 9

BOX 5

IF (AN AGE IS ENTERED FOR CHQ.032 AND UNIT IS 1 OR 2) OR (CHILD IS STILL BEING BREASTFED (CHQ.032 = 96)), GO TO CHQ.035.ELSE, GO TO CHQ.033.

CHQ.033 [How old was {CHILD} when {he/she} completely stopped breastfeeding or being fed breast milk?]

Was {he/she}...

0 to 3 months, 1
4 to 6 months, 2
7 to 9 months, 3
10 to 12 months, 4
13 to 15 months, 5
16 to 18 months, or 6
Over 18 months? 7

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

IF HIGHER-ORDER MULTIPLE BIRTH, CODE NUMBER OF CHILDREN BORN TOGETHER, EVEN IF ONE OR MORE WAS STILLBORN OR DIED SHORTLY AFTER BIRTH.

NO 1 (CHQ.085)
YES, A TWIN 2
YES, A TRIPLET 3
YES, MULTIPLE BIRTH (4 OR MORE) 4
REFUSED 8 (CHQ.085)
DON'T KNOW 9 (CHQ.085)

CHQ.070 {Were {CHILD} and {his/her} twin identical twins or fraternal (non-identical) twins?}/{Was {CHILD} identical to any of the other children born with {CHILD}??}

CAPI INSTRUCTIONS: DISPLAY "Were {CHILD} and....twins?" IF CHQ.035 = 2. ELSE, DISPLAY "Was...{CHILD}?"

- IDENTICAL 1
- FRATERNAL 2
- MULTIPLE BIRTH CONTAINING AN IDENTICAL TWIN PAIR OF WHICH {CHILD} IS ONE 3
- MULTIPLE BIRTH WITH NO IDENTICAL TWIN PAIR, OR {CHILD} IS NOT ONE OF THE IDENTICAL TWINS 4
- REFUSED..... 8
- DON'T KNOW..... 9

CHQ.085 Were there any complications in {CHILD}'s birth or delivery?

- YES. 1
- NO 2 (CHQ.091)
- REFUSED 8 (CHQ.091)
- DON'T KNOW 9 (CHQ.091)

CHQ.090 What were the complications?

CODE ALL THAT APPLY

- FEBRILE (MORE THAN 100 DEGREES F. OR 38 DEGREES C.)..... 1
- MECONIUM (BABY'S FECAL MATTER), MODERATE/HEAVY 2
- PREMATURE RUPTURE OF MEMBRANE (MORE THAN 12 HOURS).... 3
- ABRUPTIO PLACENTA (THE PLACENTA LINING SEPARATED FROM UTERUS) 4
- PLACENTA PREVIA (THE PLACENTA COVERED ALL OR PART OF THE OPENING TO THE CERVIX)..... 5
- OTHER EXCESSIVE BLEEDING..... 6
- SEIZURES DURING LABOR 7
- PRECIPITOUS LABOR (FAST LABOR, LESS THAN 3 HOURS)..... 8
- PROLONGED LABOR (MORE THAN 20 HOURS)..... 9
- DYSFUNCTIONAL LABOR (DID NOT GO FORWARD IN A NORMAL PATTERN OF LABOR)..... 10
- BREECH/MALPRESENTATION (BABY'S FEET CAME OUT FIRST) 11
- CEPHALOPELVIC DISPROPORTION (THE BABY'S HEAD OR BODY IS TOO LARGE FOR THE MOTHER'S PELVIS)..... 12
- CORD PROLAPSE (UMBILICAL CORD DROPPED THROUGH CERVIX AHEAD OF THE BABY) 13
- ANESTHETIC COMPLICATIONS 14
- FETAL DISTRESS 15
- OTHER COMPLICATION OF LABOR AND/OR DELIVERY 16
- REFUSED 88
- DON'T KNOW 99

CHQ.091 Did {CHILD} receive any newborn care in an intensive care unit, premature nursery, or any other type of special care facility?

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

CHQ.092 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?

- YES. 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

CHQ.095 Has {CHILD} ever had an ear infection?

- YES. 1 (CHQ.100)
- NO 2 (CHQ.096)
- REFUSED 8 (CHQ.096)
- DON'T KNOW 9 (CHQ.096)

CHQ.096 Has {CHILD} ever had an ear ache?

- YES. 1
- NO 2 (CHQ.330)
- REFUSED 8 (CHQ.330)
- DON'T KNOW 9 (CHQ.330)

CHQ.100 How old was {CHILD} when {he/she} had {his/her} first {ear infection/ear ache}?

PROBE: IF ANSWER GIVEN IN ONLY YEARS AND NO MONTHS, PROBE FOR NUMBER OF MONTHS AS WELL

PLEASE RECORD ANSWER IN YEARS AND/OR MONTHS. ENTER "0" FOR YEARS IF ANSWER IS ONLY GIVEN IN MONTHS. ENTER "0" FOR MONTHS IF, AFTER PROBING, THERE ARE NO ADDITIONAL MONTHS.

CAPI INSTRUCTION: DISPLAY "ear infection" IF CHQ.095 = 1. ELSE, DISPLAY "ear ache".

CAPI INSTRUCTION: RANGE CHECK: 0-7 IF YEARS IS THE UNIT; 0-36 IF MONTHS IS THE UNIT.

____ AND ____
YEARS MONTHS

- REFUSED 8 (CHQ.101)
- DON'T KNOW 9 (CHQ.101)

CHQ.101 Was {CHILD} less than 2 years old when {he/she} had {his/her} first {ear infection/ear ache}?

CAPI INSTRUCTION: DISPLAY "ear infection" IF CHQ.095 = 1. ELSE, DISPLAY "ear ache".

- YES 1
- NO 2
- REFUSED 8 (CHQ.330)
- DON'T KNOW 9 (CHQ.330)

BOX 6

IF CHQ.096 = 1 (EAR ACHE) AND [(CHQ.100 IS (LESS THAN 2 YEARS AND 0 MONTHS) OR (LESS THAN 0 YEARS AND 24 MONTHS)) OR (CHQ.101 = 1)], GO TO CHQ.110. ELSE, IF CHQ.096 = 1 (EAR ACHE) AND [(CHQ.100 IS (MORE THAN OR EQUAL TO 2 YEARS AND 0 MONTHS) OR (MORE THAN OR EQUAL TO 0 YEARS AND 24 MONTHS)) OR (CHQ.101 = 2)], GO TO CHQ.140.

ELSE, IF CHQ.095 = 1 (EAR INFECTION) AND CHQ.100 IS [((LESS THAN 2 YEARS AND 0 MONTHS) OR (LESS THAN 0 YEARS AND 24 MONTHS)) OR (CHQ.101 = 1)], GO TO CHQ.105. ELSE, IF CHQ.095 = 1 (EAR INFECTION) AND CHQ.100 IS [((MORE THAN OR EQUAL TO 2 YEARS AND 0 MONTHS) OR (MORE OR EQUAL TO THAN 0 YEARS AND 24 MONTHS)) OR (CHQ.101 = 2)], GO TO CHQ.135.

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?

RECORD NUMBER OF TIMES

CAPI INSTRUCTIONS: RANGE: 0 – 15.

- |_|
NUMBER OF TIMES
- REFUSED 8
 - DON'T KNOW 9

BOX 6B

IF CHQ.105 GE 1, GO TO CHQ.110. ELSE, GO TO CHQ.125.

CHQ.110 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?

CODE ALL THAT APPLY FOR 1-6.

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.095 = 1. ELSE, DISPLAY "ear aches".

- NO TREATMENT/WATCH AND WAIT 1
- DECONGESTANTS 2
- ANTIBIOTICS..... 3
- WITH EAR TUBES..... 4
- ANALGESICS (E.G., FEVER REDUCER OR PAIN RELIEVER)..... 5
- EAR DROPS 6
- DID NOT GO TO DOCTOR, NURSE, OR MEDICAL PROFESSIONAL.... 7 (CHQ.125)
- OTHER (SPECIFY)..... 91
- REFUSED 8
- DON'T KNOW 9

BOX 7

IF ONE OF THE CODES IN CHQ.110 = 91, GO TO CHQ.1100S. ELSE, GO TO BOX 8.

CHQ.1100S {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?}

CAPI INSTRUCTION: DISPLAY "ear infection" IF CHQ.095 = 1. ELSE, DISPLAY "ear ache".

SPECIFY TREATMENT.

BOX 8

IF ONE OF THE CODES IN CHQ.110 = 4, GO TO CHQ.115. ELSE, GO TO CHQ.125.

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?

ENTER YEAR AND/OR MONTHS.

PROBE: IF ANSWER GIVEN AS ONE YEAR AND NO MONTHS, PROBE FOR NUMBER OF MONTHS AS WELL

PLEASE RECORD ANSWER IN YEAR AND/OR MONTHS. ENTER "0" FOR YEAR IF ANSWER IS ONLY GIVEN IN MONTHS. ENTER "0" FOR MONTHS IF, AFTER PROBING, THERE ARE NO ADDITIONAL MONTHS.

CAPI INSTRUCTION: RANGE CHECK: 0-1 IF YEAR IS THE UNIT; 0-23 IF MONTHS IS THE UNIT.

__
YEAR

__ __
MONTHS

REFUSED 8
DON'T KNOW 9

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?

IF NEEDED: PLEASE CONSIDER ALL SURGERIES IF {CHILD} HAD MORE THAN ONE TO PLACE EAR TUBES BEFORE HE/SHE TURNED 2.

RIGHT EAR..... 1
LEFT EAR..... 2
BOTH EARS..... 3
REFUSED 8
DON'T KNOW 9

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?

CAPI INSTRUCTION: DISPLAY "other" IF [(CHQ.105 NE 0, REF, OR DK) OR (CHQ.110 NE 7)].

CAPI INSTRUCTION: DISPLAY "ear infection" IF CHQ.095 = 1. ELSE, DISPLAY "ear ache".

Never,..... 1
Once, 2
Twice, 3
3 to 5 times, or 4
6 or more times?..... 5
REFUSED 8
DON'T KNOW 9

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?

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.095 = 1. ELSE, DISPLAY "ear aches".

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

BOX 8B

IF CHQ.095 = 1, GO TO CHQ.135. ELSE, GO TO CHQ.140.

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?

RECORD NUMBER OF TIMES

CAPI INSTRUCTIONS: RANGE: 0 – 15.

- |_|
NUMBER OF TIMES
- REFUSED 8
 - DON'T KNOW 9

BOX 9

IF CHQ.135 GE 1, GO TO CHQ.140. ELSE, GO TO CHQ.155.

