

PARENT DATA COLLECTION

Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Screener	Hello. My name is _____ from Mathematica Policy Research. May I please speak with [SM NAME]?	[SM NAME] Answers, [SM NAME] Comes To The Phone, [SM NAME] Not Available, [SM NAME] Has Moved, [SM NAME] Does Not Speak English/Spanish, Person Never Heard Of [SM NAME], If Asks Question	0, 1	CATI	CATI	CATI			
Screener	Hello. My name is _____ from Mathematica Policy Research. I am calling to talk about (your experiences/[CHILD] and [CHILD]'s experiences) at [PROGRAM NAME]. Are you [SM NAME]?	Yes, no	0, 1	CATI		CATI			
Screener	Thank you for returning our call. My name is _____ at Mathematica Policy Research. Are you [SM NAME]?	Yes, no	0, 1	CATI	CATI	CATI			
Screener	Last spring we interviewed [SM NAME] about his/her experiences at [PROGRAM NAME]. Is [SM NAME] the person who is mainly in charge of [CHILD]'s care?	Yes Ask To Speak With SM/SM Comes To Phone, Yes Ask To Speak With SM/Not Available, No SM Not In Charge	0		CATI				
Screener	Last spring we interviewed [SM NAME] as the person mainly in charge of [CHILD]'s care. Is [SM NAME] still the person who is mainly in charge of [CHILD]'s care?	Yes Ask To Speak With SM/SM Comes To Phone, Yes Ask To Speak With SM/Not Available, No SM No Longer In Charge	0, 1				CAPI	CAPI	
Screener	Hello. My name is _____ at Mathematica Policy Research. Are you [SM NAME]?	Yes, no	0, 1				CAPI	CAPI	
Screener	Who is mainly in charge of [CHILD]'s care?	Gives Name/ Or Indicate Self	0, 1		CATI	CATI	CAPI	CAPI	
Screener	Hello. My name is _____ at Mathematica Policy Research. I'd like to confirm that you are the person mainly in charge of [CHILD]'s care. Are you that person?	Yes, no	0, 1		CATI	CATI			
Screener	I would like to talk with the person mainly in charge of [CHILD]'s care. Are you that person?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Screener	Last spring we interviewed you about your experiences at [PROGRAM NAME]. Are you the person who is mainly in charge of [CHILD]'s care?	Yes, no	0		CATI				
Screener	Last spring we interviewed you as the person who is mainly in charge of [CHILD]'s care. Are you still the person who is mainly in charge of [CHILD]'s care?	Yes, no	0, 1				CAPI	CAPI	
Screener	Is this a good time to talk with you?	Yes, no, hung up, if asks question	0, 1	CATI	CATI	CATI			
Screener	Is [CHILD] still enrolled in the same child care program as since spring [YEAR OF INTERVIEW], or has (he/she) stopped going to that program?	Still going to same program, Stopped going to that program	0, 1				CAPI	CAPI	
Screener	Before we get started, I would like to make sure we have your name recorded correctly.	Name correct, name incorrect	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Screener	May I have the correct spelling of your name?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Screener	Do you go by any other name?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Screener	Can you give me that name?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Screener	Enter name	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Screener	What is your birth date?	mm/dd/yyyy	0, 1	CATI		CATI			
Screener	How old are you?	Verbatim	0, 1	CATI		CATI			
Screener	CODE IF OBVIOUS: Are you male or female?	MALE, FEMALE	0, 1			CATI			
Screener	Are you currently pregnant?	Yes, no		0	CATI				
Screener	Are you pregnant with multiples?	Yes, no		0	CATI				
Screener	CODE IF KNOWN BIOLOGICAL MOTHER: What is your relationship to [CHILD]?	Mother/female guardian, Father/male guardian, Sister, Brother, Girlfriend or partner of child's parent/guardian, Boyfriend or partner of child's parent/guardian, Grandmother, Grandfather, Aunt, Uncle, Cousin, Other relative, Other non-relative	0, 1		CATI	CATI			

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				Perina- tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Screener	Are you [CHILD]'s...	Birth mother, Adoptive mother, Stepmother, or Foster mother or female guardian?	0, 1		CATI	CATI			
Screener	Are you [CHILD]'s...	Birth father, Adoptive father, Stepfather, or Foster father or male guardian?	0, 1		CATI	CATI			
Screener	Are you [CHILD]'s...	Full sister, Half sister, Stepsister, Adoptive sister, or Foster sister?	0, 1		CATI	CATI			
Screener	Are you [CHILD]'s...	Full brother, Half brother, Stepbrother, Adoptive brother, or Foster brother?	0, 1		CATI	CATI			
Screener	Now, I would like to make sure we have [CHILD]'s name recorded correctly.	Name correct, name incorrect	0, 1		CATI	CATI	CAPI	CAPI	
Screener	May I have the correct spelling of (your youngest child/[CHILD])'s name?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Screener	What is [CHILD]'s birth date?	mm/dd/yyyy	0, 1	CATI	CATI	CATI			
Screener	ASK IF NOT OBVIOUS: Is [CHILD] a boy or a girl?	Girl, boy	0, 1	CATI	CATI	CATI			
About Household	We have listed 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.	Full name	0, 1	CATI		CATI			
About Household	How old is [NAME]?	Age	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Household	CODE IF OBVIOUS: Is [NAME] male or female?	MALE, FEMALE	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Household	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, NO	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Household	Do you have a spouse or partner who lives in this household?	YES, NO	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Household	Who in the household is your spouse or partner?	Name	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Household	At [LAST INTERVIEW DATE], you said the following people normally lived in your household. As I read their names, please tell me if they are still living in your household.		0, 1		CATI		CAPI	CAPI	
About Household	What is [NAME]'s relationship to (your unborn child/[CHILD])?	Mother/female guardian, Father/male guardian, Sister, Brother, Girlfriend or partner of child's parent/guardian, Boyfriend or partner of child's parent/guardian, Grandmother, Grandfather, Aunt, Uncle, Cousin, Other relative, Other non-relative	0, 1	CATI		CATI	CAPI	CAPI	
About Household	Is [NAME] (your unborn child/[CHILD])'s...	Birth mother, Adoptive mother, Stepmother, or Foster mother or female guardian?	0, 1	CATI		CATI	CAPI	CAPI	
About Household	Is [NAME] (your unborn child/[CHILD])'s...	Birth father, Adoptive father, Stepfather, or Foster father or male guardian?	0, 1	CATI		CATI	CAPI	CAPI	
About Household	Is [NAME] (your unborn child/[CHILD])'s...	Full sister, Half sister, Stepsister, Adoptive sister, or Foster sister?	0, 1	CATI		CATI	CAPI	CAPI	
About Household	Is [NAME] (your unborn child/[CHILD])'s...	Full brother, Half brother, Stepbrother, Adoptive brother, or Foster brother?	0, 1	CATI		CATI	CAPI	CAPI	
About Household	CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE	GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN, BOYFRIEND OR PARTNER OF CHILD'S PARENT GUARDIAN, FEMALE GUARDIAN, MALE GUARDIAN, DAUGHTER/SON OF CHILD'S PARENT'S PARTNER, OTHER RELATIVE OF CHILD'S PARENT'S PARTNER, OTHER NON-RELATIVE	0, 1	CATI		CATI	CAPI	CAPI	
About Household	(Is/Are) (you/[MOTHER]/[FATHER]/ [SPOUSE/PARTNER]) of Spanish, Hispanic, or Latino origin?	Yes, no	0, 1	CATI		CATI			
About Household	Which one of these best describes (your/[MOTHER]'s/[FATHER]'s/ [SPOUSE/PARTNER]'s) Spanish, Hispanic, or Latino origin. Would you say . . .	Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or another Spanish/Hispanic/Latino group? (SPECIFY)	0, 1	CATI		CATI			

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				Perina- tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit	
About Household	What is (your/[MOTHER]'s/[FATHER]'s/ [SPOUSE/PARTNER]'s) race? You may name more than one if you like.	White, Black Or African American, American Indian Or AlaskaNative (Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian (Not Further Specified), Native Hawaiian, Guamanian Or Chamorro, Samoan, Other Pacific Islander (Specify), Another Race (Specify)	0, 1	CATI		CATI				
About Household	In what country (was/were) (you/[MOTHER]/[FATHER]/ [SPOUSE/PARTNER]) born?	USA, Mexico, Guatemala, Cuba, Dominican Republic, India, China, Philippines, Japan, Korea, Vietnam, Other Asian (Not Further Specified), Guam, Samoa,	0, 1	CATI		CATI				
About Household	How many years have (you/[MOTHER]/[FATHER]/ [SPOUSE/PARTNER]) lived in the United States?	Number	0, 1	CATI		CATI				
About Household	Is [CHILD] of Spanish, Hispanic, or Latino origin?	Yes, no	0, 1	CATI	CATI	CATI				
About Household	Which one of these best describes [CHILD]'s Spanish, Hispanic, or Latino origin. Would you say . . .	Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or Some other Spanish/Hispanic/ Latino group? (SPECIFY)	0, 1	CATI	CATI	CATI				
About Household	What is [CHILD]'s race? You may name more than one if you like.	White, Black Or African American, American Indian Or AlaskaNative (Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian (Not Further Specified), Native Hawaiian, Guamanian Or Chamorro, Samoan, Other Pacific Islander (Specify), Another Race (Specify)	0, 1	CATI	CATI	CATI				
About Household	Please tell me what country [CHILD] was born in.	USA, Another Country (Specify)	0, 1	CATI	CATI	CATI				
About Household	How many years has [CHILD] lived in the United States?	Number	0, 1		CATI	CATI				
About Household	I see that [CHILD]'s mother does not live in the home with (him/her). How long has it been since [CHILD] last had contact with (his/her) mother?	Number of days ago, Number of weeks ago, Number of months ago, Number of years ago, Child never had contact, Child's mother is deceased	0, 1		CATI	CATI				
About Household	I see that [CHILD]'s father does not live in the home with (him/her). How long has it been since [CHILD] last had contact with (his/her) father?	Number of days ago, Number of weeks ago, Number of months ago, Number of years ago, Child never had contact, Child's father is deceased	0, 1		CATI	CATI				
About Household	(Are/Were) (you/[CHILD]'s mother) and (you/[CHILD]'s father) . . .	married, divorced, separated, never married	0, 1	CATI		CATI				
About Household	Is any language other than English spoken in your home?	Yes, no	0, 1	CATI	CATI	CATI				
About Household	What other languages are spoken in your home?	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify)	0, 1	CATI	CATI	CATI	CATI	CATI		
About Household	What is your first language?	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify), English	0, 1	CATI	CATI	CATI	CATI	CATI		
About Household	What language do you usually speak to [CHILD] in at home?	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify), English	0, 1		CATI	CATI				
About Household	What was the first language [CHILD] learned to speak?	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify), English	0, 1				CAPI	CAPI		
About Household	Which of the languages you told me about did [CHILD] first learn to speak along with English? Was it . . .	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify), English	0, 1				CAPI	CAPI		

