APPENDIX B

PARENT INTERVIEWS

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

Spring First-Grade and Fall Second-Grade National Data Collections

OMB Clearance Package
 # 1850-0750 v.10

Spring First-Grade Parent Interview

BOX 1

IF THE CASE HAS A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, OR FALL-FIRST GRADE INTERVIEW, GO TO INQ.005. ELSE, GO TO INQ.040.

INQ.005   {In the fall of 2010/Last fall/Last spring}, we spoke with {NAME OF RESPONDENT} who took part in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 on {DATE OF LAST INTERVIEW}. Am I talking to the same person?

VERIFY NAME, AGE AND RELATIONSHIP WITH RESPONDENT:
NAME: {FIRST NAME} {LAST NAME}.
AGE: {APPROXIMATELY {UPDATED AGE FROM PRELOAD} YEARS OLD/UNKNOWN}
RELATIONSHIP TO CHILD: {RELATIONSHIP TO CHILD/UNKNOWN}.

ENTER "1" FOR YES EVEN IF THE AGE LISTED IS A YEAR OR TWO DIFFERENT FROM THE AGE OF THE RESPONDENT IF YOU HAVE CONFIRMED IT IS THE SAME PERSON.

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, DISPLAY "In the fall of 2010" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF KINDERGARTEN. DISPLAY "Last fall" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF FIRST GRADE. DISPLAY "Last spring" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW WAS IN THE SPRING OF KINDERGARTEN.

CAPI INSTRUCTION: FOR "NAME OF RESPONDENT" DISPLAY FIRST AND LAST NAME OF RESPONDENT FROM MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW FROM PRELOAD. USE THE NAME OF PERSONTYPE=R.

CAPI INSTRUCTION: FOR "FIRST NAME" AND "LAST NAME" DISPLAY MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED ROUND RESPONDENT'S FIRST AND LAST NAME FROM THE PRELOAD.

IF AGE IS NOT ONE OF THESE MISSING VALUES (MISSING, REFUSED, OR DON'T KNOW), DISPLAY "APPROXIMATELY…OLD". FOR "UPDATED AGE FROM PRELOAD" DISPLAY AGE OF MOST RECENT ROUND RESPONDENT FROM PRELOAD. IF AGE IS MISSING, REFUSED, OR DON'T KNOW, DISPLAY "UNKNOWN."

FOR "RELATIONSHIP TO CHILD" DISPLAY RELATIONSHIP OF RESPONDENT TO CHILD FROM PRELOAD. IF RELATIONSHIP IS MISSING, REFUSED, OR DON'T KNOW, DISPLAY "UNKNOWN".

CAPI INSTRUCTION: FLAG THE RESPONDENT IN THE HOUSEHOLD ROSTER AND SET A FLAG CALLED "FLAGS.SAMERESP" THAT EQUALS 1 IF INQ.005 = 1.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

YES 1 (INQ.090)
NO 2 (INQ.010)
YES, SAME PERSON, BUT
CHILD LIVES ELSEWHERE NOW 3 (CMQ.701)

INQ.010   May I please speak with {NAME OF PREVIOUS ROUND RESPONDENT}?

NOTE: IF THE PERSON ASKED FOR IN THIS QUESTION IS AVAILABLE AND YOU CAN SPEAK TO HIM/HER NOW, CODE "1". IF YOU NEED TO CALL BACK AND THIS PERSON WILL BE AVAILABLE IN THE FIELD PERIOD, CODE "2". IF THIS PERSON IS NOT AVAILABLE IN THE FIELD PERIOD BECAUSE HE/SHE IS AWAY OR DOES NOT CURRENTLY LIVE WITH THE CHILD IN THIS HOUSEHOLD, CODE "3" TO ASK FOR SOMEONE ELSE. IF THE CHILD DOES NOT LIVE THERE NOW, CODE "4" FOR "CHILD LIVES ELSEWHERE."

CAPI INSTRUCTION: DISPLAY FIRST AND LAST NAME OF RESPONDENT FROM MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW FROM PRELOAD.

CAPI INSTRUCTION: IF INQ.010 = 1, HARD ERROR CHECK SHOULD READ:

PLEASE GO BACK TO THE PREVIOUS QUESTION (INQ.005) TO VERIFY THE RESPONDENT.

PRESS G TO GO BACK NOW.
PRESS C TO CANCEL.

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       AVAILABLE........................................................... 1 (INQ.005)
       NOT AVAILABLE BUT WILL BE BEFORE END
       OF FIELD PERIOD (CALLBACK APPT.)........................ ...... 2 (CMQ.702)
       NOT AVAILABLE IN FIELD PERIOD............................ ........ 3 (INQ.015)
       CHILD LIVES ELSEWHERE ................................................ 4 (CMQ.701)
       REFUSED  ..........................................................................8 (INQ.015)
       DON'T KNOW  .................................................................. 9 (INQ.015)
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INQ.015   Are you the parent or guardian in this household who knows the most about {CHILD}'s care, education, and health?

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

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       YES ............................................... 1  (INQ.030)
       NO .................................................. 2  (INQ.020)
       CHILD LIVES ELSEWHERE ........................ 3  (CMQ.701)
       REFUSED  ................................................... 8  (INQ.020)
       DON'T KNOW ............................................. 9  (INQ.020)
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INQ.020　　May I please speak with the parent or guardian in the household who knows the most about {CHILD}'s care, education, and health?

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

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AVAILABLE ...................................................................1 (INQ.030)
NOT AVAILABLE BUT WILL BE BEFORE END
OF FIELD PERIOD (CALLBACK APPT.) ..............................................2 (CMQ.702)
NOT AVAILABLE IN FIELD PERIOD ...................................................3 (INQ.025)
NO PARENT OR GUARDIAN IN HH KNOWS ABOUT CHILD ...............4 (INQ.025)
CHILD LIVES ELSEWHERE ................................................................5 (CMQ.701)
REFUSED ........................................................................8 (INQ.025)
DON'T KNOW ...................................................................9 (INQ.025)
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INQ.025　　May I please speak with a household member who is 18 or older and knows about {CHILD}'s care, education, and health?

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

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PERSON ON PHONE.............................................................1 (INQ.030)
NOT AVAILABLE BUT WILL BE BEFORE END
OF FIELD PERIOD (CALLBACK APPT)..............................2 (CMQ.702)
NOT AVAILABLE IN FIELD PERIOD...................................3 (CMQ.703)
NO ADULT IN HH KNOWS ABOUT CHILD.........................4 (CMQ.703)
CHILD LIVES ELSEWHERE............ .................................5 (CMQ.701)
REFUSED ........................................................................8 (CMQ.703)
DON'T KNOW ...................................................................9 (CMQ.703)
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INQ.030   May I have your name please?

INQ.040   (As I mentioned earlier), you and {CHILD} have been selected to take part in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved.

All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, except as required by law.

This call will be recorded for quality control purposes.

CONTINUE WITH RECORDING ....1 (BOX 2)
CONTINUE WITHOUT RECORDING........2 (INQ.040b)

INQ.040b   THIS INTERVIEW IS NOT BEING RECORDED.

IF NEEDED: That's fine. This interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE.

BOX 2

IF INQ.040 HAS BEEN ASKED TWICE, GO TO INQ.060. ELSE, GO TO INQ.041.

INQ.041   Are you the parent or guardian in this household who knows the most about {CHILD}'s care, education, and health?

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

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YES ............................................................   1  (INQ.060)
NO .............................................................   2  (INQ.042)
CHILD LIVES ELSEWHERE ........................   3  (CMQ.701)
REFUSED  ..................................................   8  (INQ.042)
DON'T KNOW .............................................   9  (INQ.042)
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INQ.042   May I please speak with the parent or guardian in the household who knows the most about {CHILD}'s care, education, and health?

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

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AVAILABLE...........................................................................1 (INQ.040)
NOT AVAILABLE BUT WILL BE BEFORE END
OF FIELD PERIOD (CALLBACK APPT.) ...............................................2 (CMQ.702)
NOT AVAILABLE IN FIELD PERIOD .....................................................3 (INQ.043)
NO PARENT OR GUARDIAN IN HH KNOWS
ABOUT CHILD  .......................................................... ...............4 (INQ.043)
CHILD LIVES ELSEWHERE ................................................ ......... .....5 (CMQ.701)
REFUSED  ................................................................ ......... .....8 (INQ.043)
DON'T KNOW  ........................................................ ......... .....9 (INQ.043)
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INQ.043   May I please speak with a household member who is 18 or older and knows about {CHILD}'s care, education, and health?

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

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PERSON ON PHONE ........................................... ...................1 (INQ.060)
NOT AVAILABLE BUT WILL BE BEFORE END
OF FIELD PERIOD (CALLBACK APPT) ................................................ 2 (CMQ.702)
NOT AVAILABLE IN FIELD PERIOD .....................................................3 (CMQ.703)
NO PARENT OR GUARDIAN IN HH KNOWS
ABOUT CHILD. ..................................................... ...............4 (CMQ.703)
CHILD LIVES ELSEWHERE ..................................... ...............5 (CMQ.701)
REFUSED ............................................................. ...............8 (CMQ.703)
DON'T KNOW ...................................................... ...............9 (CMQ.703)
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INQ.060   {[}May I have your name, please?{]}

ENTER THE RESPONDENT'S FIRST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: DISPLAY "[" AND "]" IF INQ.030 WAS ASKED. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

_____

FIRST NAME

INQ.070   [May I have your name, please?]

ENTER LAST NAME.

VERIFY SPELLING.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

_____

LAST NAME

INQ.080   (As I mentioned earlier), you and {CHILD} were selected to take part in the Early Childhood Longitudinal Study Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved.

All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, except as required by law.

This call will be recorded for quality control purposes.

CONTINUE WITH RECORDING……….1 (BOX 4)

CONTINUE WITHOUT RECORDING….2 (INQ.080b)

INQ.080b   THIS INTERVIEW IS NOT BEING RECORDED.

IF NEEDED: That's fine. This interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE.

BOX 4
FOR NEW SPRING FIRST GRADE RESPONDENTS IN HOUSEHOLDS THAT HAD INQ DATA FROM A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, OR FALL-FIRST GRADE INTERVIEW, GO TO INQ130.

INQ.090   {In the fall of 2010/Last fall/Last spring}, you and {CHILD} took part in the Early Childhood Longitudinal Study Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences since our last interview. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved.

All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, except as required by law.

This call will be recorded for quality control purposes.

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, DISPLAY "In the fall of 2010" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF KINDERGARTEN. DISPLAY "Last fall" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF FIRST GRADE. DISPLAY "Last spring" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW WAS IN THE SPRING OF KINDERGARTEN.

CONTINUE WITH RECORDING……….1 (INQ.110)

CONTINUE WITHOUT RECORDING….2 (INQ.090b)

INQ.090b   THIS INTERVIEW IS NOT BEING RECORDED.

IF NEEDED: That's fine. This interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE.

INQ.110   I would like to verify the spelling of your name for our records. Is your first name spelled {FIRST NAME OF PREVIOUS ROUND RESPONDENT}?

CAPI INSTRUCTION: FROM THE PRELOAD, DISPLAY FIRST NAME OF RESPONDENT FROM THE MOST RECENTLY COMPLETED OR PARITIALLY COMPLETED INTERVIEW.

YES………………………………………….. 1   (INQ.115)
NO…………………………………………… 2   (INQ.112)

INQ.112   How do you spell your first name?

VERIFY SPELLING.

INQ.115   [I would like to verify the spelling of your name for our records. Is your last name spelled] {LAST NAME OF PREVIOUS ROUND RESPONDENT}?

CAPI INSTRUCTION: FROM THE PRELOAD, DISPLAY LAST NAME OF RESPONDENT FROM THE MOST RECENTLY COMPLETED OR PARITIALLY COMPLETED INTERVIEW.

YES………………………………………….. 1   (INQ.130)
NO…………………………………………… 2   (INQ.116)

INQ.116   How do you spell your last name?

VERIFY SPELLING.

INQ.130   Before we begin the interview, I would like to verify some information.

I have recorded {CHILD's FIRST, MIDDLE, AND LAST NAME} as {CHILD}'s full name. Is this correct?

ALSO VERIFY SPELLING.

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

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

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS. HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '8' (REFUSED) OR '9' (DON'T KNOW).

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

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

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

FIRST NAME: [_____]
MIDDLE NAME: [_____]
LAST NAME: [_____]

BOX 5

IF (THIS CASE DOES NOT HAVE A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, OR FALL-FIRST GRADE INTERVIEW) OR (THE CASE HAS A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, OR FALL-FIRST GRADE INTERVIEW AND THE CHILD'S SEX IS MISSING), GO TO INQ.160. ELSE, GO TO BOX 6.

INQ.160   ASK IF NOT OBVIOUS: {I have {CHILD} recorded as {male/female}. Is that correct?}{Is {CHILD} male or female?}

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

{Current Info: [MALE/FEMALE]}

DISPLAY CORRECTED INFORMATION ABOUT CHILD'S GENDER FROM PRELOAD. IF GENDER IS NONMISSING IN THE PRELOAD, DISPLAY "I have…{male/female}. Is that correct?" AND "MAKE CORRECTIONS TO GENDER BELOW OR PRESS ENTER TO ACCEPT CURRENT GENDER. DISPLAY "male" IF THE PRELOAD SHOWS THAT THE CHILD IS MALE, DISPLAY "female" IF THE PRELOAD SHOWS THAT THE CHILD IS FEMALE, AND NEXT TO "CURRENT INFO" BELOW, DISPLAY "MALE" IF THE CHILD IS MALE ACCORDING TO THE PRELOAD AND DISPLAY "FEMALE" IF THE CHILD IS FEMALE. ELSE, IF GENDER IS MISSING IN THE PRELOAD, DISPLAY "Is {CHILD}…female?" AND USE A NULL DISPLAY FOR "MALE/FEMALE" AND DO NOT DISPLAY "CURRENT INFO". REFUSED AND DON'T KNOW ALLOWED.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ALLOWED.

MALE...1
FEMALE 2
REFUSED 8
DON'T KNOW 9

BOX 6

IF (THIS CASE DOES NOT HAVE A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, OR FALL-FIRST GRADE INTERVIEW) OR (THE CASE HAS A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, OR FALL-FIRST GRADE INTERVIEW AND THE CHILD'S DATE OF BIRTH IS MISSING), GO TO INQ.170. ELSE, GO TO BOX 8.

INQ.170   {I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?/What is {CHILD}'s date of birth?}

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

CAPI INSTRUCTION: DISPLAY INFORMATION ABOUT CHILD'S DATE OF BIRTH FROM PRELOAD. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH, FOLLOWED BY THE DAY WITH THE APPROPRIATE LETTERS AT THE END TO GO WITH THE DATE, AND THEN THE YEAR (E.G., August 12th, 2005). IF DATE OF BIRTH IS NOT AVAILABLE IN THE PRELOAD, ENTRY FOR DATE OF BIRTH IS REQUIRED. REFUSED AND DON'T KNOW ALLOWED IF THERE ARE NO PRELOADED DATA. IF THERE ARE PRELOADED DATA DO NOT ALLOW THEM TO BE OVERWRITTEN BY REFUSED/DON'T KNOW. IF A DATE OF BIRTH IS AVAILABLE FOR THE FOCAL CHILD FROM THE PRELOAD, DISPLAY "I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?" AND "MAKE CORRECTIONS … BIRTH."' ALSO, IF DATE OF BIRTH IS AVAILABLE IN THE PRELOAD, DISPLAY IT NEXT TO "CURRENT INFO" BELOW. OTHERWISE, IF DATE OF BIRTH IS NOT AVAILABLE IN THE PRELOAD, DISPLAY "What is {child}'s date of birth?" AND USE A NULL DISPLAY FOR DATE OF BIRTH AND DO NOT DISPLAY "CURRENT INFO". RANGE CHECK: 1-12 FOR MONTH, 1-31 FOR DAY, 2003-2007 FOR YEAR. IF MONTH IS OUT OF RANGE, DISPLAY ERROR MESSAGE "THE BIRTHDAY MONTH SHOULD BE BETWEEN 1 AND 12." IF DAY IS OUT OF RANGE, DISPLAY ERROR MESSAGE "THE BIRTHDAY DAY SHOULD BE BETWEEN 1 AND 31." IF YEAR IS OUT OF RANGE, DISPLAY ERROR MESSAGE "THE BIRTHDAY YEAR SHOULD BE IN THE RANGE OF 2003 – 2007. CONFIRM THE YEAR THE CHILD WAS BORN AND, IF STILL NOT IN RANGE, ENTER "DON'T KNOW" AND A COMMENT."

{CURRENT INFO: [DATE OF BIRTH]}

|___|___| / |___|___| / |___|___||___|___|}
ENTER DATE OF BIRTH (MONTH/DAY/YEAR)

BOX 7

IF ANY FIELD IN DATE OF BIRTH VARIABLE INQ.170 = REFUSED OR DK, GO TO INQ.176.
ELSE, CONTINUE WITH INQ.175.

INQ.175   So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.170} years old. Is that correct?

IF AGE IS INCORRECT, GO BACK TO INQ170 AND CORRECT DATE OF BIRTH.
IF AGE IS STILL INCORRECT, ANSWER "NO" TO THIS QUESTION (INQ175).

CAP INSTRUCTIONS: USE ERROR MESSAGE THAT SAYS: IF AGE INCORRECT, CORRECT DATE OF BIRTH.

1. PRESS G or ENTER TO REENTER DATE OF BIRTH.
2. PRESS C OR ESCAPE TO CANCEL.
"S" FOR SUPPRESS SHOULD ALSO BE AN OPTION ON THIS SCREEN, IN ADDITION TO G FOR "GO TO" AND "C" FOR CLOSE.

YES ....1 (BOX 8)
NO ....2 (ERROR MESSAGE)
REFUSED 8 (INQ.176)
DON'T KNOW 9 (INQ.176)

INQ.176   How old is {CHILD}?

CAPI INSTRUCTION: RANGE CHECK 4-9.

IF DK OR RF, DISPLAY "YOU MUST ENTER AN AGE FOR THE CHILD IF DATE OF BIRTH IS MISSING. IF THE RESPONDENT DOESN'T KNOW THE AGE, ASK FOR HIS/HER BEST GUESS. IF THE RESPONDENT REFUSES TO PROVIDE AN AGE, ENTER YOUR BEST GUESS OR A '6' IF YOU CAN'T GUESS AT THE CHILD'S AGE."

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

BOX 8

IF PREVIOUS ADDRESS IS IN THE PRELOAD, GO TO INQ.180. ELSE, IF PREVIOUS ADDRESS IS NOT IN THE PRELOAD, GO TO INQ.190.

INQ.180   I have recorded that {CHILD}'s home address is:

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

Is this still correct?

CAPI INSTRUCTION: IN THE RESPONSE FIELD, DISPLAY CURRENT ADDRESS INFO FROM THE PRELOAD.
CAPI INSTRUCTION: IF REFUSED OR DON'T KNOW, GO TO BOX 9.

YES, CORRECT ADDRESS 1 (INQ.200)
YES, SAME ADDRESS – MINOR
   CORRECTIONS 2 (INQ.190)
NO, NEW ADDRESS... 3 (INQ.190)

INQ.190   {What is {CHILD}'s home address?}

{MAKE CORRECTIONS TO ADDRESS BELOW.}

{ENTER STATE ABBREVIATION BY USING LOOKUP FILE. TO ACTIVATE LOOKUP, BEGIN TO TYPE STATE NAME. USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.}

CAPI INSTRUCTION: IF THE HOME ADDRESS WAS NOT IN THE PRELOAD, DISPLAY "What is…address?" ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF INQ.180 = 2 OR 3, DISPLAY "MAKE CORRECTIONS…BELOW." ELSE, USE A NULL DISPLAY.

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

CAPI INSTRUCTION: DISPLAY "ENTER STATE ABBREVIATION BY USING LOOKUP FILE. TO ACTIVATE LOOKUP, BEGIN TO TYPE STATE NAME. USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH." WHEN ON STATE ENTRY FIELD.

CAPI INSTRUCTION: DISPLAY CURRENT ADDRESS INFO IN THE RESPONSE FIELD IF PREVIOUS ADDRESS INFORMATION WAS IN PRELOAD.

CAPI INSTRUCTION: FOR THIS ITEM ONLY, DO NOT DISPLAY PUERTO RICO IN THE STATE LOOKUP FILE.

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

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

BOX 9

IF TELEPHONE NUMBER IS IN THE PRELOAD, GO TO INQ.200. ELSE, IF TELEPHONE NUMBER IS NOT IN THE PRELOAD, GO TO INQ.205.

INQ.200   I have recorded that {PHONE NUMBER} is {CHILD}'s family's current home phone number. Is this correct?

CAPI INSTRUCTION: DISPLAY CURRENT PHONE NUMBER FROM PRELOAD.

CAPI INSTRUCTION: REFUSED AND DON'T KNOW GO TO BOX 10.

YES, CORRECT TELEPHONE NUMBER.....…….…... 1(BOX 10)
YES, SAME TELEPHONE NUMBER – MINOR
    CORRECTIONS ………………………………………2 (INQ.205)
NO, NEW TELEPHONE NUMBER …………………….. 3 (INQ.205)

INQ.205   {What is {CHILD}'s family's current home phone number?}

{MAKE CORRECTIONS TO TELEPHONE NUMBER BELOW.}

IF NO TELEPHONE, ENTER '000'.

CAPI INSTRUCTION: IF TELEPHONE NUMBER WAS MISSING IN PRELOAD, DISPLAY "What is…number?". ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF INQ.200 = 2 OR 3, DISPLAY "MAKE…BELOW." ELSE, USE A NULL DISPLAY.

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

CAPI INSTRUCTION: DISPLAY CURRENT TELEPHONE NUMBER IN THE RESPONSE FIELD.

[CURRENT TELEPHONE NUMBER]

TELEPHONE NUMBER: [_____]

REFUSED 8
DON'T KNOW 9

BOX 10

IF THE PRELOAD SHOWS THAT THE CASE IS PART OF THE FALL-FIRST GRADE SUBSAMPLE, GO TO INQ.210. ELSE, GO TO BOX 11.

INQ.210   USE CONSENT SCRIPT BEFORE READING THE TEXT BELOW.

As part of the study, we are testing children's hearing. We would like to get your permission to do this with {CHILD}. For our records, please state your name, your relationship to {CHILD}, {CHILD}'s name, and that you give us permission to test {CHILD}'s hearing.

DID PARENT GIVE PERMISSION?

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

YES………………………………….1
NO…………………………………...2

BOX 11

IF THE PRELOAD SHOWS THAT INQ.300 WAS ASKED IN THE SPRING OF KINDERGARTEN, GO TO BOX 14. ELSE, GO TO INQ.300.

INQ.300   Next, I have a few questions about {CHILD}'s background. Was {CHILD} born in this country, that is, in any of the fifty states or the District of Columbia?

YES …………………………………….. 1 (BOX 14)
NO ………………………………….... 2 (INQ.310)
REFUSED ………………………………… 8 (BOX 14)
DON'T KNOW ………………………………. 9 (BOX 14)

INQ.310   In what country or territory was {CHILD} born?

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT ***NOT ON LIST*** IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

REFUSED 8
DON'T KNOW 9

BOX 12

IF INQ.310 = 0 (NOT ON LIST), CONTINUE WITH INQ.312OS. OTHERWISE, GO TO INQ.320.

INQ.312OS   What is {CHILD}'s country of birth?

SPECIFY COUNTRY

INQ.320   In what year did {CHILD} come to the United States to stay?

CAPI INSTRUCTION: RANGE CHECK: THE YEAR CHILD CAME TO U.S. CANNOT BE EARLIER THAN CHILD'S YEAR OF BIRTH OR LATER THAN THE CURRENT YEAR.

REFUSED 8
DON'T KNOW 9

BOX 13

IF INQ.310 = 90, 139, 179, 203, 235 (GUAM, MARIANA ISLAND, PUERTO RICO, SOLOMON ISLANDS, US VIRGIN ISLANDS), GO TO BOX 14.
OTHERWISE, CONTINUE WITH INQ.330.

INQ.330   Is {CHILD} a U.S. citizen?

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

BOX 14

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

PARENT'S INVOLVEMENT WITH CHILD'S SCHOOL - PIQ

PIQ.051   Now, I'd like to ask you about {CHILD}'s school. To what extent did you or someone else in your household choose where to live so that {CHILD} could attend {his/her} current school? Would you say that {CHILD} being able to go to {his/her} current school was …

PROBE: "Choosing where to live" means moving to a particular neighborhood so that the child can go to the school that is assigned to that neighborhood.

A primary factor in choosing where you live, .	1
One of several factors, or	2
Not a factor in choosing where you live?	3
REFUSED	8
DON'T KNOW	9

PIQ.060   Is {CHILD} attending {his/her} regularly assigned school or a school that you or someone else in your household chose?

ASSIGNED	1 (PIQ.130)
CHOSEN	2 (PIQ.130)
ASSIGNED SCHOOL IS SCHOOL OF CHOICE	3 (PIQ.130)
CHILD IS HOMESCHOOLED	4 (PIQ.065)
REFUSED	8 (PIQ.130)
DON'T KNOW	9 (PIQ.130)

HELP AVAILABLE

PIQ.065   Does {CHILD} attend a school?

HELP TEXT: We are asking about attending a school because some children who are schooled at home also attend school for some classes.

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

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

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

|___|___|
ENTER # OF HOURS

REFUSED	888
DON'T KNOW..	999

PIQ.130　　　Since the beginning of this school year, have you or the other adults in your household attended an open house or a back-to-school night?

　　　　　　　NOTE: IF THE CHILD TRANSFERRED TO A NEW SCHOOL DURING THE SCHOOL YEAR, PLEASE ANSWER ALL QUESTIONS FOR THE CURRENT SCHOOL.

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

PIQ.140　　　[Since the beginning of this school year, have you or the other adults in your household…] Attended a meeting of a PTA, PTO, or Parent-Teacher Organization?

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

PIQ.150　　　[Since the beginning of this school year, have you or the other adults in your household…] Gone to a regularly-scheduled parent-teacher conference with {CHILD}'s teacher or meeting with {CHILD}'s teacher?

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

PIQ.160　　　[Since the beginning of this school year, have you or the other adults in your household…] Attended a school or class event, such as a play, sports event, or science fair?

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

PIQ.170　　　[Since the beginning of this school year, have you or the other adults in your household…] Served as a volunteer in {CHILD}'s classroom or elsewhere in the school?

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

PIQ.185   During this school year, how many times have you or other adults in your household gone to meetings or participated in activities at {CHILD}'s school?

CAPI INSTRUCTIONS: RANGE: 1 TO 180.

|___|___|___|

TIMES
REFUSED 8
DON'T KNOW 9

PIQ.190   For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year. The school lets you know between report cards how {CHILD} is doing in school. Would you say {CHILD}'s school…

Does this very well,............................... 1
Just OK, or... 2
Doesn't do this at all? 3
REFUSED 8
DON'T KNOW 9

PIQ.200   [For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school helps you understand what children at {CHILD}'s age are like. Would you say {CHILD}'s school…

Does this very well,............................... 1
Just OK, or... 2
Doesn't do this at all? 3
REFUSED 8
DON'T KNOW 9

PIQ.210   [For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school makes you aware of chances to volunteer at the school. Would you say {CHILD}'s school…

Does this very well,............................... 1
Just OK, or... 2
Doesn't do this at all? 3
REFUSED 8
DON'T KNOW 9

PIQ.220   [For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school provides workshops, materials, or advice about how to help {CHILD} learn at home. Would you say {CHILD}'s school…

Does this very well,............................... 1
Just OK, or... 2
Doesn't do this at all? 3
REFUSED 8
DON'T KNOW 9

PIQ.230   [For each of the following statements, please tell me how well {CHILD}'s school has done with each activity during this school year.] The school provides information on community services to help {CHILD} or your family. Would you say {CHILD}'s school…

                          Does this very well,................................ 1
                          Just OK, or.. 2
                          Doesn't do this at all? 3
                          REFUSED 8
                          DON'T KNOW 9

PIQ.290   How often in the past month has {CHILD}'s teacher sent home ideas for things to do with {CHILD} at home? (THIS INCLUDES HOMEWORK.) Would you say…

                          Never, ...1
                          One or two times, or………………… 2
                          Three or more times? 3
                          REFUSED 8
                          DON'T KNOW 9

PIQ.300   About how many parents of children in {CHILD}'s class do you talk with regularly, either in person, on the phone, or by texting, e-mailing, or using a social networking site?