CHQ.140 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?

CODE ALL THAT APPLY FOR 1-6.

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.095 = 1. ELSE, DISPLAY "ear aches".

- NO TREATMENT/WATCH AND WAIT 1
- DECONGESTANTS 2
- ANTIBIOTICS 3
- WITH EAR TUBES 4
- ANALGESICS (E.G., FEVER REDUCER OR PAIN RELIEVER) 5
- EAR DROPS 6
- DID NOT GO TO DOCTOR, NURSE, OR MEDICAL PROFESSIONAL 7 (CHQ.155)
- OTHER (SPECIFY) 91
- REFUSED 8
- DON'T KNOW 9

BOX 10

IF ONE OF THE CODES IN CHQ.140 = 91, GO TO CHQ.140OS. ELSE, GO TO BOX 11.

CHQ.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?

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.095 = 1. ELSE, DISPLAY "ear aches".

SPECIFY TREATMENT.

BOX 11

IF (ONE OF THE CODES IN CHQ.110 = 4) AND (ONE OF THE CODES IN CHQ.140 = 4), GO TO CHQ.150. ELSE, IF ONE OF THE CODES IN CHQ.140 = 4, GO TO CHQ.145. ELSE, GO TO CHQ.155.

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}?

ENTER NUMBER OF YEARS AND/OR MONTHS.

PROBE: IF ANSWER GIVEN IN YEARS AND NOT MONTHS, PROBE FOR NUMBER OF MONTHS AS WELL

PLEASE RECORD ANSWER IN YEARS AND/OR MONTHS. ENTER "0" FOR YEARS IF ANSWER IS ONLY GIVEN IN MONTHS. ENTER "0" FOR MONTHS IF, AFTER PROBING, THERE ARE NO ADDITIONAL MONTHS.

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.095 = 1. ELSE, DISPLAY "ear aches".

CAPI INSTRUCTION: RANGE CHECK: 0-7 IF YEARS IS THE UNIT; 0-36 IF MONTHS IS THE UNIT.

YEARS MONTHS

REFUSED 8
DON'T KNOW 9

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}?

CAPI INSTRUCTIONS: DISPLAY "after {his/her} second birthday?" IF ONE OF THE CODES IN CHQ.110 = 4. ELSE, USE A NULL DISPLAY.

RIGHT EAR 1
LEFT EAR..... 2
BOTH EARS 3
REFUSED 8
DON'T KNOW 9

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?

CAPI INSTRUCTION: DISPLAY "other" IF [(CHQ.135 NE 0, REF, OR DK) OR (CHQ.140 = 7)].

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.095 = 1. ELSE, DISPLAY "ear aches".

- Never, 1
- Once, 2
- Twice, 3
- 3 to 5 times, or 4
- 6 or more times? 5
- REFUSED 8
- DON'T KNOW 9

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?

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.095 = 1. ELSE, DISPLAY "ear aches".

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

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

- Excellent, 1
- Very good, 2
- Good, 3
- Fair, or 4
- Poor? 5
- REFUSED 8
- DON'T KNOW 9

BOX 12

■ GO TO SECTION SSQ (SOCIAL SKILLS, PROBLEM BEHAVIORS, AND APPROACHES TOWARD LEARNING).

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

SSQ.010 I am going to read you a list of statements describing things that children sometimes do. For each statement, I want you to tell me how often {CHILD} acts in this way.

Rounds: 1, 2, 3, 4

Source: K1.SSQ.010

How often does {CHILD}:

PROBE: Would you say never, sometimes, often or very often?

RESPONSES: 1 = NEVER, 2 = SOMETIMES, 3 = OFTEN, 4 = VERY OFTEN, 8 = REFUSED, 9 = DON'T KNOW

CAPRI INSTRUCTIONS: DISPLAY "I...way." and "How often does {CHILD}:" IN BRACKETS FOR B-U. DISPLAY "I...way." and "How...{CHILD}:" AND "How often is {CHILD}:" IN BRACKETS FOR W AND X.

- a. Easily join others in play? Would you say never, sometimes, often, or very often?
- b. Respond appropriately to teasing?
- c. Make and keep friends?
- d. Comfort or help others?
- e. Worry about things?
- f. Listen carefully to others?
- g. Act sad?
- h. Control {his/her} temper?
- i. Cooperate with family members?
- j. Keep working at something until {he/she} is finished?
- k. Argue with others?
- l. Fight with others?
- m. Show interest in a variety of things?
- n. Have a tantrum when {he/she} does not get {his/her} way?
- o. Concentrate on a task and ignore distractions?
- p. Easily become angry?
- q. Appear to be lonely?
- r. Help with chores?
- s. Have a problem being accepted and liked by others?
- t. Act impulsively?
- u. Show low self-esteem?

How often is {CHILD}:

- v. Eager to learn new things?
- w. Hyperactive?
- x. Creative in work or in play?

BOX 1

■ GO TO SECTION MHQ (PARENT MARITAL HISTORY).

PARENT MARITAL HISTORY - MHQ

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

CAPI INSTRUCTION: DISPLAY "your" IF A MOTHER OR FATHER FIGURE IS THE RESPONDENT (FSQ.130 = 1 OR 2 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "{CHILD}'S parents".

BOX 1

1. IF [(RESPONDENT IS BIOLOGICAL PARENT (FSQ.140 = 1 OR FSQ.150 =1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT)) AND ((NO OTHER PARENT IS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' OR '2' AT FSQ.130 - OTHER THAN THE RESPONDENT) OR (SECOND PARENT IS NONBIOLOGICAL PARENT (FSQ.130 = 1 OR 2 BUT FSQ.140 IS NOT CODED '1' AND FSQ.150 IS NOT CODED '1' OR FSQ.130 = 5 OR 6 FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT))) AND [THE BIOLOGICAL PARENT RESPONDENT IS NOT MARRIED (FSQ.200 NE 1)], AUTOCODE THAT BIOLOGICAL PARENT IS NOT MARRIED TO A NON-BIOLOGICAL PARENT (MHQ.040 = 2) AND GO TO MHQ.045 (TO ASK ABOUT COHABITATION).
2. ELSE, IF [(RESPONDENT IS BIOLOGICAL PARENT (FSQ.140 = 1 OR FSQ.150 =1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT)) AND ((NO OTHER PARENT IS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' OR '2' AT FSQ.130 - OTHER THAN THE RESPONDENT) OR (SECOND PARENT IS NONBIOLOGICAL PARENT (FSQ.130 = 1 OR 2 BUT FSQ.140 IS NOT CODED '1' AND FSQ.150 IS NOT CODED '1' OR FSQ.130 = 5 OR 6 FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT))) AND [THE BIOLOGICAL PARENT RESPONDENT IS MARRIED (FSQ.200 EQ 1)], GO TO MHQ.040 (TO ASK IF BIOLOGICAL PARENT IS MARRIED TO A NON-BIOLOGICAL PARENT).
3. ELSE, IF [(RESPONDENT IS NOT A BIOLOGICAL PARENT, BUT ONE BIOLOGICAL PARENT IS IN HOUSEHOLD (FSQ.140 = 1 OR FSQ.150 = 1 FOR A HOUSEHOLD MEMBER WHO IS NOT FLAGGED AS THE RESPONDENT)) AND (RESPONDENT IS NOT SOMEONE WHO COULD BE A PARTNER TO HIM/HER (FSQ.130 IS NOT CODED '1', '2', '5', OR '6' FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT))] AND [THE BIOLOGICAL PARENT IS NOT MARRIED (FSQ.200 NE 1)], AUTOCODE THAT BIOLOGICAL PARENTS ARE NOT MARRIED (MHQ.060 = 2), AND GO TO MHQ.070 (TO ASK ABOUT COHABITATION).
4. ELSE, IF [(RESPONDENT IS NOT A BIOLOGICAL PARENT, BUT ONE BIOLOGICAL PARENT IS IN HOUSEHOLD (FSQ.140 = 1 OR FSQ.150 = 1 FOR A HOUSEHOLD MEMBER WHO IS NOT FLAGGED AS THE RESPONDENT)) AND (RESPONDENT IS NOT SOMEONE WHO COULD BE A PARTNER TO HIM/HER (FSQ.130 IS NOT CODED '1', '2', '5', OR '6' FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT))] AND [THE BIOLOGICAL PARENT IS MARRIED (FSQ.200 NE 1)], GO TO MHQ.060 (TO ASK IF THE BIOLOGICAL PARENTS ARE MARRIED TO EACH OTHER).

5. ELSE, IF [(RESPONDENT IS NOT A BIOLOGICAL PARENT, BUT ONE BIOLOGICAL PARENT IS IN HOUSEHOLD (FSQ.140 = 1 OR FSQ.150 = 1 FOR A HOUSEHOLD MEMBER WHO IS NOT FLAGGED AS THE RESPONDENT)) AND (RESPONDENT IS A NONBIOLOGICAL PARENT OR SPOUSE/PARTNER OF RESIDENT BIOLOGICAL PARENT (FSQ.130 = 1 OR 2 BUT FSQ.140 IS NOT CODED '1' AND FSQ.150 IS NOT CODED '1' OR FSQ.130 = 5 OR 6 FOR THE HOUSEHOLD MEMBER WHO IS FLAGGED AS THE RESPONDENT))] AND THE RESPONDENT IS NOT MARRIED (FSQ.200 NE 1), AUTOCODE THAT THE RESPONDENT AND THE BIOLOGICAL PARENT ARE NOT MARRIED (MHQ.080 = 2) AND GO TO MHQ.090 (TO ASK ABOUT COHABITATION).
6. ELSE, IF [(RESPONDENT IS NOT A BIOLOGICAL PARENT, BUT ONE BIOLOGICAL PARENT IS IN HOUSEHOLD (FSQ.140 = 1 OR FSQ.150 = 1 FOR A HOUSEHOLD MEMBER WHO IS NOT FLAGGED AS THE RESPONDENT)) AND (RESPONDENT IS A NONBIOLOGICAL PARENT OR SPOUSE/PARTNER OF RESIDENT BIOLOGICAL PARENT (FSQ.130 = 1 OR 2 BUT FSQ.140 IS NOT CODED '1' AND FSQ.150 IS NOT CODED '1' OR FSQ.130 = 5 OR 6 FOR THE HOUSEHOLD MEMBER WHO IS FLAGGED AS THE RESPONDENT))] AND THE RESPONDENT IS MARRIED (FSQ.200 EQ 1), GO TO MHQ.080 (TO ASK IF THE RESPONDENT IS MARRIED TO THE BIOLOGICAL PARENT).
7. ELSE, IF NO BIOLOGICAL PARENTS ARE IN HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' AT FSQ.140 OR WITH A CODE '1' AT FSQ.150), GO TO MHQ.100 (TO ASK IF THE RESPONDENT IS MARRIED).
8. ELSE, IF [THERE ARE TWO BIOLOGICAL PARENTS IN THE HOUSEHOLD AND THE RESPONDENT IS ONE OF THEM (FSQ.140 = 1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT AND ANOTHER HOUSEHOLD MEMBER)] AND [THEY ARE NOT MARRIED (FSQ.200 NE 1)], AUTOCODE THAT THE BIOLOGICAL PARENT RESPONDENT IS NOT MARRIED TO THE OTHER BIOLOGICAL PARENT (MHQ.020 = 2) AND GO TO MHQ.030 (TO ASK ABOUT COHABITATION).
9. ELSE, IF [THERE ARE TWO BIOLOGICAL PARENTS IN THE HOUSEHOLD AND THE RESPONDENT IS ONE OF THEM (FSQ.140 = 1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT AND ANOTHER HOUSEHOLD MEMBER)] AND [THEY ARE MARRIED (FSQ.200 EQ 1)], CONTINUE WITH MHQ.020 (TO ASK IF THE BIOLOGICAL PARENT RESPONDENT IS MARRIED TO THE OTHER BIOLOGICAL PARENT).