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				Age 1 Perina (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit	
About Household	Which of the languages you told me about did [CHILD] first learn to speak? Was it . . .	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify), English	0, 1				CAPI	CAPI	
About Household	What language does [CHILD] speak most at home now?	English, Spanish, English And Spanish Equally, English And Another, Language Equally, Another Language (Specify), Mostly English But Some Spanish/(Other Language), Mostly Spanish/(Other Language) But Some English	0, 1				CAPI	CAPI	
About Household	Which of the languages you told me about does [CHILD] speak most at home along with English? Is it . . .	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify), English	0, 1				CAPI	CAPI	
About Household	Which of the languages you told me about does [CHILD] speak most at home? Is it . . .	Spanish, Cantonese, Mandarin, Tagalog, Japanese, Korean, Vietnamese, Other Asian Language (Specify), Armenian, Persian/Farsi, Hmong, Russian, First Other Language (Specify), Second Other Language (Specify), English	0, 1				CAPI	CAPI	
About Household	How well do you understand English?	Not at all, not well, well, very well	0, 1	CATI		CATI			
About Household	How well do you speak English?	Not at all, not well, well, very well	0, 1	CATI		CATI			
About Household	How well do you read English?	Not at all, not well, well, very well	0, 1	CATI		CATI			
About Household	How well do you read your first language?	Not at all, not well, well, very well	0, 1	CATI		CATI			
About Household	How well do you write your first language?	Not at all, not well, well, very well	0, 1	CATI		CATI			
About Household	The next few questions I am going to ask are about (child's) activities AT HOME. How many books for children are there in your home?	0-4, 5-10, 11-25, More than 25	0, 1				CAPI	CAPI	
About Household	What language(s) are these books in?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly English, Only English, Not applicable	0, 1				CAPI	CAPI	
About Household	How often does an adult/older sibling read or look at books with your child in SPANISH?	Almost never, Once a month, 2-3 times a month, 1-2 times a week, Almost every day	0, 1				CAPI	CAPI	
About Household	How often does an adult/older sibling read or look at books with your child in ENGLISH?	Almost never, Once a month, 2-3 times a month, 1-2 times a week, Almost every day	0, 1				CAPI	CAPI	
About Household	Does your child watch television at home?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
About Household	If yes, what language(s) are the programs s/he watches in?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly English, Only English, Not applicable	0, 1		CATI	CATI	CAPI	CAPI	
About Household	How many hours does your child spend watching television each day?	less than 1 hour, 1-3 hours, 3-5 hours, more than 5 hours	0, 1		CATI	CATI	CAPI	CAPI	
About Household	How often does your child HEAR Spanish at home?	Never, Very little, Sometimes, Most of the time, All of the time	0, 1		CATI	CATI	CAPI	CAPI	
About Household	How often does your child SPEAK Spanish at home?	Never, Very little, Sometimes, Most of the time, All of the time	0, 1				CAPI	CAPI	
About Household	Which of the following best describes your child's speaking skills in Spanish?	Cannot speak it, Speaks only a few words or phrases, Speaks it, but has limited vocabulary, Speaks it and has good vocabulary	0, 1				CAPI	CAPI	
About Household	Which of the following best describes your child's comprehension skills in Spanish?	Cannot understand what is said, Only understands a few words, Understands the general idea of what is said, Understands most or all of what is said	0, 1				CAPI	CAPI	

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
About Household	How often does your child HEAR English at home?	Never, Very little, Sometimes, Most of the time, All of the time	0, 1		CATI	CATI	CAPI	CAPI	
About Household	How often does your child SPEAK English at home?	Never, Very little, Sometimes, Most of the time, All of the time	0, 1				CAPI	CAPI	
About Household	Which of the following best describes your child's speaking skills in English?	Cannot speak it, Speaks only a few words or phrases, Speaks it, but has limited vocabulary, Speaks it and has good vocabulary	0, 1				CAPI	CAPI	
About Household	Which of the following best describes your child's comprehension skills in English?	Cannot understand what is said, Only understands a few words, Understands the general idea of what is said, Understands most or all of what is said	0, 1				CAPI	CAPI	
About Household	What language do ((fill other adults from household grid)) use when (he/she) speaks to your child at home?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly English, Only English, Not applicable	0, 1		CATI	CATI	CAPI	CAPI	
About Household	What language does your child use when s/he speaks to (YOU/[fill other adults from household grid]) at home?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly English, Only English, Not applicable	0, 1				CAPI	CAPI	
About Household	What language do OTHER CHILDREN in your household use when they speak to your child at home?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly English, Only English, Not applicable	0, 1		CATI	CATI	CAPI	CAPI	
About Household	What language does this child use when s/he speaks to OTHER CHILDREN in your household at home?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly English, Only English, Not applicable	0, 1				CAPI	CAPI	
About Household	What language does your child use when s/he speaks to his/her FRIENDS outside of the home?	Only Spanish, Mostly Spanish, English and Spanish Equally, Mostly English, Only English, Not applicable	0, 1				CAPI	CAPI	
Raising a Child	Parental Modernity Scale (10 items)  Schaefer, Earl S., & Edgerton, M. (1985). Parent and child correlates of parental modernity. In I. E. Sigel (Ed.), Parental belief systems: Psychological consequences for children (pp. 287-318). Hillsdale, NJ: Lawrence Erlbaum.	Strongly agree, mildly agree, not sure, mildly disagree, strongly disagree	0, 1		CATI	CATI			
Raising a Child	Parenting Stress Index (11 items)  Abidin, Richard R. Parenting Stress Index, Third Edition. Odessa, FL: Psychological Assessment Resources, 1995.	strongly agree, mildly agree, [not sure] mildly disagree, or strongly disagree	0, 1		CATI	CATI	CAPI	CAPI	
Raising a Child	HOME (2 items on discipline)  Caldwell, B. M., & Bradley, R. H. (2003). Administration manual: Home observation for measurement of the environment. Little Rock, AR: University of Arkansas at Little Rock.	<i>Varies</i>	0, 1		CATI	CATI	CAPI	CAPI	
Raising a Child	Parenting Alliance Measure (10 items)  Abidin, R. R., & Konold, T. R. (1999). Parenting alliance measure professional manual. Lutz, FL: Psychological Assessment Resources, Inc.	strongly agree, agree, [not sure], disagree, or strongly disagree	0, 1		CATI	CATI	CAPI	CAPI	
MacArthur-Bates CDI SF	MacArthur Bates CDI short-form vocabulary checklist: Level II, Form B (101 items)	Yes, no	0, 1				SAQ	SAQ	

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MacArthur-Bates CDI SF	Fenson, L., Pethick, S., Renda, C., & Cox, J. L. (2000). Short-form versions of	Not yet, Sometimes, Often	0, 1				SAQ	SAQ	
Child Health	First, let's talk about [CHILD]'s health. Overall, would you say [CHILD]'s health is . . .	Excellent, very good, good, fair, poor	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	How much did [CHILD] weigh when (he/she) was born?	Number of pounds/ounces or number of kilograms	0, 1		CATI	CATI			
Child Health	Was [CHILD]'s birth weight . .	normal (5 1/2 lbs. [2.5 kilograms] or more), low (between 3 1/2 [1.5 kilograms and 5 1/2 lbs. [2.5 kilograms]), or very low (under 3 1/2 lbs. [1.5 kilograms])?	0, 1		CATI	CATI			
Child Health	Was [CHILD] born more than two weeks before or two weeks after the doctor expected?	YES, BEFORE; YES, AFTER	0,1		CATI	CATI			
Child Health	How many weeks (early/late) was [CHILD]?	Number of weeks	0,1		CATI	CATI			
Child Health	Did (you/[CHILD]'s mother) ever breast-feed CHILD?	Yes, no	0,1		CATI	CATI			
Child Health	(Are you/Is [CHILD]'s mother) still breast-feeding CHILD now?	Yes, no	0,1		CATI	CATI			
Child Health	For how many months did (you/[CHILD]'s mother) breast-feed (him/her)?	Number of months	0,1		CATI	CATI			
Child Health	During the past 7 days, was CHILD breast-fed, formula-fed, or fed regular cow's milk?	breast-fed, formula-fed, cow's milk	0,1		CATI	CATI			
Child Health	How old was [CHILD] in months when you began feeding (him/her) formula?	Number of months	0,1		CATI	CATI			
Child Health	How old was [CHILD] in months when you began feeding (him/her) cow's milk?	Number of months	0,1		CATI	CATI			
Child Health	How old was [CHILD] in months when solid food was first introduced? Solid foods include cereal and baby foods in jars, but not finger foods.	Number of months	0,1		CATI	CATI			
Child Health	How old was [CHILD] in months when (he/she) was first given finger foods, such as Cheerios, teething biscuits, crackers, bread, noodles, rice, grits, tortillas, or potatoes?	Number of months	0,1		CATI	CATI			
Child Health	Since ([CHILD] was released from the hospital after he/she was born, his/her X birthday), how many different times has [CHILD] stayed in a hospital for at least one night?	Number of times	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Altogether, (since (his/her) X birthday), how many nights did (CHILD) stay in a hospital?	Number of nights	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Was this/Were any of these hospitalization(s) because of an accident or injury?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of an accident or injury?	Number of times	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Were [CHILD]'s activities restricted as a result of this injury?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Did [CHILD] miss going to Early Head Start as a result of this injury?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of dehydration/diarrhea?	Number of times	0, 1		CATI	CATI			
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of asthma/pneumonia/acute respiratory infection/bronchitis/breathing problems?	Number of times	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of jaundice (yellowing of skin)?	Number of times	0, 1		CATI	CATI			
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of ear infection (otitis media)?	Number of times	0, 1				CAPI	CAPI	
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of surgery or an operation?	Number of times	0, 1				CAPI	CAPI	

