

The National Household Education Survey

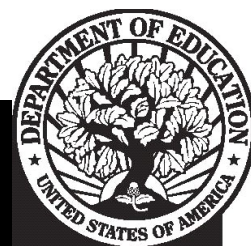
Our Children's Future: A Survey of Young Children's Care and Education



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



Instructions

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

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

Please answer all the survey questions thinking about this child or youth.

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

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

1. Childhood Care and Programs

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

▶ 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

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

No → **GO TO**

Yes

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

No → **GO TO**

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...

- | | | |
|---|--------------------------|--------------------------|
| | ▼ | 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"/> |

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**
- 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 <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"/> |

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

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

\$.00

Is that amount per...

Hour

Day

Week

Month

Year

Every 2 weeks

Other → Specify:

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

This child only

2 children

3 children

4 children

5 or more children

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

No → **GO TO**

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

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

Yes

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

No →

GO TO

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...

Yes



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

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

28. Would you recommend this care provider to another parent?

- No
- Yes

29. 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**
- Yes

30. 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 ▼	Yes ▼
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"/>

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

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

↓ \$.00

Is that amount per...

Hour

Day

Week

Month

Year

Every 2 weeks

Other **→** Specify:

32. 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

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

No **→** **GO TO**

Yes

34. 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.

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

No → **GO TO**

Yes



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

No → **GO TO**

Yes



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

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

- Day care
- Preschool
- Prekindergarten

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



Head Start and Early Head Start are federally sponsored preschool programs primarily for children

- No
- Yes
- Don't know

39. 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:

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

No

Yes

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

No

Yes

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

days each week

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

hours each week

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

years months

45. 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

46. Would you recommend this program to another parent?

- No
- Yes

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

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| 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"/> |

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

- No → **GO TO**
- Yes

49. 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
▼ | Yes
▼ |
|---|--------------------------|--------------------------|
| 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"/> |

50. 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 this program.

\$.00

Is that amount per...

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

51. 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

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

- No → **GO TO**
- Yes



53. 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

54. Has this child ever attended a Head Start or Early Head Start program?



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

- No
- Yes
- Don't know

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

Mark ONE box.

- 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
- Some other reason
- Did not have care in the past year

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

- No
- Yes
- Don't know

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

- Have not tried to find care → **GO TO**
- Did not find the child care program you wanted
- A lot of difficulty
- Some difficulty
- A little difficulty
- No difficulty

58. 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 59 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.

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

number of books

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

Not at all



GO TO

times

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

minutes

62. 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? (Do not include reading to this child.)

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. Sang songs with this child?

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

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

No

Yes

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

No

Yes

65. In the past week, how many days has your family eaten the evening meal together?

Write '0' if none.

days

► 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.

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

Under 2 years → **GO TO**

2 years or older

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

No

Yes, some of them

Yes, all of them

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

No

Yes, some of them

Yes, most of them

Yes, all of them

69. 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

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

No

Yes

71. Does this child ever read or pretend to read storybooks on his/her own?

No → **GO TO**

Yes

72. Does this child actually read the words written in the book, or does he/she look at the book and pretend to read?

Pretends to read

Actually reads the written words

Does both

**GO TO
question**

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

Sounds like connected story

Tells what's in each picture

Does both

Does neither

► Continue with section 5, question 74 on the next page.

5. This Child's Health

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

- Excellent
- Very good
- Good
- Fair
- Poor

75. Has a health, education, or early intervention professional told you that this child has any of the following conditions?

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| 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 impairment..... | <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. Intellectual disabilities..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Autism..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Pervasive Developmental Disorder (PDD)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Attention deficit disorder, ADD or ADHD..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Developmental delays..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Traumatic brain injury..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Infant or toddler under 3 years old is "at-risk" for substantial developmental delay..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Another health impairment lasting 6 months or more..... | <input type="checkbox"/> | <input type="checkbox"/> |

76. Did you mark yes to any condition in question 75?

No → **GO TO question**

Yes

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

No → **GO TO**

Yes

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

Mark ONE box for each item below.

- | | No
▼ | Yes
▼ |
|--|--------------------------|--------------------------|
| 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"/> |

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

No → **GO TO**

Yes

80. 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

81. Since September, 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

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

- No
- Yes

83. Does this child's condition interfere with his/her ability to do any of the following things?

Mark ONE box for each item below.

Child no longer has condition

	No ▼	Yes ▼
a. Learn?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Participate in play with other children?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Go on outings?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Make friends?.....	<input type="checkbox"/>	<input type="checkbox"/>

► **Continue with section 6, question 84 on the next page.**

6. Child's Background

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

month

year

85. Where was this child born?

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

GO TO

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

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

age

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

- No
- Yes

88. 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

89. Since September, has this child usually lived at this address or another address (for example, because of a joint custody arrangement)?

Do not include vacation properties.

Child usually lived at this address

Child usually lived at another address

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

Mark ONE only.