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

CAPI INSTRUCTION: DISPLAY "father" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). DISPLAY "mother" IF THE BIOLOGICAL FATHER IS THE RESPONDENT (FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

- YES 1
- NO 2 (MHQ.030)
- NO, MARRIED TO SAME SEX PARTNER.... 3 (MHQ.096)
- NO, LIVING WITH SAME SEX PARTNER 4 (MHQ.098)
- REFUSED..... 8 (MHQ.030)
- DON'T KNOW..... 9 (MHQ.030)

MHQ.025 When did you get married?

THIS REFERS TO RESPONDENT'S CURRENT MARRIAGE.

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

- AND (MHQ.165)
- ENTER MONTH ENTER YEAR
- REFUSED..... 888 (MHQ.165)
- DON'T KNOW..... 999 (MHQ.165)

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

CAPI INSTRUCTION: DISPLAY "father" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). DISPLAY "mother" IF THE BIOLOGICAL FATHER IS THE RESPONDENT (FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

- YES 1
- NO 2 (MHQ.040)
- REFUSED..... 8 (MHQ.040)
- DON'T KNOW..... 9 (MHQ.040)

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

CAPI INSTRUCTION: DISPLAY "father" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). DISPLAY "mother" IF THE BIOLOGICAL FATHER IS THE RESPONDENT (FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

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

- REFUSED..... 888 (MHQ.165)
- DON'T KNOW..... 999 (MHQ.165)

MHQ.040 Are you legally married to someone who is not {CHILD}'s biological {father/mother} at the present time?

CAPI INSTRUCTION: DISPLAY "not" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "father" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). DISPLAY "mother" IF THE BIOLOGICAL FATHER IS THE RESPONDENT (FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

- YES 1 (MHQ.050)
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

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

CAPI INSTRUCTION: DISPLAY "not" IN UNDERLINED TEXT.

CAPI INSTRUCTION: DISPLAY "father" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). DISPLAY "mother" IF THE BIOLOGICAL FATHER IS THE RESPONDENT (FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

- YES 1 (MHQ.055)
- NO 2 (MHQ.125)
- REFUSED..... 8 (MHQ.125)
- DON'T KNOW..... 9 (MHQ.125)

MHQ.050 When did your current marriage begin?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

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

REFUSED..... 888 (MHQ.125)

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

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

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

REFUSED..... 888 (MHQ.125)

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

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

YES 1

NO 2 (MHQ.070)

REFUSED..... 8 (MHQ.070)

DON'T KNOW..... 9 (MHQ.070)

MHQ.065 When did their marriage begin?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

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

REFUSED..... 888 (MHQ.165)

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

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

YES 1

NO 2 (MHQ.125)

REFUSED..... 8 (MHQ.125)

DON'T KNOW..... 9 (MHQ.125)

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

 |_|_| AND |_|_|_|_| (MHQ.165)
 ENTER MONTH ENTER YEAR

 REFUSED..... 888 (MHQ.165)
 DON'T KNOW..... 999 (MHQ.165)

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

 YES 1
 NO 2 (MHQ.090)
 REFUSED..... 8 (MHQ.090)
 DON'T KNOW..... 9 (MHQ.090)

MHQ.085 When did you get married?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

 |_|_| AND |_|_|_|_| (MHQ.125)
 ENTER MONTH ENTER YEAR

 REFUSED..... 888 (MHQ.125)
 DON'T KNOW..... 999 (MHQ.125)

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

 YES 1
 NO 2 (MHQ.125)
 REFUSED..... 8 (MHQ.125)
 DON'T KNOW..... 9 (MHQ.125)

MHQ.095 When did you first start living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

 |_|_| AND |_|_|_|_| (MHQ.125)
 ENTER MONTH ENTER YEAR

 REFUSED..... 888 (MHQ.125)
 DON'T KNOW..... 999 (MHQ.125)

MHQ.096 Are you legally married?

 YES 1
 NO 2 (MHQ.098)
 REFUSED..... 8 (MHQ.098)
 DON'T KNOW..... 9 (MHQ.098)

MHQ.097 When did you get married?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

 |_|_| AND |_|_|_|_| (MHQ.125)
 ENTER MONTH ENTER YEAR

 REFUSED..... 888 (MHQ.125)
 DON'T KNOW..... 999 (MHQ.125)

MHQ.098 Are you living with someone in a marriage-like relationship?

 YES 1
 NO 2 (MHQ.125)
 REFUSED..... 8 (MHQ.125)
 DON'T KNOW..... 9 (MHQ.125)

MHQ.099 When did you begin living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

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

 REFUSED..... 888 (MHQ.125)
 DON'T KNOW..... 999 (MHQ.125)

MHQ.100 Are you legally married?

 YES 1
 NO 2 (MHQ.110)
 REFUSED..... 8 (MHQ.110)
 DON'T KNOW..... 9 (MHQ.110)

MHQ.105 When did you get married?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

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

 REFUSED..... 888 (MHQ.120)
 DON'T KNOW..... 999 (MHQ.120)

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

 YES 1
 NO 2 (MHQ.120)
 REFUSED..... 8 (MHQ.120)
 DON'T KNOW..... 9 (MHQ.120)

MHQ.115 When did you begin living together?

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

____ AND _____
ENTER MONTH ENTER YEAR

REFUSED..... 888
DON'T KNOW..... 999

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

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

YES 1 (MHQ.130)
NO 2
BIOLOGICAL PARENTS UNKNOWN 3 (BOX 6)
REFUSED..... 8
DON'T KNOW..... 9

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

CAPI INSTRUCTION: DISPLAY "Have you" AND "father" IN THE LAST FILL IF THE RESPONDENT IS A BIOLOGICAL MOTHER (FSQ.140 =1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). DISPLAY "Have you" AND "mother" IN THE LAST FILL IF THE RESPONDENT IS A BIOLOGICAL FATHER (FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

OTHERWISE, DISPLAY "Has {CHILD}'s biological {mother/father}".
DISPLAY "mother" (SECOND FILL) and "father" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "father" (SECOND FILL) and "mother" (NEXT FILL).

YES 1
NO 2 (MHQ.150)
REFUSED..... 8 (MHQ.150)
DON'T KNOW..... 9 (MHQ.150)

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

____ AND _____
ENTER MONTH ENTER YEAR

REFUSED..... 888
DON'T KNOW..... 999

BOX 2

- IF BIOLOGICAL PARENTS CURRENTLY MARRIED (MHQ.120 = 1), GO TO BOX 4.
- OTHERWISE, CONTINUE WITH MHQ.135.

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

Legal separation, 1
Divorce, 2
Annulment, or 3
Death ? 4
REFUSED..... 8
DON'T KNOW..... 9

BOX 3

- IF THE MARRIAGE ENDED IN DEATH (MHQ.135 = 3), GO TO BOX 4. ELSE, GO TO MHQ.136.

MHQ.136 In what month and year did the marriage legally end?

CAPI INSTRUCTION: DISPLAY "father" IF THE RESPONDENT IS A BIOLOGICAL MOTHER (FSQ.140 =1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). DISPLAY "mother" IF THE RESPONDENT IS A BIOLOGICAL FATHER (FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT).

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

____ AND _____
ENTER MONTH ENTER YEAR

REFUSED..... 888
DON'T KNOW..... 999

BOX 4

- IF RESPONDENT IS THE BIOLOGICAL MOTHER OR FATHER, OR THE BIOLOGICAL MOTHER OR FATHER IS IN THE HOUSEHOLD, GO TO MHQ.160.
- OTHERWISE, CONTINUE WITH MHQ.145.

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 2003-2010 FOR YEAR.

 |_|_| AND |_|_|_|_| (MHQ.165)
 ENTER MONTH ENTER YEAR

 REFUSED.....888 (MHQ.165)
 DON'T KNOW.....999 (MHQ.165)

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

CAPI INSTRUCTION: DISPLAY "you" IF THE RESPONDENT IS A BIOLOGICAL MOTHER OR BIOLOGICAL FATHER (FSQ.140 =1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "{CHILD}'S BIOLOGICAL {mother/father}". DISPLAY "mother" and "father" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "father" and "mother".

 YES 1
 NO 2 (MHQ.165)
 REFUSED..... 8 (MHQ.165)
 DON'T KNOW..... 9 (MHQ.165)

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

CAPI INSTRUCTION: DISPLAY "you" IF THE RESPONDENT IS A BIOLOGICAL MOTHER OR BIOLOGICAL FATHER (FSQ.140 =1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "{CHILD}'S BIOLOGICAL {mother/father}". DISPLAY "mother" and "father" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "father" and "mother".

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

 REFUSED.....888
 DON'T KNOW.....999

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

CAPI INSTRUCTION: RANGE CHECK: 1-12 FOR MONTH; 1975-2010 FOR YEAR.

CAPI INSTRUCTION: DATE RECORDED AT MHQ.160 MUST BE AFTER DATE RECORDED AT MHQ.155 OR MHQ.130.