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				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of high fever of unknown cause?	Number of times	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	How many of the (NUMBER IN Q2.11A) hospitalizations were because of some other reason?	Number of times	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has asthma?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a respiratory or breathing illness, such as bronchitis, pneumonia, or bronchiolitis?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a severe stomach or gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has an ear infection?	Yes, no	0, 1				CAPI	CAPI	
Child Health	How many times has a doctor, nurse, or other medical professional told you that [CHILD] has an ear infection?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a problem with muscles or with moving such as cerebral palsy?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a developmental delay?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has epilepsy or seizures?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a heart defect?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has mental retardation or cognitive impairment?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has a lactose intolerance?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has other food allergy or sensitivity such as to peanuts?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has problem with allergies other than foods, such as to dust, animals, or medicine?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has attention deficit, hyperactivity, ADD or ADHD?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has diabetes?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD] has sleep apnea?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD]'s weight is too low?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has a doctor, nurse, or other medical professional told you that [CHILD]'s weight is too high?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Did [CHILD] miss regular Early Head Start activities as a result of [FILL D13 a - n]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Are [CHILD]'s activities restricted as a result of any impairment or health problem?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Child Health	Has [CHILD] missed going to Early Head Start as a result of any impairment or health problem?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR] Has [CHILD] been evaluated by a doctor, psychologist or other health professional because of a concern about (his/her) ability to pay attention or learn?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Did you obtain a diagnosis of a problem from a doctor, psychologist or other health professional?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	What was the diagnosis?	Mental Retardation or Cognitive Impairment, Emotional/Behavior Disability, Autism or Pervasive Developmental Delay (PDD), Traumatic Brain Injury, Oppositional Defiant Disorder, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	(Since [THIS MONTH LAST YEAR] Has [CHILD] been evaluated by a psychologist or health professional because of a concern about (his/her) overall activity level?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Did you obtain a diagnosis of a problem from a doctor, psychologist, or health professional?	Yes, no	0, 1				CAPI	CAPI	
Child Health	What was the diagnosis?	Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), Other (Specify)	0, 1				CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR] Has [CHILD] been evaluated by a doctor or other health professional because of a concern about the way (he/she) uses (his/her) arms or legs?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Did you obtain a diagnosis of a problem from a doctor, psychologist, or health professional?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	What was the diagnosis?	Cerebral Palsy, Epilepsy Or Seizures, Another Developmental Delay (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Does [CHILD] use special equipment, such as a brace, a wheelchair, or corrective shoes?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR ] Has [CHILD] been evaluated by a doctor or other health professional because of a concern about (his/her) ability to communicate?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Did you obtain a diagnosis of a problem from a doctor, psychologist, or health professional?	Yes, no	0, 1				CAPI	CAPI	
Child Health	What was the diagnosis?	Speech Impairment, Language Impairment, Autism Or Pervasive Developmental Delay (Pdd), Mental Retardation Or Cognitive Impairment, Emotional/Behavior Disability, Other (Specify)	0, 1				CAPI	CAPI	
Child Health	Does [CHILD] have difficulty hearing and understanding speech in a normal conversation?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR] Has [CHILD] been evaluated by a doctor or other health professional because of a concern about (his/her) ability to hear and understand speech in a normal conversation?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Did you obtain a diagnosis of a problem from a doctor or other health professional?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	What was the diagnosis?	Ear Infection, Hearing Impairment/Hard Of Hearing, Deafness, Language Impairment, Autism Or Pervasive Developmental, Delay (PDD), Mental Retardation, Emotional/Behavior Disability	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Does [CHILD] usually wear a hearing aid?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Does [CHILD] have cochlear implants?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	



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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Child Health	What is the effect of the device on [CHILD]'s ability to hear and understand speech in normal conversations? Does it . . .	greatly improve (his/her) hearing, somewhat improve (his/her) hearing, minimally improve (his/her) hearing, or does not improve (his/her) hearing?	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Now I want to ask you about [CHILD]'s vision. Does [CHILD] have difficulty seeing objects in the distance or letters on paper?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR] Has [CHILD]'s vision been evaluated by a doctor or other health professional?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Did you obtain a diagnosis of a problem from a doctor or other health professional?	Yes, no	0, 1				CAPI	CAPI	
Child Health	What was the diagnosis?	Near Sighted, Far Sighted, Legally Blind, Other (Specify)	0, 1				CAPI	CAPI	
Child Health	Does [CHILD] usually wear glasses or contact lenses?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Which of these best describes [CHILD]'s eyesight with glasses? Is it . . .	correctable with glasses, improvable with glasses, or not correctable with glasses?	0, 1				CAPI	CAPI	
Child Health	Does [CHILD] regularly snore? PROBE: This does not include temporary snoring due to a cold or congestion.	Yes, no	0, 1				CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR] Has [CHILD]'s snoring been evaluated by a doctor or other health professional?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Did you obtain a diagnosis of a problem from a doctor or other health professional?	Yes, no	0, 1				CAPI	CAPI	
Child Health	What was the diagnosis?	Obstructive Sleep Apnea Syndrome, nasal obstruction, enlarged adenoids and/or tonsils, Other (Specify)	0, 1				CAPI	CAPI	
Child Health	Did [PROGRAM] help you get this evaluation for [CHILD]'s [FILL SCREENING]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	How did they help you?	Provided information, including brochures, meetings, or conversations, Made referrals, for example, phone calls, Provided evaluation directly, Helped in some other way (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	How helpful was the [information/referral/direct evaluation/{other}]? Would you say that it was very helpful, somewhat helpful, or not at all helpful?	Very Helpful, Somewhat Helpful, Not At All Helpful	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	{IF 34=No} Why is that?	Used my own health care provider, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has [CHILD] ever received speech or language therapy?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has [CHILD] ever received occupational therapy or OT?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has [CHILD] or ever received physical therapy or PT?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has [CHILD] ever received vision services?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has [CHILD] ever received hearing or audiology services?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Have you (or other parent) ever received social work services?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Have you (or other parent) ever received psychological services?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Have you (or other parent) ever received parent support or training?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Has [CHILD] ever taken part in special classes with other children, some or all of whom also had special needs?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	{IF LEARNING DISABLED} Has [CHILD] ever received private tutoring or schooling for learning problems?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Has [CHILD] ever received instruction in Braille?	Yes, no	0, 1					CAPI	
Child Health	{IF DEAF} Has [CHILD] ever received instruction in sign language, cued speech, ASL, or TOCO?	Yes, no	0, 1				CAPI	CAPI	
Child Health	Did [PROGRAM] help [CHILD] or your family get [FILL SERVICE] for [CHILD]?		0, 1		CATI	CATI	CAPI	CAPI	

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Child Health	How did they help you?	Provided information, including brochures, meetings, or conversations, Made referrals, for example, phone calls, Provided services directly, Helped in some other way (Specify)	0,1		CATI	CATI	CAPI	CAPI	
Child Health	How helpful was the [information/referral/direct service/{other}]? Would you say that it was very helpful, somewhat helpful, or not at all helpful?	Very Helpful, Somewhat Helpful, Not At All Helpful	0,1		CATI	CATI	CAPI	CAPI	
Child Health	{IF D41a-1 = No} Why is that?	Received services through my own health care provider, Other (Specify)	0,1		CATI	CATI	CAPI	CAPI	
Child Health	Is [CHILD] currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from your local school district, a state or local health agency or social service agency?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Is [CHILD] currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from a doctor, clinic, or other health care provider?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Is [CHILD] currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from some other source? (SPECIFY)	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	Since [THIS MONTH LAST YEAR] Has anyone (ever) suggested that you get [CHILD] evaluated for a possible special condition or need?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Health	What special condition or need?	Behavior Problem, Emotional Problem, Attention Problem, Developmental Delay, Problem With Use Of Arms Or Legs, Oppositional Defiant Disorder, Speech Problem, Hearing Problem, Vision Problem, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is [CHILD] now attending a day care center, nursery school, preschool, or pre kindergarten program on a regular basis?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Not including Early Head Start, how many different day care centers, nursery schools, preschools, or pre-kindergarten programs does [CHILD] currently go to?	One, two, three, four or more	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	(Thinking about the center that [CHILD] goes to the most,) how many days each week does [CHILD] go to that program?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	How many hours each week does [CHILD] go to that program?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is [CHILD] in that program before or after Early Head Start?	Before Early Head Start, After Early Head Start, Both Before/After Early Head Start	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is [CHILD] now receiving care from a relative other than (a parent/you) on a regular basis, for example from grandparents, brothers or sisters, or any other relative in the morning before or in the afternoon after (he/she) comes to Early Head Start?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	How many different regular care arrangements do you currently have with relatives for [CHILD]?	One, two, three, four or more	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Let's talk about the relative who provides the most care for [CHILD] now. Is that relative [CHILD]'s	grandparent, aunt, uncle, brother, sister, or another relative? (SPECIFY)	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is the care provided by (that relative) in your home or another home?	Own home, other home, both/varies	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Does this person who cares for [CHILD] live in your household?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	How many days each week does [CHILD] receive care from that relative?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	How many hours each week does [CHILD] receive care from that relative?	Number	0, 1		CATI	CATI	CAPI	CAPI	