            ENTER NUMBER OF PARENTS.

            CAPI INSTRUCTION: SOFT RANGE: 0 TO 40. HARD RANGE: 0-80.

                          |___|___|
                          NUMBER

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

PIQ.500   How many times was {CHILD} late for school during the past four weeks?

                CAPI INSTRUCTION: HARD RANGE CHECK: 0-20 TIMES.

                          |___|___|
                          NUMBER OF TIMES

                          REFUSED   88
                          DON'T KNOW...   99

PIQ.510   How often does {CHILD} do homework at home? Would you say…

                PROBE: This refers to homework assigned by the school and not extra work provided by the parent.

                          Never   1
                          Less than once a week   2
                          1 to 2 times a week......................................   3
                          3 to 4 times a week, or.................................   4
                          5 or more times a week?   5
                          REFUSED   8
                          DON'T KNOW...   9

PIQ.515   How do you feel about the amount of homework (CHILD} is assigned? Would you say…

The amount is about right 1
It's too much, or 2
It's too little?... 3
REFUSED 8
DON'T KNOW.. 9

BOX 1

IF PIQ.510 = 1, 8, OR 9, GO TO BOX 2. ELSE, GO TO PIQ.520.

PIQ.520   During this school year, how often did you or someone else help {him/her} with {his/her} homework? Would you say…

CAPI INSTRUCTION: IF PIQ.510=2, PIQ.520 CANNOT EQUAL TO 3, 4, OR 5. IF PIQ.510=3, PIQ.520 CANNOT EQUAL TO 4 OR 5. IF PIQ.510=4, PIQ.520 CANNOT EQUAL TO 5. OTHERWISE, DISPLAY ERROR MESSAGE: "Child does homework at home {DISPLAY RESPONSE AT PIQ.510} but parent helped {him/her} with {his/her} homework {DISPLAY RESPONSE AT PIQ.520}."

Never 1
Less than once a week 2
1 to 2 times a week....................................... 3
3 to 4 times a week, or.................................. 4
5 or more times a week? 5
REFUSED 8
DON'T KNOW.. 9

BOX 2

GO TO SECTION FSQ (FAMILY STRUCTURE).

FAMILY STRUCTURE – FSQ

BOX 1

IF THE CASE HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL-KINDERGARTEN, SPRING-KINDERGARTEN, OR BOTH, GO TO FSQ010. (NOTE: THIS DOES NOT INCLUDE CASES THAT ONLY HAVE FALL-FIRST GRADE DATA BECAUSE THOSE HAD NO HOUSEHOLD ROSTER INFORMATION COLLECTED).

ELSE, IF THE CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL-KINDERGARTEN OR SPRING-KINDERGARTEN, GO TO FSQ020.

FSQ.010   Now I have a few questions about your household. We have listed that (READ NAMES FROM MATRIX) lived in this household at the time of our last interview.

As I read each person's name again, please tell me if he or she still lives in this household.

Does {NAME} still live in this household?

CAPI MATRIX INSTRUCTIONS:

1. DISPLAY 'still' IN UNDERLINED TEXT.

2. DISPLAY THE COMPLETED HOUSEHOLD MATRIX FROM THE MOST RECENT COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN SPRING-KINDERGARTEN OR FALL-KINDERGARTEN. THIS INCLUDES THE PERSON TYPE, FIRST NAME, LAST NAME, AGE, AND GENDER COLUMNS. THESE COLUMNS SHOULD BE PROTECTED, THAT IS, INFORMATION CANNOT BE CHANGED. CHANGES MADE AT INQ.130, INQ.160, AND AGE QUESTIONS (IF INQ.175 = 1, CALCULATE AGE FROM BIRTHDATE IN INQ.170. ELSE, GET FROM INQ.176) SHOULD SHOW UP ON THE MATRIX AT FSQ.010. CHANGES MADE AT INQ.060, INQ.070 INQ.112, AND INQ.116, SHOULD BE REFLECTED IN THE FSQ.010 MATRIX.

3. ADD AS THE 6TH COLUMN TO THE MATRIX, 'STILL HERE'. DISPLAY 'Y' IF PERSON STILL LIVES IN THE HOUSEHOLD AND 'N' IF THE PERSON DOES NOT (BASED ON HOW FSQ010 IS CODED).

4. THE CURSOR SHOULD START AT THE 'STILL HERE' COLUMN FOR THE FIRST PERSON LISTED IN THE MATRIX.

5. DISPLAY BRACKETS [ ] AROUND THE FIRST TWO PARAGRAPHS WHENEVER IN THE 'STILL HERE' COLUMN FOR SOMEONE OTHER THAN THE FIRST PERSON LISTED ON THE MATRIX. (THE FIRST TWO PARAGRAPHS SHOULD BE DISPLAYED WITHOUT THE BRACKETS WHEN YOU FIRST ARRIVE AT THIS QUESTION.)

6. ADD AS THE 7TH COLUMN TO THE MATRIX, 'REASON LEFT'(FSQ.015).

7. IF THE 'STILL IN HH' COLUMN IS CODED 'NO', THE CURSOR SHOULD MOVE RIGHT TO THE 'REASON LEFT' COLUMN. IF THE 'STILL IN HH' IS CODED 'YES', THE CURSOR SHOULD MOVE TO THE 'STILL HERE' COLUMN FOR THE NEXT PERSON ON THE MATRIX (THE 'REASON LEFT' COLUMN DOES NOT NEED TO BE COMPLETED IN THIS INSTANCE).

8. ADD AS THE 8TH COLUMN TO THE MATRIX, 'REASON LEFT OTHER' (FSQ.015OS).

9. THE MATRIX CANNOT HAVE MORE THAN 25 ROW ENTRIES.

10. IF QUESTION IS ABOUT THE RESPONDENT AND INQ.030 NE 0 (RESPONDENT IS NOT A NEW HOUSEHOLD MEMBER) AND FSQ.010 = 2 (NOT IN HH), DISPLAY ERROR MESSAGE: 'THIS PERSON CANNOT BE THE RESPONDENT AND NOT BE IN THE HOUSEHOLD.'

YES…………… 1 (GO TO 'STILL HERE' COLUMN FOR THE NEXT PERSON IN THE MATRIX)
NO…………….. 2 (FSQ.015)

FSQ.015   Why is {NAME} no longer living in this household?

CODE ALL THAT APPLY

CAPI MATRIX INSTRUCTIONS:

1. DISPLAY THIS QUESTION WHENEVER IN THE 'REASON LEFT' COLUMN.

2. ONCE THIS ITEM IS CODED, THE CURSOR SHOULD MOVE TO THE 'STILL HERE' COLUMN FOR THE NEXT PERSON ON THE MATRIX.

3. HOWEVER, IF SOME OTHER REASON IS CODED, THEN FSQ015OS MUST FIRST BE COMPLETED BEFORE MOVING TO THE NEXT PERSON ON THE MATRIX.

SEPARATION OR DIVORCE 1
ATTENDING COLLEGE OR BOARDING SCHOOL 2
LIVING ELSEWHERE FOR EMPLOYMENT- RELATED REASONS 3
DECEASED 4
MOVED ON/MOVED ELSEWHERE 5
ROSTER ERROR 6
MOVED BACK WITH PARENTS 7
IN JAIL OR PRISON 8
SOME OTHER REASON (SPECIFY) 91
REFUSED 88
DON'T KNOW 99

FSQ.015OS   [Why is {NAME} no longer living in this household?]

CAPI MATRIX INSTRUCTIONS.

1. DISPLAY 'REASON LEFT OTHER' AS THE 8TH COLUMN IN THE MATRIX.

2. DISPLAY THIS QUESTION WHENEVER IN THE 'REASON LEFT OTHER' COLUMN.

3. THIS COLUMN ONLY NEEDS TO BE COMPLETED IF CODE 91 IS SELECTED AS A REASON IN THE 'WHY REASON LEFT' COLUMN.

_____

ENTER OTHER REASON

FSQ.020   **{**Other than the people I just asked about, is there anyone else currently living in this household? For example, anyone who has moved in or any babies born since our last interview? 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.}

{Now I have a few questions about your household. We have noted that you and {CHILD} currently live in this household. First I'd like to ask you some questions about yourself, then I'd like you to 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.}

{PROBE: Anyone else (living in this household)?}

{ENTER FIRST NAME OF {NEW} HOUSEHOLD MEMBER OR PRESS ENTER IF MATRIX IS COMPLETE.}

{YOU WILL NEED TO ENTER THE NAME, AGE, AND GENDER OF EACH HOUSEHOLD MEMBER NAMED BEFORE LEAVING THE MATRIX.}

{PRESS ENTER TO RECORD THE AGE AND GENDER OF THE RESPONDENT OR PRESS THE DOWN ARROW KEY TO ADD A HOUSEHOLD MEMBER.}

CAPI MATRIX INSTRUCTIONS:

1. DISPLAY THE HOUSEHOLD MATRIX (PERSON TYPE, FIRST NAME, LAST NAME, AGE, AND GENDER COLUMNS.)

2. THE INTERVIEWER CAN ADD UP TO 25 ROW ENTRIES.

3. THE INTERVIEWER CAN MOVE ALL AROUND THE MATRIX USING THE ARROW KEYS (EXCEPT ON PROTECTED FIELDS).

4. IF, ACCORDING TO THE PRELOAD, A CASE HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH:
a. DISPLAY FIRST PARAGRAPH "Other…else." WHEN YOU FIRST ARRIVE AT FSQ020. ALSO DISPLAY THIS PARAGRAPH IN BRACKETS [ ] WHENEVER YOU ARE IN THE FIRST NAME COLUMN FOR ANY PERSON OTHER THAN PERSON NUMBER 1 (THE RESPONDENT).
b. DISPLAY ALL HOUSEHOLD MEMBERS AND ASSOCIATED INFORMATION AS COLLECTED IN THE MOST RECENT PARENT INTERVIEW (IN SPRING-KINDERGARTEN OR FALL-KINDERGARTEN) (INQ.060, INQ.070,INQ.112, INQ.116, INQ.130, INQ.160, AND AGE VARIABLES ((IF INQ.175 = 1, CALCULATE AGE FROM BIRTHDATE IN INQ.170. ELSE, GET FROM INQ.176)) FOR THE CHILD AND THE RESPONDENT. HOWEVER, DO NOT DISPLAY THE NAMES OF THOSE HH MEMBERS THAT WERE CODED '2' AT FSQ010 (NOT IN HH ANYMORE).
c. ALL PREVIOUS HH MEMBER ROWS SHOULD BE PROTECTED. THE CURSOR SHOULD APPEAR ON THE FIRST BLANK FIRST NAME COLUMN.
d. WHEN ON THE FIRST BLANK FIRST NAME COLUMN DISPLAY "PROBE: … household", "ENTER FIRST …COMPLETE", AND THE "NEW" IN THAT SCREEN INSTRUCTION.
e. WHEN ON THE SECOND BLANK FIRST NAME COLUMN, THE PROBE AND SCREEN INSTRUCTION CITED IN "d" ABOVE SHOULD ALSO CONTINUE TO BE DISPLAYED.

5. IF, ACCORDING TO THE PRELOAD, A CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH:
a. DISPLAY THE SECOND PARAGRAPH "Now…else." WHEN YOU FIRST ARRIVE AT FSQ020. ALSO DISPLAY THIS PARAGRAPH IN BRACKETS [ ] WHENEVER YOU ARE IN THE FIRST NAME COLUMN FOR ANY PERSON OTHER THAN PERSON NUMBER 1 (THE RESPONDENT).
b. DISPLAY THE RESPONDENT'S FIRST AND LAST NAMES IN THE APPROPRIATE COLUMNS (COLLECTED AT INQ060, INQ070, INQ.112, OR INQ.116). DISPLAY 'R' IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE RESPONDENT.
c. DISPLAY THE NAME OF THE FOCAL CHILD IN THE SECOND ROW OF THE FIRST AND LAST NAME COLUMNS (FROM INQ.130). DISPLAY 'C' IN THE FIRST COLUMN TO INDICATE THAT PERSON IS THE

FOCAL CHILD. DISPLAY THE AGE (IF INQ.175 = 1, CALCULATE AGE FROM BIRTHDATE IN INQ.170. ELSE, GET FROM INQ.176) AND GENDER (INQ.160) OF THE CHILD IN THE APPROPRATE COLUMNS OF THE SECOND ROW. THIS ROW IS PROTECTED.
d. DISPLAY "YOU WILL NEED…THE MATRIX." AND "PRESS ENTER TO…A HOUSEHOLD MEMBER" WHENEVER THE CURSOR IS POSITIONED IN THE FIRST NAME COLUMN FOR PERSON NUMBER 1.
e. DISPLAY "ENTER FIRST NAME…IF MATRIX IS COMPLETE." WHENEVER THE CURSOR IS POSITIONED IN THE FIRST NAME COLUMN FOR A ROW OTHER THAN PERSON NUMBER 1 (THE FIRST BLANK ROW AFTER CHILD).
f. DISPLAY "PROBE:… household)?" WHENEVER THE CURSOR IS POSITIONED IN THE FIRST NAME COLUMN FOR SOMEONE OTHER THAN PERSON NUMBER 1 OR THE FIRST HOUSEHOLD MEMBER ADDED AFTER THE CHILD.

FSQ.025   ENTER LAST NAME OF {NAME}.

DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE LAST NAME COLUMN OF THE HOUSEHOLD MATRIX.

FSQ.030   How old {are you/is {NAME}}?

ENTER AGE OF {NAME}.

{ENTER ZERO IF PERSON'S AGE IS LESS THAN ONE YEAR.}

DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN OF THE HOUSEHOLD MATRIX.

DISPLAY "are you" WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR THE RESPONDENT'S ROW AND "is {NAME}" (DISPLAY THE APPROPRIATE FIRST NAME) WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR SOMEONE OTHER THAN THE RESPONDENT'S ROW.

DISPLAY "ENTER ZERO…ONE YEAR." WHEN THE CURSOR IS POSITIONED IN THE AGE COLUMN FOR SOMEONE OTHER THAN THE RESPONDENT.

CAPI INSTRUCTIONS: SOFT RANGE FOR RESPONDENT'S AGE IS 18 TO 100. IF AGE IS OUTSIDE THIS RANGE, DISPLAY MESSAGE: "RESPONDENT'S AGE IS OUTSIDE THE RANGE OF 18 TO 100. PLEASE VERIFY BEFORE CONTINUING."

HARD RANGE FOR PERSONS OTHER THAN THE RESPONDENT IS: 0 to 120.

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

FSQ.040   CODE IF OBVIOUS. OTHERWISE, ASK: {Are you/Is {NAME} male or female?}

           ENTER GENDER OF {NAME}.

           CAPI INSTRUCTIONS: DISPLAY THIS QUESTION WHEN THE CURSOR IS POSITIONED IN THE
           GENDER COLUMN.

           CAPI INSTRUCTIONS: DISPLAY "Are you" WHEN THE CURSOR IS POSITIONED IN THE GENDER
           COLUMN FOR THE RESPONDENT'S ROW AND "Is {NAME}" (DISPLAY THE APPROPRIATE FIRST
           NAME) WHEN THE CURSOR IS POSITIONED IN THE GENDER COLUMN FOR SOMEONE OTHER THAN
           THE RESPONDENT'S ROW.

                          MALE 1
                          FEMALE 2
                          REFUSED 8
                          DON'T KNOW……………………………………. 9

FSQ.045   CHECK HOUSEHOLD MATRIX. IF ANY BLANK FIELDS, RETURN THE CURSOR TO THE BLANK   FIELD
           ON THE MATRIX AND DISPLAY THE APPROPRIATE ERROR MESSAGE. IF HOUSEHOLD MATRIX IS
           COMPLETE, PRESS 1 AND ENTER TO CONTINUE.

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

                          YES 1 (FSQ.020)
                          NO 2 (FSQ.110)
                          REFUSED 8 (FSQ.110)
                          DON'T KNOW…………………………………...9 (FSQ.110)

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

                          YES 1 (FSQ.120)
                          NO ....2 (BOX 2)
                          REFUSED ....8 (BOX 2)
                          DON'T KNOW…………………………………...9 (BOX 2)

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

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

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

CAPI INSTRUCTIONS: DISPLAY HOUSEHOLD MEMBERS OVER 16 YEARS OF AGE AS RESPONSE CATEGORY CHOICES. (LINES FOR 8 HH MEMBERS ARE SHOWN BELOW, BUT UP TO 25 SHOULD BE DISPLAYED DEPENDING ON THE HOUSEHOLD). DO NOT DISPLAY THE NAMES OF HOUSEHOLD MEMBERS CODED AS NO LONGER LIVING IN THE HOUSEHOLD AT FSQ.010.

CAPI INSTRUCTIONS: DO NOT DISPLAY THE RESPONDENT'S NAME.

CAPI INSTRUCTIONS: FLAG PERSON SELECTED AT FSQ.120 AS "RESPONDENT'S SPOUSE/PARTNER".

CAPI INSTRUCTIONS: DISPLAY THE RESPONDENT'S FIRST NAME FOR {RESPONDENT}.

CAPI INSTRUCTIONS: ALLOW FOR REFUSED ANSWERS.

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

BOX 2

IF THE CASE HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH AND FLAGS.SAMERESP = 1 (SAME RESPONDENT AS THE MOST RECENT INTERVIEW) AND THE RESPONDENT HAD ONE OF THE FOLLOWING RELATIONSHIPS TO THE CHILD IN THE MOST RECENT INTERVIEW: STEP OR FOSTER MOTHER OR FATHER, OTHER MALE OR FEMALE PARENT OR GUARDIAN, BOYFRIEND OR GIRLFRIEND OF PARENT, OTHER RELATIVE, OR NON-RELATIVE [(FSQ.140 = 3, 4, OR 5) OR (FSQ.150 = 3, 4, OR 5) OR (FSQ.130 = 5, 6, 12, OR 13))], GO TO FSQ.121.

ELSE, GO TO BOX 2A.

FSQ.121   During our last interview, it was reported that you were {the girlfriend or female partner of {CHILD}'s parent or guardian}/the boyfriend or male partner of {CHILD}'s parent or guardian/the female guardian of {CHILD}/the male guardian of {CHILD}/{CHILD}'s relative, but not a guardian/not related to {CHILD}/{CHILD}'s {RELATIONSHIP}}. Has there been a change in your relationship to {CHILD}?

PROBE: For example, we mean changes in relationship such as becoming a step-parent, adoptive, parent, or guardian of {CHILD}.

CAPI INSTRUCTIONS: USE THE FOLLOWING DISPLAYS BASED ON PRELOAD INFORMATION FROM THE MOST RECENT COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K OR SPRING K: IF FSQ.130 = 5 OR FSQ.180 = 1, DISPLAY "the girlfriend or female partner of {CHILD}'s parent or guardian". ELSE, IF FSQ.130 = 6 OR FSQ.180 = 2, DISPLAY "the boyfriend or male partner of {CHILD}'s parent or guardian". ELSE, IF FSQ.180 = 3, DISPLAY "the female guardian of {CHILD}." ELSE, IF FSQ.180 = 4, DISPLAY "the male guardian of {CHILD}." ELSE, IF FSQ.130 = 12, DISPLAY {CHILD}'s relative, but not a guardian". ELSE, IF FSQ.130 = 13, DISPLAY "not related to {CHILD}". ELSE, USE THE DISPLAY FOR "{CHILD}'s {RELATIONSHIP}" AND DO THE FOLLOWING: IF FSQ.140 = 3, DISPLAY "stepmother". IF FSQ.140 = 4, DISPLAY "foster mother or female guardian". IF FSQ.140 = 4, DISPLAY "foster mother or female guardian". IF FSQ.140 = 5, DISPLAY "other female parent or guardian". IF FSQ.150 = 3, DISPLAY "stepfather". IF FSQ.150 = 4, DISPLAY "foster father or male guardian". IF FSQ.150 = 5, DISPLAY "other male parent or guardian".

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

BOX 2A

IF THE CASE HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH AND FLAGS.SAMERESP = 1 AND SPOUSE OR PARTNER IS THE SAME AS IN MOST RECENT INTERVIEW AND HAD ONE OF THE FOLLOWING RELATIONSHIPS TO THE CHILD IN THE MOST RECENT INTERVIEW: STEP OR FOSTER MOTHER/FATHER, BOYFRIEND/GIRLFRIEND OF PARENT, OTHER RELATIVE, OR NON-RELATIVE [(FSQ.140 = 3, 4, OR 5) OR (FSQ.150 = 3, 4, OR 5) OR (FSQ.130 = 5, 6, 12, OR 13))]], GO TO FSQ.122.

ELSE, GO TO BOX 3.

FSQ.122   During our last interview, it was reported that {NAME OF SPOUSE/PARTNER} was {the girlfriend or female partner of {CHILD}'s parent or guardian}/the boyfriend or male partner of {CHILD}'s parent or guardian/{CHILD}'s relative, but not a guardian/ the female guardian of {CHILD}/the male guardian of {CHILD}/not related to {CHILD}/{CHILD}'s {RELATIONSHIP}}. Has there been a change in the relationship of {NAME OF SPOUSE/PARTNER} to {CHILD}?

IF THE RESPONDENT SAYS THAT THE PERSON SHOWN IN THIS QUESTION IS NOT HIS/HER CURRENT SPOUSE/.PARTNER, BACK UP TO FSQ.120 AND ASK WHO THE SPOUSE/PARTNER IS.

PROBE: For example, we mean changes in relationship such as becoming a step-parent, adoptive, parent, or guardian of {CHILD}.

CAPI INSTRUCTIONS: USE THE FOLLOWING DISPLAYS BASED ON PRELOAD INFORMATION FROM THE MOST RECENT COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K OR SPRING K: IF FSQ.130 = 5 OR FSQ.180 = 1, DISPLAY "the girlfriend or female partner of {CHILD}'s parent or guardian". ELSE, IF FSQ.130 = 6 OR FSQ.180 = 2, DISPLAY "the boyfriend or male partner of {CHILD}'s parent or guardian". ELSE, IF FSQ.180 = 3, DISPLAY "the female guardian of {CHILD}." ELSE, IF FSQ.180 = 4, DISPLAY "the male guardian of {CHILD}." ELSE, IF FSQ.130 = 12, DISPLAY {CHILD}'s relative, but not a guardian". ELSE, IF FSQ.130 = 13, DISPLAY "not related to {CHILD}". ELSE, USE THE DISPLAY FOR "{CHILD}'s {RELATIONSHIP}" AND DO THE FOLLOWING: IF FSQ.140 = 3, DISPLAY "stepmother". IF FSQ.140 = 4, DISPLAY "foster mother or female guardian". IF FSQ.140 = 5, DISPLAY "other female parent or guardian". IF FSQ.150 = 3, DISPLAY "stepfather". IF FSQ.150 = 4, DISPLAY "foster father or male guardian". IF FSQ.150 = 5, DISPLAY "other male parent or guardian".

YES   1
NO   2
REFUSED   8
DON'T KNOW   9

BOX 3

IF IT IS [A CASE THAT HAD A COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH AND ((THERE WERE NEW HOUSEHOLD MEMBERS ADDED TO FSQ.020 IN THE CURRENT INTERVIEW) OR (THE RESPONDENT OR SPOUSE/PARTNER HAS A NEW RELATIONSHIP TO THE CHILD (FSQ.121 = 1 OR FSQ.122 = 1)))] OR (A CASE WITHOUT A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING–KINDERGARTEN INTERVIEW), GO TO LOOP 1.

ELSE, GO TO BOX 4A.

LOOP 1

IF A CASE WITHOUT A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING–KINDERGARTEN INTERVIEW, ASK FSQ.130 - FSQ.180 FOR EACH PERSON ENUMERATED ON THE HOUSEHOLD MATRIX (AT FSQ.020) WHO IS NOT THE FOCAL CHILD.

ELSE, IF IT IS A CASE THAT HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH, ASK FSQ.130 - FSQ.180 FOR [(EACH NEW PERSON ENUMERATED ON THE HOUSEHOLD MATRIX (AT FSQ.020) WHO IS NOT THE FOCAL CHILD) OR (EACH OLD PERSON WHO HAS A NEW RELATIONSHIP TO THE CHILD (FSQ.121 = 1 OR FSQ.122 = 1 FOR THAT PERSON))].

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

{CODE RELATIONSHIP OF NEW HOUSEHOLD MEMBERS ONLY.}

CAPI INSTRUCTION: REFUSED AND DON'T KNOW ARE DISALLOWED FOR FSQ.130.
CAPI INSTRUCTIONS: DISPLAY THE RELATIONSHIP MATRIX.

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

CAPI INSTRUCTIONS: CONSISTENCY CHECK: IF FSQ.040 = 1 (MALE) FOR THE SUBJECT OF THIS
QUESTION, FSQ.130 SHOULD NOT EQUAL 1, 3, 5, 7, OR 9. ELSE, IF FSQ.040 = 2 (FEMALE) FOR THE
SUBJECT OF THIS QUESTION, FSQ.130 SHOULD NOT EQUAL 2, 4, 6, 8, OR 10. IF ANY ANSWERS
VIOLATE THESE RULES, DISPLAY MESSAGE: THIS PERSON CANNOT BE CODED AS BOTH A
{RELATIONSHIP FROM FSQ.130} AND A {GENDER FROM FSQ.040}. PLEASE VERIFY INFORMATION
AND CHANGE THE RELATIONSHIP OR GENDER, AS NECESSARY.

CAPI INSTRUCTIONS: CONSISTENCY CHECK: IF RELATIONSHIP OF NEW PERSON BEING ENTERED
IS "7" OR "8" (GRANDMOTHER OR GRANDFATHER), SOFT AGE RANGE IS 30-120.   IF AGE IS NOT IN
THAT RANGE, DISPLAY MESSAGE: UNLIKELY AGE FOR A GRANDPARENT. PLEASE CONFIRM
INFORMATION AND CORRECT RELATIONSHIP OR AGE, IF NECESSARY.

CAPI INSTRUCTIONS: IF RELATIONSHIP OF NEW PERSON BEING ENTERED IS "5" OR "6"
(GIRLFRIEND OR BOYFRIEND OF THE CHILD'S PARENT/GUARDIAN), SOFT AGE RANGE IS 15-100.
IF AGE IS NOT IN THAT RANGE, DISPLAY MESSAGE: UNLIKELY AGE FOR A GIRLFRIEND OR
BOYFRIEND OF THE CHILD'S PARENT. PLEASE CONFIRM INFORMATION AND CORRECT
RELATIONSHIP OR AGE, IF NECESSARY.

CAPI MATRIX INSTRUCTIONS:

1. IF, ACCORDING TO THE PRELOAD, A CASE HAD A COMPLETE OR PARTIALLY COMPLETE
PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH:
a.   DO NOT DISPLAY THE NAMES OF HH MEMBERS NOT LIVING IN THE HOUSEHOLD (CODED '2' AT
FSQ010).
b. THE NAMES OF HOUSEHOLD MEMBERS COLLECTED IN THE MOST RECENTLY COMPLETED OR
PARTIALLY COMPLETED INTERVIEW SHOULD BE PROTECTED.
c. THE RELATIONSHIPS OF HOUSEHOLD MEMBERS COLLECTED IN THE MOST RECENTLY
COMPLETED OR PARTIALLY COMPLETED INTERVIEW SHOULD BE PROTECTED UNLESS THERE
HAS BEEN A CHANGE IN RELATIONSHIP FOR THE RESPONDENT OR SPOUSE/PARTNER TO THE
FOCAL CHILD (FSQ.121 = 1 OR FSQ.122 = 1 FOR THAT PERSON). IF FSQ.121 = 1 OR FSQ.122 = 1
FOR THAT PERSON, ALLOW THE RELATIONSHIP FIELD TO BE CHANGED.
d. THE CURSOR SHOULD START IN THE FIELD FOR FIRST PERSON WITH A RELATIONSHIP
CHANGE (IF FSQ.121 = 1 OR FSQ.122 = 1 FOR THAT PERSON) AND THEN MOVE TO THE FIELD FOR
THE FIRST NEW PERSON ADDED AT FSQ020 THIS ROUND. IF THERE IS NO ONE WITH A
RELATIONSHIP CHANGE, START IN THE FIELD FOR THE FIRST NEW PERSON ADDED AT FSQ020
THIS ROUND.
e. DISPLAY "CODE RELATIONSHIP…ONLY."
f. DISPLAY "your" IF LOOPING ON A NEW RESPONDENT. OTHERWISE, DISPLAY "{NAME}'s" USING
   THE NAME OF THE NEW HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.
g. IF RELATIONSHIP OF NEW PERSON BEING ENTERED IS "7" OR "8" (GRANDMOTHER OR
GRANDFATHER), SOFT AGE RANGE IS 30-120.