CAPI INSTRUCTION: DISPLAY "you" IF THE RESPONDENT IS A BIOLOGICAL MOTHER OR BIOLOGICAL FATHER (FSQ.140 =1 OR FSQ.150 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "{CHILD}'S BIOLOGICAL {mother/father}". DISPLAY "mother" and "father" (NEXT FILL) IF THE RESPONDENT IS A FATHER FIGURE/PARTNER (FSQ.130 = 2 OR 6 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) OR IF THERE ARE NOT BIOLOGICAL PARENTS IN THE HOUSEHOLD (FSQ.140 AND FSQ.150 DO NOT EQUAL 1 FOR ANY HOUSEHOLD MEMBER). OTHERWISE, DISPLAY "father" and "mother".

_ _	AND	_ _ _ _
ENTER MONTH		ENTER YEAR
REFUSED..... 888		
DON'T KNOW..... 999		

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

CAPI INSTRUCTION: RANGE CHECK: 12-55 FOR AGE IN YEARS.

CAPI INSTRUCTION: DISPLAY "were you" AND "you" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "was {CHILD}'S biological mother" AND "she".

_ _
ENTER AGE IN YEARS
REFUSED..... 88
DON'T KNOW..... 99

BOX 4

- IF BIOLOGICAL MOTHER WAS MARRIED OR LIVING AS MARRIED WHEN CHILD WAS BORN (THE DATE OF MARRIAGE/LIVING AS MARRIED ENTERED AT MHQ.025, MHQ.035, MHQ.050, MHQ.055, MHQ.065, MHQ.075, MHQ.085, MHQ.095, MHQ.130, **OR** MHQ.155 IS BEFORE THE FOCAL CHILD'S DATE OF BIRTH), GO TO BOX 6.

NOTE: THE RESPONDENT MUST BE THE BIOLOGICAL MOTHER (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT) IN ORDER FOR THE DATE AT MHQ.050 AND MHQ.055 TO QUALIFY FOR THIS CHECK.

NOTE: THE BIOLOGICAL MOTHER MUST BE IN THE HOUSEHOLD (FSQ.140 = 1 FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT) IN ORDER FOR THE DATE AT MHQ.085 AND MHQ.095 TO QUALIFY FOR THIS CHECK.

NOTE: AS LONG AS THE YEAR IN THESE QUESTIONS IS BEFORE THE YEAR OF CHILD'S BIRTH, THE MONTH CAN BE DON'T KNOW/REFUSED. IF THE YEAR IN THESE QUESTIONS AND THE YEAR OF THE FOCAL CHILD'S BIRTH ARE THE SAME, COMPARE THE MONTHS (THE MONTH MUST BE BEFORE THE MONTH OF THE CHILD'S BIRTH).

- OTHERWISE, CONTINUE WITH MHQ.175.

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

CAPI INSTRUCTION: DISPLAY "Were you" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "Was {CHILD}'S biological mother".

YES 1 (BOX 6)
NO 2
REFUSED..... 8
DON'T KNOW..... 9

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

CAPI INSTRUCTION: DISPLAY "Were you" IF THE BIOLOGICAL MOTHER IS THE RESPONDENT (FSQ.140 = 1 FOR THE HOUSEHOLD MEMBER FLAGGED AS THE RESPONDENT). OTHERWISE, DISPLAY "Was {CHILD}'S biological mother".

YES 1
NO 2
REFUSED..... 8
DON'T KNOW..... 9

BOX 6

- GO TO SECTION HRQ (HISTORICAL ROSTER).

HISTORICAL ROSTER - HRQ

BOX 1

- IF THERE IS **NO** BIOLOGICAL MOTHER (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140) **OR NO** BIOLOGICAL FATHER (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150) CURRENTLY LIVING IN THE HOUSEHOLD, CONTINUE WITH BOX 2.
- OTHERWISE, GO TO BOX 5.

BOX 2

LOOP 1

- ASK HRQ.030-HRQ.120 ONE TIME FOR EACH BIOLOGICAL MOTHER (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140) AND/OR BIOLOGICAL FATHER (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150) WHO IS **NOT** CURRENTLY LIVING IN THE HOUSEHOLD.

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?

CODE '3' IF RESPONDENT VOLUNTEERS DON'T KNOW WHO BIOLOGICAL {MOTHER/FATHER} IS.

CAPI INSTRUCTION: DISPLAY "mother" IF LOOPING ON BIOLOGICAL MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140). DISPLAY "father" IF LOOPING ON BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150).

- YES 1
- NO 2
- DON'T KNOW WHO BIOLOGICAL
{MOTHER/FATHER} IS 3 (BOX 5)
- REFUSED 8
- DON'T KNOW 9

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

ONLY MONTH AND YEAR IS NECESSARY.

CAPI INSTRUCTION: DISPLAY "was" if HRQ.030 = 2. ELSE, DISPLAY "is".

CAPI INSTRUCTION: DISPLAY "mother" IF LOOPING ON BIOLOGICAL MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140). DISPLAY "father" IF LOOPING ON BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150).

CAPI INSTRUCTION: RANGE CHECK 1-12 FOR MONTH, 1920-1994 FOR YEAR.

____ AND ____
ENTER MONTH ENTER YEAR

REFUSED..... 888
DON'T KNOW..... 999

BOX 3

- IF A YEAR IS ENTERED AT HRQ.040 AND BIOLOGICAL PARENT IS DECEASED (HRQ.030=2), GO TO HRQ.060.
- IF (A YEAR IS ENTERED OR YEAR IS REF/DK AT HRQ.040 (HRQ.040 HAS THE YEAR OR WAS ANSWERED 888 OR 999)) AND (BIOLOGICAL PARENT IS NOT DECEASED OR ANSWER TO WHETHER LIVING WAS REF/DK (HRQ.030=1, 8, 9)), GO TO HRQ.090.
- OTHERWISE, CONTINUE WITH HRQ.060.

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

CAPI INSTRUCTION: DISPLAY "mother" IF LOOPING ON BIOLOGICAL MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140). DISPLAY "father" IF LOOPING ON BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150).

CAPI INSTRUCTION: DISPLAY "is" IF BIOLOGICAL PARENT (CURRENTLY BEING ASKED ABOUT) IS NOT DECEASED (HRQ.030=1, 8, 9). OTHERWISE, DISPLAY "was".

CAPI INSTRUCTION: DISPLAY "when {he/she} died" IF BIOLOGICAL PARENT (CURRENTLY BEING ASKED) ABOUT IS DECEASED (HRQ.030=2). DISPLAY "he" IF LOOPING ON THE FATHER. ELSE, DISPLAY "she" IF LOOPING ON THE MOTHER.

CAPI INSTRUCTION: RANGE CHECK 12-90.

ENTER AGE IN YEARS
REFUSED..... 888
DON'T KNOW..... 999

BOX 4

- IF BIOLOGICAL PARENT IS DECEASED (HRQ.030=2), CONTINUE WITH HRQ.080.
- OTHERWISE, GO TO HRQ.090.

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

ONLY MONTH AND YEAR IS NECESSARY.

CAPI INSTRUCTION: DISPLAY "mother" IF LOOPING ON BIOLOGICAL MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140). DISPLAY "father" IF LOOPING ON BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150).

CAPI INSTRUCTION: RANGE CHECK 1-12 FOR MONTH, 2002-2010 FOR YEAR.

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

REFUSED.....888
DON'T KNOW.....999

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

CAPI INSTRUCTION: DISPLAY "Is" IF BIOLOGICAL PARENT (CURRENTLY BEING ASKED ABOUT) IS NOT DECEASED (HRQ.030=1, 8, 9). OTHERWISE, DISPLAY "Was".

CAPI INSTRUCTION: DISPLAY "he" IF LOOPING ON BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140). DISPLAY "she" IF LOOPING ON BIOLOGICAL MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150).

YES 1
NO 2
REFUSED..... 8
DON'T KNOW..... 9

HRQ.100 What {is/was} {his/her} race? You may name one or more races to indicate what {he/she} considers {himself/herself} to be.

CAPI INSTRUCTION: DISPLAY "is" IF BIOLOGICAL PARENT (CURRENTLY BEING ASKED ABOUT) IS NOT DECEASED (HRQ.030=1, 8, 9). OTHERWISE, DISPLAY "was".

CAPI INSTRUCTION: DISPLAY "his", "he", AND "himself" IF LOOPING ON BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140). DISPLAY "her", "she", AND "herself" IF LOOPING ON BIOLOGICAL MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150).

CODE ALL THAT APPLY

- AMERICAN INDIAN OR ALASKA NATIVE ... 1
- ASIAN 2
- BLACK OR AFRICAN AMERICAN 3
- NATIVE HAWAIIAN OR OTHER
PACIFIC ISLANDER 4
- WHITE 5
- REFUSED..... 8
- DON'T KNOW..... 9

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

{CODE '3' IF RESPONDENT VOLUNTEERS FATHER WAS DECEASED BEFORE CHILD WAS BORN.}

{CODE '4' IF RESPONDENT VOLUNTEERS MOTHER WAS DECEASED BEFORE/WHEN CHILD WAS BORN.}

CAPI INSTRUCTION: DISPLAY "has" AND "lived" IF BIOLOGICAL PARENT CURRENTLY BEING ASKED ABOUT IS NOT DECEASED (HRQ.030=1, 8, 9). OTHERWISE, DISPLAY "did" AND "live".

CAPI INSTRUCTION: DISPLAY "his" IF THE CHILD IS MALE. ELSE, DISPLAY "her" IF THE CHILD IS FEMALE.

CAPI INSTRUCTION: DISPLAY "CODE '3' IF ... WAS BORN" AND "FATHER DECEASED ... 3 (BOX 5)" IF CURRENTLY ASKING ABOUT THE BIOLOGICAL FATHER NOT CURRENTLY LIVING IN THE HOUSEHOLD.

CAPI INSTRUCTION: DISPLAY "CODE '4' IF ... WAS BORN" AND "MOTHER DECEASED ... 4 (BOX 5)" IF CURRENTLY ASKING ABOUT THE BIOLOGICAL MOTHER NOT CURRENTLY LIVING IN THE HOUSEHOLD.

- YES 1
- NO 2 (BOX 5)
- {FATHER DECEASED BEFORE
CHILD BORN..... 3 (BOX 5)}
- {MOTHER DECEASED BEFORE/WHEN
CHILD BORN 4 (BOX 5)
- REFUSED..... 8 (BOX 5)
- DON'T KNOW..... 9 (BOX 5)

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

CAPI INSTRUCTION: RANGE CHECK 1-12 FOR MONTH, 2003-2010 FOR YEAR.

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

REFUSED..... 88
DON'T KNOW..... 99

BOX 5

■ GO TO SECTION NRQ (NON-RESIDENT PARENT QUESTIONS).