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			Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1				Age 3.5	
				Perinatal	(follow-up)	Age 1	Age 2		Age 3
Child Care	Is [CHILD] cared for by a relative before or after Early Head Start?	Before Early Head Start, After Early Head Start, Both Before/After Early Head Start	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is [CHILD] now receiving care on a regular basis from anyone else in a private home before in the morning or after in the afternoon Early Head Start?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	How many different regular care arrangements do you currently have with non relatives for [CHILD]?	One, two, three, four or more	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Let's talk about the non-relative who provides the most care for [CHILD]. Is that care provided in your home or another home?	Respondent's home, other home, both/varies	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Does this person who cares for [CHILD] live in your household?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	How many days each week does [CHILD] receive care from that person?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	How many hours each week does [CHILD] receive care from that person?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is [CHILD] cared for by someone other than a relative before or after Early Head Start?	Before Early Head Start, After Early Head Start, Both Before/After Early Head Start	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Thinking of all the child care you use for [CHILD] before or after Early Head Start, how many days a week is (he/she) in child care before or after Early Head Start?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	And, all together, how many hours a week is [CHILD] typically in before or after Early Head Start care?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is there any charge or fee for any of the care [CHILD] receives from [FILL IF E1=1 a center, IF E6=1 a relative, IF E13=1 or someone who is not a relative]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Child care is paid for in different ways. Please tell me the ways [CHILD]'s child care is paid for. Do you pay for some or all of it yourself?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Does a government agency pay for some or all of it?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Does an employer pay for some or all of it?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Does someone else pay for some or all of it?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Do you trade child care with someone else?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Any other way? (SPECIFY)	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Thinking about the child care arrangements we just talked about that you have for [CHILD] both before and after Head Start, how much does your household pay for this child care?	Number per hour/day/week/bi-weekly/month/year/other(Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Child Care	Is this amount for [CHILD] only, or does it include other children in the household?	Child only, child and others	0, 1		CATI	CATI	CAPI	CAPI	
About Child's Mother	How many times have you been pregnant (since [REFERENCE DATE])?	Number	0,1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Are you currently pregnant?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
About Child's Mother	Are you pregnant with multiples?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
About Child's Mother	How many living children have you given birth to (since [REFERENCE DATE])? PROBE: Please do not include miscarriages or stillbirths.	Number	0,1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Have you had a miscarriage or stillbirth (since [REFERENCE DATE])?	Yes, no	0,1	CATI	CATI	CATI	CAPI	CAPI	

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perina- tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit
About Child's Mother	How many miscarriages have you had (since [REFERENCE DATE])?	Number	0,1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Have you had an abortion (since [REFERENCE DATE])?	Yes, no	0,1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	How many abortions have you had (since REFERENCE DATE)?	Number	0,1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	What (is [CHILD]'s mother/ was [CHILD]'s mother's) birth date?	mm/dd/yyyy	0, 1			CATI			
About Child's Mother	How old (were you/was she) when (you/she) gave birth for the first time?	Number	0, 1			CATI			
About Child's Mother	(Is she/Was she) of Spanish, Hispanic, or Latino origin?	Yes, no	0, 1			CATI			
About Child's Mother	Which one of these best describe(s/d) her Spanish, Hispanic, or Latino origin. Would you say . . .	Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or another Spanish/Hispanic/Latino group? (SPECIFY)	0, 1			CATI			
About Child's Mother	What (is/was) her race? You may name more than one if you like.	White, Black Or African American, American Indian Or AlaskaNative (Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian (Not Further Specified), Native Hawaiian, Guamanian Or Chamorro, Samoan, Other Pacific Islander (Specify), Another Race (Specify)	0, 1			CATI			
About Child's Mother	In what country was she born?	USA, Mexico, Guatemala, Cuba, Dominican Republic, India, China, Philippines, Japan, Korea, Vietnam, Other Asian (Not Further Specified), Guam, Samoa,	0, 1			CATI			
About Child's Mother	How many years (has she/did she) live(d) in the United States?	Number	0, 1			CATI			
About Child's Mother	Did (you/[CHILD]'s mother) work at a job for pay or income, including self-employment, (in the past 12 months/since [MONTH AND YEAR] of last interview)?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	About how many total hours per week (do you/does she) usually work for pay or income, counting all jobs?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	During the past week, did (you/[CHILD]'s mother) work at a job for pay or income, including self employment?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	(Were you/Was she) on leave or vacation from a job for the past week?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	(Have you/Has she) actively been looking for work in the past four weeks?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the morning?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the afternoon?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the evening?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Last week, (did you/did [CHILD]'s mother) work in the night?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Mother	Can (you/she) change (your/her) schedule for family reasons?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	

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			Mode of Administration					
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1			Age 3.5	
				Perinatal	(follow-up)	Age 1	Age 2	Age 3
About Child's Mother	The next questions are about the kinds of educational activities (you/she) may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills. What is the highest grade or year of school that (you/she) completed?	Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High School Diploma/Equivalent, Voc/Tech Program After High School, But No Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or Professional, School But No Degree, Master'S Degree (MA, MS), Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS; Law; JD; LLB; etc.)	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Mother	Which (do you/does she) have, a high school diploma or a GED?	High school diploma, GED	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Mother	((Are you/Is she) now attending or enrolled)/(Since [MONTH AND YEAR OF LAST INTERVIEW] (did you/she)) attend or enroll) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Mother	(Are you/Is she) currently taking courses full-time or part-time?	Full-time, part-time	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Mother	(Are you/Is she) currently participating in a job-training or on-the-job-training program?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Mother	(Have you/Has she) received a certificate, diploma, or degree since [MONTH AND YEAR OF LAST INTERVIEW]?	Yes, no	0, 1		CATI		CAPI	CAPI
About Child's Mother	What kind of certificate, diploma, or degree (did you/did she) receive?	Trade License Or Certificate, GED Certificate Or Equivalent, High School Diploma, Associate'S Degree, Child Development Associate (CDA), Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI
About Child's Mother	Did Early Head Start help (you/her) to take or locate the programs, courses, classes, or workshops that (you are/she is) taking?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Mother	Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason (you/she) did not take any programs, courses, classes, or workshops?	Admission Requirement/Qualification, Too Old To Take Any Courses, Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No Information About Offering, Lack Of Child Care, Time Constraints (Home Or Work), Cost, Inconvenient Location/Transportation Not Available, Did Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Father	What (is [CHILD]'s father's/was [CHILD]'s father's) birth date?	mm/dd/yyyy	0, 1	CATI		CATI		
About Child's Father	(Is he/Was he) of Spanish, Hispanic, or Latino origin?	Yes, no	0, 1	CATI		CATI		
About Child's Father	Which one of these best describe(s/d) his Spanish, Hispanic, or Latino origin. Would you say . . .	Mexican/Mexican American/Chicano, Puerto Rican, Cuban, or another Spanish/Hispanic/Latino group? (SPECIFY)	0, 1	CATI		CATI		
About Child's Father	What (is/was) his race? You may name more than one if you like.	White, Black Or African American, American Indian Or AlaskaNative (Specify), Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian (Not Further Specified), Native Hawaiian, Guamanian Or Chamorro, Samoan, Other Pacific Islander (Specify), Another Race (Specify)	0, 1	CATI		CATI		
About Child's Father	In what country was he born?	USA, Mexico, Guatemala, Cuba, Dominican Republic, India, China, Philippines, Japan, Korea, Vietnam, Other Asian (Not Further Specified), Guam, Samoa,	0, 1	CATI		CATI		
About Child's Father	How many years (has he/did he) live(d) in the United States?	Number	0, 1	CATI		CATI		
About Child's Father	During the past week, did (you/[CHILD]'s father) work at a job for pay or income, including self employment?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Child's Father	(Were you/Was he) on leave or vacation from a job for the past week?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI

PARENT DATA COLLECTION

Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
About Child's Father	(Have you/Has he) actively been looking for work in the past four weeks?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Did (you/[CHILD]'s father) work at a job for pay or income, including self-employment, [in the past 12 months/since MONTH AND YEAR of last interview]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	About how many total hours per week (do you/does he) usually work for pay or income, counting all jobs?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the morning?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the afternoon?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the evening?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Last week, (did you/did [CHILD]'s father) work in the night?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Can (you/he) change (your/his) schedule for family reasons?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	The next questions are about the kinds of educational activities (you/he) may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills. What is the highest grade or year of school that (you/he) completed?	Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High School Diploma/Equivalent, Voc/Tech Program After High School, But No Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or Professional, School But No Degree, Master'S Degree (MA, MS), Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS; Law; JD; LLB; etc.)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Which (do you/does he) have, a high school diploma or a GED?	High school diploma, GED	0, 1	CATI		CATI			
About Child's Father	((Are you/Is he)now attending or enrolled)/(Since [MONTH OF LAST INTERVIEW] (did you/he)) attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	(Are you/Is he) currently taking courses full-time or part-time?	Full-time, part-time	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	(Are you/Is he) currently participating in a job-training or on-the-job-training program?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	(Have you/Has he) received a certificate, diploma, or degree since [MONTH OF LAST INTERVIEW]?	Yes, no	0, 1		CATI		CAPI	CAPI	
About Child's Father	What kind of certificate, diploma, or degree (did you/did he) receive?	Trade License Or Certificate, GED Certificate Or Equivalent, High School Diploma, Associate'S Degree, Child Development Associate (CDA), Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1		CATI		CAPI	CAPI	
About Child's Father	Did Early Head Start help (you/him) to take or locate the programs, courses, classes, or workshops that (you are/he is) taking?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason (you/he) did not take any programs, courses, classes, or workshops?	Admission Requirement/Qualification, Too Old To Take Any Courses, Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No Information About Offering, Lack Of Child Care, Time Constraints (Home Or Work), Cost, Inconvenient Location/Transportation Not Available, Did Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Child's Father	How soon after you found out you were pregnant, did [CHILD]'s father learn that you were pregnant?	Within One Week, Within One Month, More Than A Month Later, , After Baby Was Born, Never Learned	0, 1		CATI	CATI			
About Child's Father	Was (his/her) father present when [CHILD] was born, either in the hospital or wherever the birth was?	Yes, no	0, 1		CATI	CATI			
About Child's Father	When [CHILD] was in the hospital/birthplace after (he/she) was born, did (his/her) father come to see (him/her)?	Yes, no	0, 1		CATI	CATI			