2. IF, ACCORDING TO THE PRELOAD, A CASE DID NOT HAVE A COMPLETE OR PARTIALLY
COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH:
a. DISPLAY ALL NAMES COLLECTED AT FSQ.020.
b. THE CURSOR SHOULD BEGIN IN THE COLUMN FOR THE RELATIONSHIP OF THE RESPONDENT
TO THE CHILD.

c. DISPLAY "your" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}'s" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

HELP TEXT:

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

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

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

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

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

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

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

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

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

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

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

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

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

MOTHER/FEMALE GUARDIAN.. 1 (FSQ.140)
FATHER/MALE GUARDIAN 2 (FSQ.150)
SISTER 3 (FSQ.160)
BROTHER... 4 (FSQ.170)
GIRLFRIEND OR FEMALE PARTNER OF {CHILD}'S PARENT/GUARDIAN 5 (BOX 4)
BOYFRIEND OR MALE PARTNER OF {CHILD}'S PARENT/GUARDIAN...... 6 (BOX 4)
GRANDMOTHER .... 7 (BOX 4)
GRANDFATHER .... 8 (BOX 4)
AUNT.. 9 (BOX 4)
UNCLE .... 10 (BOX 4)
COUSIN .... 11 (BOX 4)
OTHER RELATIVE .... 12 (BOX 4)
OTHER NON-RELATIVE 13 (FSQ180)

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

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

CAPI INSTRUCTIONS: CONSISTENCY CHECK: IF FSQ.140 = 1, THE AGE OF THIS HOUSEHOLD MEMBER SHOULD BE AT LEAST 10 YEARS OLDER THAN THE CHILD AND AT MOST 50 YEARS OLDER THAN THE CHILD IN A SOFT RANGE CHECK. IF NOT, DISPLAY MESSAGE: UNLIKELY ANSWER: THE MOTHER WAS REPORTED TO BE {AGE FROM FSQ.030} YEARS OLD AND THE CHILD IS {CHILD AGE FROM FSQ.020} YEARS OLD. PLEASE CONFIRM INFORMATION AND CORRECT RELATIONSHIP OR AGE, IF NECESSARY. ELSE, IF FSQ.140 = 2-5, THE SOFT RANGE FOR THE AGE OF THIS HOUSEHOLD MEMBER SHOULD BE AT LEAST 10 YEARS OLDER THAN THE CHILD AND AT MOST 70 YEARS OLDER THAN THE CHILD. IF NOT, DISPLAY MESSAGE: UNLIKELY ANSWER: THE MOTHER OR FEMALE GUARDIAN WAS REPORTED TO BE {AGE FROM FSQ.030} YEARS OLD AND THE CHILD IS {CHILD AGE FROM FSQ.020} YEARS OLD. PLEASE CONFIRM INFORMATION AND CORRECT RELATIONSHIP OR AGE, IF NECESSARY.

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

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

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

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

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

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

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

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

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

CAPI INSTRUCTIONS: CONSISTENCY CHECK: IF FSQ.150 = 1-5, THE AGE OF THIS HOUSEHOLD MEMBER SHOULD BE AT LEAST 10 YEARS OLDER THAN THE CHILD'S AGE USING A SOFT EDIT. IF NOT, DISPLAY MESSAGE: UNLIKELY ANSWER: THE FATHER OR MALE GUARDIAN WAS REPORTED TO BE {AGE FROM FSQ.030} YEARS OLD AND THE CHILD IS {CHILD AGE FROM FSQ.020} YEARS OLD. PLEASE CONFIRM INFORMATION AND CORRECT RELATIONSHIP OR AGE, IF NECESSARY.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CAPI INSTRUCTIONS: CONSISTENCY CHECK: IF RELATIONSHIP OF NEW PERSON BEING ENTERED IS "1" OR "2" (GIRLFRIEND OR BOYFRIEND OF THE CHILD'S PARENT/GUARDIAN), SOFT AGE RANGE IS 15-100.   IF AGE IS NOT IN THAT RANGE, DISPLAY MESSAGE: UNLIKELY AGE FOR A GIRLFRIEND OR BOYFRIEND OF THE CHILD'S PARENT. PLEASE CONFIRM INFORMATION AND CORRECT RELATIONSHIP OR AGE, IF NECESSARY.

ELSE, IF RELATIONSHIP OF NEW PERSON BEING ENTERED IS "3" OR "4", THE SOFT RANGE FOR THE AGE OF THIS HOUSEHOLD MEMBER SHOULD BE AT LEAST 10 YEARS OLDER THAN THE CHILD AND AT MOST 70 YEARS OLDER THAN THE CHILD. IF NOT, DISPLAY MESSAGE: UNLIKELY ANSWER: THE MOTHER OR FEMALE GUARDIAN WAS REPORTED TO BE {AGE FROM FSQ.030} YEARS OLD AND THE CHILD IS {CHILD AGE FROM FSQ.020} YEARS OLD. PLEASE CONFIRM INFORMATION AND CORRECT RELATIONSHIP OR AGE, IF NECESSARY.

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

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

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

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

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

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

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

GIRLFRIEND OR FEMALE PARTNER OF {CHILD}'S PARENT/GUARDIAN…..1 (BOX 4)
BOYFRIEND OR MALE PARTNER OF {CHILD}'S PARENT/GUARDIAN………2 (BOX 4)
FEMALE GUARDIAN…………………………………………………………..3 (BOX 4)
MALE GUARDIAN…………………………………………………………...4 (BOX 4)

DAUGHTER/SON OF {CHILD}'S PARENT'S PARTNER…………………………5 (BOX 4)
OTHER RELATIVE OF {CHILD}'S PARENT'S PARTNER………………………...6 (BOX 4)
OTHER NON-RELATIVE (SPECIFY)………………………………………………..91 (FSQ.181)
REFUSED……………………………………………………………………………….88 (BOX 4)
DON'T KNOW………………………………………………………………….……99 (BOX 4)

FSQ.181

_____
SPECIFY OTHER NON-RELATIVE.

BOX 4

END LOOP 1.
ASK FSQ130 - FSQ180 FOR NEXT PERSON ON THE HOUSEHOLD ROSTER WHO IS NOT THE FOCAL CHILD.
IF NO NEXT PERSON, CONTINUE WITH BOX 4A.

BOX 4A

LOOP 2.
- IF ANY FOCAL CHILD, RESPONDENT, MOTHER FIGURE, OR FATHER FIGURE, OR RESPONDENT AND RESPONDENT'S SPOUSE (IF NO MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) IS MISSING ETHNICITY OR RACE DATA, CONTINUE WITH FSQ.190.
- OTHERWISE, GO TO BOX 4B.

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

{CODE HISPANIC OR LATINO FOR NEW HOUSEHOLD MEMBERS ONLY. IF NO NEW PERSONS, PRESS ENTER TO CONTINUE.}

CAPI MATRIX INSTRUCTIONS:

DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130 OR CODE '3' AT FSQ.180), OR FATHER FIGURE (CODE '2' AT FSQ.130 OR CODE '4' AT FSQ.180).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH (A CODE '1' OR '2' AT FSQ.130) OR (CODE "3" OR "4" AT FSQ.180), DISPLAY IN COLUMN 1 THE FOCAL CHILD, THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).

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

NOTE: DO NOT DISPLAY HOUSEHOLD MEMBERS CODED AS NOT LIVING IN THE HOUSEHOLD AT FSQ.010.

THE CURSOR SHOULD BE POSITIONED ON THE FIRST BLANK FIELD. IF NO BLANK FIELDS, THE CURSOR SHOULD BE POSITIONED ON THE LAST COMPLETED FIELD IN THE MATRIX.

IF, ACCORDING TO THE PRELOAD, A CASE HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH:

ASK ABOUT HISPANIC OR LATINO ONLY IF NEW HOUSEHOLD MEMBERS ARE THE FOCAL CHILD'S PARENTS OR THE RESPONDENT, IF PREVIOUS HOUSEHOLD MEMBERS BECAME THE CHILD'S PARENTS OR THE RESPONDENT, OR IF THERE ARE NO PARENTS, THEN ASK ABOUT THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF THEY ARE NEW). DISPLAY "Are you" IF LOOPING ON A NEW RESPONDENT. OTHERWISE, DISPLAY "Is {NAME}" USING THE NAME OF THE NEW HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

IF, ACCORDING TO THE PRELOAD, A CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K, SPRING K, OR BOTH:

ASK ABOUT HISPANIC OR LATINO FOR THE FOCAL CHILD, RESPONDENT, MOTHER AND FATHER FIGURES. IF NO MOTHER OR FATHER FIGURES, THEN ASK ABOUT THE FOCAL CHILD, THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF ANY). DISPLAY "Are you" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "Is {NAME}" USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON.

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

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

HELP AVAILABLE

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

IF "HISPANIC" or "LATINO" PROBE: Is that White Hispanic, Black Hispanic, both, or something else?

IF RESPONDENT CONTINUES TO SAY "HISPANIC" or "LATINO" AFTER USING THE PROBE ABOVE, CODE AS "DON'T KNOW."

CAPI MATRIX INSTRUCTIONS:

DISPLAY IN COLUMN 1 EACH PERSON ENUMERATED ON THE HOUSEHOLD ROSTER (AT FSQ.020) WHO IS THE FOCAL CHILD, RESPONDENT, MOTHER FIGURE (CODE '1' AT FSQ.130 OR CODE '3' AT FSQ.180), OR FATHER FIGURE (CODE '2' AT FSQ.130 OR CODE '4' AT FSQ.180).

IF NO MOTHER OR FATHER FIGURES IN THE HOUSEHOLD (NO HOUSEHOLD MEMBERS WITH A CODE '1' OR '2' AT FSQ.130) OR (CODE "3" OR "4" AT FSQ.180), DISPLAY IN COLUMN 1 THE FOCAL CHILD, THE RESPONDENT, AND THE RESPONDENT'S SPOUSE/PARTNER (HOUSEHOLD MEMBER SELECTED AT FSQ.120, IF ANY).
NOTE: IF THE RESPONDENT IS A MOTHER OR FATHER FIGURE, ONLY DISPLAY HIS/HER NAME ONCE.

NOTE: DO NOT DISPLAY HOUSEHOLD MEMBERS CODED AS NOT LIVING IN THE HOUSEHOLD AT FSQ.010.

IF THERE WAS A COMPLETE OR PARTIALLY COMPLETE INTERVIEW IN FALL-KINDERGARTEN OR SPRING-KINDERGARTEN, ASK ABOUT RACE ONLY IF NEW HOUSEHOLD MEMBERS ARE THE FOCAL CHILD'S PARENTS OR THE RESPONDENT, IF PREVIOUS HOUSEHOLD MEMBERS BECAME THE CHILD'S PARENTS OR THE RESPONDENT, OR IF THERE ARE NO PARENTS, THEN ABOUT THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF THEY ARE NEW). DISPLAY "your", "you", "consider", AND "yourself" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}", "{NAME}", "considers" AND ("himself" OR "herself") USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON. DISPLAY "himself" IF THE PERSON IS MALE AND "herself" IF THE PERSON IS FEMALE. IF GENDER IS MISSING, DISPLAY "himself/herself".

IF THERE WAS <u>NOT</u> A COMPLETE OR PARTIALLY COMPLETE INTERVIEW IN FALL-KINDERGARTEN OR SPRING-KINDERGARTEN, ASK ABOUT RACE FOR THE FOCAL CHILD, RESPONDENT, MOTHER AND FATHER FIGURES. IF NO MOTHER OR FATHER FIGURES, THEN ASK ABOUT THE FOCAL CHILD, THE RESPONDENT AND RESPONDENT'S SPOUSE/PARTNER (IF ANY). DISPLAY "your", "you", "consider", AND "yourself" IF LOOPING ON THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}", "{NAME}", "considers" AND ("himself" OR "herself") USING THE NAME OF THE HOUSEHOLD MEMBER THAT IS BEING LOOPED ON. DISPLAY "himself" IF THE PERSON IS MALE AND "herself" IF THE PERSON IS FEMALE. IF GENDER IS MISSING, DISPLAY "himself/herself".

{CODE RACE OF NEW HOUSEHOLD MEMBERS ONLY. IF NO NEW PERSONS, PRESS ENTER TO CONTINUE.}

CODE ALL THAT APPLY.

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

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

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

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

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

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

BOX 4B

END LOOP 2.
- ASK FSQ.190 – FSQ.195 FOR NEXT PERSON WHO IS THE FOCAL CHILD, MOTHER FIGURE, FATHER FIGURE, OR RESPONDENT OR RESPONDENT'S SPOUSE (IF NO MOTHER OR FATHER FIGURES) (NEW OR OLD HH MEMBERS) WHOSE ETHNICITY OR RACE DATA ARE MISSING.
- IF NO NEXT PERSON, CONTINUE WITH FSQ.200.

FSQ.200

{FILL 1}	{FILL 2}	{FILL 3}	ParentIsR The current roster shows a relationship of biological/ adoptive mother or biological/ adoptive father for the person flagged as the respondent for YES	BioMoInHH The current roster shows the relationship of biological mother for at least one HH member (not the R) for YES	BioFaInHH The current roster shows the relationship of biological father for at least one HH member (not the R) for YES	AdopMoInHH The current roster shows the relationship of adoptive mother for at least one HH member (not the R) for YES	AdopFaInHH The current roster shows the relationship of adoptive father for at least one HH member (not the R) for YES	OtherinHH The current roster shows there is no biological/ado ptive mother/father in the household for YES	SameAdopinHH The current roster shows there are same sex adoptive parents (one of them is not the R) for YES	SameBioinHH The current roster shows there are same sex biological parents (one of them is not the R) for YES
Are you	have you		YES							
Are you	have you							YES		
Are CHILD's biological parents	have they	to each other	NO	YES	YES			NO		YES
Is CHILD's biological mother	has she		NO	YES	NO			NO		
Is CHILD's biological father	has he		NO	NO	YES			NO		
Is CHILD's adoptive mother	has she		NO	NO	NO	YES	NO	NO		
Is CHILD's adoptive father	has he		NO	NO	NO	NO	YES	NO		
Are CHILD's adoptive parents	have they	to each other	NO	NO	NO	YES	YES	NO		
Are CHILD's adoptive parents	have they	to each other	NO	NO	NO			NO	YES	

{FILL 1} currently married, separated, divorced, widowed, in a domestic partnership, or {FILL 2} never been married {FILL 3}?

PROBE: This question is about parents who live in the household.

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

BOX 5

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

- 1) THE KEY PARENT FIGURES SHOULD BE CHOSEN ONLY FROM AMONG CURRENT MEMBERS OF THE HOUSEHOLD;

- 2) IF A MOTHER (RELATION=1) IS IN THE HOUSEHOLD SHE SHOULD BE A KEY PARENT FIGURE; IF A FATHER (RELATION =2) IS IN THE HOUSEHOLD HE SHOULD BE A KEY PARENT FIGURE; IF THERE ARE TWO MOTHERS (RELATION=1) PICK THE MOTHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH MOTHER =1, ADOPTIVE MOTHER=2, STEPMOTHER=3, FOSTER MOTHER OR FEMALE GUARDIAN =4. OTHER TYPE OF MOTHER = 5. IF TWO MOTHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER. IF THERE ARE TWO FATHERS (RELATION=2), PICK THE FATHER WITH THE LOWER NUMBER RELATIONSHIP IN THE FOLLOWING SYSTEM: BIRTH FATHER =1, ADOPTIVE FATHER=2, STEPFATHER=3, FOSTER FATHER OR MALE GUARDIAN =4, AND OTHER TYPE OF FATHER = 5. IF TWO FATHERS HAVE SAME NUMBER RELATIONSHIP, PICK ONE WITH LOWEST PERSON NUMBER;

  3) IF THERE IS A MOTHER (RELATION =1) BUT NO FATHER (RELATION=2) AND THE MOTHER HAS A MALE SPOUSE/PARTNER (SPOUSE/PARTNER, HERE AND IN OTHER PARTS OF THIS BOX, IS DEFINED AS FSQ.040 = 1 AND A SPOUSE/PARTNER HAVING BEEN SELECTED AT FSQ.120), THE MOTHER SHOULD BE A KEY PARENT FIGURE AND THE MALE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE. ELSE, IF THERE IS A MOTHER (RELATION =1) BUT NO FATHER (RELATION=2) AND THERE ARE TWO MOTHERS IN THE HOUSEHOLD, THE MOTHER (IDENTIFIED WITH THE SAME CRITERIA AS IN BULLET 2 IF THERE ARE TWO MOTHERS) SHOULD BE A KEY PARENT FIGURE AND THE OTHER MOTHER IN THE HOUSEHOLD (WHO HAS A DIFFERENT PERSON NUMBER THAN THE MOTHER IDENTIFIED AS A KEY PARENT FIGURE) SHOULD BE A KEY PARENT FIGURE. ELSE, IF THERE IS A MOTHER (RELATION =1) BUT NO FATHER (RELATION=2) AND THE MOTHER HAS A SPOUSE/PARTNER WHO IS FEMALE, THE MOTHER (IDENTIFIED WITH THE SAME CRITERIA AS IN BULLET 2 IF THERE ARE TWO MOTHERS) SHOULD BE A KEY PARENT FIGURE AND HER FEMALE SPOUSE/PARTNER (WHO HAS A DIFFERENT PERSON NUMBER THAN THE MOTHER IDENTIFIED AS A KEY PARENT FIGURE) SHOULD BE A KEY PARENT FIGURE. (NOTE: IN HOUSEHOLDS WITH TWO MOTHERS, EACH MOTHER FIGURE CAN ONLY OCCUPY ONE OF THE TWO KEY PARENT FIGURE SLOTS. IF MOTHER FIGURE #2 QUALIFIES AS A KEY PARENT AND IS ALSO THE SPOUSE/PARTNER OF A MOTHER FIGURE #1, MOTHER FIGURE #1 SHOULD BE ONE KEY MOTHER FIGURE AND MOTHER FIGURE #2 SHOULD BE THE OTHER KEY PARENT FIGURE)

- 4) IF THERE IS A FATHER (RELATION=2) BUT NO MOTHER (RELATION=1) AND THE FATHER HAS A FEMALE SPOUSE/PARTNER, THE FATHER SHOULD BE A KEY PARENT FIGURE AND THE FEMALE SPOUSE/PARTNER SHOULD BE A KEY PARENT FIGURE. ELSE, IF THERE IS A FATHER (RELATION =2) BUT NO MOTHER (RELATION=2) AND THERE ARE TWO FATHERS IN THE HOUSEHOLD, THE FATHER (IDENTIFIED WITH THE SAME CRITERIA AS IN BULLET 2 IF THERE ARE TWO FATHERS) SHOULD BE A KEY PARENT FIGURE AND THE OTHER FATHER IN THE HOUSEHOLD (WHO HAS A DIFFERENT PERSON NUMBER THAN THE FATHER IDENTIFIED AS A KEY PARENT FIGURE) SHOULD BE A KEY PARENT FIGURE.
  ELSE, IF THERE IS A FATHER (RELATION=2) BUT NO MOTHER (RELATION=1) AND THE FATHER HAS A MALE SPOUSE/PARTNER, THE FATHER (IDENTIFIED WITH THE SAME CRITERIA AS IN BULLET 2 IF THERE ARE TWO FATHERS) SHOULD BE A KEY PARENT FIGURE AND HIS MALE SPOUSE/PARTNER (WHO HAS A DIFFERENT PERSON NUMBER THAN THE FATHER IDENTIFIED AS A KEY PARENT FIGURE) SHOULD BE A KEY PARENT FIGURE. NOTE: IN HOUSEHOLDS WITH TWO FATHERS, EACH FATHER FIGURE CAN ONLY OCCUPY ONE OF THE TWO KEY PARENT FIGURE SLOTS. IF FATHER FIGURE #2 QUALIFIES AS A KEY PARENT AND IS ALSO THE SPOUSE/PARTNER OF A FATHER FIGURE #1, FATHER FIGURE #1 SHOULD BE ONE KEY FATHER FIGURE AND FATHER FIGURE #2 SHOULD BE THE OTHER KEY PARENT FIGURE)

- 5) OTHERWISE, IF THERE ARE NOT PARENTS IN THE HOUSEHOLD (RELATION NE 1 OR 2), THE RESPONDENT SHOULD BE A KEY PARENT FIGURE AND THE RESPONDENT'S SPOUSE/PARTNER, IF ONE, SHOULD BE A KEY PARENT FIGURE.

BOX 6

IF THE PRELOAD SHOWS THAT SPRING-KINDERGARTEN DATA FOR FSQ.212-FSQ.213 ARE MISSING FOR ONE OR BOTH OF THE CURRENT 2 "KEY" PARENT FIGURES), ASK FSQ.212-FSQ.213 FOR 2 "KEY" PARENT FIGURES, AS DEFINED IN BOX 5 ABOVE. ELSE, GO TO BOX 8.

FSQ.212   Now I have a few questions about {your/{NAME}'s} country of birth. In what country {were/was} {you/{NAME}} born?

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT ***NOT ON LIST*** IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

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

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

BOX 7

IF FSQ.212 = 0 (NOT ON LIST), CONTINUE WITH FSQ.211OS.
IF FSQ.212 = 1 (UNITED STATES), DK, OR RF, GO TO BOX 8.
OTHERWISE, CONTINUE WITH FSQ.213.

FSQ.212OS   [In what country {were/was} {you/{NAME}} born?}

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

SPECIFY COUNTRY.

_____

FSQ.213   How old {was/were} {you/{NAME}} when {you/{he/she}} first moved to {any of the fifty states in the United States or the District of Columbia/the United States}?

CAPI INSTRUCTIONS: DISPLAY "were", "you", AND "you" IF CURRENT CYCLE OF LOOP IS ASKING ABOUT THE RESPONDENT.   DISPLAY "was", "{NAME}" (AND THAT PERSON'S FIRST NAME), AND "he" FOR A MALE/"she" FOR A FEMALE/"he/she" IF GENDER IS MISSING IF CURRENT CYCLE OF LOOP IS ASKING ABOUT A HOUSEHOLD MEMBER WHO IS NOT THE RESPONDENT.

CAPI INSTRUCTIONS: DISPLAY "any of the fifty states in the United States or the District of Columbia" IF FSQ.212 = 5, 90, 139, 179, 203, 235 (AMERICAN SAMOA, GUAM, MARIANA ISLAND, PUERTO RICO, SOLOMON ISLANDS, OR US VIRGIN ISLANDS). ELSE, DISPLAY "the United States."

CAPI INSTRUCTION: RANGE CHECK: 0 – 75 YEARS OLD. UNLESS AGE IN HOUSEHOLD ROSTER = DK OR RF, AGE ENTERED AT THIS ITEM SHOULD BE CHECKED IN A SOFT RANGE AGAINST THIS PERSON'S AGE IN THE HOUSEHOLD ROSTER. OTHERWISE, DISPLAY ERROR MESSAGE: "THIS AGE CANNOT BE GREATER THAN PERSON'S CURRENT AGE. PLEASE CONFIRM ANSWER.

1.   PRESS G TO REENTER ANSWER.
2.   PRESS C TO ESCAPE OR CANCEL.
3.   PRESS S TO ACCEPT ANSWER ABOUT AGE WHEN FIRST MOVED TO THE UNITED STATES. ADD COMMENT ABOUT THE PERSON'S CURRENT AGE."

|___|___|
  AGE

REFUSED.. 88
DON'T KNOW.. 99

BOX 8

ASK FSQ.212-FSQ.213 FOR THE NEXT APPROPRIATE KEY PARENT FIGURE IDENTIFIED IN BOX 6. IF THERE IS NOT AN APPROPRIATE KEY PARENT FIGURE LEFT TO BE ASKED ABOUT, GO TO PLQ.

PRIMARY LANGUAGE(S) SPOKEN - PLQ

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

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

YES...	1	
NO	2	(PLQ.110)
REFUSED...	8	(PLQ.110)
DON'T KNOW.....................................	9	(PLQ.110)

PLQ.030　　Is English also spoken in your home?

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

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

CODE ALL THAT APPLY

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

BOX 1

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

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

SPECIFY LANGUAGE.

_____

┌───┐
│   **BOX 2**   │
│   │
│ IF ONLY ONE LANGUAGE SPOKEN IN THE HOME ((PLQ.030 = 2, REF, OR DK) AND   │
│ (ONLY ONE LANGUAGE IS CODED AT PLQ.040 OR PLQ.040 = REF OR DK)), GO TO   │
│ PLQ.083. ELSE, ASK PLQ.060.   │
└───┘

                                                          HELP AVAILABLE

PLQ.060   What is the <u>primary</u> language spoken in your home?

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

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

                CAPI INSTRUCTION: DISPLAY 'primary' IN UNDERLINED TEXT.
                CAPI INSTRUCTION: SOFT EDIT: IF ANY CATEGORY 1-15 IS ANSWERED IN PLQ.060, IT SHOULD HAVE BEEN
                A LANGUAGE MENTIONED IN CATEGORIES 1-15 IN PLQ.040. IF A NEW LANGUAGE IS CODED IN PLQ.060
                THAT WAS NOT CODED IN PLQ.040, DISPLAY MESSAGE: "THE PRIMARY LANGUAGE IS NOT A LANGUAGE
                SPOKEN IN THE HOME ACCORDING TO PLQ.040. PLEASE CONFIRM." NOTE: THIS IS A SOFT EDIT BECAUSE
                A LANGUAGE NOTED IN THE "OTHER SPECIFY" IN PLQ.040 MAY HAVE ACTUALLY HAD A CODE THAT WAS
                NOT USED UNTIL PLQ.060.

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

BOX 3

IF PLQ.060 = 91, GO TO PLQ.060OS. ELSE, GO TO PLQ.083.

PLQ.060OS   [What is the <u>primary</u> language spoken in your home?]

CAPI INSTRUCTION: DISPLAY 'primary' IN UNDERLINED TEXT.

SPECIFY LANGUAGE.

_____

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

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

PROBE: We just need to know in general.

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

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

CAPI MATRIX INSTRUCTIONS:
1. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE CAPI ROSTER INSTRUCTIONS ABOVE).

2. WHEN CURSOR IS POSITIONED IN THE SECOND COLUMN (PLQ.083), DISPLAY THE VARIABLE NAME FOR PLQ.083 AT THE TOP OF THE COLUMN AND THE FOLLOWING QUESTION TEXT AT THE TOP OF THE SCREEN: "How often {do/does} {{you/{NAME}} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {CHILD}? Would you say never, sometimes, often, or very often?" DISPLAY "you" IF THE KEY PARENT FIGURE IS THE RESPONDENT. OTHERWISE, DISPLAY THE NAME OF THE KEY PARENT FIGURE. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 15, DISPLAY THE NAME OF THE LANGUAGE IN "{NON-ENGLISH LANGUAGE}". ELSE IF PLQ.040 = 91, 88, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English" AND "{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often {do/does} {{you/{NAME}} use **all** languages, other than English, in speaking to {CHILD}?"

3. ANOTHER COLUMN OF THE MATRIX IS USED TO ASK PLQ.090 (BELOW) THE CURSOR WILL MOVE FROM PLQ.083 TO PLQ.090 FOR THE SAME PERSON AND THEN WILL MOVE BACK TO PLQ.083 AND THEN PLQ.090 FOR THE SECOND PERSON.

4. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL FIELDS ARE ACCOUNTED FOR.

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

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

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

PROBE: We just need to know in general.

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

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

CAPI MATRIX INSTRUCTIONS:
1. THE FIRST COLUMN OF THE MATRIX (FIRST NAME) IS READ ONLY (SEE CAPI ROSTER INSTRUCTIONS ABOVE).

2. WHEN CURSOR IS POSITIONED IN THE NEXT COLUMN {PLQ.090}, DISPLAY THE VARIABLE NAME FOR PLQ.090 AT THE TOP OF THE COLUMN AND THE FOLLOWING QUESTION TEXT AT THE TOP OF THE SCREEN: "How often does {CHILD} use {{NON-ENGLISH LANGUAGE}/a language other than English} in speaking to {you/{NAME}}? Would you say never, sometimes, often, or very often?" DISPLAY "you" IF THE KEY PARENT FIGURE IS THE RESPONDENT. OTHERWISE, DISPLAY THE NAME OF THE KEY PARENT FIGURE. IF PLQ.040 SHOWS ONE LANGUAGE SELECTED THAT HAS A CODE FROM 1 TO 15, DISPLAY THE NAME OF THE LANGUAGE IN "{NON-ENGLISH LANGUAGE}". ELSE IF PLQ.040 = 91, 88, OR 99, OR IF THERE ARE TWO OR MORE LANGUAGES IN PLQ.040, DISPLAY "a language other than English" AND "{PROBE: IF MORE THAN ONE NON-ENGLISH LANGUAGE SPOKEN, SAY: On average, how often does {CHILD} use all languages, other than English, in speaking to {you/{NAME}}."

4. AFTER PLQ.090 IS COMPLETED FOR THE FIRST PERSON, THE CURSOR WILL MOVE BACK TO PLQ.083 FOR THE SECOND PERSON AND THEN TO PLQ.090 FOR THAT PERSON.

5. INTERVIEWER CANNOT LEAVE THE MATRIX UNTIL ALL FIELDS ARE ACCOUNTED FOR.

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

PLQ.095   This year, has it been harder for you to participate in activities at {CHILD}'s school because you or members of your family speak a language other than English and meetings are conducted only in English? [Has that made it harder for you to participate in activities at {CHILD}'s school?]

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

PLQ.096   Does {CHILD} have someone at home who can help {CHILD} with homework that is written in English?

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

PLQ.110   {You said that (English/NON-ENGLISH LANGUAGE/a language other than English) is spoken in your home.} When {CHILD}'s teacher sends home notes or newsletters, are these in (English/NON-ENGLISH LANGUAGE/a language that you speak)?

CAPI INSTRUCTIONS: IF PLQ.020 = REF/DK, USE A NULL DISPLAY FOR THE FIRST SENTENCE "You…home." AND DISPLAY "a language that you speak" IN THE SECOND SENTENCE.
ELSE, DISPLAY THE FIRST SENTENCE FOR ALL CASES.

ELSE, IF PLQ.020=2 (NO OTHER LANGUAGE REGULARLY SPOKEN AT HOME BESIDES ENGLISH) OR (IF PLQ.060 WAS ASKED AND PLQ060=0 (ENGLISH SPOKEN AS PRIMARY LANGUAGE), DISPLAY 'English' IN THE FIRST AND SECOND SENTENCES.

OTHERWISE, IF PLQ.060 WAS ASKED, DO THE FOLLOWING:
IF PLQ060 1-15, DISPLAY THE LANGUAGE SPECIFIED IN.PLQ.060.
ELSE, IF PLQ060=91, DISPLAY THE OTHER SPECIFY TEXT.
ELSE, IF PLQ060=16, DK, RF, DISPLAY "a language other than English" IN THE DISPLAY IN THE FIRST SENTENCE AND "a language that you speak" IN THE DISPLAY IN THE SECOND SENTENCE.

OTHERWISE, IF PLQ.060 WAS NOT ASKED, AND ONE LANGUAGE WAS REPORTED FOR PLQ.040 OR PLQ.040 = REF/DK, DO THE FOLLOWING:
IF PLQ.040 = 1-15, DISPLAY THE LANGUAGE IN PLQ.040.
ELSE, IF PLQ.040=91, DISPLAY THE OTHER SPECIFY TEXT IN PLQ.040.
ELSE, IF PLQ.040= DK, RF, DISPLAY "a language other than English" AND "a language that you speak".

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

HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION - HEQ

HEQ.030   In a typical <u>week</u>, how often do you or any other family members read books to {CHILD}? Would you say…

CAPI INSTRUCTION: DISPLAY "week" IN UNDERLINED TEXT.

HELP TEXT:

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

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

BOX 1

IF HEQ.030 =1, REF/DK, GO TO HEQ.040. ELSE, IF (PLQ.020 = 1) CONTINUE WITH HEQ.035. ELSE, GO TO HEQ.040.

HEQ.035   In a typical <u>week</u>, how often do you or any other family members read books to {CHILD} in {PRIMARY LANGUAGE/a language other than English}. Would you say…

CAPI INSTRUCTION: DISPLAY "week" IN UNDERLINED TEXT.

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

Not at all,..	1	(HEQ.040)
Once or twice a week,...................................	2	(HEQ.036)
3-6 times a week, or.....................................	3	(HEQ.036)
Every day?...	4	(HEQ.036)
REFUSED	8	(HEQ.040)
DON'T KNOW	9	(HEQ.040)

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

PROBE: Please include reading in any language.

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

|___|___|
ENTER MINUTES

REFUSED..	88
DON'T KNOW..	99

HEQ.040 About how many children's books does {CHILD} have in your home now, including library books? Please only include books that are for children.

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

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

|___|___|___|___|
ENTER # OF BOOKS

REFUSED 888
DON'T KNOW 999

BOX 2

IF (PLQ.020 = 1) AND (HEQ.040 IS GREATER THAN OR EQUAL TO 1), GO TO
HEQ.045. ELSE, GO TO HEQ.105.

HEQ.045 {Is this book/Are these books} {mainly} in English{,} { or} {PRIMARY LANGUAGE/a language other than English} {, or is one in English and the other in {PRIMARY LANGUAGE/, or a language other than English}/, or are there about the same number of books in English as in {PRIMARY LANGUAGE/another language}?

CAPI INSTRUCTIONS: IF HEQ.040 = 1, DISPLAY "Is this book", USE A NULL DISPLAY FOR "mainly", USE A NULL DISPLAY FOR ",", AND DISPLAY {or}. DISPLAY "{PRIMARY LANGUAGE/a language other than English}"ACCORDING TO THE INSTRUCTIONS BELOW. USE A NULL DISPLAY FOR THE REST OF THE SENTENCE AND DISPLAY RESPONSE CATEGORIES 1 AND 2.

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

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

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

HEQ.105   In the past month, that is, since {MONTH} {DAY}, has anyone in your family visited a library or bookstore with {CHILD}?

HELP TEXT:

Do not count visiting a library or bookstore online.   We are asking about in person visits to a library or bookstore.

CAPI INSTRUCTION: DISPLAY PREVIOUS MONTH FOR "MONTH" AND DATE OF INTERVIEW FOR "DAY".

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

HEQ.210   In the past week, how often did {CHILD} read to {himself/herself} or to others outside of school?

Would you say …

CAPI INSTRUCTION: DISPLAY "past week" IN UNDERLINED TEXT.

Never, ...1   (HEQ.220)
Once or twice a week, ...2   (HEQ.215)
3 to 6 times a week, or. 3   (HEQ.215)
Every day? 4   (HEQ.215)
REFUSED...8   (HEQ.220)
DON'T KNOW...9   (HEQ.220)

HEQ.215   Generally, how long did {CHILD} read to {himself/herself} at each of these times?

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

|___|___|
ENTER MINUTES

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

HELP AVAILABLE

HEQ.220   Do you have a home computer or other electronic device that {CHILD} uses?

HELP TEXT:
Electronic device: By electronic device, we mean any type of computer, cell phone, smart phone, iPod, reading device (such as Kindle or Nook), or game system (including those such as Wii, XBox, DS, iTouch, and Playstation).

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

HEQ.280   Is {CHILD} tutored on a regular basis, by someone other than you or a family member, in a specific subject, such as reading, math, science, or a foreign language?

                                    YES.. 1 (HEQ.290)
                                    NO 2 (HEQ.300)
                                    REFUSED... 8 (HEQ.300)
                                    DON'T KNOW... 9 (HEQ.300)

HEQ.290   What is {CHILD} tutored in?

           CODE ALL THAT APPLY.

           PROBE: Anything else?

                                    READING.. 1 (HEQ.300)
                                    MATH... 2 (HEQ.300)
                                    SCIENCE.. 3 (HEQ.300)
                                    FOREIGN LANGUAGE................................ 4 (HEQ.300)
                                    OTHER (SPECIFY)..................................... 91 (HEQ.290OS)
                                    REFUSED... 8 (HEQ.300)
                                    DON'T KNOW... 9 (HEQ.300)

HEQ.290OS   [What is {CHILD} tutored in?]

            SPECIFY SUBJECT.

            _____

HEQ.300   Outside of school hours in the past year, has {CHILD} participated in:

           CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

           Academic activities, like science, computers, math lab, or taking a class to learn a language other than English?

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

HEQ.310   [Outside of school hours in the past year, has {CHILD} participated in:]

           CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

           Organized athletic activities, like basketball, soccer, baseball, or gymnastics?

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

HEQ.320   [Outside of school hours in the past year, has {CHILD} participated in:]

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

Organized clubs or recreational programs, like scouts?

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

HEQ.330   [Outside of school hours in the past year, has {CHILD} participated in:]

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

Music lessons, for example, piano, instrumental music or singing lessons?

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

HEQ.340   [Outside of school hours in the past year, has {CHILD} participated in:]

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

Drama classes?

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

HEQ.350   [Outside of school hours in the past year, has {CHILD} participated in:]

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

Art classes or lessons, for example, painting, drawing, or sculpture?

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

HEQ.370   [Outside of school hours in the past year, has {CHILD} participated in:]

CAPI INSTRUCTION: DISPLAY "year" IN UNDERLINED TEXT.

Organized performing arts programs, such as children's choirs, dance programs, or theater performances?

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

HEQ.393   Did {CHILD}'s participation in {this activity/any of these activities} help to cover the hours when you
needed adult supervision for {him/her}?

CAPI INSTRUCTIONS: IF ONLY ONE OF THE ACTIVITY QUESTIONS = 1 (HEQ.300,
HEQ.310, HEQ320, HEQ.340, HEQ.350, OR HEQ.370), DISPLAY "this activity." ELSE, DISPLAY "any of these
activities".

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

HEQ.400   Now, I have a question about your neighborhood. How safe is it for children to play outside during
the day in your neighborhood?

Would you say it's …

Not at all safe, ... 1
Somewhat safe, or 2
Very safe?..................................... 3
REFUSED..................................... 8
DON'T KNOW................................ 9

HEQ.460   Now, I have some questions about meals. During the last <u>five days {CHILD} was in school</u>, how many breakfasts did
{he/she} eat that were <u>NOT</u> school breakfasts. By breakfast we mean breakfasts eaten at home, at childcare, or at school,
but not part of a school breakfast program. Please count only one breakfast per day.

CAPI INSTRUCTIONS:

1.   DISPLAY "five days <u>{CHILD} was in school</u> " IN UNDERLINED TEXT.
2.   DISPLAY "NOT" IN UNDERLINED TEXT.
3.   HARD RANGE CHECK: 0-5 BREAKFASTS

|___|
NUMBER OF BREAKFASTS

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

HEQ.520   In a <u>typical week</u>, please tell me the number of days your family eats the evening meal together.

HELP TEXT:

Family: By family, we mean at least one adult and one child.

CAPI INSTRUCTION: RANGE: 0 TO 7.
CAPI INSTRUCTION: DISPLAY "typical week" IN UNDERLINED TEXT.

|___|
NUMBER OF DAYS

REFUSED..8
DON'T KNOW..9

HEQ.560   About what time does {CHILD} usually go to bed on weeknights during the school year?

PROBE: If {his/her} bedtime varies a lot from night to night, by an hour or more, you can just say "it varies."

IF BEDTIMES VARIES, ENTER "77".

ENTER HOUR THEN MINUTE.

CAPI INSTRUCTION: HARD RANGE CHECK: LOWER RANGE: 1:00. UPPER RANGE: 12:59.

CAPI INSTRUCTION: IF 77 IS ENTERED FOR HOUR, SKIP TO HEQ.580.

|___|___| |___|___|
HOUR   MINUTE

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

BOX 4A

IF HOUR IS REF/DK IN HEQ.560, GO TO HEQ.580. ELSE, GO TO HEQ.565. (NOTE: IF MINUTES ARE REF/DK, WE SHOULD STILL GO TO HEQ.565).

HEQ.565   [About what time does {CHILD} usually go to bed on weeknights during the school year?]

SELECT A.M. OR P.M.

CAPI INSTRUCTION: IF HEQ.565 = 1, SOFT RANGE FOR HOUR IN HEQ.560 = 12-3. ELSE, IF HEQ.565 = 2, SOFT RANGE FOR HOUR IN HEQ.560 = 5-11.

A.M.   1
P.M.   2
REFUSED..   8
DON'T KNOW…………………………………   9

HEQ.580   Next, I have a few questions about your family. How often did at least one member of your family attend religious services in the past year? Would you say….

Never or almost never,.................................. 1
Several times a year, ... 2
Several times a month, ... 3
Once a week, or.. 4
Several times a week? 5
REFUSED.. 8
DON'T KNOW 9

BOX 5

GO TO SECTION SSQ (SOCIAL SKILLS, PROBLEM BEHAVIORS, AND APPROACHES TO LEARNING).

SOCIAL SKILLS, PROBLEM BEHAVIORS, AND APPROACHES TOWARD LEARNING - SSQ

SSQ.010   Twenty-four items ask parents to rate their children on social skills (including their ability to exercise self-control and interact with others); problem behaviors (e.g., fighting, arguing, anger, depression, low self-esteem, impulsiveness, etc.); and learning dispositions or "approaches to learning" (e.g., curiosity, self-direction, and inventiveness). The social skills items and the problem behavior items are not listed as they are copyright protected. The learning disposition items are not copyright protected and are listed below.

Learning disposition items:

        j.   Keep working at something until {he/she} is finished? .... ___
        m. Show interest in a variety of things? .... ___
        o.   Concentrate on a task and ignore distractions? .... ___
        r.   Help with chores? .... ___
        v.   Eager to learn new things? .... ___
        x.   Creative in work or in play? .... ___

BOX 1

GO TO SECTION CFQ (CRITICAL FAMILY PROCESSES).

CRITICAL FAMILY PROCESSES - CFQ

CFQ.320 Now I'm going to read some statements. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.

{PROBE: Would you say it is never true for you, sometimes true for you, or always true for you?}

CAPI INSTRUCTION: DISPLAY "PROBE ..you"   IF ON B-C. DISPLAY "Now … you" IN BRACKETS IF ON B-C.

	NEVER TRUE	SOMETIMES TRUE	ALWAYS TRUE	REF	DK
a. If {CHILD} is having problems at school, there is a friend, relative, or neighbor I can talk it over with. Would you say it is never true for you, sometimes true for you, or always true for you?	1	2	3	8	9
b. If I have an emergency and need cash, family or friends will loan it to me	1	2	3	8	9
c. If I have troubles or need advice, I have someone I can talk to	1	2	3	8	9

BOX 1
GO TO SECTION CCQ (CHILD CARE).

CHILD CARE - CCQ

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

PRESS ENTER TO CONTINUE.

CAPI INSTRUCTIONS: DISPLAY 'regular basis" IN UNDERLINED TEXT

CAPI INSTRUCTIONS: FOR ALL DISPLAYS, DEFINE 'PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (FSQ.130= 1 OR 2 - THIS INCLUDES BIRTH, ADOPTIVE, STEP, FOSTER, AND OTHER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE (FSQ.130 = 1 OR 2 FOR THE RESPONDENT) OR (IF THERE IS NO PARENT IN THE HOUSEHOLD (FSQ.130 NE 1 OR 2 FOR ANY HOUSEHOLD MEMBER)), DISPLAY "you".

OTHERWISE, DISPLAY "{his/her} parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A BIRTH, ADOPTIVE, OR STEP PARENT OR THE RELATIONSHIP IS DK OR RF (FSQ.140 OR FSQ.150 = 1, 2, 3, DK, OR REF).

DISPLAY "you" AND "or {his/her} guardians" IF THERE IS NO PARENT IN THE HOUSEHOLD (FSQ.130 NE 1 OR 2 FOR ANY HOUSEHOLD MEMBER). ELSE, USE A NULL DISPLAY.

Relative Care

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

DO NOT INCLUDE CARE FROM A PARENT WHO LIVES IN OR OUTSIDE THE HOUSEHOLD. ALSO, IF NO PARENTS LIVE WITH THE CHILD, DO NOT INCLUDE CARE FROM GUARDIANS WHO LIVE WITH THE CHILD.

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

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

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

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

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

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

CAPI INSTRUCTIONS: FOR ALL DISPLAYS, DEFINE 'PARENT FIGURE" AS THE MOTHER OR FATHER OR MALE OR FEMALE GUARDIAN (FSQ.130= 1 OR 2 - THIS INCLUDES BIRTH, ADOPTIVE, STEP, FOSTER, AND OTHER PARENTS OR GUARDIANS).

IF RESPONDENT IS A PARENT FIGURE (FSQ.130 = 1 OR 2 FOR THE RESPONDENT) OR (IF THERE IS NO PARENT IN THE HOUSEHOLD (FSQ.130 NE 1 OR 2 FOR ANY HOUSEHOLD MEMBER)), DISPLAY "you".

OTHERWISE, DISPLAY "{CHILD}'s parents" IF AT LEAST ONE HH MEMBER, NOT THE RESPONDENT, IS A BIRTH, ADOPTIVE, OR STEP PARENT OR THE RELATIONSHIP IS DK OR RF (FSQ.140 OR FSQ.150 = 1, 2, 3, DK, OR REF).

DISPLAY "you" AND "or {CHILD}'s guardians" IF THERE IS NO PARENT IN THE HOUSEHOLD (FSQ.130 NE 1 OR 2 FOR ANY HOUSEHOLD MEMBER). ELSE, USE A NULL DISPLAY.

YES	1	(CCQ.060)
NO	2	(CCQ.115)
REFUSED	8	(CCQ.115)
DON'T KNOW	9	(CCQ.115)

CCQ.060   How many different <u>regular</u> care arrangements do you <u>currently</u> have with relatives?

DO NOT INCLUDE CARE FROM A PARENT WHO LIVES IN OR OUTSIDE THE HOUSEHOLD. ALSO, IF NO PARENTS LIVE WITH THE CHILD, DO NOT INCLUDE CARE FROM GUARDIANS WHO LIVE WITH THE CHILD.

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

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

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

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

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

CAPI INSTRUCTIONS: DISPLAY "regular" AND 'currently' IN UNDERLINED TEXT.

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

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

PROBE FOR RELATIONSHIP TO CHILD.

DO NOT INCLUDE CARE FROM A PARENT WHO LIVES IN OR OUTSIDE THE HOUSEHOLD. ALSO, IF NO PARENTS LIVE WITH THE CHILD, DO NOT INCLUDE CARE FROM GUARDIANS WHO LIVE WITH THE CHILD.

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

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

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

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

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

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

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

CODE ALL THAT APPLY

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

HELP AVAILABLE

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

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

CAPI INSTRUCTION: DISPLAY "{his/her} {RELATIVE}" IF CCQ.065 = 1, 2, 3, 4, OR 5. OTHERWISE, DISPLAY "that relative". FOR "{RELATIVE}", DISPLAY "grandparent" IF CCQ.065 = 1; DISPLAY "aunt" IF CCQ.065 = 2; DISPLAY "uncle" IF CCQ.065 = 3; DISPLAY "brother" IF CCQ.065 = 4; DISPLAY "sister" IF CCQ.065 = 5.

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

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

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

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

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

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

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

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

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

|___|
ENTER # OF DAYS

REFUSED.. 88
DON'T KNOW.. 99

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

CAPI INSTRUCTION: RANGE CHECK: IF CCQ.085 IS NOT EQUAL TO REF/DK, THE SOFT RANGE IS THE NUMBER OF DAYS REPORTED IN CCQ.085 MULTIPLIED BY 10 HOURS AND THE HARD RANGE IS THE NUMBER OF DAYS REPORTED IN CCQ.085 MULTIPLIED BY 24 HOURS. ELSE, IF CCQ.085 IS REF/DK, THE SOFT RANGE FOR HOURS IS 1-50 AND THE HARD RANGE FOR HOURS IS 1-70.

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

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

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

|___|___|
ENTER # OF HOURS

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

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

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

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

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

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

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

How about…

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

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

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

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

BOX 3

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

CCQ.093OS [Who was that?]

SPECIFY PERSON.

_____

CCQ.094 How much does your household pay for {CHILD}'s {{RELATIVE}/that relative} to care for {him/her}, not counting any money that you may receive from others to help pay for care?

IF NONE, ENTER ZERO.

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

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

CAPI INSTRUCTION: IF CCQ.092=1 AND CCQ.093A – E ALL = 2, THEN CCQ.094 CANNOT EQUAL ZERO—IF IT DOES, THE FOLLOWING ERROR MESSAGE SHOULD BE DISPLAYED: "IF THERE IS A CHARGE OR FEE, AND NO ONE ELSE HELPS PAY FOR IT, THE FEE PAID CANNOT BE ZERO. PLEASE CONFIRM ANSWER." ELSE, HARD RANGE CHECK: $0 – 9999.

$|___|___|___|___|.|___|___|

ENTER AMOUNT OF PAYMENT ....(BOX 3A)

REFUSED..8 (BOX 4)
DON'T KNOW...9 (BOX 4)

BOX 3A

IF CCQ.094 = 0, GO TO BOX 4. ELSE, GO TO CCQ.095.

CCQ.095 [How much does your household pay for {CHILD}'s {{RELATIVE}/that relative} to care for {him/her}, not counting any money that you may receive from others to help pay for care?]

ENTER UNIT

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

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

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

CCQ.095OS [How much does your household pay for {{CHILD}'s {RELATIVE}/that relative} to care for {him/her}, not counting any money that you may receive from others to help pay for care?]

SPECIFY UNIT.

_____

BOX 3B

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

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

CAPI INSTRUCTION: SOFT RANGE CHECK: THE NUMBER IN THE ANSWER CHOICE SHOULD NOT BE GREATER THAN THE NUMBER OF CHILDREN IN THE HOUSEHOLD WHO ARE LESS THAN OR EQUAL TO 15 YEARS OLD. ERROR MESSAGE SHOULD SAY: "NUMBER NOT IN RANGE OF CHILDREN 15 OR YOUNGER IN HOUSEHOLD. VERIFY THAT THE NUMBER OF CHILDREN IS CORRECT."

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

BOX 4

IF THERE IS ONLY ONE CURRENT REGULAR RELATIVE CARE ARRANGEMENT FOR THE CHILD (CCQ.060 = 1 OR 8 OR 9), GO TO CCQ.115.

OTHERWISE, CONTINUE WITH CCQ.110.

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

DO NOT INCLUDE CARE FROM A PARENT WHO LIVES IN OR OUTSIDE THE HOUSEHOLD. ALSO, IF NO PARENTS LIVE WITH THE CHILD, DO NOT INCLUDE CARE FROM GUARDIANS WHO LIVE WITH THE CHILD.

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

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

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

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

|___|___|
ENTER # OF HOURS

REFUSED.. 88
DON'T KNOW.. 99

Non-Relative Care

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

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

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

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

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

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

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

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

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

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

   YES... 1 (CCQ.165)
   NO 2 (CCQ.260)
   REFUSED.. 8 (CCQ.260)
   DON'T KNOW.. 9 (CCQ.260)

CCQ.165　　How many different <u>regular</u> care arrangements do you <u>currently</u> have with nonrelatives?

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

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

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

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

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

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

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

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

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

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

CODE ALL THAT APPLY

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

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

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

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

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

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

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

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

|___|
ENTER # OF DAYS

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

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

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

CAPI INSTRUCTION RANGE CHECK: IF CCQ.185 IS NOT EQUAL TO REF/DK, THE SOFT RANGE IS THE NUMBER OF DAYS REPORTED IN CCQ.185 MULTIPLIED BY 10 HOURS AND THE HARD RANGE IS THE NUMBER OF DAYS REPORTED IN CCQ.185 MULTIPLIED BY 24 HOURS. ELSE, IF CCQ.185 IS REF/DK, THE SOFT RANGE FOR HOURS IS 1-50 AND THE HARD RANGE FOR HOURS IS 1-70.

|___|___|
ENTER # OF HOURS

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

CCQ.192   Is there any charge or fee for the care {CHILD} receives from this nonrelative, paid either by you or someone else?

IF NECESSARY SAY: Please only think about the nonrelative who provides the <u>most</u> care for {CHILD}.

CAPI INSTRUCTION: DISPLAY "most" IN UNDERLINED TEXT.

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

CCQ.193 Do any of the following people or organizations help to pay for this nonrelative to care for {CHILD}?

How about…

CAPI INSTRUCTIONS: DISPLAY 'specifically" IN UNDERLINED TEXT IN ITEM A.

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

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

BOX 7

IF CCQ.193e = 1, GO TO CCQ.193OS. ELSE, GO TO CCQ194.

CCQ.193OS [Who was that?]

SPECIFY PERSON.

_____

CCQ.194 How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?

IF NONE, ENTER ZERO.

CAPI INSTRUCTION: IF CCQ.192=1 AND CCQ.193A – E ALL = 2, THEN CCQ.194 CANNOT EQUAL ZERO—IF IT DOES, THE FOLLOWING ERROR MESSAGE SHOULD BE DISPLAYED: "IF THERE IS A CHARGE OR FEE, AND NO ONE ELSE HELPS PAY FOR IT, THE FEE PAID CANNOT BE ZERO. PLEASE CONFIRM ANSWER." ELSE, HARD RANGE CHECK: $0 – 9999.

$|___|___|___|___|.|___|___|

ENTER AMOUNT OF PAYMENT ....(BOX 7A)

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

BOX 7A

IF CCQ.194 = 0, GO TO BOX 8. ELSE, GO TO CCQ.195.

CCQ.195 [How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?]

ENTER UNIT

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

CCQ.195OS [How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?]

SPECIFY UNIT.

_____

BOX 7B

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

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

CAPI INSTRUCTION: SOFT RANGE CHECK: THE NUMBER IN THE ANSWER CHOICE SHOULD NOT BE GREATER
THAN THE NUMBER OF CHILDREN IN THE HOUSEHOLD WHO ARE LESS THAN OR EQUAL TO 15 YEARS OLD.
ERROR MESSAGE SHOULD SAY: "NUMBER NOT IN RANGE OF CHILDREN 15 OR YOUNGER IN HOUSEHOLD.
VERIFY THAT THE NUMBER OF CHILDREN IS CORRECT."

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

BOX 8

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

OTHERWISE, CONTINUE WITH CCQ.205.

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

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

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

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

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

|___|___|
ENTER # OF HOURS

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

Day Care Center/Before- or After-School Program

HELP AVAILABLE

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

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

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

HELP TEXT:
Day Care Center or Before- or After-School Program: Includes any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs that include children who are older (some of which may be sponsored by the state) are also included.
Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while.

YES... 1 (CCQ.325)
NO 2 (CCQ.376)
REFUSED.. 8 (CCQ.376)
DON'T KNOW... 9 (CCQ.376)

CCQ.325   How many different day care centers or before- or after-school care programs does {CHILD} <u>currently</u> go to on a <u>regular</u> basis?

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

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

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

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

CAPI INSTRUCTION: DISPLAY "now" IN UNDERLINED TEXT.