NON-RESIDENT PARENT QUESTIONS - NRQ

BOX 1

- IF **BOTH** BIOLOGICAL PARENTS (CODED '1' AT FSQ.140 FOR AT LEAST ONE HOUSEHOLD MEMBER **AND** CODED '1' AT FSQ.150 FOR AT LEAST ONE HOUSEHOLD MEMBER) ARE CURRENTLY LIVING TOGETHER IN THE HOUSEHOLD, GO TO BOX 5.
- OTHERWISE, CONTINUE WITH BOX 2.

BOX 2

LOOP 1

- ASK BOX 3 – BOX 4 ONE TIME FOR EACH BIOLOGICAL MOTHER, ADOPTIVE MOTHER, BIOLOGICAL FATHER, AND ADOPTIVE FATHER NOT LIVING IN THE HOUSEHOLD.

DETERMINING LOOPING ELIGIBILITY:

1. BIOLOGICAL MOTHER: NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140.
2. ADOPTIVE MOTHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD, BUT ADOPTIVE FATHER IS IN THE HOUSEHOLD.
3. BIOLOGICAL FATHER: NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150.
4. ADOPTIVE FATHER NOT IN HH: NO BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD, BUT ADOPTIVE MOTHER IS IN THE HOUSEHOLD.

BOX 3

- IF ASKING ABOUT BIOLOGICAL MOTHER NOT IN HOUSEHOLD AND BIOLOGICAL MOTHER IS NOT LIVING OR RESPONDENT DOES NOT KNOW WHO THE BIOLOGICAL MOTHER IS (HRQ.030=2, 3, 8, OR 9), GO TO BOX 4.
- IF ASKING ABOUT BIOLOGICAL MOTHER NOT IN HOUSEHOLD AND BIOLOGICAL MOTHER IS STILL LIVING (HRQ.030=1), GO TO NRQ.040 FOR THE BIOLOGICAL MOTHER.
- IF ASKING ABOUT BIOLOGICAL FATHER NOT IN HOUSEHOLD AND BIOLOGICAL FATHER IS NOT LIVING OR RESPONDENT DOES NOT KNOW WHO THE BIOLOGICAL FATHER IS (HRQ.030=2, 3, 8, OR 9), GO TO BOX 4.
- IF ASKING ABOUT BIOLOGICAL FATHER NOT IN HOUSEHOLD AND BIOLOGICAL FATHER IS STILL LIVING (HRQ.030=1), GO TO NRQ.040 FOR THE BIOLOGICAL FATHER.
- IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS CODE '1' AT FSQ.140 OR FSQ.150) AND THERE IS AT LEAST ONE ADOPTIVE PARENT IN THE HOUSEHOLD (AT LEAST ONE HOUSEHOLD MEMBER WITH A CODE OF '2' AT FSQ.140 OR FSQ.150), CONTINUE WITH NRQ.030.
- ELSE, GO TO BOX 4.

NOTE: AFTER BOX 3 IS CONSIDERED, BOX 3 – BOX4 LOOPS WILL DO THE FOLLOWING:

FOR TWO ADOPTIVE PARENTS WILL ASK ABOUT THE CHILD'S BIOLOGICAL MOTHER AND FATHER WHO ARE NOT IN THE HOUSEHOLD.

FOR ONE BIOLOGICAL PARENT AND ONE ADOPTIVE PARENT, WE WILL ASK ABOUT THE OTHER BIOLOGICAL PARENT WHO IS NOT IN THE HOUSEHOLD.

FOR ONE BIOLOGICAL PARENT IN THE HOUSEHOLD, WE WILL ASK ABOUT THE OTHER BIOLOGICAL PARENT WHO IS NOT IN THE HOUSEHOLD.

FOR ONE ADOPTIVE PARENT, IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD, WE WILL ASK ABOUT WHETHER THERE IS ANOTHER ADOPTIVE PARENT AND IF SO WE WILL ASK ABOUT THAT PARENT, IN ADDITION TO THE BIOLOGICAL MOTHER AND FATHER NOT IN THE HOUSEHOLD.

IF THERE ARE NO BIOLOGICAL OR ADOPTIVE PARENTS IN THE HOUSEHOLD, WE WILL ASK ABOUT THE BIOLOGICAL MOTHER AND FATHER WHO ARE NOT IN THE HOUSEHOLD.

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

CAPI INSTRUCTION: DISPLAY "you" AND "are" IF FSQ.140 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE FATHER) OR FSQ.150 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE MOTHER) FOR THE PERSON FLAGGED AS THE RESPONDENT. DISPLAY "{NAME}" AND "Is" IF FSQ.140 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE FATHER) OR FSQ.150 = 2 (IF ASKING ABOUT NON-RESIDENT ADOPTIVE MOTHER) FOR A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT.

CAPI INSTRUCTION: DISPLAY "mother" AND "father" IF ASKING ABOUT A NON-RESIDENT ADOPTIVE FATHER. DISPLAY "father" AND "mother" IF ASKING ABOUT A NON-RESIDENT ADOPTIVE MOTHER.

- YES 1
- NO 2 (BOX 4)
- REFUSED..... 8 (BOX 4)
- DON'T KNOW..... 9 (BOX 4)

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

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

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 ...

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY "biological" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY "biological" AND "father" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "father" FOR THE PARTICULAR LOOP R IS ON.

DISPLAY '[We...helpful]' IF THERE ARE NO BIRTH PARENTS IN THE HOUSEHOLD. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'for adoptive parents' IF THE RESPONDENT IS AN ADOPTIVE FATHER OR MOTHER.

- Less than one month 1
- More than a month but less than a year, 2 (BOX 4)
- More than a year, or 3 (BOX 4)
- No contact since birth 4 (BOX 4)
- PARENT IS DECEASED 5 (BOX 4)
- NO CONTACT SINCE ADOPTION 6 (BOX 4)
- NO ADOPTIVE (MOTHER/FATHER) 7 (BOX 4)
- PARENT UNKNOWN/WAS ONLY A DONOR 8 (BOX 4)
- REFUSED..... 88 (BOX 4)
- DON'T KNOW..... 99 (BOX 4)

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

CAPI INSTRUCTIONS:

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY "biological" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY "biological" AND "father" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "father" FOR THE PARTICULAR LOOP R IS ON.

CAPI INSTRUCTION: RANGE CHECK 0-28.

ENTER # OF DAYS

REFUSED..... 88
DON'T KNOW..... 99

BOX 4
END LOOP 1
<ul style="list-style-type: none"> ■ ASK BOX 3 – BOX 4 FOR NEXT NON-RESIDENTIAL PARENT. ■ IF NO NEXT NON-RESIDENTIAL PARENT, CONTINUE WITH BOX 5.

BOX 5
<ul style="list-style-type: none"> ■ GO TO SECTION CFQ (CRITICAL FAMILY PROCESSES).

CRITICAL FAMILY PROCESSES - CFQ

BOX 1

IF FSQ.130 = 1 (MOTHER OR FEMALE GUARDIAN) FOR ANY HOUSEHOLD MEMBER) OR NRQ.040 = 1 FOR THE NON-RESIDENT ADOPTIVE/BIOLOGICAL MOTHER (THE NON-RESIDENT ADOPTIVE OR BIOLOGICAL MOTHER HAS CONTACTED THE CHILD LESS THAN A MONTH AGO), GO TO BOX 2. ELSE, GO TO CFQ.010.

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

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

CFQ.020 Who is this person?

CODE ALL THAT APPLY

- GRANDMOTHER 1
- BIOLOGICAL MOTHER..... 2
- STEPMOTHER 3
- ADOPTIVE MOTHER 4
- FOSTER MOTHER 5
- RESPONDENT'S GIRLFRIEND/PARTNER 6
- TEACHER/COACH 7
- CLERGY 8
- AUNT 9
- CHILD'S SIBLING 10
- FRIEND OF FAMILY..... 11
- BABYSITTER/NANNY/CAREGIVER 12
- OTHER RELATIVE 13
- OTHER NON-RELATIVE 14
- REFUSED 88
- DON'T KNOW 99

BOX 2

IF FSQ.130 = 2 (FATHER OR MALE GUARDIAN) FOR ANY HOUSEHOLD MEMBER) OR NRQ.040 = 1 FOR THE NON-RESIDENT ADOPTIVE/BIOLOGICAL FATHER (THE NON-RESIDENT ADOPTIVE OR BIOLOGICAL FATHER HAS CONTACTED THE CHILD LESS THAN A MONTH AGO), GO TO CFQ.060. ELSE, GO TO CFQ.030.

CFQ.030 {Now I have some questions about relationships {CHILD} may have with other people.} Is there any person who is like a father to {CHILD}?

CAPI INSTRUCTION: DISPLAY "Now...people" IF CFQ.010 WAS NOT ASKED. ELSE, USE A NULL DISPLAY.

- YES 1
- NO 2 (CFQ.060)
- REFUSED..... 8 (CFQ.060)
- DON'T KNOW..... 9 (CFQ.060)

CFQ.040 Who is this person?

CODE ALL THAT APPLY

- GRANDFATHER..... 1
- BIOLOGICAL FATHER..... 2
- STEPFATHER 3
- ADOPTIVE FATHER..... 4
- FOSTER FATHER 5
- RESPONDENT'S BOYFRIEND/PARTNER 6
- TEACHER/COACH 7
- CLERGY 8
- UNCLE..... 9
- CHILD'S SIBLING 10
- FRIEND OF FAMILY..... 11
- BABYSITTER/NANNY/CAREGIVER 12
- OTHER RELATIVE 13
- OTHER NON-RELATIVE 14
- REFUSED 88
- DON'T KNOW 99

CFQ.060 Now I'd like to ask about {CHILD}'s grandparents. How many of {CHILD}'s grandparents are still living?

- NONE 0 (BOX 3)
- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- MORE THAN FOUR 5
- REFUSED 8 (BOX 3)
- DON'T KNOW 9 (BOX 3)

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

- NONE 0
- ONE 1
- TWO 2
- THREE 3
- FOUR 4
- MORE THAN FOUR 5
- REFUSED 8
- DON'T KNOW 9

BOX 3

■ GO TO SECTION PEQ (PARENT EDUCATION AND HUMAN CAPITAL).