PARENT DATA COLLECTION

			Mode of Administration					
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1			Age 3.5	
				Perinatal	(follow-up)	Age 1	Age 2	Age 3
About Child's Father	While you were pregnant, did [CHILD]'s father do any of the following? Discuss how your pregnancy was going with you?	Yes, no	0, 1		CATI	CATI		
About Child's Father	Go to the doctor with you?	Yes, no	0, 1		CATI	CATI		
About Child's Father	Attend child birth or Lamaze classes with you?	Yes, no	0, 1		CATI	CATI		
About Child's Father	In the first three months of (his/her) life, about how often did [CHILD] see [you/(his/her) father]? Was it	Every day or almost every day, A few times a week, A few times a month, About once a month, Less often than that, or Never?	0, 1		CATI	CATI		
About Child's Father	In the last three months, about how often has [CHILD] seen (his/her) father? Was it	Every day or almost every day, A few times a week, A few times a month, About once a month, Less often than that, or Never?	0, 1		CATI	CATI	CAPI	CAPI
About Child's Father	In a typical day, does [FATHER] give you a lot, some, or no help in caring for [CHILD]?	A lot, some, no help	0, 1		CATI	CATI	CAPI	CAPI
About Child's Father	In the past month, how often has [FATHER] taken care of [CHILD] while you did other things? Was it . . .	Every day or almost every day, A few times a week, A few times a month, Once or twice, or Never?	0, 1		CATI	CATI	CAPI	CAPI
About Child's Father	(In the past year/Since [MONTH AND YEAR FATHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]), (have you/has your family) received any child support payments for [CHILD] from (his/her) father?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI
About Child's Father	(In the past year/Since [MONTH AND YEAR FATHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]), (have you/has your family) received any other financial support for [CHILD] from (his/her) father?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI
About Father Figure	Next, I have some questions about [NAME of spouse/partner], including questions about his education and employment. Has [NAME of spouse/partner] always lived with you since [CHILD] was born?	YES, NO	0, 1		CATI	CATI	CAPI	CAPI
About Father Figure	Since [CHILD] was born, how many months has he lived with you?	Number of months	0, 1		CATI	CATI	CAPI	CAPI
About Father Figure	During the past week, did he work at a job for pay or income, including self employment?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Was he on leave or vacation from a job for the past week?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Has he actively been looking for work in the past four weeks?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Did [NAME of spouse/partner] work at a job for pay or income, including self-employment, [in the past 12 months/since MONTH AND YEAR of last interview]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	About how many total hours per week (do you/does he) usually work for pay or income, counting all jobs?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Last week, did he work in the morning?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Last week, did he work in the afternoon?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Last week, did he work in the evening?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Last week, did he work in the night?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Can he change his schedule for family reasons?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	The next questions are about the kinds of educational activities he may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills. What is the highest grade or year of school that he completed?	Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High School Diploma/Equivalent, Voc/Tech Program After High School, But No Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or Professional, School But No Degree, Master'S Degree (MA, MS), Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS; Law; JD; LLB; etc.)	0, 1	CATI	CATI	CATI	CAPI	CAPI
About Father Figure	Which does he have, a high school diploma or a GED?	High school diploma, GED	0, 1	CATI	CATI	CATI	CAPI	CAPI

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perina- tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit
About Father Figure	((Are you/Is he)now attending or enrolled)/(Since [MONTH OF LAST INTERVIEW] (did you/he)) attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	(Are you/Is he) currently taking courses full-time or part-time?	Full-time, part-time	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	(Are you/Is he) currently participating in a job-training or on-the-job-training program?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	(Have you/Has he) received a certificate, diploma, or degree since [MONTH OF LAST INTERVIEW]?	Yes, no	0, 1		CATI		CAPI	CAPI	
About Father Figure	What kind of certificate, diploma, or degree (did you/did he) receive?	Trade License Or Certificate, GED Certificate Or Equivalent, High School Diploma, Associate'S Degree, Child Development Associate (CDA), Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1			CATI	CAPI	CAPI	
About Father Figure	Did Early Head Start help him take or locate the programs, courses, classes, or workshops that he is taking?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason he did not take any programs, courses, classes, or workshops?	Admission Requirement/Qualification, Too Old To Take Any Courses, Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No Information About Offering, Lack Of Child Care, Time Constraints (Home Or Work), Cost, Inconvenient Location/Transportation Not Available, Did Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Father Figure	Is there anyone else who is like a father to [CHILD]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
About Father Figure	Who is this person? Is he . . .	you, your spouse or partner, a relative of [CHILD], or a friend of the family?	0, 1		CATI	CATI	CAPI	CAPI	
About Respondent	During the past week, did you work at a job for pay or income, including self employment?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Were you on leave or vacation from a job for the past week?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Have you actively been looking for work in the past four weeks?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Did you work at a job for pay or income, including self employment, (in the past 12 months/since MONTH AND YEAR of last interview)?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	About how many total hours per week do you usually work for pay or income, counting all jobs?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	The next questions are about the kinds of educational activities you may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills. What is the highest grade or year of school that you completed?	Up To 8th Grade, 9th To 11th Grade, 12Th Grade But No Diploma, High School Diploma/Equivalent, Voc/Tech Program After High School, But No Voc/Tech Diploma, Voc/Tech Diploma After High School, Some College But No Degree, Associate's Degree, Bachelor'S Degree, Graduate Or Professional, School But No Degree, Master'S Degree (MA, MS), Doctorate Degree (PhD, EdD), Degree (Medicine/Md; Dentistry/DDS; Law; JD; LLB; etc.)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Which do you have, a high school diploma or a GED?	High school diploma, GED	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	((Are you now attending or enrolled)/(Since [MONTH AND YEAR OF LAST INTERVIEW] did you attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Are you currently taking courses full-time or part-time?	Full-time, part-time	0, 1	CATI	CATI	CATI	CAPI	CAPI	



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			Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1					Age 3.5 Exit
				Perina (follow-up)	Age 1	Age 2	Age 3	Exit	
About Respondent	Are you currently participating in a job-training or on-the-job-training program?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Have you received a certificate, diploma, or degree since [MONTH AND YEAR OF LAST INTERVIEW]?	Yes, no	0, 1		CATI		CAPI	CAPI	
About Respondent	What kind of certificate, diploma, or degree did you receive?	Trade License Or Certificate, GED Certificate Or Equivalent, High School Diploma, Associate'S Degree, Child Development Associate (CDA), Bachelor'S Degree, Graduate Degree, Other (Specify)	0, 1			CATI	CAPI	CAPI	
About Respondent	Did Early Head Start help you to take or locate the programs, courses, classes, or workshops that you are taking?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
About Respondent	Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason you did not take any programs, courses, classes, or workshops?	Admission Requirement/Qualification, Too Old To Take Any Courses, Health Problem/Disability, Don't Like Learning, Lack Of Confidence, No Information About Offering, Lack Of Child Care, Time Constraints (Home Or Work), Cost, Inconvenient Location/Transportation Not Available, Did Not Need More, Other (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	The next questions are about ([CHILD]'s and) your health care. First, do you have a regular health care provider?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Where do you usually go for health care?	A Private Doctor/Private Clinic/HMO, An Outpatient Clinic Run By A Hospital, The Emergency Room At A Hospital, Public Health Department Or Community Health Center, A Migrant Health Clinic, The Indian Health Service, Someplace Else (Specify)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Does [CHILD] have a regular health care provider?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?	A Private Doctor/Private Clinic/HMO, An Outpatient Clinic Run By A Hospital, The Emergency Room At A Hospital, Public Health Department Or Community Health Center, A Migrant Health Clinic, The Indian Health Service, Someplace Else (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Has Early Head Start helped/(ELSE)Did Early Head Start help] you find a regular health care provider for [CHILD]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	How did they help you?	Provided Information Including Brochures/Meetings/Conversations, Made Referrals For Example Phone Calls, Provided Health Care Directly, Helped In Some Other Way (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Why is that?	Had A Health Care Provider Prior To Enrollment, Found A Health Care Provider On My Own, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	When was the last time [CHILD] saw a doctor for a regular checkup? Was it . . .	6 months ago or less, more than 6 months ago but not more than 1 year ago, more than 1 year ago but not more than 2 years ago, more than 2 years ago, or never?	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Have you or other members of your family who live with you visited a dentist since [REFERENCE DATE]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Did [CHILD] go to the dentist since [REFERENCE DATE]?	Yes, no	0, 1				CAPI	CAPI	
Health Care Services	How many other members of your family visited the dentist since [REFERENCE DATE]?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Did you or other members of your family see a doctor, nurse, or other medical person for a health problem or check-up since [REFERENCE DATE]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Which members of your family visited a doctor, nurse, or other medical professional since [REFERENCE DATE]?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	How many times did (you/[NAME]) visit a doctor, nurse, or other health professional since [REFERENCE DATE]?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	

PARENT DATA COLLECTION

			Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1					Age 3.5 Exit
				Perinatal	(follow-up)	Age 1	Age 2	Age 3	
Health Care Services	(Was that visit/How many of those [NUMBER FROM k10] visits were) for a routine check-up?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	(Was that visit/How many of the [NUMBER FROM k10] visits by (you/[NAME]) were) for acute or chronic health problems or for other reasons?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	(Was that visit/How many of the [NUMBER FROM k10] visits by (you/[NAME]) were visits) to a hospital emergency room?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Did you receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, since [REFERENCE DATE]?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Did [CHILD]'s (mother/father) receive treatment for an emotional, personal, or mental problem, not including drug or alcohol treatment, since [REFERENCE DATE]?	Number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Did you receive treatment for a drug or alcohol problem since [REFERENCE DATE]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Did [CHILD]'s (mother/father) receive treatment for a drug or alcohol problem since [REFERENCE DATE]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	HOME (1 item on well-child visits)	Never, Once or twice, 3-4 times, 5-9 times, or 10 times or more?	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	What is your child's immunization status?	completely up-to-date, mostly up-to-date (has received a majority of required shots), somewhat up-to-date (has received less than half of required shots), never received any immunizations	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	What are the reason(s) [CHILD] has incomplete immunization status?	unable to schedule or attend appointments, too costly, worried about complications (illness, disabilities), religious beliefs	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	The next questions are about the health insurance plans for you and your household. Do you or anyone in your household have coverage through the following? A private health insurance plan (from employer, workplace, or purchased directly, or purchased through a state or local government program or community program)?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	A Medicaid plan such as [STATE PROGRAM NAME FROM BOX P9b]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	CHIP (Children's Health Insurance Program) or [NAME OF STATE PROGRAM FROM BOX P9c]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Military health care/TRICARE/CHAMPUS/CHAMP-VA?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Indian Health Service?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Another government program such as Medicare? (SPECIFY)	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Who does this health insurance plan cover?	Self, children, other family members	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	About how many months has it been since [CHILD] last had health care coverage or health insurance?	Number of months	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Please tell me the reason(s) (he/she) is not covered by health insurance.	GOT DIVORCED/SEPARATED/WIDOWED, GOT MARRIED OR REMARRIED, PERSON IN FAMILY WITH INSURANCE LOST JOB OR CHANGED EMPLOYERS, EMPLOYER DOES NOT OFFER COVERAGE, NOT ELIGIBLE FOR COVERAGE, COST IS TOO HIGH, INSURANCE COMPANY REFUSED COVERAGE, LOST MEDICAID OR MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME, LOST MEDICAID (OTHER REASON), BECAME INELIGIBLE FOR CHIP, OTHER REASON (SPECIFY)	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Since ([CHILD] was born/[REFERENCE DATE]), was there any time when (he/she) did not have any health insurance or coverage?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	About how many months was [CHILD] without health insurance or health care coverage?	Number of months	0, 1		CATI	CATI	CAPI	CAPI	