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

YES	1
NO	2
REFUSED	8
DON'T KNOW	9

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

CODE ALL THAT APPLY

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

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

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

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

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

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

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

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

|___|
ENTER # OF DAYS

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

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

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

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

CAPI INSTRUCTION: RANGE CHECK: IF CCQ.350 IS NOT EQUAL TO REF/DK, THE SOFT RANGE IS THE NUMBER OF DAYS REPORTED IN CCQ.350 MULTIPLIED BY 10 HOURS AND THE HARD RANGE IS THE NUMBER OF DAYS REPORTED IN CCQ.350 MULTIPLIED BY 24 HOURS. ELSE, IF CCQ.350 IS REF/DK, THE SOFT RANGE FOR HOURS IS 1-50 AND THE HARD RANGE FOR HOURS IS 1-70.

|___|___|
ENTER # OF HOURS

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

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

IF NECESSARY SAY: Please only think about the program that provides the <u>most</u> care for {CHILD}.

CAPI INSTRUCTIONS: DISPLAY "most" IN UNDERLINED TEXT.

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

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

How about…

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

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

BOX 13

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

CCQ.370OSOS   [Who was that?]

SPECIFY PERSON.

_____

CCQ.371   How much does your household pay for {CHILD} to go to that program, not counting any money that you may receive from others to help pay for care?

CAPI INSTRUCTION: IF CCQ.365=1 AND CCQ.370A – E ALL = 2, THEN CCQ.371 CANNOT EQUAL ZERO—IF IT DOES, THE FOLLOWING ERROR MESSAGE SHOULD BE DISPLAYED: "IF THERE IS A CHARGE OR FEE, AND NO ONE ELSE HELPS PAY FOR IT, THE FEE PAID CANNOT BE ZERO. PLEASE CONFIRM ANSWER."   ELSE, HARD RANGE CHECK: $0 – 9999.

$|___|___|___|___|.|___|___|

ENTER AMOUNT OF PAYMENT..................(BOX 13A)

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

BOX 13A

IF CCQ.371 = 0, GO TO BOX 14. ELSE, GO TO CCQ.372.

CCQ.372 [How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?]

ENTER UNIT

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

CCQ.372OS [How much does your household pay this person to care for {CHILD}, not counting any money that you may receive from others to help pay for care?]

SPECIFY UNIT.

_____

BOX 13B

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

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

CAPI INSTRUCTION: SOFT RANGE CHECK: THE NUMBER IN THE ANSWER CHOICE SHOULD NOT BE GREATER
THAN THE NUMBER OF CHILDREN IN THE HOUSEHOLD WHO ARE LESS THAN OR EQUAL TO 15 YEARS OLD.
ERROR MESSAGE SHOULD SAY: "NUMBER NOT IN RANGE OF CHILDREN 15 OR YOUNGER IN HOUSEHOLD.
VERIFY THAT THE NUMBER OF CHILDREN IS CORRECT."

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

BOX 14

IF ONLY ONE CURRENT REGULAR CENTER OR PROGRAM CARE ARRANGEMENT FOR CHILD (CCQ.325 = 1 OR
REF/DK), GO TO CCQ.376.

OTHERWISE, CONTINUE WITH CCQ.375.

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

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

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

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

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

|___|___|
ENTER # OF HOURS

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

CCQ.376   Sometimes children spend time caring for themselves, either at home or somewhere else, without an adult or older child responsible for them. Does {CHILD} spend time caring for {himself/herself} on a <u>regular basis</u> before or after school?

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

YES 1
NO 2   (BOX 15)
REFUSED.. 8   (BOX 15)
DON'T KNOW... 9   (BOX 15)

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

CAPI INSTRUCTIONS:

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

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

|___|
ENTER # HOURS

REFUSED 88
DON'T KNOW 99

BOX 15

GO TO SECTION NRQ (NON-RESIDENT PARENT).

NON-RESIDENT PARENTS - NRQ

BOX 1

IF BOTH BIOLOGICAL PARENTS (CODED '1' AT FSQ.140 FOR AT LEAST ONE HOUSEHOLD MEMBER AND CODED '1' AT FSQ.150 FOR AT LEAST ONE HOUSEHOLD MEMBER) ARE CURRENTLY LIVING TOGETHER IN THE HOUSEHOLD, GO TO BOX 5.

OTHERWISE, CONTINUE WITH BOX 2.

BOX 2

LOOP 1

ASK NRQ.040 - NRQ.210 ONE TIME FOR EACH BIOLOGICAL MOTHER, ADOPTIVE MOTHER, BIOLOGICAL FATHER, AND ADOPTIVE FATHER NOT LIVING IN THE HOUSEHOLD.

DETERMINING LOOPING ELIGIBILITY:

1. NO BIOLOGICAL/BIRTH MOTHER IN HH: IF NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140 AND [(THIS IS A CASE WITHOUT A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW) OR (CASE WITH A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW THAT DOES NOT FIT THE CRITERIA FOR BEING INELIGIBLE ACCORDING TO #5 BELOW)], THEN ASK ABOUT BIOLOGICAL MOTHER.

2. NO ADOPTIVE MOTHER IN HH: IF NO BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD AND THERE IS ONLY ONE ADOPTIVE FATHER IN THE HOUSEHOLD (THAT IS, THERE IS NO HOUSEHOLD MEMBER WITH A CODE '1' OR '2' AT FSQ.140, AND ONLY ONE HOUSEHOLD MEMBER WITH A CODE '2' AT FSQ.150), AND [(THIS IS A CASE WITHOUT A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW) OR (CASE WITH A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW THAT DOES NOT FIT THE CRITERIA FOR BEING INELIGIBLE ACCORDING TO #5 BELOW)], THEN ASK ABOUT ADOPTIVE MOTHER.

3. NO BIOLOGICAL/BIRTH FATHER IN HH: IF NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.150 AND [(THIS IS A CASE WITHOUT A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW) OR (CASE WITH A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW THAT DOES NOT FIT THE CRITERIA FOR BEING INELIGIBLE ACCORDING TO #5 BELOW)], ASK ABOUT BIOLOGICAL FATHER.

4. NO ADOPTIVE FATHER IN HH: IF NO BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD AND THERE IS ONLY ONE ADOPTIVE MOTHER IN THE HOUSEHOLD (THAT IS, THERE IS NO HOUSEHOLD MEMBER WITH CODE '1' OR '2' AT FSQ.150, AND ONLY ONE HOUSEHOLD MEMBER WITH A CODE '2' AT FSQ.140), AND [(THIS IS A CASE WITHOUT A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW) OR (CASE WITH A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN OR SPRING-KINDERGARTEN INTERVIEW THAT DOES NOT FIT THE CRITERIA FOR BEING INELIGIBLE ACCORDING TO #5 BELOW)], THEN ASK ABOUT ADOPTIVE FATHER.

5. INELIGIBLE CASES: IF NRQ.030 = 2 (NO ADOPTIVE NON-RESIDENT MOTHER/FATHER) FROM FALL-K, DO NOT LOOP ON THAT ADOPTIVE NONRESIDENT PARENT.

ELSE, IF NRQ.040 = 5 (PARENT DECEASED), NRQ.040 = 6 (NO CONTACT SINCE ADOPTION), NRQ.040 = 7 (NO ADOPTIVE (MOTHER/FATHER), OR NRQ.040 = 8 (PARENT UNKNOWN /WAS ONLY A DONOR) IN ANY PREVIOUS ROUND FOR AN ADOPTIVE NON-RESIDENT PARENT, DO NOT LOOP ON THIS PARENT.

ELSE, IF NRQ.040 = 5 (PARENT DECEASED) OR NRQ.040 = 8 (PARENT UNKNOWN /WAS ONLY A DONOR) IN ANY PREVIOUS ROUND FOR A BIOLOGICAL NON-RESIDENT PARENT, DO NOT LOOP ON THIS PARENT.

ELSE, IF A BIOLOGICAL PARENT WAS NOT LIVING OR RESPONDENT DID NOT KNOW WHO THE BIOLOGICAL PARENT WAS IN THE FALL K INTERVIEW (FALL K HRQ.030=2 OR 3), DO NOT LOOP ON THIS PARENT.

IF THERE ARE ANY ELIGIBLE CASES ACCORDING TO THE LOOPING RULES ABOVE, GO TO NRQ.040 FOR EACH ELIGIBLE CASE UNTIL ALL ELIGIBLES HAVE BEEN ASKED ABOUT IN THE QUESTIONS. ELSE, GO TO BOX 5.

NRQ.040   The next questions are about {CHILD}'s contact with {his/her}{biological/adoptive}(father/mother).

[We understand that some of these questions may be difficult {for adoptive parents} to answer, however, these are standard questions we ask when a child does not live with {his/her} biological parents. Any information you can provide will be helpful.]

How long has it been since {CHILD} last had a visit, a phone call, a video call, an e-mail, a text or other electronic message, or received a card or letter from {his/her} {biological/adoptive} {father/mother}? Would you say …

CAPI INSTRUCTIONS:
DISPLAY "his" IF THE CHILD IS MALE. DISPLAY "her" IF THE CHILD IS FEMALE. ELSE, IF CHILD GENDER IS MISSING, DISPLAY "his/her".

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY "biological" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY "biological" AND "father" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "father" FOR THE PARTICULAR LOOP R IS ON.

DISPLAY '[We…helpful]' IF THERE ARE NO BIOLOGICAL PARENTS IN THE HOUSEHOLD (NO HOUSEHOLD MEMBER WITH A CODE '1' AT FSQ.140 OR FSQ.150). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'for adoptive parents' IF THE RESPONDENT IS AN ADOPTIVE PARENT (FSQ.140 OR FSQ.150 IS CODED '2' FOR THE PERSON FLAGGED AS THE RESPONDENT).

Less than one month…….………………………………….1 (NRQ.050)
More than a month but less than a year……………….....2 (BOX 3)
More than a year…….………………………………………..3 (BOX 3)
No contact since birth?..........…………………………….…4 (BOX 4)
PARENT IS DECEASED……………………………………5 (BOX 4)
NO CONTACT SINCE ADOPTION…………………………6 (BOX 4)
NO ADOPTIVE {MOTHER/FATHER}………………………7 (BOX 4)
PARENT UNKNOWN/WAS ONLY A DONOR……………….8 (BOX 4)
REFUSED……………………………………………………88 (BOX 4)
DON'T KNOW…………………………………………….99 (BOX 4)

NRQ.050   How many days has {CHILD} seen {his/her} {biological/adoptive}{father/mother} in the past 4 weeks?

CAPI INSTRUCTIONS:
DISPLAY "his" IF THE CHILD IS MALE. DISPLAY "her" IF THE CHILD IS FEMALE. ELSE, IF CHILD GENDER IS MISSING, DISPLAY "his/her".

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY "biological" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY "biological" AND "father" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "father" FOR THE PARTICULAR LOOP R IS ON.

CAPI INSTRUCTIONS: RANGE: 0 TO 28.

|___|___ |
NUMBER OF DAYS

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

NRQ.123   How many times have {CHILD} and {his/her} {biological/adoptive} {father/ mother} talked on the telephone or in a video call to each other, e-mailed, texted, or had some other type of contact that was not in person in the past 4 weeks?

CAPI INSTRUCTIONS:
DISPLAY "his" IF THE CHILD IS MALE. DISPLAY "her" IF THE CHILD IS FEMALE. ELSE, IF CHILD GENDER IS MISSING, DISPLAY "his/her".

IF THERE IS A BIRTH FATHER IN THE HOUSEHOLD, DISPLAY "biological" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS A BIRTH MOTHER IN THE HOUSEHOLD, DISPLAY "biological" AND "father" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE FATHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "mother" FOR THE PARTICULAR LOOP R IS ON.

IF THERE IS AN ADOPTIVE MOTHER IN THE HOUSEHOLD, DISPLAY "adoptive" AND "father" FOR THE PARTICULAR LOOP R IS ON.

.   CAPI INSTRUCTIONS: RANGE: 0 TO 28.

|___|___ |
NUMBER OF DAYS

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

NRQ.200   Did {CHILD}'s biological father ever sign the application for {CHILD}'s birth certificate or sign a statement that legally says he is {CHILD}'s biological father?

> YES...1 (BOX 4)
> NO 2 (NRQ.210)
> REFUSED...8 (NRQ.210)
> DON'T KNOW…………………………………… 9 (NRQ.210)

NRQ.210   Did you or someone in your family go to court to establish that he was {CHILD}'s legal biological father?

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

DISCIPLINE, WARMTH, AND EMOTIONAL SUPPORTIVENESS - DWQ

BOX 1

IF PERSON FLAGGED AS R SCORES '1' OR '2' AT FSQ.130
OR IF NO HOUSEHOLD MEMBER SCORES '1' OR '2' AT FSQ.130,
CONTINUE WITH DWQ.040.
OTHERWISE, GO TO DWQ.080.

DWQ.040   Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.

Being a parent is harder than I thought it would be.

[PROBE: Is it completely true, mostly true, somewhat true or not at all true?]

```
                          COMPLETELY TRUE ...................................1
                          MOSTLY TRUE ..........................................2
                          SOMEWHAT TRUE .....................................3
                          NOT AT ALL TRUE......................................4
                          REFUSED...................................................8
                          DON'T KNOW..............................................9
```

DWQ.045   [Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.]

{CHILD} does things that really bother me.

[PROBE: Is it completely true, mostly true, somewhat true or not at all true?]

```
                          COMPLETELY TRUE ...................................1
                          MOSTLY TRUE ..........................................2
                          SOMEWHAT TRUE .....................................3
                          NOT AT ALL TRUE......................................4
                          REFUSED...................................................8
                          DON'T KNOW..............................................9
```

DWQ.050   [Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.]

I find myself giving up more of my life to meet {CHILD}'s needs than I ever expected.

[PROBE: Is it completely true, mostly true, somewhat true or not at all true?]

```
                          COMPLETELY TRUE ...................................1
                          MOSTLY TRUE ..........................................2
                          SOMEWHAT TRUE .....................................3
                          NOT AT ALL TRUE......................................4
                          REFUSED...................................................8
                          DON'T KNOW..............................................9
```

DWQ.060   [Now, I'm going to read some statements. Please tell me whether each statement is completely true, mostly true, somewhat true, or not at all true.]

I often feel angry with {CHILD}.

[PROBE: Is it completely true, mostly true, somewhat true or not at all true?]

COMPLETELY TRUE 1
MOSTLY TRUE 2
SOMEWHAT TRUE 3
NOT AT ALL TRUE.......................................4
REFUSED..8
DON'T KNOW..9

DWQ.077   The following are a number of statements about your family. Please tell me how often it typically occurs in your home.

{PROBE: Would you say this occurs never, almost never, sometimes, often, or always?}

CAPI INSTRUCTIONS: DISPLAY "The..home." IN SQUARE BRACKETS FOR B-C. ALSO, DISPLAY PROBE FOR B-C.

		NEVER	ALMOST NEVER	SOMETIMES	OFTEN	ALWAYS
a.	You threaten to punish {CHILD} and then do not actually punish {him/her}. Would you say this occurs never, almost never, sometimes, often, or always?	1	2	3	4	5
b.	{CHILD} talks you out of being punished after {he/she} has done something wrong.	1	2	3	4	5
c.	You let {CHILD} out of a punishment early, like lift restrictions earlier than you originally said.	1	2	3	4	5

DWQ.080   Now I'd like to ask some questions about {CHILD}'s <u>television viewing</u>. We want you to include television shows, videos, or DVDs watched on a TV, computer, or handheld device like an iPad or cellphone; but <u>not</u> games played on gaming systems like Playstation, Wii, Xbox or handheld devices.

On any given weekday, how many hours of television, videotapes, or DVDs on average does {CHILD} watch?

HELP TEXT:
Blu-Ray is also included, as are downloaded or streaming videos or movies.

CAPI INSTRUCTIONS:

1.   DISPLAY THE FOLLOWING MATRIX IN THE RESPONSE FIELD:

HOURS	MINUTES

2.   WHEN CURSOR IS ON THE HOUR FIELD, DISPLAY "ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.' MINUTES CAN BE ENTERED ON THE NEXT SCREEN."

3.   WHEN CURSOR IS ON THE MINUTES FIELD, DISPLAY 'ENTER NUMBER OF MINUTES.'

4.   WHEN CURSOR IS ON THE MINUTES FIELD, DISPLAY 'Now…XBox' AND 'On…watch?' IN SQUARE BRACKETS.

5.   DK AND RF ALLOWED AT ALL FIELDS. EMPTY IS ALLOWED FOR MINUTES, BUT NOT FOR HOURS.

6.   IF HOURS ARE REF/DK, SKIP TO DWQ.081. ELSE, CONTINUE WITH MINUTES.

7.   HARD RANGE = 0 – 24 FOR HOURS; 0 – 59 FOR MINUTES. THE HOURS AND MINUTES TOGETHER SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of time exceeds 24 hours! Please correct the entries."

8.   DISPLAY "television viewing" IN UNDERLINED TEXT.

DWQ.081   Now I'd like to ask some questions about the amount of time {CHILD} <u>plays video games</u>. We want you to include games played on systems like Playstation, Wii, or Xbox, or on handheld devices such as a Nintendo DS, Sony PSP, iPod, iPad, or cellphone, or games played on the computer.

On any given weekday, how much time does {CHILD} spend playing video games? Please do not include time {CHILD} spends on the computer doing educational activities or homework.

CAPI INSTRUCTIONS:

1.   DISPLAY THE FOLLOWING MATRIX IN THE RESPONSE FIELD:

HOURS	MINUTES

2.   WHEN CURSOR IS ON THE HOUR FIELD, DISPLAY 'ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.' MINUTES CAN BE ENTERED ON THE NEXT SCREEN.

3.   WHEN CURSOR IS ON THE MINUTE FIELD, DISPLAY 'ENTER NUMBER OF MINUTES.'

4.   WHEN CURSOR IS ON THE MINUTES FIELDS, DISPLAY 'Now…computer.' AND 'on any given….homework…' IN SQUARE BRACKETS.

5.   DK AND RF ALLOWED AT ALL FIELDS. EMPTY IS ALLOWED FOR MINUTES, BUT NOT FOR HOURS.

6.   IF HOURS ARE REF/DK, SKIP TO BOX 2. ELSE, CONTINUE WITH MINUTES.

7.   HARD RANGE = 0 – 24 FOR HOURS; 0 – 59 FOR MINUTES. THE HOURS AND MINUTES TOGETHER SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR
MESSAGE: "The total number of hours exceeds 24! Please correct the entries."

9.   DISPLAY "plays video games" IN UNDERLINED TEXT.

BOX 2

GO TO SECTION CHQ (CHILD HEALTH AND WELL-BEING).

CHILD'S HEALTH AND WELL-BEING – CHQ

CHQ.010   How long has it been since {CHILD}'s last visit to a dentist or dental hygienist for dental care?

NEVER BEEN TO DENTIST OR DENTAL HYGENIST FOR DENTAL CARE	1
LESS THAN 6 MONTHS	2
6 MONTHS TO LESS THAN 1 YEAR	3
1 YEAR TO 2 YEARS	4
MORE THAN 2 YEARS	5
REFUSED	8
DON'T KNOW	9

CHQ.020   How long has it been since {CHILD}'s last visit to a clinic, health center, hospital, doctor's office, or other place for routine health care?

PROBE: Routine health care may include check-ups or immunization appointments.

NEVER HAD ROUTINE HEALTH CARE	1
LESS THAN 6 MONTHS	2
6 MONTHS TO LESS THAN 1 YEAR	3
1 YEAR TO 2 YEARS	4
MORE THAN 2 YEARS	5
REFUSED	8
DON'T KNOW	9

CHQ.021   Has {CHILD} had an ear infection since last spring?

YES	1	(CHQ.023)
NO	2	
REFUSED	8	
DON'T KNOW	9	

CHQ.022   Has {CHILD} had an ear ache since last spring?

YES	1	(CHQ.024)
NO	2	(CHQ.026)
REFUSED	8	(CHQ.026)
DON'T KNOW	9	(CHQ.026)

CHQ.023   Since last spring, how many times did a doctor, nurse, or other medical professional tell you that {CHILD} had an ear infection?

RECORD NUMBER OF TIMES.

CAPI INSTRUCTIONS: RANGE: 0 – 15.

|___|
NUMBER OF TIMES

REFUSED.. 8
DON'T KNOW 9

CHQ.024   How have {CHILD}'s {ear infections/ear aches} been treated by your doctor, nurse, or other medical professional since last spring?

PROBE: Anything else?

CODE ALL THAT APPLY FOR 1-6.

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.021 = 1. ELSE, DISPLAY "ear aches".

NO TREATMENT/WATCH AND WAIT 1
DECONGESTANTS AND/OR ALLERGY MEDICATION......................... 2
ANTIBIOTICS 3
WITH EAR TUBES 4
ANALGESICS (E.G., FEVER REDUCER OR PAIN RELIEVER) 5
EAR DROPS.. 6
DID NOT GO TO DOCTOR, NURSE, OR MEDICAL PROFESSIONAL... 7
OTHER (SPECIFY) _____ 91
REFUSED.. 88
DON'T KNOW.. 99

+--+
| BOX 1 |
| |
| IF ONE OF THE CODES IN CHQ.024 = 91, GO TO CHQ.024OS. ELSE, GO TO BOX 2. |
+--+

CHQ.024OS   [How have {CHILD}'s {ear infections/ear aches} been treated by your doctor, nurse, or other medical professional since last spring?]

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.021 = 1. ELSE, DISPLAY "ear aches".

SPECIFY TREATMENT.

_____

+--+
| BOX 2 |
| |
+--+

CHQ.025   Have ear tubes been placed in the right ear, left ear, or both ears when your child has had surgery to place tubes in his/her ears?

IF NEEDED: Please consider all surgeries since last spring if {CHILD} had more than one to place ear tubes.

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

CHQ.026   Has a doctor, nurse, or other medical professional ever told you that {CHILD} has asthma?

YES 1 (CHQ.027)
NO.. 2 (CHQ.030)
REFUSED 8 (CHQ.030)
DON'T KNOW 9 (CHQ.030)

CHQ.027   Does {he/she} receive treatment for this condition?

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

CHQ.030   Is {CHILD} now covered by a health insurance plan which would pay any part of a hospital, doctor's, or surgeon's bill?

PROBE: This includes {Medicaid/ {or STATE NAME FOR MEDICAID}}.

CAPI INSTRUCTIONS: FOR "or STATE MEDICAID PROGRAM NAME"; DISPLAY NAME FOR STATE MEDICAID PROGRAM, IF ANY, FROM PRELOAD. ELSE, IF MISSING, DISPLAY "Medicaid."

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

CHQ.060   In a typical week, on how many days does {CHILD} get exercise that causes rapid breathing, perspiration, and a rapid heartbeat for 20 continuous minutes or more?

CAPI INSTRUCTION: RANGE CHECK 0-7.

|___|
ENTER # OF DAYS

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

CHQ.095   For the next set of questions, please base your answer on how {CHILD} compares to other children of the same age.

{CHILD} is independent and takes care of {himself/herself} ...

Better than other children {his/her} age,	1
As well as other children,	2
Slightly less well than other children, or	3
Much less well than other children?	4
REFUSED	8
DON'T KNOW	9

CHQ.100   Does {CHILD} pay attention ....

Better than other children {his/her} age,	1
As well as other children,	2
Slightly less well than other children, or	3
Much less well than other children?	4
REFUSED	8
DON'T KNOW	9

CHQ.105   Does {CHILD} learn, think, and solve problems ...

Better than other children {his/her} age,	1
As well as other children,	2
Slightly less well than other children, or	3
Much less well than other children?	4
REFUSED	8
DON'T KNOW	9

CHQ.106   Does {CHILD} show good coordination in moving {his/her} arms and legs? Would you say {he/she} does this ...

IF RESPONDENT REPORTS DIFFERENTIALLY FOR ARMS OR LEGS OR FOR SIDES OF THE BODY, SAY: Answer for the part of the body your child has the most difficulty using.

IF CHILD HAS EPISODIC TROUBLE, SAY: Answer for what you consider a typical day.

Better than other children {his/her} age,	1
As well as other children,	2
Slightly less well than other children, or	3
Much less well than other children?	4
REFUSED	8
DON'T KNOW	9

CHQ.107   Would you say {CHILD} behaves and relates to other children...

Better than other children {his/her} age,	1
As well as other children,	2
Slightly less well than other children, or	3
Much less well than other children?	4
REFUSED	8

DON'T KNOW 9

CHQ.108 Would you say {CHILD} behaves and relates to <u>adults</u>...

  CAPI INSTRUCTION: DISPLAY "adults" IN UNDERLINED TEXT.

   Better than other children {his/her} age,......... 1
   As well as other children, ... 2
   Slightly less well than other children, or 3
   Much less well than other children? 4
   REFUSED... 8
   DON'T KNOW... 9

CHQ.109 Thinking about {CHILD}'s overall activity level, would you say {he/she} is …

   Less active than other children of
    {his/her} age, ... 1
   About as active, ... 2
   Slightly more active, or.................................. 3
   A lot more active than other children of
    {his/her} age? 4
   REFUSED... 8
   DON'T KNOW... 9

CHQ.110 Does {CHILD} have any emotional or psychological difficulties?

   YES.. 1
   NO .... 2 (BOX 3)
   REFUSED... 8 (BOX 3)
   DON'T KNOW... 9 (BOX 3)

CHQ.111 Do you think this is a mild problem, a moderate problem, or a severe problem?

   MILD PROBLEM.. 1
   MODERATE PROBLEM 2
   SEVERE PROBLEM...................................... 3
   REFUSED... 8
   DON'T KNOW... 9

BOX 3

IF (CHQ.095 = 3 OR 4) OR (CHQ.100 = 3 OR 4) OR (CHQ.105 = 3 OR 4) OR (CHQ.106 = 3 OR 4), OR (CHQ.107 = 3 OR 4) OR (CHQ.108 = 3 OR 4) OR (CHQ.109 = 4) OR (CHQ.110 = 1), GO TO CHQ.115. ELSE, GO TO CHQ.200.

CHQ.115   {Since last spring has {CHILD}}/Has {CHILD ever} been evaluated by a professional because of an issue with {independence and taking care of {himself/herself} {or}/paying attention {or}/learning, thinking, and solving problems {or}/ coordination in moving {his/her} arms and legs {or}/behaving and relating to other children {or}/ behaving and relating to adults {or}/{his/her} overall activity level {or}/{his/her} emotional or psychological difficulties}?

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, ear-nose-throat (ENT) doctors, audiologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech-language pathologists, etc. Do not include teachers or some other non-health professional.

CAPI INSTRUCTIONS: DISPLAY "Since last spring has {CHILD}" IF (THERE WAS A FALL-KINDERGARTEN COMPLETE OR PARTIALLY COMPLETE INTERVIEW) OR (SECTION CHQ WAS COMPLETED IN SPRING KINDERGARTEN) ACCORDING TO THE PRELOAD. ELSE, DISPLAY "Has {CHILD} ever".

CAPI INSTRUCTIONS: DISPLAY ALL THE ISSUES THAT THE CHILD HAS ACCORDING TO THE INSTRUCTIONS BELOW. IF THERE IS MORE THAN ONE ISSUE, DISPLAY THE "or" FOLLOWING THE DISPLAY (E.G., IF A CHILD HAS PROBLEMS WITH BOTH PAYING ATTENTION AND BEHAVING AND RELATING TO ADULTS, THE DISPLAY WOULD BE "paying attention or behaving and relating to adults.").

IF CHQ.095 = 3 OR 4, DISPLAY "independence and taking care of {himself/herself}".
IF CHQ.100 = 3 OR 4, DISPLAY "paying attention".
IF CHQ.105 = 3 OR 4, DISPLAY "learning, thinking, and solving problems".
IF CHQ.106 = 3 OR 4, DISPLAY "coordination in moving {his/her} arms and legs".
IF CHQ.107 = 3 OR 4, DISPLAY "behaving and relating to other children".
IF CHQ.108 = 3 OR 4, DISPLAY "behaving and relating to adults".
IF CHQ.109 = 4, DISPLAY "overall activity level".
IF CHQ.110 = 1, DISPLAY "{his/her} emotional or psychological difficulties".

YES..	1	
NO	2	(CHQ.200)
REFUSED..	8	(CHQ.200)
DON'T KNOW...	9	(CHQ.200)

CHQ.120   {Since last spring, have you obtained/Did you obtain} a diagnosis or diagnoses of a problem from a professional?

