

# **2010 National Household Education Surveys Program**

## **Early Childhood Program Participation Survey**

**REVISED: February 23, 2010**

# The National Household Education Survey

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



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

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



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## Instructions

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

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

**{ SAMPLED CHILD }**

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

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


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

# 1. Childhood Care and Programs

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

{SAMPLED CHILD}

- ▶ Care Your Child Receives from Relatives

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

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

No → **GO TO question 17**

Yes

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

No → **GO TO question 17**

Yes

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

Mark  ONE only.

- Grandmother/Grandfather
- Aunt /Uncle
- Brother /Sister
- Another relative

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

age

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

- Own home
- Other home
- Both

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

days each week

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

hours each week

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

years   months

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

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

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

No Yes  
▼ ▼

- a. Sick but does not have a fever? .....
- b. Sick and has a fever? .....

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

No → **GO TO question 15**

↓  Yes

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

Mark  ONE box for each item below.

No Yes  
▼ ▼

- a. A relative of this child outside your household who provides money specifically for that care, not including general child support? .....
- b. Temporary Assistance for Needy Families, or TANF? .....
- c. Another social service, welfare, or child care agency? .....
- d. An employer, not including a tax-free spending account for child care? .....
- e. Someone else? .....

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

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

↓ \$       .00  
Is that amount per...

Round to the nearest dollar.

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other → Specify:

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

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

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

No → **GO TO question 17**

↓  Yes

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

hours each week

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



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

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

No → **GO TO question 34**

↙  Yes

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

No → **GO TO question 34**

↙  Yes

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

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

- Own home
- Other home
- Both

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

- No
- Yes

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

days each week

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

hours each week

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

years  months

24. Was this care provider someone you already knew?

- No
- Yes

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

- No
- Yes

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

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

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

	No	Yes
	▼	▼
a. Sick but does not have a fever? .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Sick and has a fever? .....	<input type="checkbox"/>	<input type="checkbox"/>

27A. Would you recommend this care provider to another parent?

- No
- Yes

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

- No **→** **GO TO question 32**
- Yes

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

Mark  ONE box for each item below.

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

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

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

\$       .00

Round to the nearest dollar.

Is that amount per...

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

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

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

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

- No **→** **GO TO question 34**
- Yes

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

hours each week

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



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

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

No → **GO TO question 50**

Yes

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

No → **GO TO question 50**

Yes

36. The next questions ask about the program where this child spends the most time.

A. Is this child's program a day care program, a preschool program, or a prekindergarten program?

- Day care
- Preschool
- Prekindergarten

B. Is this program a Head Start or Early Head Start program?

- No
- Yes



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

**C. Where is this program located?**

Mark  ONE only.

- In a church, synagogue, or other place of worship
- In a public elementary or secondary school
- In a private elementary or secondary school
- At a college or university
- At a community center
- At a public library
- In its own building, office space, or storefront
- Some other place

Specify:

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

- No
- Yes

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

- No
- Yes

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

days each week

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

hours each week

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

years  months



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

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

42A. Would you recommend this program to another parent?

- No
- Yes

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

Mark  ONE box for each item below.

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

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

- No **➔** GO TO question 48
- Yes

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

Mark  ONE box for each item below.

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

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

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

\$       .00

Is that amount per...

- Hour
- Day
- Week
- Month
- Year
- Every 2 weeks
- Other **➔** Specify:

Round to the nearest dollar.

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

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

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

No → **GO TO question 50**

Yes

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


hours each week

► Continue with section 2.