PARENT DATA COLLECTION

			Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1				Age 3.5	
				Perinatal (follow-up)	Age 1	Age 2	Age 3	Exit	
Health Care Services	Please tell me the reason(s) (he/she) was not covered by health insurance for this period of time.	GOT DIVORCED/SEPARATED/WIDOWED, GOT MARRIED OR REMARRIED, PERSON IN FAMILY WITH INSURANCE LOST JOB OR CHANGED EMPLOYERS, EMPLOYER DOES NOT OFFER COVERAGE, NOT ELIGIBLE FOR COVERAGE, COST IS TOO HIGH, INSURANCE COMPANY REFUSED COVERAGE, LOST MEDICAID OR MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME, LOST MEDICAID (OTHER REASON), BECAME INELIGIBLE FOR CHIP, OTHER REASON (SPECIFY)	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Was there ever a time when [CHILD] needed health care, but you couldn't obtain it?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Health Care Services	Are you [or other members of your family] currently covered by dental insurance, either through a health insurance plan or an HMO?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Health Care Services	Who does the dental insurance cover?	Self, children, other family members	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Family Routines	Now I have some questions about you and [CHILD] at home. How many days in a typical week do you or other family members read to [CHILD]. Would you say . . .	every day, 3-6 days, 1-2 days, or never?	0, 1				CAPI	CAPI	
Family Routines	On the days someone reads to [CHILD], about how many minutes per day is (she/he) read to?	Number	0, 1				CAPI	CAPI	
Family Routines	My next questions are about some of the typical routines in your household. In a typical week, please tell me the number of days at least some of the family eats the evening meal together.	Number	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	When does [CHILD] usually eat in a typical day?	hh:mm, no usual times	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	Now, I'd like to ask you about [CHILD]'s eating habits. I want to know about the food [CHILD] ate or drank during the past 7 days. Think about all the meals and snacks [CHILD] had from the time (he/she) got up until (he/she) went to bed. Be sure to include food [CHILD] ate at home, (Early Head Start), restaurants, play dates, anywhere else, and over the weekend.  Let's start with the kinds of milk [CHILD] drinks. Include all types of milk, including cow's milk, soy milk, or any other kind of milk. Include the milk (he/she) drank in a glass or cup, from a carton, or with cereal. During the past 7 days, how many times did [CHILD] drink milk? Was it . . .	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) does not drink milk?	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	What kind of milk did [CHILD] usually drink during the past 7 days?	WHOLE MILK, 2% MILK, SKIM MILK, LOW FAT OR 1% MILK, SOY MILK, BOTH REGULAR COW'S MILK AND SOY MILK, SOME OTHER KIND OF MILK (SPECIFY), LACTAID	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	During the past 7 days, how many times did [CHILD] drink 100% fruit juice? Was it . . .	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) does not drink juice?	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	During the past 7 days, how many times did [CHILD] drink fruit drinks that are not 100% fruit juice (for example, Kool Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks), sports drinks (for example, Gatorade), or soda pop (for example, Coke, Pepsi, or Mountain Dew)?	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) did not drink these beverages?	0, 1				CAPI	CAPI	

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Family Routines	During the past 7 days, how many times did [CHILD] eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider eating in, carry out, and delivery of meals to your residence.	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) did not eat fast food?	0, 1				CAPI	CAPI	
Family Routines	During the past 7 days, how many times did [CHILD] eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) did not eat candy?	0, 1				CAPI	CAPI	
Family Routines	During the past 7 days, how many times did [CHILD] eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods? Was it . . .	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) did not eat salty snack foods?	0, 1				CAPI	CAPI	
Family Routines	During the past 7 days, how many times did [CHILD] eat fresh, canned or frozen fruit like bananas, peaches, or apples?	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) did not eat salty snack foods?	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	During the past 7 days, how many times did [CHILD] eat vegetables other than potatoes (for example, carrots, tomatoes, or green beans)? Please count fresh or frozen vegetables served raw or cooked.	four or more times a day, two to three times a day, once a day, almost every day, 1 to 3 times during the past 7 days, or (he/she) did not eat vegetables?	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	How many times do you offer a new food before you decide [CHILD] does not like it?	ONCE, TWICE, THREE TO FIVE TIMES, SIX TO TEN TIMES, MORE THAN TEN TIMES, CHILD LIKES EVERYTHING	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	Do you consider [CHILD]...	A very picky eater, A somewhat picky eater, or Not a picky eater?	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	When is [CHILD]'s regular bedtime?	hh:mm, no usual time	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	How many times in the last week, Monday through Friday, was [CHILD] put to bed at that time?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	During a typical night, about how many times does [CHILD] wake up and need someone to help (him/her) settle back to sleep?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	How long does [CHILD] usually sleep each night?	hh:mm, no usual hours	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	How many naps does [CHILD] take in a typical day?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	How long does each nap usually last?	hh:mm, child does not nap	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	How old was [CHILD] when (he/she) stopped taking naps?	Years	0, 1		CATI	CATI	CAPI	CAPI	
Family Routines	Family Environment Scale- conflict subscale (5 items)  Moos, R. H., & Moos, B. S. (2002). Family environment scale manual: Development, applications, and research (3rd ed.). Menlo Park, CA: Mind Garden.	strongly agree, mildly agree, mildly disagree, or strongly disagree	0, 1	CATI			CAPI		
Family Routines	CHAOS Scale (15 items)  Matheny, A. P., Wachs, T. D., Ludwig, J. L., & Phillips, K. (1995). Bringing order out of chaos: Psychometric characteristics of the confusion, hubbub, and order scale. Journal of Applied Developmental Psychology, 16, 429-444.	Very much like own home, Somewhat like own home, A little like own home, Not at all like own home	0, 1				CAPI		
Family Routines	(3 items on exposure to violence from ITSEA + 1 item new to school-age instrument)  Carter, A. S., & Briggs-Gowan, M. (2000). The Infant-Toddler Social and Emotional Assessment (ITSEA). Unpublished Manual. University of Massachusetts Boston Department of Psychology, Boston, MA, Yale University, New Haven, CT.	Yes, no	0, 1				CAPI		

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration						
				Perina- tal	Age 1 (follow- up)	Age 1	Age 2	Age 3	Age 3.5 Exit	
HOME	HOME, Language Stimulation/Support of Literacy Combination Subscale (8 interview items)  Caldwell, B. M., & Bradley, R. H. (2003). Administration manual: Home observation for measurement of the environment. Little Rock, AR: University of Arkansas at Little Rock.	Varies	0, 1						CAPI	
Child Behavior	BITSEA (42 items)  Briggs-Gowan, M. J., & Carter, A. S. (2002). The brief infant-toddler social and emotional assessment (BITSEA) manual, version 2.0. New Haven, CT: Yale University.	Not true or rarely, somewhat true or sometimes, or very true or often	0, 1		CATI	CATI	CAPI	CAPI		
Child Behavior	ASQ (30 items)  Bricker, D., & Squires, J. (1999). The ages & stages questionnaires (ASQ): A parent-completed, child monitoring system (2nd ed. ed.). Baltimore, MD: Paul H. Brookes.	Yes, sometimes, or not yet	0, 1		CATI	CATI	CAPI	CAPI		
Child Behavior	Behavior Problems Index (28 items)  Zill, N. (1985). Behavior problem scales developed from the 1981 child health supplement to the national health interview survey Child Trends, Inc.	Often true, sometimes true, not true	0, 1						CAPI	
Parent Health	Now, let's talk about your health. Would you say your health in general is . . .	excellent, very good, good, fair, or poor?	0, 1	CATI	CATI	CATI	CAPI	CAPI		
Parent Health	During (this/your most recent) pregnancy, did you see a physician or go to a clinic for prenatal care?	Yes, no	0, 1	CATI		CATI				
Parent Health	In which month of (this/your most recent) pregnancy did you first see a physician or go to a clinic for prenatal care?	First, Second, Third, Fourth, Fifth, Sixth, Seventh, Eighth, Ninth, Did Not See A Physician or go to a clinic	0, 1	CATI		CATI				
Parent Health	How many times (did you visit/have you visited) a physician or clinic for prenatal care during (this/that) pregnancy?	Number of visits	0, 1	CATI		CATI				
Parent Health	Has a doctor ever told you that you have . . . asthma?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
Parent Health	allergies?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
Parent Health	a serious mental illness, such as schizophrenia, a paranoid disorder, a bipolar disorder, or manic episodes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
Parent Health	diabetes?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
Parent Health	major depression?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI		
Parent Health	a learning disability?	Yes, no	0, 1	CATI	CATI	CATI				
Parent Health	CES-D Short Form (20 items)  Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1, 385-401	rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time	0, 1	CATI	CATI	CATI	CAPI	CAPI		
Parent Health	Adult Attachment Inventory (18 items)  Fraley, R. C., Waller, N. G., & Brennan, K. A. (2000). An item-response theory analysis of self-report measures of adult attachment. Journal of Personality and Social Psychology, 78, 350-365.	7-point scale from disagree strongly (1) to agree strongly (7)	0, 1					CAPI		
Parent Health	Have you smoked at least 100 cigarettes in your entire life?	Yes, no	0, 1	CATI		CATI				
Parent Health	In the 3 months before you got pregnant, how many cigarettes or packs did you smoke on an average day?	Number of cigarettes, number of packs	0, 1	CATI						