PARENT EDUCATION AND HUMAN CAPITAL - PEQ

BOX 1

LOOP 1

- ASK PEQ.020 - PEQ.080 FOR 2 "KEY" PARENT FIGURES AS DEFINED IN BOX 3 OF FSQ AND UP TO 3 NON-RESIDENTIAL BIOLOGICAL/ADOPTIVE PARENTS (EVEN IF DECEASED).
- ALWAYS ASK ABOUT THE NON-RESIDENTIAL PARENT LAST. DEFINE NON-RESIDENT PARENTS AS FOLLOWS:
 1. NON-RESIDENT BIOLOGICAL MOTHER (IF HRQ.030=1 OR 2 FOR A BIOLOGICAL MOTHER)
 2. NON-RESIDENT BIOLOGICAL FATHER (IF HRQ.030=1 OR 2 FOR A BIOLOGICAL FATHER)
 3. NON-RESIDENT ADOPTIVE MOTHER OR FATHER (IF NRQ.030=1 FOR A NON-RESIDENT ADOPTIVE PARENT).

NOTE: FOR RESIDENT PARENTS/RESPONDENT, LOOP 1 WILL BE ASKED A MINIMUM OF 1 TIME AND A MAXIMUM OF 2 TIMES. FOR NON-RESIDENT PARENTS, LOOP 1 WILL BE ASKED A MINIMUM OF 0 TIMES AND A MAXIMUM OF 3 TIMES.

HELP AVAILABLE

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

{[IF NECESSARY, SAY: Again, any information you can provide will be helpful.]}

CAPI INSTRUCTION: DISPLAY "Now ... training." IF FIRST CYCLE OF LOOP 1. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "was" AND "had" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT A NONRESIDENT BIOLOGICAL PARENT AND HRQ.030 = 2 FOR THAT PARENT. OTHERWISE, DISPLAY "is".

CAPI INSTRUCTIONS: DISPLAY "you" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT THE RESPONDENT. DISPLAY "{NAME}" (AND THAT PERSON'S FIRST NAME) IF CURRENT CYCLE OF LOOP IS ASKING ABOUT A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT. DISPLAY "{CHILD}'S {mother/father}" IF CURRENT CYCLE OF LOOP IS ASKING ABOUT THE NONRESIDENTIAL MOTHER/FATHER. DISPLAY "mother" IF THE NONRESIDENTIAL MOTHER IS BEING ASKED ABOUT. DISPLAY "father" IF THE NON-RESIDENTIAL FATHER IS BEING ASKED ABOUT.

CAPI INSTRUCTION: DISPLAY "biological" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT A NON-RESIDENT BIOLOGICAL PARENT. OTHERWISE, DISPLAY "adoptive".

CAPI INSTRUCTION: DISPLAY "have" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT THE RESPONDENT. DISPLAY "had" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT A NONRESIDENT BIOLOGICAL PARENT AND HRQ.030 = 2 FOR THAT PARENT. OTHERWISE, DISPLAY "has".

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

HELP TEXT:

Highest Grade or Year of School Completed: For grades 1-11, enter the exact grade level. If the person you are asking about completed elementary school, find out the last grade completed. If the respondent says the person finished 12th grade, ask whether the person received a diploma or got the equivalent of a high school diploma.

Completing a given grade in school should be counted as the number of years it normally takes to complete that grade level of education, regardless of how many years it actually took the person to finish. This means that for persons who skipped or repeated grades in elementary school, you will enter the highest grade completed regardless of the number of years they were in school. This rule is true for elementary school through high school and is especially relevant to college.

12th grade but no diploma: The person completed the 12th grade, but did not earn a high school diploma or GED.

High school equivalent: This means that the person has a GED. The GED is an exam certified equivalent of a high school diploma received when the person has not actually received a degree from attending high school, but has acquired his/her GED (high school equivalency based on passing the GED exam).

High school diploma: A certificate that verifies that a person has successfully completed the required courses of a high school curriculum and has actually graduated from high school rather than having a GED.

Vocational/technical program after high school but no voc/tech diploma: The person attended this type of program, but did not earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

Vocational/technical program after high school: The person attended this type of program and DID earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

Some college but no degree: The person does not have a 4-year college (bachelor's) degree but has completed a class for credit at a college or university.

Associate's degree: A 2-year college degree typically earned at a community college (rather than a trade school).

Bachelor's degree: A 4-year college degree earned at a university or 4-year college. It is sometimes called an "undergraduate degree."

Graduate or professional school but no degree: The person attended a graduate or professional school that advanced him/her toward a degree beyond a Bachelor's degree (for example, a Master's, Doctorate, or other professional degree). However, the person did not complete the program or earn the degree.

Master's (MA, MS): Studies beyond a bachelor's degree, but not a Ph.D. or Ed.D.

Doctorate Degree (Ph.D., EDD): Studies beyond a Master's degree that result in a doctorate degree.

Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS, Law/JD/LLB): Any other graduate degrees earned with academic studies beyond the bachelor's.

1ST GRADE	1
2ND GRADE	2
3RD GRADE	3
4TH GRADE	4
5TH GRADE	5
6TH GRADE	6
7TH GRADE	7
8TH GRADE	8
9TH GRADE	9
10TH GRADE	10
11TH GRADE	11

12TH GRADE BUT NO DIPLOMA	12
HIGH SCHOOL EQUIVALENT/GED	13 (BOX 2)
HIGH SCHOOL DIPLOMA	14 (BOX 2)
VOC/TECH PROGRAM	
AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....	15
VOC/TECH PROGRAM AFTER HIGH SCHOOL, DIPLOMA.....	16
SOME COLLEGE BUT NO DEGREE	17
ASSOCIATE'S DEGREE.....	18
BACHELOR'S DEGREE.....	19 (BOX 2)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	20 (BOX 2)
MASTER'S (MA, MS)	21 (BOX 2)
DOCTORATE DEGREE (PHD, EDD)	22 (BOX 2)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE	
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	23 (BOX 2)
REFUSED	88
DON'T KNOW.....	99

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, or neither?

CAPI INSTRUCTIONS: DISPLAY "Do" AND "you" IF CURRENT CYCLE OF LOOP IS ASKING ABOUT THE RESPONDENT. DISPLAY "Does" AND "{NAME}" (AND THAT PERSON'S FIRST NAME) IF CURRENT CYCLE OF LOOP IS ASKING ABOUT A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT. DISPLAY "Did" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT A NONRESIDENT BIOLOGICAL PARENT AND HRQ.030=2 FOR THAT PARENT. DISPLAY "{CHILD}'S {MOTHER/FATHER}" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT THE NON-RESIDENTIAL MOTHER/FATHER.

CAPI INSTRUCTION: DISPLAY "biological" IF CURRENT CYCLE OF LOOP 1 IS ASKING ABOUT A NON-RESIDENT BIOLOGICAL PARENT. OTHERWISE, DISPLAY "adoptive".

HIGH SCHOOL DIPLOMA	1
HIGH SCHOOL EQUIVALENT (GED).....	2
NO HIGH SCHOOL DIPLOMA/EQUIVALENT	3
REFUSED	8
DON'T KNOW	9

BOX 2

- IF ASKING ABOUT A NONRESIDENTIAL BIOLOGICAL/ADOPTIVE PARENT, GO TO BOX 3.
- OTHERWISE, CONTINUE WITH PEQ.050.

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

YES	1
NO	2 (PEQ.070)
REFUSED	8 (PEQ.070)
DON'T KNOW	9 (PEQ.070)

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

- FULL-TIME 1
- PART-TIME 2
- REFUSED 8
- DON'T KNOW 9

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

HELP TEXT:

Job-training/On-the-job-training program: Job training includes activities that qualify someone to work in a particular occupation, such as a carpenter, a cook, or an electrician. Do not include 2-year colleges (A.A. degree), 4-year college degree (B.A.) or high school equivalency degrees (GED). On-the-job training includes activities at the work site to help the learner develop job-related skills while doing work at the same time. This also includes apprenticeships.

- YES 1
- NO 2 (BOX 4)
- REFUSED 8 (BOX 4)
- DON'T KNOW 9 (BOX 4)

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

CAPI INSTRUCTION: RANGE CHECK 0-80.

- _____
 ENTER HOURS PER WEEK
- REFUSED 88
 - DON'T KNOW 99

BOX 3

END LOOP 1

- ASK PEQ.020 - PEQ.080 FOR NEXT PERSON.
- IF NO NEXT PERSON, CONTINUE WITH BOX 4.

BOX 4

- GO TO SECTION EMQ (PARENT EMPLOYMENT).

PARENT EMPLOYMENT - EMQ

BOX 1

LOOP 1

- ASK EMQ.020 - EMQ.150 FOR 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD AS DEFINED IN BOX 3 OF FSQ.

HELP AVAILABLE

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

HELP TEXT:

Job for pay: Paid work for wages, salary, commission, or pay 'in kind.' Examples of 'pay in kind' include meals, living quarters, or supplies provided in place of wages. This definition of employment **includes** work in the person's own business, professional practice, or farm, paid leave of absence (including vacations and illnesses), and work without pay in a family business or farm run by a relative. This definition **excludes** unpaid volunteer work (such as for a church or charity), unpaid leaves of absence, temporary layoffs (such as a strike), and work around the house.

IF SELF-EMPLOYED, CODE AS YES.

IF RESPONDENT OR SPOUSE/PARTNER IS SELF-EMPLOYED, CODE AS YES.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

YES	1 (EMQ.040)
NO	2
REFUSED	8
DON'T KNOW	9

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

CAPI INSTRUCTION: DISPLAY "Were you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "Was {NAME}".

CAPI INSTRUCTION: FOR "Was {NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

YES	1
NO	2 (EMQ.060)
REFUSED	8 (EMQ.060)
DON'T KNOW	9 (EMQ.060)

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

CAPI INSTRUCTION: RANGE CHECK 1-6.

CAPI INSTRUCTION: DISPLAY "do you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "does {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

|_|
ENTER # OF JOBS

REFUSED 8
DON'T KNOW 9

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

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

CAPI INSTRUCTION: DISPLAY "do you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "does {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: IF NUMBER OF JOBS IS GREATER THAN ONE IN EMQ.040, DISPLAY "counting...jobs". ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF NUMBER OF JOBS = 2 IN EMQ.040, DISPLAY "both" AND USE A NULL DISPLAY FOR "# of jobs...ONE". ELSE, DISPLAY "all" AND THE NUMBER OF JOBS IN EMQ.040.

CAPI INSTRUCTION: RANGE CHECK 0-80.

|_|_|
ENTER # OF WEEKLY HOURS (EMQ.055)

REFUSED.....888 (EMQ.055)
DON'T KNOW.....999 (EMQ.055)

EMQ.055 (Do you/Does [he/she]) work a regular day shift, that is, one with most of the hours between 6 a.m. and 6 p.m.?