## 2. Finding and Choosing Care for Your Child

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

- No
- Yes

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

51. Counting all arrangements, how many different care arrangements has this child had in the past year?

- None
- One
- Two
- Three
- Four or more

52. What is the main reason your household wanted a care program for this child in the past year?

- To provide care when a parent was at work or school
- To prepare child for school
- To provide cultural or language learning
- To make time for running errands or relaxing
- Did not have care in the past year

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

- Don't know / Have not tried to find care
- No
- Yes



**GO TO question 57**

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

- A lot of difficulty
- Some difficulty
- A little difficulty
- No difficulty
- Did not find the child care program you wanted

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

**a. The location of the arrangement?**

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

**b. The cost of the arrangement?**

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

**c. The reliability of the arrangement?**

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

**d. The learning activities at the arrangement?**

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

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

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

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

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

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

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

► **Continue with section 3, question 57 on the next page.**

### 3. Family Activities



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

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

number of books

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

Not at all



**GO TO question 60**

times

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

minutes

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

a. Told this child a story?

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

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

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

c. Taught this child songs or music?

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

d. Worked on arts and crafts with this child?

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

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

- No
- Yes

► Continue with section 4 on the next page.

## 4. Things Your Child May be Learning



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

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

Under 2 years → **GO TO question 70**

2 years or older

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

- No
- Yes, some of them
- Yes, all of them

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

- No
- Yes, some of them
- Yes, most of them
- Yes, all of them

65. How high can this child count?

- This child cannot count
- Up to 5
- Up to 10
- Up to 20
- Up to 50
- Up to 100 or more

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

- No
- Yes

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

- No (please continue with this section)
- Yes → **GO TO section 5**

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

- No
- Yes

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

- Sounds like connected story
- Tells what's in each picture
- Does both

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

## 5. This Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

Mark  ONE box for each item below.

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

**!** If you marked yes for any condition in question 71 continue with question 72. If you marked no for all conditions then GO TO question 79, the next section.

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

No → **GO TO question 77**

Yes

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

Mark  ONE box for each item below.

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

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

No → **GO TO question 77**

Yes

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

- No
- Yes

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

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

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

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

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

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

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

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

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

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

- No
- Yes

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

- No
- Yes

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

## 6. Child's Background

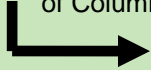
79. In what month and year was this child born?

month

year

80. Where was this child born?

- One of the 50 United States or the District of Columbia



**GO TO question 82**

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

- Another country

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

age

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

- No  
 Yes

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

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

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

*Do not include vacation properties.*

- Child usually lives at this address  
 Child usually lives at another address

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

Mark  ONE only.

- English  
 Spanish  
 A language other than English or Spanish  
 English and Spanish equally  
 English and another language equally  
 Child has not started to speak

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

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

- No  
 Yes

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




## 7. Child's Parents and Guardians

87. Please mark **all** of the people who live in the household with this child, **including yourself**, and indicate the **number** where appropriate

Mark  all that apply.

This child's...	Number
<input type="checkbox"/> Mother	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Father	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Brother	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Sister	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Aunt	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Uncle	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Grandmother	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Grandfather	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Cousin	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Other relative	<input type="text"/> <input type="text"/>
<input type="checkbox"/> A girlfriend or female partner of this child's parent or guardian	<input type="text"/> <input type="text"/>
<input type="checkbox"/> A boyfriend or male partner of this child's parent or guardian	<input type="text"/> <input type="text"/>
<input type="checkbox"/> Other nonrelatives	<input type="text"/> <input type="text"/>

 The following questions are about the adults in your household who are this child's parents or main guardians.

Please answer questions 88 to 102 about the first parent or guardian marked in question 87 and questions 103 to 117 about the second parent or guardian marked in question 87, if applicable.

**PARENT 1** - Answer questions 88 to 102 about the first parent or guardian marked in question 87:

88. Is this parent or guardian the child's...

- Birth parent,
- Adoptive parent,
- Step parent,
- Foster parent,
- Grandparent, or
- Other guardian

89. Is this person male or female?

- Male
- Female


90. What is the current marital status of this parent or guardian?

Mark  ONE only.

- Married or in a civil union
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

91. What was the **first** language this parent or guardian learned to speak?

Mark  ONE only.

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

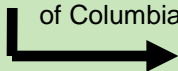
92. What language does this person speak most at home now?

Mark  ONE only.