PARENT DATA COLLECTION

Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Parent Health	In the last 3 months of your pregnancy, how many cigarettes or packs did you smoke on an average day?	Number of cigarettes, number of packs	0, 1	CATI					
Parent Health	In the last 30 days, did you smoke tobacco such as cigarettes or cigars?	Yes, no	0, 1			CATI			
Parent Health	How many cigarettes or packs of cigarettes do you smoke on an average day?	Number of cigarettes, number of packs	0, 1	CATI		CATI			
Parent Health	The next questions are about how frequently you drink alcoholic beverages. By a "drink" we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. In the 3 months before you got pregnant, how many alcoholic drinks did you have in an average week?	Number of drinks	0, 1	CATI					
Parent Health	In the last 3 months of your pregnancy, how many how many alcoholic drinks did you have in an average week?	Number of drinks	0, 1	CATI					
Parent Health	During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say . . .	less than once a week, 1 or 2 days per week, 3 or 4 days per week, 5 or 6 days per week, every day, or never?	0, 1			CATI			
Parent Health	On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks did you usually have?	Number	0, 1	CATI		CATI			
Parent Health	Before I ask you the next question, I'd like to remind you that all the information you give us on this interview is confidential and will not be shared with Early Head Start or any other program. The next question is about your use of drugs on your own. By "on your own" we mean either without a doctor's prescription, in larger amounts than prescribed, or for a longer period than prescribed. With this definition in mind, did you ever use drugs on your own during the past 12 months?	Yes, no	0,1	CATI			CATI		
Family Goals	This next part of the interview is about your family's goals. Most families have goals or hopes for the future. When you think of you and your family five years from now, how do you hope your lives will be different? Do you hope to... obtain more education?	Yes, no	0, 1	CATI		CATI			
Family Goals	Acquire new job skills?	Yes, no	0, 1	CATI		CATI			
Family Goals	Find a job?	Yes, no	0, 1	CATI		CATI			
Family Goals	Find a better job?	Yes, no	0, 1	CATI		CATI			
Family Goals	Have more income or not have to worry about money?	Yes, no	0, 1	CATI		CATI			
Family Goals	Get off of public assistance?	Yes, no	0, 1	CATI		CATI			
Family Goals	Get married?	Yes, no	0, 1	CATI		CATI			
Family Goals	Have more children?	Yes, no	0, 1	CATI		CATI			
Family Goals	Have different living arrangements?	Yes, no	0, 1	CATI		CATI			
Family Goals	Move to different type of housing?	Yes, no	0, 1	CATI		CATI			
Family Goals	Live in a different place?	Yes, no	0, 1	CATI		CATI			
Family Goals	Have more leisure time?	Yes, no	0, 1	CATI		CATI			
Family Goals	Get along better with family or friends?	Yes, no	0, 1	CATI		CATI			
Family Goals	Have better health?	Yes, no	0, 1	CATI		CATI			
Family Goals	Do something else (SPECIFY) (Probe: Is there anything else you hope will change for your family in the next five years?)	Yes, no	0, 1	CATI		CATI			
Family Goals	From the goals you mention: (FILL GOALS FROM 1a-o), which three are most important for you and your family?	Code: a) Obtain more education, b) Acquire new job skills, c) Find a job, d) Find a better job, e) Have more income or not have to worry about money, f) Get off of public assistance, g) Get married, h) Have more children, i) Have different living arrangements, j) Move to different type of housing, k) Live in a different place, l) Have more leisure time, m) Get along better with family or friends, n) Have better health, o) Do something else (SPECIFY)	0,1	CATI		CATI			

PARENT DATA COLLECTION

Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perina (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit	
Family Goals	You mentioned that one of your goals is to obtain more education. What is the highest level of education you would like to get?	Finish High School Or High School Diploma, Get A Ged, Attend Two-Year College Or Associate'S Degree, Attend Four-Year College Or Bachelor'S Degree, Attend Graduate School Or Ma/Ph.D./Md, Vocational/Technical/Trade/Business Or Secretarial Diploma/Certificate/Degree, Take Course Only/No Degree, Eighth, Nursing Degree/Rn/Lpn, Other (Specify)	0, 1	CATI		CATI			
Family Goals	[You (also) mentioned that you would like to acquire new job skills.] Do you want to obtain skills in a new occupation or do you want to improve your skills in your current occupation?	Get Training For New Occupation, Improve Skills In Current Occupation, Other (Specify)	0, 1	CATI		CATI			
Family Goals	What type of job training program would you like to attend?	Other (Specify)	0, 1	CATI		CATI			
Family Goals	You (also) mentioned you would like to find a better job. How would you like your job to be better?	Job With Better Pay, Job With More Convenient Hours, Full-Time Job, Job Closer To Home, Job With Better Benefits, Job With More Security, More Interesting Or Challenging Job, Other (Specify)	0, 1	CATI		CATI			
Family Goals	[You (also) mentioned you would like more income.] How do you want to increase your income?	Increase Number Of Household Members Who Work, Increase Own Hours Worked, Increase Hourly Wage, Receive Higher Public Assistance Benefits, Hit The Lottery, Other (Specify)	0, 1	CATI		CATI			
Family Goals	[You (also) mentioned you would like to be independent of public assistance.] How do you want to get off of public assistance?	Find A Job, Find Higher Paying Job, Find More Secure Job, Get Married, Other (Specify)	0, 1	CATI		CATI			
Family Goals	[You (also) mentioned that you would like to get married.] Do you want to marry your current (boyfriend/girlfriend) or are you hoping to find the right partner in the future?	Marry Current Boyfriend/Girlfriend, Find The Right Partner And Get Married, Other (Specify)	0, 1	CATI		CATI			
Family Goals	[You (also) mentioned that you would like to have more children.] How many more children would you like to have?	Number	0, 1			CATI			
Family Goals	When would you like to have your next child?	Number [of months from now]	0, 1			CATI			
Family Goals	[You (also) mentioned that you would like different living arrangements.] What type of living arrangement would you like?	Move Into Own Home Or Apartment, Move In With Boyfriend/Girlfriend, Move In With Relatives, Move In With Friends, Other (Specify)	0, 1	CATI		CATI			
Family Goals	You (also) mentioned that you would like a different type of housing. What type of housing would you like to live in?	Permanent Housing, Apartment Or Condominium, House, Other (Specify)	0, 1	CATI		CATI			
Family Goals	You (also) mentioned that you would like to move. Where would you like to move?	Different Neighborhood Within Same City Or Metropolitan Area, Different City Within State, Different State, Other (Specify)	0, 1	CATI		CATI			
Family Goals	On [LAST INTERVIEW DATE], you mentioned that one of your goals was to [FILL GOAL FROM 1a-o]. Is that still one of your goals?	Yes, no	0, 1		CATI		CAPI	CAPI	
Family Goals	(Have you/Has your) [FILL GOAL ATTAINED] since LAST INTERVIEW DATE?	Yes, no	0, 1		CATI		CAPI	CAPI	
Family Goals	How many more children do you want?	Number	0, 1				CAPI	CAPI	
Family Goals	Have you made progress since LAST INTERVIEW DATE toward [FILL CURRENT GOAL]?	Yes, no	0, 1		CATI		CAPI	CAPI	
Family Goals	Do you have any new goals or hopes for the future for your family that we haven't already talked about? PROBE: Is there anything else you hope will be different for you or your family five years from now? PROBE: Is there anything else?	Open-ended. Code: 1) Obtain more education, 2) Acquire new job skills, 3) Find a job, 4) Find a better job, 5) Have more income or not have to worry about money, 6) Get off of public assistance, 7) Get married, 8) Have more children, 9) Have different living arrangements, 10) Move to different type of housing, 11) Live in a different place, 12) Have more leisure time, 13) Get along better with family or friends, 14) Have better health, 0) Do something else (SPECIFY)	0, 1		CATI		CAPI	CAPI	
Other Services	Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Did you or another family member participate in developing an IEP or an IFSP for [CHILD]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	

PARENT DATA COLLECTION

			Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1			Age 3.5		
				Perinatal (follow-up)	Age 1	Age 2	Age 3	Exit	
Other Services	Was this plan developed with Early Head Start staff, or with some other person or agency?	School staff, non-school staff	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Is [CHILD] receiving . . .	none of the services identified in the IEP or IFSP, some of the services, most of the services, or all of the services identified in the IEP or IFSP?	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	How satisfied (are you/have you been) with those services? (Are you/Have you been) . . .	very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Which of the following best describes the kind of care [CHILD] receives from [PROGRAM NAME]?	Home-based services in which Early Head Start services are provided in [CHILD]'s home, Center-based services in which Early Head Start services are provided in a child development center, Family child care in which Early Head Start services are provided primarily in a family child care home, Some other program option (SPECIFY)	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Do these home-based services also include Early Head Start services such as center-based care, family child care, respite care or similar services?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Do these [center-based services/family child care services] also include home visits?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	When did [CHILD] first start receiving these services from [PROGRAM]?	mm/yyyy	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Has anyone from Early Head Start visited you and [CHILD] at home since [DATE FROM A1/LAST INTERVIEW DATE]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Home visitors may have come to do activities with you and [CHILD] or talk to you about how (he/she) is doing or about how your family is getting along. Has anyone from Early Head Start visited you at home since [DATE FROM A1/LAST INTERVIEW DATE]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Has anyone from Early Head Start visited you and CHILD at another place, such as CHILD's child care or another person's home, since [DATE FROM A1/LAST INTERVIEW DATE]?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	How many times did someone visit you and [CHILD] since [LAST INTERVIEW DATE]?	ONLY ONCE, TWO OR THREE TIMES A WEEK , ONCE A WEEK, TWO OR THREE TIMES A MONTH, ONCE A MONTH, LESS THAN ONCE A MONTH, OTHER (SPECIFY)	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Did the same person visit you at home each time?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	What [is/are] the name(s) of the [person/people] who visited you?	Verbatim	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	About how long did (that/each) visit last?	hh:mm	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	How many different classrooms has [CHILD] been in since [DATE IN Q2/LAST INTERVIEW DATE]?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	How many paid child care staff and volunteers regularly provide care to [CHILD] in (his/her) classroom? Please exclude administrative staff, cooks, and janitors who do not provide direct child care.	Number	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Altogether, how many different adults does [CHILD] interact with in the classroom in a typical week?	Number	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	What are the names and positions of the staff and regular volunteers who provide care in [CHILD]'s classroom?	Verbatim. Positions coded as: Lead/Head Teacher, Assistant Teacher, Aide/Caregiver, Volunteer, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Which person would you say spends the most time taking care of [CHILD]?	Verbatim or All the same	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	How long has [PERSON FROM A8] been a child care provider for [CHILD]?	Number of years and/or months and/or weeks	0, 1		CATI	CATI	CAPI	CAPI	