CAPI INSTRUCTION: DISPLAY "Do you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "Does {he/she}".

CAPI INSTRUCTION: FOR "{he/she}", DISPLAY "he" IF THE PERSON WHO IS CURRENTLY BEING LOOPED ON IS MALE. DISPLAY "she" IF THE PERSON CURRENTLY BEING LOOPED ON IS FEMALE.

- YES1 (BOX 4)
- NO2 (EMQ.056)
- REFUSED..... 8 (BOX 4)
- DON'T KNOW..... 9 (BOX 4)

EMQ.056 (Do you/Does {he/she}) work...

CAPI INSTRUCTION: DISPLAY "Do you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "Does {he/she}".

CAPI INSTRUCTION: FOR "{he/she}", DISPLAY "he" IF THE PERSON WHO IS CURRENTLY BEING LOOPED ON IS MALE. DISPLAY "she" IF THE PERSON CURRENTLY BEING LOOPED ON IS FEMALE.

- A regular evening shift - any time between 2 P.M. and Midnight,..... 1 (BOX 4)
- A regular night shift - any time between 9 P.M. and 8 A.M.,..... 2 (BOX 4)
- A variable shift—one that changes from days to evenings
or nights, where (you/he/she) choose(s) (your/his/her) own hours, or 3 (BOX 4)
- A variable shift, with hours set by (your/his/her) employer? 4 (BOX 4)
- WORKS WHEN WORK IS AVAILABLE 5 (BOX 4)
- REFUSED 8 (BOX 4)
- DON'T KNOW 9 (BOX 4)

HELP AVAILABLE

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

CAPI INSTRUCTION: DISPLAY "Have you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "Has {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

HELP TEXT:

Actively looking for work: The person has done at least one of the following activities in the past 4 weeks:

- 1. Checked with public employment agency;
- 2. Checked with private employment agency;
- 3. Checked with employer directly/sent resume;
- 4. Checked with friends or relatives; or
- 5. Placed or answered ads/sent resume.

YES	1
NO	2 (EMQ.080)
REFUSED	8 (EMQ.080)
DON'T KNOW	9 (EMQ.080)

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

CAPI INSTRUCTION: DISPLAY "have you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "has {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

CODE ALL THAT APPLY

CHECKED WITH PUBLIC EMPLOYMENT AGENCY	1
CHECKED WITH PRIVATE EMPLOYMENT AGENCY	2
CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME	3
CHECKED WITH FRIENDS OR RELATIVES	4
PLACED OR ANSWERED ADS/SENT RESUME	5
READ WANT-ADS	6
SOMETHING ELSE (SPECIFY)_____	91

REFUSED	88
DON'T KNOW	99

BOX 2

IF ANY CATEGORY IN EMQ.070 BETWEEN "1" AND "5" IS ENTERED BUT NEITHER "6" NOR "91" HAS BEEN ENTERED, GO TO EMQ.100. ELSE, IF "6" IS ENTERED IN EMQ.070 BUT "91" IS NOT, GO TO EMQ.080. ELSE, IF "91" IS ENTERED IN EMQ.070, CONTINUE WITH EMQ.070OS. OTHERWISE, GO TO EMQ.080.

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

SPECIFY ACTIVITIES.

CAPI INSTRUCTION: DISPLAY "have you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "has {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

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

CAPI INSTRUCTION: DISPLAY "last week" in UNDERLINED TEXT

- Keeping house or caring for children, 1 (BOX 3)
- Going to school, 2 (BOX 3)
- Retired, 3 (BOX 3)
- Unable to work, or 4 (BOX 3)
- Something else? What was that?
(SPECIFY) _____ 91
- REFUSED 8 (BOX 3)
- DON'T KNOW 9 (BOX 3)

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

SPECIFY ACTIVITY.

CAPI INSTRUCTION: DISPLAY "last week" in UNDERLINED TEXT

BOX 3

- IF DOING SOMETHING ELSE IN THE PAST 4 WEEKS (EMQ.070 = 91), CONTINUE WITH EMQ.100.
- OTHERWISE, GO TO BOX 4.

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

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

BOX 4

- IF WORKED AT A JOB FOR PAY (EMQ.020=1)
OR
WAS ON LEAVE OR VACATION (EMQ.030=1)
OR
WAS ACTIVELY LOOKING FOR WORK (EMQ.060=1),
CONTINUE WITH EMQ.120.
- OTHERWISE, GO TO BOX 5.

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

PROBE FOR: NAME OF THE COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. IF MORE THAN ONE CURRENT JOB, ASK ABOUT THE ONE AT WHICH THE PERSON SPENDS THE MOST TIME.

CAPI INSTRUCTION: DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "DOES" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "did" IF EMQ.060 = 1.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "WHEN {you/{he/she}} LAST WORKED" IF EMQ.060 = 1. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{he/she}".

ENTER EMPLOYER NAME

- REFUSED 8
- DON'T KNOW 9

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

PROBE: What do they make or do?

PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

CAPI INSTRUCTION: DISPLAY "is" IF EMQ.020 = 1 OR EMQ.030 = 1. OTHERWISE, DISPLAY "was".

ENTER INDUSTRY DESCRIPTION	
REFUSED	8
DON'T KNOW.....	9

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

PROBE: What {is/was/} {your/{NAME}'s} job called?

PROBE: For example, electrical engineer, stock clerk, administrative assistant, or farmer.

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "is" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "were" IF EMQ.060 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "was" IF EMQ.060 =1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

ENTER JOB TITLE	
REFUSED	8
DON'T KNOW.....	9

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

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "is" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "were" IF EMQ.060 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "was" IF EMQ.060 =1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

CAPI INSTRUCTION: IN FIRST SENTENCE, DISPLAY "your" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}'s". IN SECOND SENTENCE, DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "does" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "did" IF EMQ.060 = 1.

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

ENTER JOB DUTIES

REFUSED 8
 DON'T KNOW 9

BOX 5

END LOOP 1

- ASK EMQ.020 - EMQ.150 FOR NEXT PERSON.
- IF NO NEXT PERSON, CONTINUE WITH EMQ.180.

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

CAPI INSTRUCTIONS: IF THE RESPONDENT IS THE CHILD'S MOTHER OR FATHER (BIOLOGICAL, ADOPTIVE, STEP, FOSTER, GUARDIAN), DISPLAY "your". ELSE, IF THE CHILD IS MALE, DISPLAY "his". ELSE, IF THE CHILD IS FEMALE, DISPLAY "her". ELSE, IF GENDER IS MISSING DISPLAY "his/her".

YES 1
 NO 2 (BOX 6)
 REFUSED..... 8 (BOX 6)
 DON'T KNOW..... 9 (BOX 6)

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

CAPI INSTRUCTIONS: IF THE RESPONDENT IS THE CHILD'S MOTHER OR FATHER (BIOLOGICAL, ADOPTIVE, STEP, FOSTER, GUARDIAN), DISPLAY "your". ELSE, DISPLAY THE CHILD'S NAME IN "{CHILD}'s".

CAPI INSTRUCTION: RANGE CHECK: 1-11 IF UNIT IS MONTHS; 1-7 IF UNIT IS YEARS.

ENTER NUMBER

REFUSED 88
DON'T KNOW 99

ENTER UNIT

MONTH 1
YEAR 2
REFUSED 8
DON'T KNOW 9

BOX 6
■ GO TO SECTION WPQ (WELFARE AND OTHER PUBLIC TRANSFERS).

WELFARE AND OTHER PUBLIC TRANSFERS - WPQ

HELP AVAILABLE

WPQ.030 When {you were/{CHILD}'s mother was} pregnant with {CHILD}, did {you/she} receive any benefits from the Special Supplemental Food Program for Women, Infants, and Children, or WIC?

HELP TEXT:

WIC: This program provides food assistance and nutritional education to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5. WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. WIC benefits can include food, checks, vouchers, and/or a debit card called EBT (Electronic Benefit Transfer).

CAPI INSTRUCTION: DISPLAY "you were" AND "you" IF FSQ.140 = 1 FOR THE PERSON FLAGGED AS THE RESPONDENT. OTHERWISE DISPLAY "{CHILD}'S mother was" AND "she".

- YES 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

HELP AVAILABLE

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

HELP TEXT:

WIC: This program provides food assistance and nutritional education to low-income pregnant and postpartum women and their infants, as well as to low-income children up to age 5. WIC is short for the Special Supplemental Food Program for Women, Infants, and Children. WIC benefits can include food, checks, vouchers, and/or a debit card called EBT (Electronic Benefit Transfer).

- YES 1
- NO 2
- REFUSED..... 8
- DON'T KNOW..... 9

HELP AVAILABLE

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

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

HELP TEXT:

TANF: Temporary Assistance for Needy Families (TANF) or {STATE TANF PROGRAM NAME} in {STATE} is a government program that provides cash benefits to low-income families with children. Many states provide TANF money through an Electronic Benefits Transfer (EBT) card that is like a debit or ATM card.

Past 12 Months: For this question, consider whether or not TANF (or AFDC) was received in the past 12 calendar months, not the last calendar year.

CAPI INSTRUCTIONS:

- 1. DISPLAY STATE TANF PROGRAM NAME.

YES 1
NO 2 (WPQ.070)
REFUSED 8 (WPQ.070)
DON'T KNOW 9 (WPQ.070)

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

ENTER NUMBER OF MONTHS.

HARD RANGE: 1-12 MONTHS.

CAPI INSTRUCTIONS:

- 1. DISPLAY STATE TANF PROGRAM NAME.

|_|_|
ENTER NUMBER OF MONTHS (WPQ.080)
REFUSED 88 (WPQ.080)
DON'T KNOW 99 (WPQ.080)

WPQ.070 Since {CHILD} was born, have you or anyone in your household ever received TANF {or {STATE TANF PROGRAM NAME}}?

CAPI INSTRUCTIONS:

- 1. DISPLAY STATE TANF PROGRAM NAME.

YES 1
NO 2
REFUSED 8
DON'T KNOW 9

HELP AVAILABLE

WPQ.080 In the past 12 months, have you or anyone in your household received food stamps, also called SNAP (the Supplemental Nutrition Assistance Program), or food benefits on EBT (Electronic Benefit Transfer)?
HELP TEXT: Food Stamps or SNAP (Supplemental Nutrition Assistance Program). A government program that provides plastic cards that can be used to buy food. In the past, SNAP was called the Food Stamp Program and gave people benefits in paper coupons or food stamps.