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, ear-nose-throat (ENT) doctors, audiologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech-language pathologists, etc. Do not include teachers or some other non-health professional.

CAPI INSTRUCTIONS: DISPLAY "Since …obtained" IF (THERE WAS A FALL-KINDERGARTEN COMPLETE OR PARTIALLY COMPLETE INTERVIEW) OR (SECTION CHQ WAS COMPLETED IN SPRING KINDERGARTEN) ACCORDING TO THE PRELOAD. . ELSE, DISPLAY "Did…obtain" FOR THE SECOND DISPLAY.

YES.. 1
NO 2 (CHQ.200)
REFUSED... 8 (CHQ.200)
DON'T KNOW 9 (CHQ.200)

CHQ.125   What was the diagnosis or were the diagnoses?

HELP TEXT:

Learning disability: This is a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which shows up as difficulty to listen, think, speak, read, write, spell, or do mathematical calculations. In some cases the child can perform at grade level, but only with special help. Some names of learning disabilities are dyslexia (CODE UNDER DYSLEXIA), dyscalculia (CODE UNDER DYSCALCULIA), developmental aphasia, minimal brain dysfunction, brain injury, and perceptual disabilities. The term does not include learning problems that are primarily the result of problems with seeing, hearing, or walking (or visual, hearing or motor disabilities); intellectual or severe cognitive disability/mental retardation; emotional disturbance; or environmental, cultural, or economic disadvantage. A commonly used acronym is "LD."

Attention Deficit Disorder (ADD): A childhood syndrome characterized by short attention span that is inappropriate for his/her age group.

Attention Deficit Hyperactivity Disorder (ADHD): The child displays signs of inattention, impulsivity, and hyperactivity that are inappropriate for his or her mental and chronological age. Adults in the child's environment, such as parents and teachers must report the signs. Inattention means difficulty concentrating, easily distracted, and not finishing things started. Impulsivity means often acts before thinking, shifts excessively from one activity to another, needs a lot of supervision. Hyperactivity means runs about or climbs on things excessively, has difficulty staying seated, always on the go, as if driven by a motor. Onset is typically before age seven and condition lasts at least six months.

Developmental delay: A condition in which a young child falls significantly behind his/her age-mates in physical, mental (cognitive), speech (communication), social/emotional, adaptive (behavioral) development. It does not simply mean that the child talked somewhat later than some children talked or was smaller than average. It is not to be confused with autism or pervasive developmental delay. If the child's social behavior and relationships with other people are generally consistent with his or her delayed cognitive development, then the classification of the condition as developmental delay is probably appropriate. If this is not the case, see the definitions of autism and pervasive developmental disorder or delay.

Autism is a developmental disability significantly affecting verbal and nonverbal communication as well as social interaction, generally evident before age three. Other characteristics often associated with autism are a pervasive lack of responsiveness to other people, and engagement in repetitive activities and stereotyped movements (such as hand-flapping or rocking). There is also often an insistence on sameness, as shown by stereotyped play, abnormal preoccupations, or resistance to change. With autism, the impaired social development and delayed or deviant language development are not merely predictable from the child's cognitive retardation. Some children with autism are actually advanced in their reading skills, memory skills, or musical abilities. The term autism does not apply if the child's educational performance is negatively affected primarily because the child has an emotional disturbance. **Asperger's Disorder, Pervasive Developmental Disorder (PDD), or any other autism spectrum disorder may be coded here**; the subtype will be captured in the next question. **Pervasive developmental disorder or delay** is also characterized by gross and sustained impairment in social relationships, but typically has an onset **after** 30 months of age. Other characteristics are sudden excessive anxiety, inappropriate affect or emotions, resistance to change in the environment, oddities of motor movement, abnormalities of speech, hypersensitivity to sensory stimuli, and self-mutilation. This condition generally does not involve delusions, hallucinations, incoherence, or bizarre associations.

Dyslexia: A learning disability (see above definition) marked by impairment of the ability to recognize and comprehend the written word.

Dyscalculia: A learning disability (see above definition) marked by impairment in the ability to perform and remember calculations in mathematics.

Intellectual disability/Severe cognitive disability/Mental Retardation: The child's mental development is significantly and noticeably behind what would ordinarily be expected for a child of his or her age. This significantly below average general intellectual functioning exists at the same time as problems in adaptive behavior, and negatively affects the child's educational performance.

Orthopedic impairment: A bodily (or physical) impairment that is severe enough to negatively affect a child's educational performance. Disabling physical problems such as those resulting from poliomyelitis (often called polio or infantile paralysis), bone tuberculosis, cerebral palsy, amputations, and fractures or contractures (shortening of tissue) from burns would be considered as orthopedic impairments.

Serious Emotional Disturbance or SED: A condition that has one or more of the following characteristics over a long period of time that negatively affect a child's educational performance: (a) an inability to learn that cannot be explained by other factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (c) inappropriate behavior or feelings; d) a general mood of unhappiness or depression; or (e) a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes schizophrenia but does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

Traumatic Brain Injury: An acquired injury to the brain caused by an external force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem-solving; sensory, perceptual, and motor abilities; psycho-social behavior; physical functions; information processing; and speech. The term does not apply to brain injuries that are congenital (there at birth) or degenerative (problem that grows worse over time), or to brain injuries brought on by birth trauma (injuries during birth). The term is used when an external force has caused the injury.

Panic Disorder: A disorder in which there is the sudden onset of several different physical signs, such as rapid heart rate, shaking, sweating, nausea, dizziness, and difficulty breathing. A panic disorder may make a child think that something horrible is about to happen.

Separation Anxiety Disorder: This is the fear a child has of being separated from his/her parents which is far more than would be expected for the child's developmental stage.

Obsessive Compulsive Disorder: A child must have obsessions or compulsions or both to have this disorder, and these obsessions and/or compulsions must be disabling to the child. Obsessions are thoughts that aren't visible to others but cause the child distress. The thoughts occur over and over and the child spends so much time on them that they have a hard time taking care of themselves or relating to others. Compulsions are mental acts that a child feels driven to perform in response to an obsession.

Generalized Anxiety Disorder: Children who have this disorder worry all the time over nothing, themselves, other's safety, their health, and/or the world to a far greater extent than average. They often have many physical signs of anxiety such as headache, abdominal pain, cramps, diarrhea, vomiting, and dizziness.

Other Anxiety Disorder: An anxiety disorder that is not one of the specific disorders in this list.

Bipolar Disorder: A child with bipolar disorder displays signs of major mood changes, sometimes sad, as in depression, or the opposite, mania. All bipolar disorders are a combination of mania with or without depression. Some signs of mania include inflated self-esteem, decreased need for sleep, distractibility and increased activity. Some signs of depression are sleeping too much, poor appetite, feelings of severe worthlessness, hallucinations or strange beliefs about the past.

Depression: Some signs of depression are frequent sadness, loss of interest or enjoyment of activities, low energy, isolation from friends, sleeping too much, poor appetite, a severe sense of worthlessness, problems with concentration, frequent complaints of physical illnesses, and thoughts of suicide or destructive behavior.

PROBE: Anything else?

CODE ALL THAT APPLY.

CODE DYSLEXIA AS "6." CODE DYSCALCULIA AS "7". CODE "LEARNING DISABILITY" (CODE 1) ONLY IF THE CHILD HAS AN ADDITIONAL LEARNING DISABILITY THAT IS SEPARATE FROM OR IN ADDITION TO DYSLEXIA (CODE 6) OR DYSCALCULIA (CODE 7).

IF BOTH ADD (CODE 2) AND ADHD (CODE 3) ARE MENTIONED, CODE AS "3" FOR ADHD.

LEARNING DISABILITY	1
ATTENTION DEFICIT DISORDER (ADD).....	2
ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)	3
DEVELOPMENTAL DELAY...........................	4
AUTISM/ASPERGER'S DISORDER/ PERVASIVE DEVELOPMENTAL DISORDER (PDD)/OTHER AUTISM SPECTRUM DISORDER	5
DYSLEXIA	6
DYSCALCULIA	7
INTELLECTUAL DISABILITY/SEVERE COGNITIVE DISABILITY/ MENTAL RETARDATION..............................	8
ORTHOPEDIC IMPAIRMENT........................	9
SERIOUS EMOTIONAL DISTURBANCE	10
TRAUMATIC BRAIN INJURY	11
PANIC DISORDER	12
SEPARATION ANXIETY DISORDER............	13
OBSESSIVE COMPULSIVE DISORDER	14
GENERALIZED ANXIETY DISORDER	15
OTHER ANXIETY DISORDER	16
BIPOLAR DISORDER	17
DEPRESSION	18
OTHER (SPECIFY) _____	91
REFUSED..	88 (CHQ.200)
DON'T KNOW...	99 (CHQ.200)

BOX 4

IF CHQ.125 = 91, GO TO CHQ.125OS. ELSE, GO TO BOX 5.

CHQ.125OS

[What {was the diagnosis/were the diagnoses?}]

SPECIFY DIAGNOSIS/DIAGNOSES.

_____

CHQ.126   What type of autism spectrum disorder does {CHILD} have? Is it autism, Asperger's Disorder, Pervasive Developmental Disorder, or something else?

                        AUTISM   1
                        ASPERGER'S DISORDER   2
                        PERVASIVE DEVELOPMENTAL
                        DISORDER (PDD)   3
                        OTHER (SPECIFY) _____   91
                        REFUSED...   8
                        DON'T KNOW...   9

CHQ.126OS

          [What {was the diagnosis/were the diagnoses?}]

          SPECIFY TYPE OF AUTISM SPECTRUM DISORDER.

          _____

BOX 6

LOOP 1

ASK CHQ.130, CHQ.131, CHQ.135, CHQ.140, CHQ.155, AND CHQ.173 (IF APPLICABLE ACCORDING TO THE SKIPS BETWEEN THE ITEMS) FOR EACH DIAGNOSIS IN CHQ.125, UP TO 19 TIMES. THE DIAGNOSIS LISTED AS AN "OTHER SPECIFY" SHOULD ALSO BE PART OF THIS LOOP.

LOOPING ELIGIBILITY:

IF CHQ.125 = 1, ASK ABOUT A LEARNING DISABILITY.
IF CHQ.125 = 2, ASK ABOUT ATTENTION DEFICIT DISORDER (ADD).
IF CHQ.125 = 3, ASK ABOUT ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD).
IF CHQ.125 = 4, ASK ABOUT DEVELOPMENTAL DELAY.
IF CHQ.125 = 5, ASK ABOUT AUTISM/ASPERGER'S DISORDER/PERVASIVE DEVELOPMENTAL DISORDER (PDD)/ OTHER AUTISM SPECTRUM DISORDER.
IF CHQ.125 = 6, ASK ABOUT DYSLEXIA.
IF CHQ.125 = 7, ASK ABOUT DYSCALCULIA.
IF CHQ.125 = 8, ASK ABOUT INTELLECTUAL DISABILITY/SEVERE COGNITIVE DISABILITY/MENTAL RETARDATION.
IF CHQ.125 = 9, ASK ABOUT ORTHOPEDIC IMPAIRMENT.
IF CHQ.125 = 10, ASK ABOUT SERIOUS EMOTIONAL DISTURBANCE.
IF CHQ.125 = 11, ASK ABOUT TRAUMATIC BRAIN INJURY.
IF CHQ.125 = 12, ASK ABOUT PANIC DISORDER.
IF CHQ.125 = 13, ASK ABOUT SEPARATION ANXIETY DISORDER.
IF CHQ.125 = 14, ASK ABOUT OBSESSIVE COMPULSIVE DISORDER.
IF CHQ.125 = 15, ASK ABOUT GENERALIZED ANXIETY DISORDER.
IF CHQ.125 = 16, ASK ABOUT OTHER ANXIETY DISORDER.
IF CHQ.125 = 17, ASK ABOUT BIPOLAR DISORDER.
IF CHQ.125 = 18, ASK ABOUT DEPRESSION.
IF CHQ.125 = 91, ASK ABOUT THE DIAGNOSIS AS LISTED IN THE OTHER SPECIFY TEXT OF CHQ.125OS.

CHQ.130   How old was {CHILD} when the first diagnosis of a problem related to {a learning disability/Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)/developmental delay/autism, Asperger's disorder, Pervasive Developmental Disorder (PDD), or other autism spectrum disorder/dyslexia/dyscalculia/an intellectual disability, severe cognitive disability, or mental retardation/orthopedic impairment/a serious emotional disturbance/a traumatic brain injury/a panic disorder/separation anxiety disorder/obsessive compulsive disorder/generalized anxiety disorder/an {other} anxiety disorder/bipolar disorder/depression/{TEXT FROM OTHER SPECIFY}} was made?

CAPI INSTRUCTIONS: DISPLAY THE FOLLOWING FOR THE PARTICULAR LOOP THE R IS ON:

IF CHQ.125 = 1, DISPLAY "a learning disability".
IF CHQ.125 = 2, DISPLAY "Attention Deficit Disorder (ADD)".
IF CHQ.125 = 3, DISPLAY "Attention Deficit Hyperactivity Disorder (ADHD)".
IF CHQ.125 = 4, DISPLAY "developmental delay".
IF CHQ.125 = 5, DISPLAY "autism, Asperger's disorder, Pervasive Developmental Disorder (PDD), or other autism spectrum disorder".
IF CHQ.125 = 6, DISPLAY "dyslexia".
IF CHQ.125 = 7, DISPLAY "dyscalculia".
IF CHQ.125 = 8, DISPLAY "an intellectual disability, severe cognitive disability, or mental retardation".
IF CHQ.125 = 9, DISPLAY "orthopedic impairment".
IF CHQ.125 = 10, DISPLAY "a serious emotional disturbance".
IF CHQ.125 = 11, DISPLAY "a traumatic brain injury".
IF CHQ.125 = 12, DISPLAY "a panic disorder".
IF CHQ.125 = 13, DISPLAY "separation anxiety disorder".
IF CHQ.125 = 14, DISPLAY "obsessive compulsive disorder".
IF CHQ.125 = 15, DISPLAY "generalized anxiety disorder".
IF CHQ.125 = 16, DISPLAY "an {other} anxiety disorder" DISPLAY "other" IF (CHQ.125 = 12 OR CHQ.125 = 13 OR CHQ.125 = 14 OR CHQ.125 = 15). ELSE, USE A NULL DISPLAY FOR "other".
IF CHQ.125 = 17, DISPLAY "bipolar disorder".
IF CHQ.125 = 18, DISPLAY "depression".
IF CHQ.125 = 91, DISPLAY "{TEXT FROM OTHER SPECIFY}" FROM CHQ.125OS.

CAPI INSTRUCTIONS: RANGE CHECK: 0-23.

|___|___|
ENTER AGE

REFUSED.. 88   (CHQ.140)
DON'T KNOW... 99   (CHQ.135)

CHQ.131   [How old was {CHILD} when the first diagnosis of a problem related to {a learning disability/Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)/developmental delay/autism, Asperger's disorder, Pervasive Developmental Disorder (PDD), or other autism spectrum disorder/dyslexia/dyscalculia/an intellectual disability, severe cognitive disability, or mental retardation/an orthopedic impairment/a serious emotional disturbance/a traumatic brain injury/a panic disorder/separation anxiety disorder/obsessive compulsive disorder/generalized anxiety disorder/an {other} anxiety disorder/bipolar disorder/depression/{TEXT FROM OTHER SPECIFY} was made?]

ENTER UNIT.

IF CHQ.125 = 1, DISPLAY "a learning disability".
IF CHQ.125 = 2, DISPLAY "Attention Deficit Disorder (ADD)".
IF CHQ.125 = 3, DISPLAY "Attention Deficit Hyperactivity Disorder (ADHD)".
IF CHQ.125 = 4, DISPLAY "developmental delay".
IF CHQ.125 = 5, DISPLAY "autism, Asperger's disorder, Pervasive Developmental Disorder (PDD), or other autism spectrum disorder".
IF CHQ.125 = 6, DISPLAY "dyslexia".
IF CHQ.125 = 7, DISPLAY "dyscalculia".
IF CHQ.125 = 8, DISPLAY "an intellectual disability, severe cognitive disability, or mental retardation".
IF CHQ.125 = 9, DISPLAY "an orthopedic impairment".
IF CHQ.125 = 10, DISPLAY "a serious emotional disturbance".
IF CHQ.125 = 11, DISPLAY "a traumatic brain injury".
IF CHQ.125 = 12, DISPLAY "a panic disorder".
IF CHQ.125 = 13, DISPLAY "separation anxiety disorder".
IF CHQ.125 = 14, DISPLAY "obsessive compulsive disorder".
IF CHQ.125 = 15, DISPLAY "generalized anxiety disorder".
IF CHQ.125 = 16, DISPLAY "an {other} anxiety disorder" DISPLAY "other" IF (CHQ.125 = 12 OR CHQ.125 = 13 OR CHQ.125 = 14 OR CHQ.125 = 15). ELSE, USE A NULL DISPLAY FOR "other".
IF CHQ.125 = 17, DISPLAY "bipolar disorder".
IF CHQ.125 = 18, DISPLAY "depression".
IF CHQ.125 = 91, DISPLAY "{TEXT FROM OTHER SPECIFY}" FROM CHQ.125OS.

CAPI INSTRUCTIONS: RANGE CHECK: 0-23 IF MONTHS IS THE UNIT; 0-"CHILD'S CURRENT AGE" IF YEARS IS THE UNIT. IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___|
ENTER UNIT

MONTHS 1   (CHQ.140)
YEARS.. 2   (CHQ.140)
REFUSED... 88   (CHQ.140)
DON'T KNOW.. 99   (CHQ.135)

CHQ.135 What was the month and year when the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTIONS: RANGE CHECK: 1-12 FOR MONTH, 2003-2012 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___| AND |___|___|___|___|
ENTER MONTH   ENTER YEAR

REFUSED.. 88
DON'T KNOW.. 99

CHQ.140 Is {CHILD} now taking any prescription medicine for the condition related to {his/her] {learning disability/Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)/developmental delay/autism, Asperger's disorder, Pervasive Developmental Disorder (PDD), or other autism spectrum disorder/dyslexia/dyscalculia/intellectual disability, severe cognitive disability, or mental retardation/orthopedic impairment/a serious emotional disturbance/a traumatic brain injury/a panic disorder/separation anxiety disorder/obsessive compulsive disorder/generalized anxiety disorder/{other} anxiety disorder/bipolar disorder/depression/{TEXT FROM OTHER SPECIFY}?

> IF CHQ.125 = 1, DISPLAY "learning disability".
> IF CHQ.125 = 2, DISPLAY "Attention Deficit Disorder (ADD)".
> IF CHQ.125 = 3, DISPLAY "Attention Deficit Hyperactive Disorder (ADHD)".
> IF CHQ.125 = 4, DISPLAY "developmental delay".
> IF CHQ.125 = 5, DISPLAY "autism, Asperger's disorder, Pervasive Developmental Disorder (PDD), or other autism spectrum disorder".
> IF CHQ.125 = 6, DISPLAY "dyslexia".
> IF CHQ.125 = 7, DISPLAY "dyscalculia".
> IF CHQ.125 = 8, DISPLAY "intellectual disability, severe cognitive disability, or mental retardation".
> IF CHQ.125 = 9, DISPLAY "orthopedic impairment".
> IF CHQ.125 = 10, DISPLAY "serious emotional disturbance".
> IF CHQ.125 = 11, DISPLAY "traumatic brain injury".
> IF CHQ.125 = 12, DISPLAY "panic disorder".
> IF CHQ.125 = 13, DISPLAY "separation anxiety disorder".
> IF CHQ.125 = 14, DISPLAY "obsessive compulsive disorder".
> IF CHQ.125 = 15, DISPLAY "generalized anxiety disorder".
> IF CHQ.125 = 16, DISPLAY "{other} anxiety disorder" DISPLAY "other" IF (CHQ.125 = 12 OR CHQ.125 = 13 OR CHQ.125 = 14 OR CHQ.125 = 15). ELSE, USE A NULL DISPLAY FOR "other".
> IF CHQ.125 = 17, DISPLAY "bipolar disorder".
> IF CHQ.125 = 18, DISPLAY "depression".
> IF CHQ.125 = 91, DISPLAY "{TEXT FROM OTHER SPECIFY}" FROM CHQ.125OS.

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

CHQ.155 Is {CHILD} medicated for ADD or ADHD at school, at home, or both?

        AT SCHOOL 1
        AT HOME... 2
        BOTH AT SCHOOL AND AT HOME 3
        REFUSED.. 8
        DON'T KNOW 9

CHQ.173 How long has {CHILD} taken such prescription medicine for {a learning disability/Attention
Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD)/developmental delay/autism, Asperger's
disorder, Pervasive Developmental Disorder (PDD), or other autism spectrum disorder/dyslexia/dyscalculia/an
intellectual disability, severe cognitive disability, or mental retardation/an orthopedic impairment/a serious emotional
disturbance/a traumatic brain injury/a panic disorder/separation anxiety disorder/obsessive compulsive
disorder/generalized anxiety disorder/an {other} anxiety disorder/bipolar disorder/depression/{TEXT FROM OTHER
SPECIFY}}, in total?

IF CHQ.125 = 1, DISPLAY "a learning disability".
IF CHQ.125 = 2, DISPLAY "Attention Deficit Disorder (ADD)".
IF CHQ.125 = 3, DISPLAY "Attention Deficit Hyperactivity Disorder (ADHD) ".
IF CHQ.125 = 4, DISPLAY "developmental delay".
IF CHQ.125 = 5, DISPLAY "autism, Asperger's disorder, Pervasive Developmental Disorder (PDD), or other autism
spectrum disorder".
IF CHQ.125 = 6, DISPLAY "dyslexia".
IF CHQ.125 = 7, DISPLAY "dyscalculia".
IF CHQ.125 = 8, DISPLAY "an intellectual disability, severe cognitive disability, or mental retardation".
IF CHQ.125 = 9, DISPLAY "orthopedic impairment".
IF CHQ.125 = 10, DISPLAY "a serious emotional disturbance".
IF CHQ.125 = 11, DISPLAY "a traumatic brain injury".
IF CHQ.125 = 12, DISPLAY "a panic disorder".
IF CHQ.125 = 13, DISPLAY "separation anxiety disorder".
IF CHQ.125 = 14, DISPLAY "obsessive compulsive disorder".
IF CHQ.125 = 15, DISPLAY "generalized anxiety disorder".
IF CHQ.125 = 16, DISPLAY "an {other} anxiety disorder" DISPLAY "other" IF (CHQ.125 = 12 OR CHQ.125 = 13 OR
CHQ.125 = 14 OR CHQ.125 = 15). ELSE, USE A NULL DISPLAY FOR "other".
IF CHQ.125 = 17, DISPLAY "bipolar disorder".
IF CHQ.125 = 18, DISPLAY "depression".
IF CHQ.125 = 91, DISPLAY "{TEXT FROM OTHER SPECIFY}" FROM CHQ.125OS.

        Less than one month, ... 1
        Less than a year, ... 2
        1 to 2 years, ... 3
        3 to 4 years, or... 4
        5 years or more?... 5
        REFUSED.. 8
        DON'T KNOW 9

CHQ.200   For the next question, please base your answer on how {CHILD} compares to other children of the same age. Does {CHILD} pronounce words, communicate with and understand others...

IF RESPONDENT INDICATES CHILD DIFFERS ON ANY OF THE AREAS (E.G., CAN UNDERSTAND BUT NOT PRONOUNCE), SAY: Answer for the area in which the child has the most difficulty.

CAPI INSTRUCTION: DISPLAY "IF … SAY: IN LIGHT BLUE "AND DISPLAY "Answer ….difficulty" IN BLACK.

Better than other children {his/her} age,......... 1
As well as other children, ... 2
Slightly less well than other children, or 3
Much less well than other children? 4
REFUSED.. 8
DON'T KNOW... 9

CHQ.205   When {CHILD} was younger, did {he/she} ever have unusual difficulty pronouncing words, communicating with, or understanding others, as compared to other children {his/her} age?

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

CHQ.206   Did or does {CHILD} have any of the following?

a.   Problem with talking too loudly

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

b.   Problem with talking too softly

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

c.   A problem chewing

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

d.   A problem swallowing

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

e.   A problem with stuttering

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

f.   A cleft lip and/or palate

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

g.   Abnormalities of the face or head

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

h.   Malformation of the ear

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

BOX 8B

IF (THE PRELOAD INDICATES THAT SECTION CHQ WAS ASKED IN SPRING-
KINDERGARTEN) AND (THE CURRENT ROUND CHQ.200 = 3 OR 4), GO TO CHQ.210. ELSE,
IF THE PRELOAD INDICATES THAT SECTION CHQ WAS ASKED IN SPRING-KINDERGARTEN,
GO TO CHQ.216.

ELSE, IF (CHQ.200 = 3 OR 4) OR (CHQ.205 = 1) OR (ANY CHQ.206a-h = 1), GO TO CHQ.210.
ELSE, GO TO CHQ.216.

CHQ.210 {Since last spring has {CHILD}/Has {CHILD} ever} been evaluated by a professional because of {his/her} ability to communicate?

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, ear-nose-throat (ENT) doctors, audiologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech-language pathologists, etc. Do not include teachers or some other non-health professional.

CAPI INSTRUCTIONS: DISPLAY "Since last spring has {CHILD}" IF (THERE WAS A FALL-KINDERGARTEN COMPLETE OR PARTIALLY COMPLETE INTERVIEW) OR (SECTION CHQ WAS COMPLETED IN SPRING KINDERGARTEN) ACCORDING TO THE PRELOAD. .ELSE, DISPLAY "Has {CHILD} ever".

YES..	1	
NO	2	(CHQ.216)
REFUSED...	8	(CHQ.216)
DON'T KNOW...	9	(CHQ.216)

CHQ.215 Did you obtain a diagnosis or diagnoses of a problem related to {his/her} ability to communicate from a professional?

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

CHQ.216 Which best describes {CHILD}'s hearing? If {CHILD} has a hearing aid or other assistive device, please consider {his/her} hearing without the hearing aid or assistive device. Would you say {CHILD} has...

excellent hearing,..	1	(CHQ.221)
good hearing,..	2	(CHQ.221)
a little trouble hearing,..................................	3	
moderate trouble hearing,.............................	4	
a lot of trouble hearing, or	5	
is deaf?	6	
REFUSED...	8	(CHQ.221)
DON'T KNOW...	9	(CHQ.221)

CHQ.217   Please indicate whether the following statement describes {CHILD}'s hearing. If {CHILD} has a hearing aid
or other assistive device, please consider {his/her} hearing without the hearing aid or assistive device.

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>whispers</u> to {him/her} from across a quiet room.

IF NEEDED, SAY: These questions are routinely asked in studies like these to get a better understanding of how well a child can hear.

CAPI INSTRUCTIONS: DISPLAY "hear and understand" AND "whispers" IN UNDERLINED TEXT.

YES.. 1 (CHQ.221)
NO 2
REFUSED.. 8
DON'T KNOW.. 9

CHQ.218   [Please indicate whether the following statement describes {CHILD}'s hearing. If {CHILD} has a hearing aid or other
assistive device, please consider {his/her} hearing without the hearing aid or assistive device.]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>talks in a normal voice</u> to {him/her} from across a quiet room.

IF NEEDED, SAY: These questions are routinely asked in studies like these to get a better understanding of how well a child can hear.

CAPI INSTRUCTIONS: DISPLAY "hear and understand" AND "talks in a normal voice" IN UNDERLINED TEXT.

YES.. 1 (CHQ.221)
NO 2
REFUSED.. 8
DON'T KNOW.. 9

CHQ.219   [Please indicate whether the following statement describes {CHILD}'s hearing. If {CHILD} has a hearing aid or other
assistive device, please consider {his/her} hearing without the hearing aid or assistive device.]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>shouts</u> to {him/her} from across a quiet room.

IF NEEDED, SAY: These questions are routinely asked in studies like these to get a better understanding of how well a child can hear.

CAPI INSTRUCTIONS: DISPLAY "hear and understand" AND "shouts" IN UNDERLINED TEXT.