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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Other Services	(In the past year/Since [LAST INTERVIEW DATE]), how often have you or other family members participated in the following activities at (PROGRAM)? For each one, tell me if you did not participate at all or if you participated once or twice, or three or more times. Attend group activities for parents and their children. PROBE IF RESPONSE IS 3 OR MORE TIMES: Would you say you participated at least monthly or more often than monthly?	Not at all, once or twice, three or more times, at least monthly, more than once a month	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Attend parent education meetings or workshops on topics such as job skills or child-rearing	Not at all, once or twice, three or more times	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Attended an Early Head Start social event	Not at all, once or twice, three or more times	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Volunteered in an Early Head Start classroom	Not at all, once or twice, three or more times	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Volunteered to help out at the (LOCAL EHS PROGRAM) or served on a committee, but not in a classroom or on Policy Council	Not at all, once or twice, three or more times	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Participated on the (PROGRAM) Policy Council	Not at all, once or twice, three or more times	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Take part in center activities in some other way? (SPECIFY) PROBE IF RESPONSE IS 3 OR MORE TIMES: Would you say you participated at least monthly or more often than monthly?	Not at all, once or twice, three or more times, at least monthly, more than once a month	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	What did you like most about the program?		0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Now I have some questions about your household's experiences with various community agencies. Since [you became pregnant with [CHILD]/[CHILD] was born/[CHILD] began living in your household], have you or anyone in your household received . . .Prenatal education and information about breastfeeding?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Help finding good child care?	Yes, no	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	Transportation assistance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Disability services?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Emergency assistance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Employment assistance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Education or job training?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Legal assistance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Housing assistance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Financial counseling?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Family literacy training?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	English Language Learner (ELL) training?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Some other service? (SPECIFY)	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Did [PROGRAM] provide [fill service from Q9a-n] directly or refer you to another agency for this service?	Provided Service Directly, Referred To Another Agency, Other (Specify)	0, 1		CATI	CATI	CAPI	CAPI	
Other Services	The next questions are about income support you or someone in your household may have received. In the past six months, did you or anyone in your household receive any income or support from... [State Welfare name from Box Q21a] or welfare?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Unemployment insurance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Food Stamps?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	WIC - Special supplemental food program for Women, Infants, and Children?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Child support?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	SSI or Social Security Retirement, Disability, or Survivor's benefits?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Payments for providing foster care?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Other Services	Energy assistance?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	

PARENT DATA COLLECTION

Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perina (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit	
Other Services	Did [PROGRAM] refer you to another agency for [fill income support from M1a-h]?	Yes, no	0, 1	x	CATI	CATI	CAPI	CAPI	
Needs and Resources	The next part of the interview is about whether you or your family have adequate resources, such as time, money, and energy, to meet the needs of your family as a whole, as well as the needs of individual family members. For each question, please describe how well your needs are met on a consistent basis, month-in and month-out, by indicating whether the way the need is met is not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate. To what extent are the following resources adequate for your family? Food for two meals a day?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Your house or apartment?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Enough money to buy necessities?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Enough clothes for your family?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Enough heat for your house or apartment?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Your indoor plumbing or water?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Money to pay monthly bills?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	A good job for yourself or your spouse or partner?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Medical care for your family?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Public assistance like SSI, AFDC, Medicaid, or Food Stamps?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Dependable transportation?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time to get enough sleep or rest?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Furniture for your house or apartment?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time to be by yourself?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time for your family to be together?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time to be with your (child/children)?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time to be with your spouse or partner?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time to be with close friends?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Telephone or access to a telephone?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Babysitting for your (child/children)?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	

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Survey Section	Question item/Instrument	Question response	Age Cohort	Mode of Administration					
				Perinatal	Age 1 (follow-up)	Age 1	Age 2	Age 3	Age 3.5 Exit
Needs and Resources	Child care or day care for your (child/children)?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Money to buy special equipment or supplies for your (child/children)?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Dental care for your family?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Someone to talk to?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time to socialize?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time to keep in shape and look nice?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Toys for your (child/children)?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Money to buy things for yourself?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Money for family entertainment?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Money to save?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Time and money for travel or vacation?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Your English speaking and reading skills?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Your opportunities to participate in community groups, such as religious, school, or social groups?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Your information or access to information about parenting?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	The disability assistance available to you and your family?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	The help you need for a child with special needs?	Not at all adequate, seldom adequate, sometimes adequate, usually adequate, or almost always adequate	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	Have you moved since [REFERENCE DATE]?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	How many times have you moved since [REFERENCE DATE]?	Number of times	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	When was the last time you moved?	mm/yyyy	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	I am going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the last 12 months, that is, since last [CURRENT MONTH]. (I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.	often true, sometimes true, never true	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.	often true, sometimes true, never true	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	(I/We) couldn't afford to eat balanced meals.	often true, sometimes true, never true	0, 1	CATI	CATI	CATI	CAPI	CAPI	

PARENT DATA COLLECTION

			Mode of Administration						
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1					Age 3.5 Exit
				Perinatal	(follow-up)	Age 1	Age 2	Age 3	
Needs and Resources	(I/We) relied on only a few kinds of low-cost food to feed (my child/[CHILD]/the children) because (I was/we were) running out of money to buy food.	often true, sometimes true, never true	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Needs and Resources	(I/We) couldn't feed (my child/[CHILD]/the children) a balanced meal because (I/we) couldn't afford that.	often true, sometimes true, never true	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Staff-Parent Relationships	PCRS (27 items, confidence and collaboration subscales)  Elicker, J. et al. (1997) The Parent-Caregiver Relationship Scale: Rounding Out the Relationship System in Infant Child Care. Early Education and Development, 8, 83-100	Strongly disagree, disagree, somewhat agree, agree, strongly agree	0, 1	CATI		CATI	CAPI	CAPI	
Tracking Information	First, I would like to verify your telephone number. What is your telephone number?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Whose name is that number listed under?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Can you give me a number where you can be reached?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Whose telephone is that?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Do you have another phone number like a beeper number or cell phone number?	Cell number, Beeper number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Please give me your full name and permanent address.	Name, address	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	May we call you at your work number?	Yes, no	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	What is your work telephone number?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Please tell me the names, addresses and telephone numbers of three people who do not live with you but who will know how to contact you a year from now? This will help us contact you so we can still complete an interview with you if you move. What is the name of the first person who will know how we can reach you?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	How is this person related to you?	Biological Mother, Biological Father, Adoptive Mother, Adoptive Father, Stepmother, Stepfather, Grandmother., Grandfather, Great Grandmother, Great Grandfather, Sister/Stepsister, Brother/Stepbrother, Other Relative Or In-Law (Female), Other Relative Or In-Law (Male), Foster Parent (Female), Foster Parent (Male), Other Non-Relative (Female), Other Non-Relative (Male), Parent's Partner (Female), Parent's Partner (Male)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	What is that person's telephone number?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Please give me their permanent address.	Address	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	What is the name of a second person?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	How is this person related to you?	Biological Mother, Biological Father, Adoptive Mother, Adoptive Father, Stepmother, Stepfather, Grandmother., Grandfather, Great Grandmother, Great Grandfather, Sister/Stepsister, Brother/Stepbrother, Other Relative Or In-Law (Female), Other Relative Or In-Law (Male), Foster Parent (Female), Foster Parent (Male), Other Non-Relative (Female), Other Non-Relative (Male), Parent's Partner (Female), Parent's Partner (Male)	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	What is that person's telephone number?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	Please give me their permanent address.	Address	0, 1	CATI	CATI	CATI	CAPI	CAPI	
Tracking Information	What is the name of a third person?	Verbatim	0, 1	CATI	CATI	CATI	CAPI	CAPI	

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			Mode of Administration					
Survey Section	Question item/Instrument	Question response	Age Cohort	Age 1			Age 3.5	
				Perinatal	(follow-up)	Age 1	Age 2	Age 3
Tracking Information	How is this person related to you?	Biological Mother, Biological Father, Adoptive Mother, Adoptive Father, Stepmother, Stepfather, Grandmother., Grandfather, Great Grandmother, Great Grandfather, Sister/Stepsister, Brother/Stepbrother, Other Relative Or In-Law (Female), Other Relative Or In-Law (Male), Foster Parent (Female), Foster Parent (Male), Other Non-Relative (Female), Other Non-Relative (Male), Parent's Partner (Female), Parent's Partner (Male)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Tracking Information	What is that person's telephone number?	Telephone number	0, 1	CATI	CATI	CATI	CAPI	CAPI
Tracking Information	Please give me their permanent address.	Address	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	The respondent (was/had) . . . able to understand questions easily/hardly able to understand	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	The respondent (was/had) . . . truthful/untruthful	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	The respondent (was/had) . . . accurate/inaccurate	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	The respondent (was/had) . . . interested in the interview/not interested in the interview	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	The respondent (was/had) . . . cooperative/uncooperative	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	The respondent (was/had) . . . no English language problem/spoke English with great difficulty	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	The respondent (was/had) . . interviewed without interruption/interrupted often	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI
Interviewer Ratings	your opinion about the overall quality of the data	Scale: high (7) to low (1)	0, 1	CATI	CATI	CATI	CAPI	CAPI