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

93. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia



**GO TO question 95**

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

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

--	--

age

95. Is this person of Spanish, Hispanic, or Latino origin?

- No
- Yes

96. What is this person's race? You may mark one or more races.

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

97. What is the highest grade or level of school that this parent or guardian completed?

Mark  ONE only.

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

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

- No
- Yes

99. Which of the following best describes this person's employment status?

Mark  ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work
- Stay at home parent
- Retired
- Disabled or unable to work



**GO TO question 101**



**GO TO question 102**

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

--	--

hours



**GO TO question 102**

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

- No  
 Yes

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

--	--

Months



If this child does not have a second parent or guardian who lives in this household, **GO TO question 121.**

**PARENT 2** - Answer questions 103 to 117 about the child's second parent or guardian marked in question 87:

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

- Birth parent,  
 Adoptive parent,  
 Step parent,  
 Foster parent,  
 Grandparent, or  
 Other guardian

104. Is this person male or female?

- Male  
 Female


105. What is the current marital status of this parent or guardian?

Mark  ONE only.

- Married or in a civil union  
 Living with a partner  
 Separated  
 Divorced  
 Widowed  
 Never married

106. What was the first language this parent or guardian learned to speak?

Mark  ONE only.

- English  **GO TO question 108**  
 Spanish  
 A language other than English or Spanish  
 English and Spanish equally  
 English and another language equally

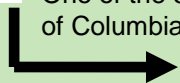
**107. What language does this person speak most at home now?**

Mark  ONE only.

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

**108. Where was this parent or guardian born?**

- One of the 50 United States or the District of Columbia



**GO TO question 110**

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

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

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age

**110. Is this person of Spanish, Hispanic, or Latino origin?**

- No
- Yes

**111. What is this person's race? You may mark one or more races.**

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

**112. What is the highest grade or level of school that this parent or guardian completed?**

Mark  ONE only.

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

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

- No
- Yes

**114. Which of the following best describes this person's employment status?**

Mark  ONE only.

- Employed for pay or income
- Self employed
- Unemployed or out of work
- Stay at home parent
- Retired
- Disabled or unable to work



**GO TO question 116**

**GO TO question 117**

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

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hours



**GO TO question 117**

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

- No
- Yes

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

--	--

months

## 8. Your Household

121. How old was this child's birth mother when she first became a mother or guardian to any child?

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Age

- Don't know/Child's birth mother does not live in this household.

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

- No
- Yes

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

Mark  ONE only.

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

124. Is this house...

Mark  ONE only.

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

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

- No
- Yes

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

Mark  ONE box for each item below.

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

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

*Include your own income.*

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

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

## 9. Questions about You



*These brief questions are about the adult that filled in this survey.*

**128. How are you related to this child?**

Mark  ONE only.

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

**129. Are you male or female?**

- Male
- Female

**130. How old are you?**

age	

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

*Write '0' if less than 1 year.*

years at this address	

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

- No
- Yes

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

- No
- Yes

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

- No → **GO TO question 136**
- Yes

135. What type of internet access do you have?

Mark [X] ONE only.

- Cable
- DSL
- FIOS
- Satellite
- Dial-up
- Air Card
- Other

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

- No
- Yes

137. Do you have a working cell phone?

- No → **GO TO END OF SURVEY**
- Yes

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

- all or almost all calls received on cell phones,
- some received on cell phones and some on regular phones, or
- very few or none on cell phones?

## Thank you.

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

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

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## Commonly Asked Questions

**Q: How did you get my address?**

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

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

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

**Q: How will the information I provide be used?**

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

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

A: The National Center for Education Statistics, within the Department of Education is authorized to conduct this study (Section 9543, 20). Westat has been contracted to conduct this study. This study has been approved by the Office of Management and Budget, the office that reviews all federally sponsored surveys. The approval number assigned to this study is 1850-0768. You may send any comments about this survey, including its length, to the Federal Government. Write to Andrew Zukerberg, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Room 9036, Washington, DC 20006-5650. You may send e-mail to [info@nhessurvey.org](mailto:info@nhessurvey.org).

**Q: Who is Westat?**

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