YES.. 1 (CHQ.221)
NO 2
REFUSED.. 8
DON'T KNOW.. 9

CHQ.220   [Please indicate whether the following statement describes {CHILD}'s hearing. If {CHILD} has a hearing aid or other assistive device, please consider {his/her} hearing without the hearing aid or assistive device.]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>speaks loudly</u> into {his/her} ears or better ear.

IF NEEDED, SAY: These questions are routinely asked in studies like these to get a better understanding of how well a child can hear.

CAPI INSTRUCTIONS: DISPLAY "hear and understand" AND "speaks loudly" IN UNDERLINED TEXT.

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

CHQ.221   Is {CHILD}'s hearing worse in one ear?

YES...	1	
NO	2	(CHQ.235)
REFUSED..	8	(CHQ.235)
DON'T KNOW..	9	(CHQ.235)

HELP AVAILABLE

CHQ.222   Which best describes {CHILD}'s hearing in {his/her} <u>worse</u> ear? If {CHILD} has a hearing aid or other assistive device, please consider {his/her} hearing without the hearing aid or assistive device.

Is {CHILD}'s hearing…

CAPI INSTRUCTIONS: DISPLAY "worse" IN UNDERLINED TEXT.

Excellent, ...	1
Good, ...	2
A little trouble hearing, ...	3
Moderate trouble hearing, ...	4
A lot of trouble hearing, or.............................	5
Deaf?	6
REFUSED..	8
DON'T KNOW..	9

CHQ.235   {Since last spring has/Has} {CHILD}'s hearing {ever} been evaluated by a professional?

HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatrists, psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

For the **vision and hearing questions,** having been evaluated at the school by a health professional **does** count as being evaluated by a professional.

CAPI INSTRUCTIONS: DISPLAY "Since last spring has" AND USE A NULL DISPLAY FOR "ever" IF (THERE WAS A FALL-KINDERGARTEN COMPLETE OR PARTIALLY COMPLETE INTERVIEW) OR (SECTION CHQ WAS COMPLETED IN SPRING KINDERGARTEN) ACCORDING TO THE PRELOAD. ELSE, DISPLAY "Has" AND "ever".

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

BOX 9

IF CHQ.235 = 1, GO TO CHQ.245. ELSE, IF CHQ215=1, GO TO BOX 10. ELSE, GO TO CHQ.285.

CHQ.245   Did you obtain a diagnosis of a problem from a professional?

YES.. 1
NO 2   (BOX 10)
REFUSED.. 8   (BOX 10)
DON'T KNOW.. 9   (BOX 10)

CHQ.246   What was the diagnosis?
                 PROBE: Anything else?

                 CODE ALL THAT APPLY.

                 DUE TO EAR WAX (EXTERNAL EAR CANAL EAR WAX)...................... 1
                 DUE TO EAR CANAL DEFORMITY ("ATRESIA" (EAR CANAL NOT
                     NORMALLY FORMED), CRANIAL-FACIAL DISORDER,
                     ETC.) 2
                 DUE TO EAR INFECTION (ACUTE OR RECURRENT EPISODES
                     (INFECTION BEGINS AND PROGRESSES QUICKLY OR KEEPS
                     COMING BACK) OFTEN WITH EAR ACHE AND FEVER –
                     ACUTE OTITIS MEDIA) 3
                 DUE TO FLUID IN THE EAR (FLUID BEHIND THE EARDRUM,
                     RUNNY EARS, FLUID OR PUS DRAINING FROM THE MIDDLE
                     EAR SPACE, CHRONIC OTITIS MEDIA, GLUE EAR) 4
                 DUE TO EAR DRUM PROBLEM (INCLUDES PERFORATED/
                     TORN/RUPTURED) EARDRUM) 5
                 DUE TO ILLNESS (MENINGITIS, MEASLES, MUMPS, RUBELLA,
                     SCARLET FEVER, ETC.).. 6
                 DUE TO CMV (CYTOMEGALOVIRUS, A TYPE OF HERPES
                     VIRUS) 7
                 DUE TO OTOTOXIC EXPOSURE TO DRUGS/MEDICINES (DAMAGE
                     TO THE EARS BY DRUGS OR CHEMICALS. INCLUDES
                     DAMAGE FROM MYCIN DRUGS, SUCH AS, STREPTOMYCIN,
                     GENTAMYCIN, ETC., SALICYLATE, LASIX, CISPLATIN – MAY
                     RESULT FROM TREATMENT OF RESPIRATORY PROBLEMS OF
                     PRETERM INFANTS, OR AS TREATMENTS DUE TO CHILDHOOD
                     CANCER, ETC.) 8
                 DUE TO NOISE EXPOSURE (FROM GUNFIRE, FIRE
                     CRACKERS, etc.)... 9
                 DUE TO GENETIC CAUSE (INCLUDES CONGENITAL (THERE AT
                     BIRTH) HEARING LOSS, HEREDITARY HEARING LOSS,
                     SYNDROMAL HEARING LOSS – DOWN SYNDROME, USHER'S
                     SYNDROME, ETC.) 10
                 DUE TO INJURY OR TRAUMA TO HEAD & NECK 11
                 DUE TO EAR OR FACIAL SURGERY 12
                 DUE TO NERVE DEAFNESS (NERVE HEARING LOSS OR SENSORI-
                     NEURAL HEARING LOSS).. 13
                 DUE TO CENTRAL AUDITORY PROCESSING DISORDER
                     (PROBLEM WITH BEING ABLE TO RECOGNIZE, TELL THE
                     DIFFERENCE BETWEEN, OR UNDERSTAND SOUNDS) 14
                 DEAF 15
                 OTHER (SPECIFY) _____ 91
                 DON'T KNOW... 88
                 REFUSED.. 99

CHQ.246OS   [What was the diagnosis?]]

                 SPECIFY DIAGNOSIS.
                 _____

BOX 10

IF THE CASE HAD A SPRING KINDERGARTEN INTERVIEW, DETERMINE FROM THE PRELOAD IF CHQ.250A WAS ASKED IN SPRING-KINDERGARTEN FOR ABILITY TO COMMUNICATE, HEARING, OR BOTH. IF SO, DETERMINE IF CHQ.250 WOULD BE ASKED ABOUT THE SAME CURRENT ISSUE(S) (E.G., CHILD HAD A HEARING DIAGNOSIS IN SPRING-KINDERGARTEN AND GOT ANOTHER HEARING DIAGNOSIS, IN SPRING-FIRST GRADE) ACCORDING TO THE DIRECTIONS BELOW.

DO THE FOLLOWING IF THE DIAGNOSES ARE THE SAME FOR SPRING-K AND SPRING-FIRST:

SPRING-K	SPRING-1	SKIP TO:
ONLY HEARING	ONLY HEARING	CHQ.256
BOTH (HEARING AND COMMUNICATION)	BOTH	CHQ.256
ONLY COMMUNICATION	ONLY COMMUNICATION	CHQ.285

DO THE FOLLOWING IF THE DIAGNOSES ARE NOT THE SAME FOR SPRING-K AND SPRING-FIRST:

SPRING-K	SPRING-1	SKIP TO:
BOTH	ONLY COMMUNICATION	CHQ.285
BOTH	ONLY HEARING	CHQ.256
ONLY HEARING	BOTH	IF CHQ.215 = 1 AND CHQ.245 NE 1, GO TO CHQ.250A AND ASK ABOUT ABILITY TO COMMUNICATE.
ONLY COMMUNICATION	BOTH	IF CHQ.215 NE 1 AND CHQ.245 = 1, GO TO CHQ.250A AND ASK ABOUT HEARING.
ONLY HEARING	ONLY COMMUNICATION	IF CHQ.215 = 1 AND CHQ.245 NE 1, GO TO CHQ.250A AND ASK ABOUT ABILITY TO COMMUNICATE.
ONLY COMMUNICATION	ONLY HEARING	IF CHQ.215 NE 1 AND CHQ.245 = 1, GO TO CHQ.250A AND ASK ABOUT HEARING.

ELSE, FOLLOW DIRECTIONS BELOW.
ASK CHQ.250a, CHQ.250b (IF APPLICABLE), CHQ.250c (IF APPLICABLE), AND CHQ.255 (IF APPLICABLE) FOR THE FOLLOWING:

IF CHQ.215 = 1 AND CHQ.245 NE 1, ASK ABOUT ABILITY TO COMMUNICATE.
IF CHQ.215 NE 1 AND CHQ.245 = 1, ASK ABOUT HEARING.
IF CHQ.215 = 1 AND CHQ.245 = 1, ASK ABOUT BOTH ABILITY TO COMMUNICATE AND HEARING SEPARATELY IN A LOOP.

ELSE, GO TO CHQ.285.

CHQ.250a   How old was {CHILD} when the first diagnosis of a problem related to {his/her} {ability to communicate/hearing} was made?

CAPI INSTRUCTIONS: IF CHQ.215 =1 AND CHQ.245 NE 1, DISPLAY "ability to communicate". ELSE, IF CHQ.215 NE 1 AND CHQ.245 = 1, DISPLAY "hearing". ELSE, IF CHQ.215 = 1 AND CHQ.245 = 1 DISPLAY "ability to communicate" THE FIRST TIME THE LOOP IS ASKED AND DISPLAY "hearing" THE SECOND TIME THE LOOP IS ASKED.

ENTER UNIT

MONTHS…………………………………………………………1 (CHQ.250b)
YEARS……………………………………………………………2 (CHQ.250c)
DON'T KNOW.. 8 (CHQ.255)
REFUSED... 9 (BOX 11)

CHQ.250b   **[**How old was {CHILD} when the first diagnosis of a problem related to {his/her} {ability to communicate/hearing} was made?]

ENTER THE NUMBER OF MONTHS.

CAPI INSTRUCTIONS: IF CHQ.215 =1 AND CHQ.245 NE 1, DISPLAY "ability to communicate". ELSE, IF CHQ.215 NE 1 AND CHQ.245 = 1, DISPLAY "hearing". ELSE, IF CHQ.215 = 1 AND CHQ.245 = 1 DISPLAY "ability to communicate" THE FIRST TIME THE LOOP IS ASKED AND DISPLAY "hearing" THE SECOND TIME THE LOOP IS ASKED.

CAPI INSTRUCTIONS: RANGE CHECK: 0-23.

|___|___|
MONTHS (BOX 14)

DON'T KNOW...88 (CHQ.255)
REFUSED..99 (BOX 11)

CHQ.250c   [How old was {CHILD} when the first diagnosis of a problem related to {his/her} {ability to communicate/hearing} was made?]

ENTER THE NUMBER OF YEARS.

CAPI INSTRUCTIONS: IF CHQ.215 =1 AND CHQ.245 NE 1, DISPLAY "ability to communicate". ELSE, IF CHQ.215 NE 1 AND CHQ.245 = 1, DISPLAY "hearing". ELSE, IF CHQ.215 = 1 AND CHQ.245 = 1 DISPLAY "ability to communicate" THE FIRST TIME THE LOOP IS ASKED AND DISPLAY "hearing" THE SECOND TIME THE LOOP IS ASKED.

CAPI INSTRUCTIONS: RANGE CHECK: 0-"CHILD'S CURRENT AGE". IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___|
YEARS

DON'T KNOW...88 (CHQ.255)
REFUSED..99 (BOX 11)

CHQ.255   What was the month and year the problem with {CHILD}'s {ability to communicate/hearing} was diagnosed?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTIONS: IF CHQ.215 =1 AND CHQ.245 NE 1, DISPLAY "ability to communicate". ELSE, IF CHQ.215 NE 1 AND CHQ.245 = 1, DISPLAY "hearing". ELSE, IF CHQ.215 = 1 AND CHQ.245 = 1 DISPLAY "ability to communicate" THE FIRST TIME THE LOOP IS ASKED AND DISPLAY "hearing" THE SECOND TIME THE LOOP IS ASKED.

CAPI INSTRUCTIONS: RANGE CHECK: 1-12 FOR MONTH, 2003-2012 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___| AND |___|___|___|___|
ENTER MONTH   ENTER YEAR

DON'T KNOW..88
REFUSED..99

HELP AVAILABLE

CHQ.256   {Since last spring, has {CHILD} gotten/Has {CHILD} ever worn} a hearing aid?

HELP TEXT: Hearing Aid: A small electronic sound amplifier worn in or behind the ear that compensates for impaired hearing.

IF RESPONDENT SAYS "Yes" OR "CHILD USED TO WEAR ONE," ASK "Does {CHILD} wear one now?"

CAPI INSTRUCTION: DISPLAY "Since…gotten" IF (THERE WAS A FALL-KINDERGARTEN COMPLETE OR PARTIALLY COMPLETE INTERVIEW) OR (SECTION CHQ WAS COMPLETED IN SPRING KINDERGARTEN) ACCORDING TO THE PRELOAD. .. ELSE, DISPLAY "Has {CHILD} ever worn"

YES, CURRENTLY.. 1
YES, IN THE PAST...................................... 2
NO 3 (CHQ.263)
REFUSED.. 8 (CHQ.263)
DON'T KNOW.. 9 (CHQ.263)

HELP AVAILABLE

CHQ.257   At what age was the recommendation that {CHILD} wear a hearing aid first made?

HELP TEXT: This question asks the age at which the recommendation to wear a hearing aid was first made, not the age at which the child first started wearing a hearing aid. Some children may have started wearing a hearing aid right after the recommendation was first made. For other children, there may have been a period of time between when the recommendation was first made and when the child started wearing a hearing aid.

ALLOW RESPONSES IN MONTHS OR YEARS, BUT NOT BOTH.

CAPI INSTRUCTIONS: RANGE CHECK: 0-36 IF MONTHS IS THE UNIT; 0-"CHILD'S CURRENT AGE". IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___|
ENTER AGE

REFUSED.. 88
DON'T KNOW.. 99

ENTER UNIT

MONTHS 1
YEARS... 2
REFUSED... 8
DON'T KNOW.. 9

CHQ.258   How often does {CHILD} use the hearing aid(s) in school? Would you say…

All of the time, ... 1
Most of the time, ... 2
Sometimes, ... 3
Rarely, or 4
Never? 5
REFUSED... 8
DON'T KNOW.. 9

CHQ.259   Please indicate whether the following statement describes {CHILD}'s hearing <u>when wearing {his/her}</u> <u>hearing aid(s).</u>

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>whispers</u> to {him/her} from across a quiet room.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} hearing aid(s)", "hear and understand", AND "whispers" IN UNDERLINED TEXT.

YES...   1   (CHQ.270)
NO   2
REFUSED...   8
DON'T KNOW...   9

CHQ.260   [Please indicate whether the following statement describes {CHILD}'s hearing <u>when wearing {his/her}</u> <u>hearing aid(s).</u>]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>talks in a</u> <u>normal voice</u> to {him/her} from across a quiet room.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} hearing aid(s)", "hear and understand", AND "talks in a normal voice" IN UNDERLINED TEXT.

YES...   1   (CHQ.270)
NO   2
REFUSED...   8
DON'T KNOW...   9

CHQ.261   [Please indicate whether the following statement describes {CHILD}'s hearing <u>when wearing {his/her}</u> <u>hearing aid(s).</u>]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>shouts</u> to {him/her} from across a quiet room.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} hearing aid(s)", "hear and understand", AND "shouts" IN UNDERLINED TEXT.

YES...   1   (CHQ.270)
NO   2
REFUSED...   8
DON'T KNOW...   9

CHQ.262   [Please indicate whether the following statement describes {CHILD}'s hearing <u>when wearing {his/her}</u> <u>hearing aid(s).</u>]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>speaks</u> <u>loudly</u> into {his/her} {better} ear.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} hearing aid(s)", "hear and understand", AND "speaks loudly" IN UNDERLINED TEXT.
CAPI INSTRUCTION: DISPLAY "better" IF CHQ.221 = 1. ELSE, USE A NULL DISPLAY.

```
YES................................................... 1  (CHQ.270)
NO .................................................... 2  (CHQ.270)
REFUSED........................................... 8  (CHQ.270)
DON'T KNOW.................................... 9  (CHQ.270)
```

HELP AVAILABLE

CHQ.263   {Since last spring has/Has} a doctor or other health care professional {ever} recommended that {CHILD} wear a hearing aid?

HELP TEXT: Hearing Aid: A small electronic sound amplifier worn in or behind the ear that compensates for impaired hearing.

CAPI INSTRUCTIONS: DISPLAY "Since last spring has" AND USE A NULL DISPLAY FOR "ever" IF (THERE WAS A FALL-KINDERGARTEN COMPLETE OR PARTIALLY COMPLETE INTERVIEW) OR (SECTION CHQ WAS COMPLETED IN SPRING KINDERGARTEN) ACCORDING TO THE PRELOAD. ELSE, DISPLAY "Has" AND "ever".

```
YES................................................... 1
NO .................................................... 2  (CHQ.270)
REFUSED........................................... 8  (CHQ.270)
DON'T KNOW.................................... 9  (CHQ.270)
```

CHQ.264   At what age was the recommendation that {CHILD} wear a hearing aid first made?

CAPI INSTRUCTION: RANGE CHECK: 0-36 IF UNIT IS MONTHS; 0-"CHILD'S CURRENT AGE" IF UNIT IS YEARS. IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

```
|___|___|
ENTER NUMBER

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

ENTER UNIT

MONTH .......................................... 1
YEAR ............................................. 2
REFUSED........................................... 8
DON'T KNOW.................................... 9
```

CHQ.270   Does {CHILD} have a cochlear implant?

PROBE: IF RESPONDENT SAYS "YES" BUT WHICH EAR IS NOT SPECIFIED, PROBE Is the cochlear implant in the right or left ear or does {CHILD} have them in both ears?

HELP TEXT: Cochlear Implants: An electronic device that is surgically placed in the inner ear which is designed to provide useful hearing and improved communication ability to individuals who are profoundly hearing impaired and unable to understand speech with hearing aids.

YES, ONE EAR ONLY – RIGHT EAR   1
YES, ONE EAR ONLY – LEFT EAR   2
YES, IN BOTH EARS   3   (CHQ.273)
NO   4   (CHQ.285)
REFUSED..   8   (CHQ.285)
DON'T KNOW...   9   (CHQ.285)

BOX 12B

IF CHQ.271 WAS ASKED IN SPRING-KINDERGARTEN AND [(CHQ.270 IN BOTH SPRING-KINDERGARTEN AND SPRING-FIRST GRADE = 1) OR
(CHQ.270 IN BOTH SPRING-KINDERGARTEN AND SPRING-FIRST GRADE = 2)], GO TO CHQ.277.

ELSE, IF CHQ.273 WAS ASKED IN SPRING-KINDERGARTEN AND CHQ.270 IN BOTH SPRING-KINDERGARTEN AND SPRING-FIRST GRADE = 3, GO TO CHQ.277.

ELSE, IF CHQ.270 = 1 OR 2, GO TO CHQ.271. ELSE, IF CHQ.270 = 3, GO TO CHQ.273.

CHQ.271   In what year was it implanted?

CAPI INSTRUCTION: RANGE CHECK: 2003-2012.
CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___| (CHQ.277)

ENTER YEAR

REFUSED...88 (CHQ.272)
DON'T KNOW..99 (CHQ.272)

CHQ.272   How old was {CHILD} when it was implanted?

CAPI INSTRUCTION: RANGE CHECK: 0-36 IF UNIT IS MONTHS; 0-"CHILD'S CURRENT AGE IF UNIT IS YEARS.   IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___| (CHQ.277)
ENTER NUMBER

REFUSED... 88   (CHQ.277)
DON'T KNOW... 99   (CHQ.277)

ENTER UNIT

MONTHS 1 (CHQ.277)
YEARS 2 (CHQ.277)
REFUSED 8 (CHQ.277)
DON'T KNOW 9 (CHQ.277)

CHQ.273   In what years were they implanted?

ENTER YEAR FOR LEFT EAR.

PROBE: When was it implanted in the left ear?

CAPI INSTRUCTION: RANGE CHECK: 2003-2012.
CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___|
ENTER YEAR FOR LEFT EAR

REFUSED 88
DON'T KNOW 99

CHQ.274   [In what years were they implanted?]

ENTER YEAR FOR RIGHT EAR.

PROBE: When was it implanted in the right ear?

CAPI INSTRUCTION: RANGE CHECK: 2003-2012.
CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___|___|___|
ENTER YEAR FOR RIGHT EAR

REFUSED 88
DON'T KNOW 99

BOX 12C

IF A YEAR WAS ENTERED FOR BOTH THE LEFT EAR AND THE RIGHT EAR (BOTH CHQ.274 AND CHQ.273 NE REFUSED OR DON'T KNOW), GO TO CHQ.277.

ELSE, IF (A YEAR WAS ONLY ENTERED FOR THE RIGHT EAR (CHQ.274 NE REFUSED OR DON'T KNOW) AND (CHQ.273 EQ REFUSED OR DON'T KNOW)) OR A (YEAR WAS NOT ENTERED FOR EITHER THE LEFT EAR OR THE RIGHT EAR (BOTH CHQ.274 AND CHQ.273 EQ REFUSED OR DON'T KNOW), GO TO CHQ.275.

ELSE, IF A YEAR WAS ONLY ENTERED FOR THE LEFT EAR (CHQ.273 NE REFUSED OR DON'T KNOW) AND (CHQ.274 EQ REFUSED OR DON'T KNOW), GO TO CHQ.276.

CHQ.275   {How old was {CHILD} when it was implanted in the left ear?} {How old was {CHILD} when they were implanted?}

ENTER AGE IN MONTHS OR YEARS FOR LEFT EAR.

{PROBE: How old was {CHILD} when it was implanted in the left ear?}

CAPI INSTRUCTION: IF A YEAR WAS ONLY ENTERED FOR THE RIGHT EAR (CHQ.274 NE REFUSED OR DON'T KNOW) AND (CHQ.273 EQ REFUSED OR DON'T KNOW), DISPLAY THE FIRST DISPLAY "How old was {CHILD} when it was implanted in the left ear?" AND USE A NULL DISPLAY FOR THE SECOND DISPLAY AND THE PROBE. ELSE, USE A NULL DISPLAY FOR THE FIRST DISPLAY AND DISPLAY THE SECOND DISPLAY AND THE PROBE.

CAPI INSTRUCTION: RANGE CHECK: 0-36 IF UNIT IS MONTHS; 0- "CHILD'S CURRENT AGE IF UNIT IS YEARS. IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___|
ENTER NUMBER FOR LEFT EAR

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

ENTER UNIT

MONTHS 1
YEARS.. 2
REFUSED... 8
DON'T KNOW.. 9

BOX 12D

IF A YEAR WAS ONLY ENTERED FOR THE RIGHT EAR (CHQ.274 NE REFUSED OR DON'T KNOW) AND (CHQ.273 EQ REFUSED OR DON'T KNOW), GO TO CHQ.277. ELSE, GO TO CHQ. 276.

CHQ.276   {How old was {CHILD} when it was implanted in the right ear?} {[How old was {CHILD} when they were implanted?]}

ENTER AGE IN MONTHS OR YEARS FOR RIGHT EAR.

{PROBE: How old was {CHILD} when it was implanted in the right ear?}

CAPI INSTRUCTION: IF A YEAR WAS ONLY ENTERED FOR THE LEFT EAR (CHQ.273 NE REFUSED OR DON'T KNOW) AND (CHQ.274 EQ REFUSED OR DON'T KNOW), DISPLAY THE FIRST DISPLAY "How old was {CHILD} when it was implanted in the right ear?}" AND USE A NULL DISPLAY FOR THE SECOND DISPLAY AND THE PROBE. ELSE, USE A NULL DISPLAY FOR THE FIRST DISPLAY AND DISPLAY THE SECOND DISPLAY AND THE PROBE.

CAPI INSTRUCTION: RANGE CHECK: 0-36 IF UNIT IS MONTHS; 1-"CHILD'S CURRENT AGE IF UNIT IS YEARS. IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___|
ENTER NUMBER FOR RIGHT EAR

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

ENTER UNIT

MONTHS 1
YEARS... 2
REFUSED... 8
DON'T KNOW.. 9

CHQ.277   Please indicate whether the following statement describes {CHILD}'s hearing when wearing {his/her} cochlear implant {s}.

{CHILD} can usually hear and understand what a person says without seeing his or her face if that person whispers to {him/her} from across a quiet room.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} cochlear implant(s)", "hear and understand" AND "whispers" IN UNDERLINED TEXT.

YES... 1   (CHQ.285)
NO 2
REFUSED... 8
DON'T KNOW.. 9

CHQ.278　　[Please indicate whether the following statement describes {CHILD}'s hearing <u>when wearing {his/her} cochlear implant {s}.</u>]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>talks in a normal voice</u> to {him/her} from across a quiet room.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} cochlear implant(s)", "hear and understand" AND "talks in a normal voice" IN UNDERLINED TEXT.

YES.. 1　(CHQ.285)
NO 2
REFUSED.. 8
DON'T KNOW.. 9

CHQ.279　　[Please indicate whether the following statement describes {CHILD}'s hearing <u>when wearing {his/her} cochlear implant {s}.</u>]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>shouts</u> to {him/her} from across a quiet room.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} cochlear implant(s)", "hear and understand" AND "shouts" IN UNDERLINED TEXT.

YES.. 1　(CHQ.285)
NO 2
REFUSED.. 8
DON'T KNOW.. 9

CHQ.280　　[Please indicate whether the following statement describes {CHILD}'s hearing <u>when wearing {his/her} cochlear implant {s}.</u>]

{CHILD} can usually <u>hear and understand</u> what a person says without seeing his or her face if that person <u>speaks loudly</u> into {his/her} {better} ear.

CAPI INSTRUCTIONS: DISPLAY "when wearing {his/her} cochlear implant(s)", "hear and understand" AND "speaks loudly" IN UNDERLINED TEXT.
CAPI INSTRUCTION: DISPLAY "better" IF CHQ.221 = 1. ELSE, USE A NULL DISPLAY.

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

CHQ.285　　Now I want to ask you about {CHILD}'s vision. Without the use of eyeglasses or contact lenses, does {CHILD} have difficulty seeing objects in the distance or letters on paper?

YES.. 1　(CHQ.286)
NO .... 2　(CHQ.290)
REFUSED.. 8　(CHQ.290)
DON'T KNOW.. 9　(CHQ.290)

CHQ.286   Is {CHILD}'s difficulty with seeing objects in the distance, things up close, like letters on paper, or both?

SEEING THINGS UP CLOSE........................ 1
SEEING THINGS IN THE DISTANCE 2
BOTH... 3
REFUSED.. 8
DON'T KNOW.. 9

HELP AVAILABLE

CHQ.290   {Since last spring has/Has} {CHILD}'s vision {ever} been evaluated by an eye care professional?

HELP TEXT: Eye Care Professional: This includes optometrists and ophthalmologists. Include a school nurse who gives a vision test, but do not include teachers or some other non-health professional, or a doctor who simply looks in the child's eyes.

For the **vision and hearing questions,** having been evaluated at the school by a health professional **does** count as being evaluated by a professional.

CAPI INSTRUCTIONS: DISPLAY "Since last spring has" AND USE A NULL DISPLAY FOR "ever" IF (THERE WAS A FALL-KINDERGARTEN COMPLETE OR PARTIALLY COMPLETE INTERVIEW) OR (SECTION CHQ WAS COMPLETED IN SPRING KINDERGARTEN) ACCORDING TO THE PRELOAD. ELSE, DISPLAY "Has" AND "ever".

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

CHQ.300   Did you obtain a diagnosis of a <u>vision-related</u> problem from an eye care professional?

CAPI INSTRUCTION: DISPLAY "vision-related" IN UNDERLINED TEXT.

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

CHQ.301   What was the diagnosis?

           PROBE: Anything else?

           CODE ALL THAT APPLY.

                                   NEARSIGHTEDNESS (MYOPIA) 1
                                   FARSIGHTED (HYPEROPIA)....................... 2
                                   COLOR BLINDNESS OR DEFICIENCY........ 3
                                   ASTIGMATISM 4
                                   CROSSED OR WANDERING EYE
                                      (STRABISMUS).. 5
                                   AMBLYOPIA OR "LAZY EYE" 6
                                   RETINOPATHY 7
                                   BLINDNESS... 8
                                   OTHER (SPECIFY) _____ 91
                                   REFUSED.. 88
                                   DON'T KNOW.. 99

+---+
| **BOX 13** |
| |
| IF CHQ.301 = 91, CONTINUE WITH CHQ.301OS. OTHERWISE, GO TO BOX 13A. |
+---+

CHQ.301OS   [What was the diagnosis?]