- YES 1
- NO 2 (WPQ.100)
- REFUSED 8 (WPQ.100)
- DON'T KNOW 9 (WPQ.100)

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

ENTER NUMBER OF MONTHS.
HARD RANGE: 1-12 MONTHS.

- ENTER NUMBER OF MONTHS (BOX 1)
- REFUSED 88 (BOX 1)
 - DON'T KNOW 99 (BOX 1)

WPQ.100 Since {CHILD} was born, have you or anyone in your household ever received food stamps or food benefits on EBT (Electronic Benefit Transfer) from SNAP?

- YES 1
- NO 2
- REFUSED 8
- DON'T KNOW 9

BOX 1
■ GO TO SECTION CMQ (CHILD MOBILITY AND CONTACT INFORMATION).

CHILD MOBILITY AND CONTACT INFORMATION - CMQ

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

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

CAPI INSTRUCTION: RANGE CHECK: 0 – 10 PLACES.

ENTER # OF PLACES
REFUSED..... 88
DON'T KNOW..... 99

BOX 1

- IF CHILD ONLY LIVED AT ONE PLACE (CMQ.010=1, 88, 99), GO TO CMQ.050.
- OTHERWISE, CONTINUE WITH CMQ.030.

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

CAPI INSTRUCTION: RANGE CHECK 0-7 FOR YEARS, 0-12 FOR MONTHS.

_____ AND _____
ENTER YEARS ENTER MONTHS
REFUSED..... 88
DON'T KNOW..... 99

CMQ.050 Thank you very much 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.

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

YES 1
NO 2 (CMQ.091)
REFUSED..... 8 (CMQ.091)
DON'T KNOW..... 9 (CMQ.091)

CMQ.080 What is that telephone number?

IF NO TELEPHONE, ENTER '000'.

ENTER SECOND PHONE NUMBER, INCLUDING AREA CODE.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD IS NOT '000' AND IS NOT 10 NUMBERS, SHOW EDIT:

"Phone number has wrong format. Please correct. The phone number must be formatted as 10 numbers (xxx-xxx-xxxx)."

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

_ _ _ - _ _ _ - _ _ _ _	_____
SECOND TELEPHONE NUMBER	EXTENSION
REFUSED.....	8 (CMQ.091)
DON'T KNOW.....	9 (CMQ.091)

CMQ.090 Where is that telephone located?

OFFICE/PLACE OF BUSINESS.....	1 (CMQ.091)
RELATIVE (SPECIFY)_____	2
NEIGHBOR (SPECIFY)_____	3
FRIEND (SPECIFY)_____	4
BEEPER NUMBER.....	5 (CMQ.091)
CELL PHONE.....	6 (CMQ.091)
OTHER (SPECIFY) _____	7
REFUSED.....	88 (CMQ.091)
DON'T KNOW.....	99 (CMQ.091)

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

SPECIFY {RELATIVE / NEIGHBOR / FRIEND / OTHER}.

CAPI INSTRUCTIONS:

- 1. DISPLAY 'RELATIVE' IF CMQ.090=2.
- 2. DISPLAY 'NEIGHBOR' IF CMQ.090=3.
- 3. DISPLAY 'FRIEND' IF CMQ.090=4.
- 4. DISPLAY 'OTHER' IF CMQ.090 = 91.

CMQ.091 Is there an e-mail address where we could reach you?

- YES 1
- NO 2 (CMQ.100)
- REFUSED..... 8 (CMQ.100)
- DON'T KNOW..... 9 (CMQ.100)

CMQ.092 What is your e-mail address?

IF EMAIL ADDRESS WILL NOT FIT THE SPACE PROVIDED, ENTER IT IN COMMENTS.

CAPI INSTRUCTIONS: ALLOW 33 TOTAL CHARACTERS FOR THE E-MAIL ADDRESS.

CAPI INSTRUCTIONS: ALLOW FOR REFUSED AND DON'T KNOW ANSWERS.

ENTER E-MAIL ADDRESS

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

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

- YES 1
- NO 2 (CMQ.680)
- REFUSED..... 8 (CMQ.680)
- DON'T KNOW..... 9 (CMQ.680)

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

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP OF PERSON TO RESPONDENT.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS EXCEPT FIRST AND LAST NAME FIELD.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON STATE FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD IS NOT '000' AND IS NOT 10 NUMBERS, SHOW EDIT: "Phone number has wrong format. Please correct. The phone number must be formatted as 10 numbers (xxx-xxx-xxxx)."

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: WHEN ON THE RELATIONSHIP FIELD, DISPLAY "PROBE: What is this person's relationship to you?"

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

First Name: _____ Last Name: _____
 Street Address: _____

 City: _____ State: _____ Zip: _____
 Phone: (____) _____
 Relationship: _____

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

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

CAPI INSTRUCTIONS: DISPLAY FIRST AND LAST NAME OF PERSON AT CMQ.110.

YES	1
NO	2 (CMQ.680)
REFUSED.....	8 (CMQ.680)
DON'T KNOW.....	9 (CMQ.680)

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

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP OF PERSON TO RESPONDENT.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS EXCEPT FIRST AND LAST NAME FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON STATE FIELD.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD IS NOT '000' AND IS NOT 10 NUMBERS, SHOW EDIT:

"Phone number has wrong format. Please correct. The phone number must be formatted as 10 numbers (xxx-xxx-xxxx)."

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

CAPI INSTRUCTION: WHEN ON RELATIONSHIP FIELD, DISPLAY "PROBE: What is this person's relationship to you?"

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

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Relationship: _____

BOX 2

- IF FOCAL CHILD HAS A NON-RESIDENT PARENT WHO IS LIVING (HRQ.030=1) AND WITH WHOM THE CHILD HAS HAD CONTACT (NRQ.040 = 1 OR 2 FOR THE NONRESIDENT PARENT WHO IS LIVING), CONTINUE WITH CMQ.170.
- OTHERWISE, GO TO CMQ.680.

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

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

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "6."

ENTER FIRST AND LAST NAME.

ENTER STREET ADDRESS, LINE 1.

ENTER STREET ADDRESS, LINE 2.

ENTER CITY.

ENTER STATE.

ENTER ZIP CODE.

IF NO TELEPHONE, ENTER '000'.

ENTER PHONE NUMBER, INCLUDING AREA CODE/EXTENSION.

ENTER RELATIONSHIP.

CAPI INSTRUCTIONS: DISPLAY 'BIOLOGICAL MOTHER' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTIONS: DISPLAY '{OR} BIOLOGICAL FATHER] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER. DISPLAY THE 'OR' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} ADOPTIVE MOTHER' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} ADOPTIVE FATHER' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

DISPLAY STATE ABBREVIATIONS AS HELP TEXT WHEN ON THE STATE FIELD.

WHEN NOT ON THE NAME FIELD, DISPLAY ITEM TEXT IN SQUARE BRACKETS.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD IS NOT '000' AND IS NOT 10 NUMBERS, SHOW EDIT:

"Phone number has wrong format. Please correct. The phone number must be formatted as 10 numbers (xxx-xxx-xxxx)."

CAPI INSTRUCTION: ADD A SEPARATE RESPONSE FIELD FOR ENTERING TELEPHONE EXTENSION.

CAPI INSTRUCTION: IF THE PHONE NUMBER FIELD HAS ENTRIES OF DK, RF, OR '000', THE CURSOR SHOULD SKIP THE EXTENSION FIELD AND MOVE TO THE NEXT ITEM. OTHERWISE, IF THE PHONE NUMBER FIELD HAS ENTRIES, THE CURSOR SHOULD MOVE TO THE EXTENSION FIELD.

CAPI INSTRUCTION: ALLOW 10 SPACES FOR THE EXTENSION FIELD.

CAPI INSTRUCTION: EMPTY IS ALLOWED AT THE EXTENSION FIELD.

CAPI INSTRUCTION: WHEN THE CURSOR IS AT THE EXTENSION FIELD, DISPLAY THE INTERVIEWER INSTRUCTION: 'ENTER EXTENSION.'

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

CMQ.680 WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?

TELEPHONE.....1
IN-PERSON.....2

CMQ.690 WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?

ENGLISH 1 (CMQ.695)
SPANISH 2 (CMQ.695)
ANOTHER LANGUAGE..... 91 (CMQ.690OS)

CMQ.690OS SPECIFY OTHER LANGUAGE.

[WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?]

CMQ.695 WHERE WAS THIS INTERVIEW CONDUCTED?

CHILD'S HOME 1
CHILD'S SCHOOL..... 2
SOMEWHERE ELSE..... 3

BOX 3

SET FINAL DISPOSITION CODE:

IF CMQ.680=1 (TELEPHONE) AND CMQ.690=1 (ENGLISH), SET DISPOSITION CODE TO 60.

IF CMQ.680=1 (TELEPHONE) AND CMQ.690=2 (SPANISH), SET DISPOSITION CODE TO 61.

IF CMQ.680=1 (TELEPHONE) AND CMQ.690=3 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 62.

IF CMQ.680=2 (IN-PERSON) AND CMQ.690=1 (ENGLISH), SET DISPOSITION CODE TO 63.

IF CMQ.680=2 (IN-PERSON) AND CMQ.690=2 (SPANISH), SET DISPOSITION CODE TO 64.

IF CMQ.680=2 (IN-PERSON) AND CMQ.690=3 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 65.

CMQ.700

Thank you very much for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.

PRESS ENTER TO CONTINUE.

BOX 4

GO TO CMQ.720.

CMQ.701

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. AFTER EXITING ON THE NEXT SCREEN, ENTER CONTACT INFORMATION FOR CHILD'S RESIDENCE INTO THE ELECTRONIC RECORD OF CALLS.

BOX 5

GO TO CMQ.720.

CMQ.702

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.

BOX 6

GO TO CMQ.720.

CMQ.703

Thank you. AFTER EXITING ON THE NEXT SCREEN, ENTER INTO THE ELECTRONIC RECORD OF CALLS WHETHER YOU SPOKE TO THE CONTACT PERSON AND ANY INFORMATION YOU HAVE ABOUT WHY AN APPROPRIATE RESPONDENT WAS NOT AVAILABLE, NOT IN THE HOUSEHOLD, OR THE INFORMATION WAS REFUSED/DON'T KNOW.

BOX 7

GO TO CMQ.720.

CMQ.704

Thank you very much for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study. AFTER EXITING ON THE NEXT SCREEN, ENTER INTO THE ELECTRONIC RECORD OF CALLS THAT THE CHILD IS HOMESCHOOLED. WE DO NOT NEED TO CALL BACK.

CMQ.720

PRESS 1 AND ENTER TO SAVE AND EXIT THIS CASE.