Child has not started to speak

English

Spanish

A language other than English or Spanish

English and Spanish equally

English and another language equally

GO TO Section 7

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

No

Yes

► Continue with section 7 on the next page.

7. Child's Family

PARENT 1 LIVING IN HOUSEHOLD

Answer questions 92 to 108 about yourself if you are the child's parent or guardian.

If you are not the child's parent or guardian, answer questions 92 to 108 about one of this child's parents or guardians living in the household.

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

- Biological parent
- Adoptive parent
- Step parent
- Foster parent
- Grandparent
- Other guardian

93. Is this person male or female?

- Male
- Female

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

Mark ONE only.

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

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

Mark ONE only.

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

96. 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

97. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia **GO TO**
- One of the U.S. territories
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

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

--	--

age

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

- No
- Yes

100. 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

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

Mark ONE only.

- 8th grade or less
- High school, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associate's 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)

102. 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

103. 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

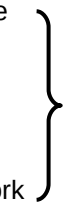


GO TO

Stay at home parent

Retired

Disabled or unable to work



GO TO

104. (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

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

No

Yes

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

--	--

Months

107. How old is this person?

--	--

Age

108. How old was this person when he or she first became a parent to any child?

--	--

Age

Don't know

PARENT 2 LIVING IN HOUSEHOLD

Answer questions 109 to 126 about a second parent or guardian living in the household.

109. Is there a second parent or guardian living in this household?

- No **➔** **GO TO**
- Yes

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

- Biological parent
- Adoptive parent
- Step parent
- Foster parent
- Grandparent
- Other guardian

111. Is this person male or female?

- Male
- Female

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

Mark ONE only.

- Married
- In a registered domestic partnership or civil union
- Living with a partner
- Separated
- Divorced
- Widowed
- Never married

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

Mark ONE only.

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

114. 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

115. Where was this parent or guardian born?

- One of the 50 United States or the District of Columbia **GO TO**
- One of the U.S. territories
(Puerto Rico, Guam, American Samoa, U.S. Virgin Islands, or Mariana Islands)
- Another country

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

--	--

age

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

- No
- Yes

118. 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

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

Mark [X] ONE only.

- 8th grade or less
- High school, but no diploma
- High school diploma or equivalent (GED)
- Vocational diploma after high school
- Some college, but no degree
- Associate's 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)

120. 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

121. 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 → **GO TO**
- Stay at home parent
- Retired
- Disabled or unable to work

GO TO

GO TO

122. (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**

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

- No
- Yes

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

months

125. How old is this person?

Age

126. How old was this person when he or she first became a parent to any child?

Age

- Don't know

8. Your Household

127. Including yourself, how many total people live in this household?

people

128. Other than the parents or guardians already reported, how many of the following people live in the household with this child?

Example: Brother(s)

Write '0' if none.

This child's....	Number
Brother(s)	<input type="text"/>
Sister(s)	<input type="text"/>
Aunt(s)	<input type="text"/>
Uncle(s)	<input type="text"/>
Grandmother(s)	<input type="text"/>
Grandfather(s)	<input type="text"/>
Cousin(s)	<input type="text"/>
Parent's girlfriend/ boyfriend/ partner	<input type="text"/>
Other relative(s)	<input type="text"/>
Other non-relative(s)	<input type="text"/>


129. How are you related to this child?

Mark ONE only.

- Mother
(birth, adoptive, step, or foster)
- Father
(birth, adoptive, step, or foster)
- Aunt
- Uncle
- Grandmother

Grandfather

Parent's girlfriend/ boyfriend/ partner

Other relationship – Specify: 

130. What language(s) are spoken at home by the adults in this household?


Mark all that apply.

English

Spanish or Spanish Creole

French (including Patois, Creole, Cajun)

Chinese

Other languages – Specify: 

► Continue with question 131 on the next page.

131. 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 ▼	Yes ▼
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"/>

132. 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



Thank you.

133. How many addresses

Write '0'

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 RC B16
Rockville, MD 20850-9973**

134. Is this home

Mark

Owned

house

Rented

Occupied

135. Other than the household

address including P.O. Boxes?

No

Yes

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

No

Yes

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

No

Yes

138. Do you have a working cell phone?

No

Yes

139. 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

all or almost all calls received on regular phones?

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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 U.S. Code).

Q: I have more than one child in my household. Will I receive additional surveys for the other children in my household?

A: No, each household will receive a survey for only one child, even if there are multiple children living in the household. In households with multiple children, one child was randomly selected to be included in the study.

Q: How will my response help the Department of Education?

A: The Department of Education wants to understand the care and early education of children. This survey is the only way that the Department of Education can learn about the types of care and early learning activities children receive. Your responses will be combined with those from other households to inform educators, policy makers, schools and universities about changes in the condition of education in the United States. Reports from past surveys can be found at www.nces.ed.gov/nhes.

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

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.