            SPECIFY DIAGNOSIS.

            _____

+---+
| **BOX 13A** |
| |
| IF CHQ.305 WAS ASKED IN SPRING-KINDERGARTEN, GO TO CHQ.311. ELSE, GO TO |
| CHQ.305. |
+---+

CHQ.305 How old was {CHILD} when the first diagnosis of a problem was made?

ENTER AGE IN MONTHS OR YEARS.

CAPI INSTRUCTION: RANGE CHECK: 0-36 IF UNIT IS MONTHS; 0- "CHILD'S CURRENT AGE IF UNIT IS YEARS.   IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___|
ENTER NUMBER

REFUSED.. 88
DON'T KNOW.. 99

ENTER UNIT

MONTH.. 1 (CHQ.311)
YEAR 2 (CHQ.311)
REFUSED.. 8 (CHQ.311)
DON'T KNOW.. 9 (CHQ.310)

CHQ.310 What was the month and year the diagnosis was made?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

IF THERE WAS MORE THAN ONE DIAGNOSIS, ASK FOR THE EARLIEST.

CAPI INSTRUCTIONS: RANGE CHECK: 1-12 FOR MONTH, 2003-2012 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___| AND |___|___|___|___|
ENTER MONTH   ENTER YEAR

REFUSED.. 8
DON'T KNOW.. 9

CHQ.311 Has {CHILD} been prescribed glasses or contact lenses to improve {his/her} vision?

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

CHQ.312   How often does {CHILD} wear glasses or contact lenses?

All of the time,	1	(CHQ.314)
Most of the time,	2	(CHQ.314)
Sometimes,	3	(CHQ.314)
Rarely, or	4	(CHQ.314)
Never?	5	(CHQ.313)
CHILD DOES NOT HAVE GLASSES OR CONTACTS	6	(CHQ.330)
REFUSED	8	(CHQ.330)
DON'T KNOW	9	(CHQ.330)

CHQ.313   Does {CHILD} have glasses or contact lenses?

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

CHQ.314   Do {CHILD}'s glasses or contacts help {him/her} see things up close, see things in the distance, or both?

SEE THINGS UP CLOSE	1
SEE THINGS IN THE DISTANCE	2
BOTH	3
REFUSED	8
DON'T KNOW	9

CHQ.330   Would you say {CHILD}'s health is ...

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5
REFUSED	8
DON'T KNOW	9

BOX 14

IF CHILD DOES NOT HAVE ANY DISABILITIES AND HIS OR HER HEALTH IS GOOD TO EXCELLENT, THAT IS:
CHQ.095=1, 2, 8, 9 (INDEPENDENCE)
AND
CHQ.100=1, 2, 8, 9 (ATTENTION)
AND
CHQ.105=1, 2, 8, 9 (THINK/LEARN/SOLVE)
AND
CHQ.106=1, 2, 8, 9 (COORDINATION)
AND
CHQ.107=1, 2, 8, 9 (BEHAVIOR WITH OTHER CHILDREN)
AND
CHQ.108=1, 2, 8, 9 (BEHAVIOR WITH ADULTS)
AND
CHQ.109=1, 2, 3, 8, 9 (HYPERACTIVE)
AND
CHQ.110=2, 8, 9 (EMOTIONAL/PSYCHOLOGICAL DIFICULTIES)
AND
CHQ.200=1, 2, 8, 9 (COMMUNICATION)
AND
CHQ205=2, 8, 9, OR -1 (COMMUNICATION WHEN YOUNGER).
AND
CHQ.216=1, 2, 8, 9 (HEARING)
AND
CHQ.285=2, 8, 9 (VISION)
AND
CHQ.330=1, 2, 3, 8, 9 (HEALTH),
GO TO BOX 18.
OTHERWISE, CONTINUE WITH CHQ.340.

CHQ.340   During this school year, has {CHILD} received therapy services or taken part in a program for children with disabilities?

HELP TEXT: Children with disabilities include children with developmental delays, communication impairments, or special health care needs.

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

BOX 14B

IF CHQ.340 = 1 AND CHQ.341 WAS ASKED IN SPRING-KINDERGARTEN, GO TO CHQ.385. ELSE, IF CHQ.341 WAS ASKED IN SPRING-KINDERGARTEN, GO TO BOX 18. ELSE, ASK CHQ.341.

CHQ.341   Prior to this school year, did {CHILD} ever receive therapy services or take part in a program for children with disabilities?

HELP TEXT: Children with disabilities include children with developmental delays, communication impairments, or special health care needs.

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

BOX 14C

IF (CHQ.341 = 2, 8, OR 9), GO TO CHQ.385. ELSE, ASK CHQ.345a.

CHQ.345a   I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.

	YES	NO	DK	REF
a. Speech or language therapy?	1	2	8	9

HELP TEXT:
Speech or language therapy: Therapy involving the evaluation or treatment of the student's speech or language abilities. Impairments to speech can include one or more of the following: articulation errors (includes omitting words, substituting words, or distorting sounds), inappropriate voice (including pitch, loudness, or voice quality), or abnormal fluency (including abnormal rate of speaking, speech interruptions, repetitions of sounds, words, phrases or sentences). Impairments to language can include improper use of phonemes, syntax, or semantics. Language impairments can also stem from improper practical use of language. Therapy includes special techniques to overcome speech or language limitations. Therapy should be provided only by a teacher of the speech or language impaired who is certified by the state, or by a certified Speech and Language Therapist/Pathologist.

CHQ.345b

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
b. Occupational therapy?	1	2	8	9

HELP TEXT
Occupational therapy: Therapy involving the evaluation or treatment of the student's level of independence in daily living activities. The goal of occupational therapy is to promote maximum independence in daily living. Therapy can include the use of work, play, or self-care activities to improve functional ability, promote health, prevent injury or further disability. Therapy should be provided only by a therapist who has been certified by the American Occupational Therapy Association or by an occupational therapy assistant who provides therapy under the supervision of a certified occupational therapist.

CHQ.345c

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
c. Physical therapy?...	1	2	8	9

HELP TEXT:
Physical therapy: Therapy involving the evaluation or treatment of health problems resulting from injury or disease. It is also sometimes called physiotherapy. Physical therapists assess joint motion, muscle strength and endurance, how well the heart and lungs work, and how well children can do activities required for daily living. Treatment includes therapeutic exercise, cardiovascular endurance training, and training in activities of daily living, as well as the use of massage, light, cold, heat, electricity, and mechanical devices to treat physical disorders. Physical therapy does not include the use of X-Ray technology. Therapy should be provided only by a therapist who has been state-certified to provide such services.

CHQ.345d

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
d. Vision services?	1	2	8	9

HELP AVAILABLE
Vision services: Therapy combines health and education professions to improve the student's independence in daily living and access to educational materials. Health professionals include ophthalmologists and optometrists. Ophthalmologists are medical doctors who specialize in medical and surgical care of the eyes and visual system. Optometrists are health service providers who evaluate vision conditions such as nearsightedness, farsightedness, astigmatism, and presbyopia. They test the student's ability to focus and coordinate the eyes, judge depth, and see colors accurately. They prescribe eyeglasses, contact lenses, low vision aids, and vision therapy. Teachers of the visually impaired are state-certified to teach students who are visually impaired or blind.

                                        HELP AVAILABLE

CHQ.345e

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
e. Hearing services?	1	2	8	9

HELP AVAILABLE
Hearing services: Hearing services include hearing testing and techniques used to help people who are hearing impaired improve their speech and communication. Children may have their hearing tested to determine the need for hearing aids or other assistive devices, evaluate how well these devices are performing, or monitor for changes in hearing ability due to medical conditions or drug treatments. They may receive therapy to improve their auditory skills, enable them to use visual cues and contextual information to enhance understanding, and handle difficult listening situations. Children may also be taught to use assistive technologies, such as hearing aids or cochlear implants, or to use alternative communication strategies, such as sign language or cued speech. These services could be given by a medical doctor, an audiologist, or other health professional.

CHQ.345f

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
f. Social work services?...	1	2	8	9

HELP TEXT:
Social work services: Services that provide support to students and their families to meet individual human needs. Particular attention is devoted to the needs and empowerment of students and their families who are disadvantaged, vulnerable, or at risk. Social workers strive to focus on the well being of the student and his/her family in the context of their school and community. Social workers attend to the environmental forces that create, contribute to, and address problems of daily living. Services should be provided only by a social worker who has been certified by the state to provide such services.

CHQ.345g

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
g. Psychological services?	1	2	8	9

HELP TEXT:
Psychological services: Services that involve the assessment of academic skills and learning aptitudes, personality and emotional development, social skills and school climates, and eligibility for special education. Treatment involves one-on-one interaction with students or parents to resolve personal conflicts and problems in learning and adjustment, psychological counseling for students and parents, social skills training, and assistance through separation and loss. Within school systems, psychological services are typically provided by certified school psychologists. However,

assessment and treatment can be extended to the health community and include services provided by clinical psychologists, psychiatric social workers, or psychiatrists (who are medical doctors).

CHQ.345h

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
h. Home visits?...	1	2	8	9

HELP TEXT:
Home visits: Refer to formal visits to the homes of students by a certified health or education professional. Home visits can involve therapy or education services. Home visits are typically made by teachers of preschool or kindergarten age students with disabilities, occupational or physical therapists, school social workers, school psychologists, or regular classroom teachers.

CHQ.345i

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
i. Parent support or training?...	1	2	8	9

HELP TEXT:
Parent support or training: Refer to assistance provided by the schools or other organizations to parents who have students with unique educational needs, such as the student with a disability. Parent support ranges from the provision of information or referral to assistance in accessing community services for their child. Parent training can involve learning to use special instructional techniques, assistive devices (such as low vision aids) or other equipment needed by their child, or general understanding of the unique educational needs of their child.

CHQ.345j

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
j. Special class with other children some or all of whom also had special needs?...	1	2	8	9

HELP TEXT:
Special class with other children some or all of whom also had special needs: Refers to a classroom with a smaller number of students than found in the regular classroom. Students in special classes have unique learning needs often resulting from a disability or limited English proficiency. All students in such classrooms require individual attention to their educational needs.

CHQ.345k

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
k. Private tutoring or schooling for learning problems?	1	2	8	9

HELP TEXT:
Private tutoring or schooling for learning problems: Refers to education or training associated with a specific learning problem or need. The term "private" suggests either that there is a cost associated with the service or education is not provided by the public school system. Individuals, organizations, or businesses in school, home, or community settings can provide private tutoring designed to improve the student's educational achievement, typically in math or reading. Special schools are available to students with particular needs such as emotional problems, learning disabilities, blindness, or deafness. Such schools charge parents for their child's education. However, the education of students with disabilities may be subsidized by their home school district if the district cannot provide a similar appropriate education.

BOX 15

IF CHILD DOES NOT HAVE DIFFICULTY SEEING (CHQ.285=2, 8, 9) , GO TO BOX 16. OTHERWISE, CONTINUE WITH CHQ.345l.

CHQ.345l

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
l. Instruction in Braille	1	2	8	9

HELP TEXT:
Instruction in Braille: Braille is a touch system of reading using as the basic graphic symbol a cell composed of six dots, two dots wide and three dots high. The dots are "read" by running the hand over the paper rather than looking at it. Sixty-three possible dot combinations of the cell form the basis of the Braille code, and numerous rules govern the usage of the code. Learners who are totally blind, near-blind, and with profound low vision need mastery of reading Braille since it is likely their only means of gaining access to educational information in print form. Reading in Braille is a system of reading that differs in many significant ways from reading in print. Teachers receive special training to teach Braille.

BOX 16

IF CHILD DOES NOT HAVE DIFFICULTY HEARING (CHQ.216=1, 2, 8, 9), GO TO CHQ.345n. OTHERWISE, CONTINUE WITH CHQ.345m.

CHQ.345m

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
m. Instruction in sign language, Cued Speech, ASL, total communication	1	2	8	9

HELP TEXT:
Instruction in sign language, Cued speech, ASL, TOCO: Refers to various manual methods that replace the use of speech only as a means of communication. Manual communication is a system of teaching individuals with hearing impairments that makes use of sign language and fingerspelling. Sign language is a general term for using the hands to form words and phrases. There are many forms of sign language, including American Sign Language (ASL), Signed English, Sign Exact English (SEE), etc. Cued Speech uses hand signals to symbolize sounds. TOCO refers to total communication. TOCO employs a combination of oral and manual approaches to communication and includes speech, sign language, lip-reading, natural gestures, fingerspelling, residual hearing, reading and writing.

CHQ.345n

[I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

	YES	NO	DK	REF
n. Any other service? (SPECIFY) _____	1	2	8	9

BOX 17

IF CHQ.345n = 1, GO TO CHQ.345nOS. ELSE, GO TO CHQ.375.

CHQ.345nOS [I'm going to read a list of services. For each service, please tell me if {CHILD} or your family ever received this service before this school year to help with {CHILD}'s special needs.]

SPECIFY OTHER SERVICE.

_____

CHQ.375   How old was {CHILD} when {this service/the earliest of these services} began?

ENTER MONTHS OR YEARS.

CAPI INSTRUCTION: DISPLAY "this service" IF ONLY ONE ITEM CODED 1 (YES) FOR CHQ.345/LETTERS A-N). OTHERWISE, DISPLAY "the earliest of these services."

CAPI INSTRUCTION: RANGE CHECK: 0-36 IF UNIT IS MONTHS; 1- "CHILD'S CURRENT AGE IF UNIT IS YEARS. IF NUMBER OF YEARS IS GREATER THAN THE CHILD'S AGE, DISPLAY A MESSAGE: THE AGE OF DIAGNOSIS CANNOT BE GREATER THAN CHILD'S CURRENT AGE. VERIFY INFORMATION AND SUPPRESS IF CURRENT AGE IS INCORRECT.

|___|___|
ENTER NUMBER

REFUSED.. 88 (CHQ.385)
DON'T KNOW... 99 (CHQ.380)

ENTER UNIT

MONTH(S)... 1 (CHQ.385)
YEAR(S) 2 (CHQ.385)
REFUSED.. 8 (CHQ.385)
DON'T KNOW... 9 (CHQ.380)

CHQ.380   What is the month and year when {{CHILD} first received {{NAME OF SINGLE SERVICE}}/{this service}/{the first of these services began}}?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

CAPI INSTRUCTION: DISPLAY "{{CHILD}} first received {NAME OF SINGLE SERVICE}}" IF ONLY ONE ITEM CODED 1 (YES) FOR CHQ.345/LETTERS A-N).   FOR "{NAME OF SINGLE SERVICE}" DISPLAY THE NAME OF THE SERVICE CODED AT CHQ.345A-N. ELSE, IF CHQ.340 = 1 AND EVERY ITEM AT CHQ.345/ LETTERS A-N = 2, 8, OR 9. DISPLAY "{{CHILD} first received this service}." OTHERWISE, DISPLAY "the first of these services began."

CAPI INSTRUCTIONS: RANGE CHECK: 1-12 FOR MONTH, 2003-2012 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE IN INQ.170 (OR YEAR OF BIRTH ESTIMATED FROM CHILD'S AGE IN INQ.175/INQ.176) AND LESS THAN OR EQUAL TO INTERVIEW DATE.

|___|___| AND |___|___|___|___|
ENTER MONTH   ENTER YEAR

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

CHQ.385   Is {CHILD} still receiving {this service/any of these services}?

CAPI INSTRUCTION: DISPLAY "this service" IF ONLY ONE ITEM CODED 1 (YES) FOR
CHQ.345/LETTERS A-N) OR IF CHQ.340 = 1 AND EVERY ITEM AT CHQ.345 = 2, 8, OR 9.
OTHERWISE, DISPLAY "any of these services."

                        YES... 1 (CHQ.420)
                        NO 2
                        REFUSED....................................... 8 (CHQ.420)
                        DON'T KNOW................................ 9 (CHQ.420)

CHQ.390   What is the month and year when {{CHILD} last received {NAME OF SINGLE SERVICE}/the last of these services
           was received}?

IF R DOESN'T KNOW MONTH, ASK: Do you remember the year?

CAPI INSTRUCTION: DISPLAY "{CHILD} last received {NAME OF SINGLE SERVICE}" IF ON"Y
ONE ITEM CODED 1 (YES) FOR CHQ.345/LETTERS A-N) OR IF CHQ.340 = 1 AND EVERY ITEM AT
CHQ.345 = 2, 8, OR 9. OTHERWISE, DISPLAY "the last of these services was received."

CAPI INSTRUCTION: DISPLAY "this service" FOR {NAME OF SINGLE SERVICE} IF CHQ.340 = 1
AND EVERY ITEM AT CHQ.345 = 2, 8, OR 9. OTHERWISE, DISPLAY THE NAME OF THE SERVICE CODED AT
CHQ.345.
CAPI INSTRUCTIONS: RANGE CHECK: 1-12 FOR MONTH, 2003-2012 FOR YEAR.

CAPI INSTRUCTION: EDIT: YEAR ENTERED MUST BE EQUAL TO OR GREATER THAN CHILD'S BIRTHDATE
AND LESS THAN OR EQUAL TO INTERVIEW DATE.

                |___|___| AND |___|___|___|___|
                ENTER MONTH   ENTER YEAR

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

CHQ.420   During this school year, did {CHILD} receive any services for children with special needs such as speech or
           occupational therapy or did {he/she} participate in a special education program?

CAPI INSTRUCTIONS: DISPLAY 'this school year' IN UNDERLINED TEXT.

                        YES... 1 (CHQ.430)
                        NO .... 2 (BOX 18)
                        REFUSED....................................... 8 (BOX 18)
                        DON'T KNOW................................ 9 (BOX 18)

CHQ.430   Overall, how satisfied are you with the progress {CHILD} has made in the special services or special education program <u>this school year</u>? Are you…

CAPI INSTRUCTIONS: DISPLAY 'this school year' IN UNDERLINED TEXT.

Completely satisfied, ... 1
Very satisfied, ... 2
Fairly satisfied, ... 3
Somewhat dissatisfied, or 4
Very dissatisfied? 5
REFUSED 8
DON'T KNOW 9

BOX 18

GO TO SECTION FDQ (FOOD SECURITY).

FOOD SECURITY – FDQ

FDQ.130a   These next questions are about whether your family is able to afford the food that you need. 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 <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} {since the date of your last interview in {MONTH YEAR}/in the last 12 months, that is, since last {CURRENT MONTH}, 2011}.

{[PROBE: Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} in the last 12 months?]}

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM THE SPRING-K INTERVIEW, DISPLAY "since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. ELSE, DISPLAY "in the last 12 months, that is, since last {CURRENT MONTH}, 2011}" AND DISPLAY THE CURRENT MONTH.

CAPI INSTRUCTIONS: DISPLAY "often," "sometimes," AND "never" IN THE MAIN QUESTION TEXT AND PROBE AS UNDERLINED.

CAPI INSTRUCTIONS: USE "you," "I," AND "my" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 18 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 18 OR OVER OR WITH AN AGE OTHER THAN DK OR RF. OTHERWISE, DISPLAY "your household," "we," "we were," AND "our."

CAPI INSTRUCTIONS: DISPLAY "These…2011." IN SQUARE BRACKETS FOR B AND C.

CAPI INSTRUCTIONS: DISPLAY "PROBE…months?" IN SQUARE BRACKETS FOR C. ELSE, USE A NULL DISPLAY.

	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE	REF	DK
a. {I/We} worried whether {my/our} food would run out before {I/we} got money to buy more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} in the last 12 months?	1	2	3	8	9
b. The food that {I/we} bought just didn't last, and {I/we} didn't have money to get more. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} in the last 12 months?	1	2	3	8	9
c.{I/We} couldn't afford to eat balanced meals.	1	2	3	8	9

BOX 1

IF (FDQ.130a = 1 OR 2) OR (FDQ.130b = 1 OR 2) OR (FDQ.130c = 1 OR 2), THEN GO TO FDQ.140. ELSE, GO TO FDQ.192.

FDQ.140   {Since the date of your last interview in {MONTH YEAR}/In the last 12 months}, did {you/you or other adults in your household} ever cut the size of your meals   or skip meals because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months.

CAPI INSTRUCTIONS: DISPLAY "you" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 18 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 18 OR OVER OR WITH AN AGE OTHER THAN DK OR REF. OTHERWISE, DISPLAY "you or other adults in your household."

                    YES.. 1
                    NO 2 (FDQ.160)
                    REFUSED.. 8 (FDQ.160)
                    DON'T KNOW.. 9 (FDQ.160)

FDQ.150   How often did this happen? Would you say…

                    Almost every month 1
                    Some months, but not every month, or 2
                    In only 1 or 2 months? 3
                    REFUSED.. 8
                    DON'T KNOW.. 9

FDQ.160   {Since the date of your last interview in {MONTH YEAR}/In the last 12 months},did you ever eat less than you felt you should because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months."

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

FDQ.170   {Since the date of your last interview in {MONTH YEAR}/In the last 12 months}, were you ever hungry but didn't eat because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months."

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

FDQ.180   {Since the date of your last interview in {MONTH YEAR}/In the last 12 months},did you lose weight because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months."

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

BOX 2
IF (FDQ.140=1) OR (FDQ.160 =1) OR (FDQ.170 = 1) OR (FDQ.180=1), ASK FDQ.190. OTHERWISE, GO TO FDQ.192.

FDQ.190   {Since the date of your last interview in {MONTH YEAR}/In the last 12 months}, did {you/you or other adults in your household} ever not eat for a whole day because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months."

CAPI INSTRUCTIONS: DISPLAY "you" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 18 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 18 OR OVER OR WITH AN AGE OTHER THAN DK OR REF. OTHERWISE, DISPLAY "you or other adults in your household."

YES.. 1
NO 2 (FDQ.192)
REFUSED 8 (FDQ.192)
DON'T KNOW 9 (FDQ.192)

FDQ.191   How often did this happen? Would you say…

Almost every month 1
Some months, but not every month, or 2
In only 1 or 2 months? 3
REFUSED.. 8
DON'T KNOW.. 9

FDQ.192   Now I am going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true {since the date of your last interview in {MONTH YEAR}/in the last 12 months, that is, since last {CURRENT MONTH}, 2011} for {your child/children living in the household who are under 18 years old}.

{[PROBE: Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} {since the date of your last interview in {MONTH YEAR}/in the last 12 months?]}

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. ELSE, DISPLAY "in the last 12 months, that is, since last {CURRENT MONTH}, 2011" AND DISPLAY THE CURRENT MONTH. FOR BOTH MONTH DISPLAYS, DISPLAY THE NAME OF THE MONTH NOT THE NUMBER OF THE MONTH.

CAPI INSTRUCTIONS: DISPLAY "often," "sometimes," AND "never" IN THE MAIN QUESTION TEXT AND PROBE AS UNDERLINED.

CAPI INSTRUCTIONS: USE "I," "I was," and "you" IF THE RESPONDENT IS THE ONLY HOUSEHOLD MEMBER AGE 18 OR OVER OR IF THERE ARE NO HOUSEHOLD MEMBERS 18 OR OVER OR WITH AN AGE OTHER THAN DK OR RF. OTHERWISE, DISPLAY "your household," "we," AND "we were"

CAPI INSTRUCTIONS: DISPLAY "children living in the household who are under 18 years old " AND "the children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD). OTHERWISE, DISPLAY "{CHILD}" AND "{CHILD} was."

CAPI INSTRUCTIONS: DISPLAY "Now…2011." IN SQUARE BRACKETS FOR B AND C.

CAPI INSTRUCTIONS: DISPLAY "PROBE:…months?" IN SQUARE BRACKETS FOR C. ELSE, USE A NULL DISPLAY.

	<u>OFTEN TRUE</u>	<u>SOMETIMES TRUE</u>	<u>NEVER TRUE</u>	<u>REF</u>	<u>DK</u>
a. {I/We} relied on only a few kinds of low-cost food to feed {{CHILD}/the children} because {I was/we were} running out of money to buy food. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} {since the date of your last interview in {MONTH YEAR}/in the last 12 months}?	1	2	3	8	9
b.{I/We} couldn't feed {{CHILD}/the children} a balanced meal because {I/we} couldn't afford that. .. Was that <u>often</u> true, <u>sometimes</u> true, or <u>never</u> true for {you/your household} {since the date of your last interview in {MONTH YEAR}/in the last 12 months}?	1	2	3	8	9
c. {{CHILD} was/The children were} not eating enough because {I/we} just couldn't afford enough food.	1	2	3	8	9

BOX 3

IF (FDQ.192a = 1 OR 2) OR (FDQ.192b = 1 OR 2) OR (FDQ.192c = 1 OR 2), GO TO FDQ.210. ELSE, GO TO BOX 4.

FDQ.210 {Since the date of your last interview in {MONTH YEAR}/In the last 12 months, that is, since last {CURRENT MONTH}, 2011}, did you ever cut the size of {CHILD}'s/any of the children's} meals because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. ELSE, DISPLAY "in the last 12 months, that is, since last {CURRENT MONTH}, 2011}" AND DISPLAY THE CURRENT MONTH. FOR BOTH MONTH DISPLAYS, DISPLAY THE NAME OF THE MONTH NOT THE NUMBER OF THE MONTH.

CAPI INSTRUCTIONS: DISPLAY "any of the children's" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD). OTHERWISE, DISPLAY "{CHILD}'s."

CAPI INSTRUCTIONS: DISPLAY THE CURRENT MONTH IN {CURRENT MONTH}

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

FDQ.240 {Since the date of your last interview in {MONTH YEAR}/In the last 12 months} {was {CHILD}/were any of the children} ever hungry but you just couldn't afford more food?

CAPI INSTRUCTIONS: IF,ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months."

CAPI INSTRUCTIONS: DISPLAY "were any of the children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD). OTHERWISE, DISPLAY "was {CHILD}."

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

FDQ.242   {Since the date of your last interview in {MONTH YEAR}/In the last 12 months}, did {{CHILD}/any of the children} ever skip a meal because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months."

CAPI INSTRUCTIONS: DISPLAY "any of the children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD). OTHERWISE, DISPLAY "{CHILD}."

YES... 1
NO 2 (FDQ.250)
REFUSED 8 (FDQ.250)
DON'T KNOW………………………………….. 9 (FDQ.250)

FDQ.243   How often did this happen? Would you say…

Almost every month, ... 1
Some months, but not every month, or 2
In only 1 or 2 months? 3
REFUSED.. 8
DON'T KNOW.. 9

FDQ.250   {Since the date of your last interview in {MONTH YEAR}/In the last 12 months}, did {CHILD}/any of the children} ever not eat for a whole day because there wasn't enough money for food?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS FDQ DATA FOR THE WHOLE FDQ SECTION FROM SPRING-K INTERVIEW, DISPLAY "Since the date of your last interview in {MONTH, YEAR}" AND DISPLAY THE MONTH AND YEAR OF THE SPRING-KINDERGARTEN INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH. ELSE, DISPLAY "in the last 12 months."

CAPI INSTRUCTIONS: DISPLAY "any of the children" IF (NumberOfChildren > 1) OR (THERE ARE CHILDREN IN THE HOUSEHOLD AGE 17 OR YOUNGER OTHER THAN THE FOCAL CHILD). OTHERWISE, DISPLAY "{CHILD}."

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

BOX 4
GO TO SECTION PEQ (PARENT EDUCATION).

BOX 1

- ASK PEQ.020-PEQ.062 (IF APPLICABLE) FOR 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD. THIS PERSON OR PERSONS SHOULD BE CHOSEN AS DEFINED IN FSQ BOX 5.

- AFTER DETERMINING FOR WHOM THE EDUCATION QUESTIONS WILL BE ASKED, CHECK PRELOAD TO DETERMINE IF EACH PERSON HAD NONMISSING EDUCATION DATA FROM THE BASE YEAR. IF SO, GO TO PEQ.030 FOR THAT PERSON.

- OTHERWISE, GO TO PEQ.020 FOR EACH APPROPRIATE PERSON.

HELP AVAILABLE

PEQ.020   Now I have a few questions about education and job training. What is the highest grade or year of school that {you/{NAME}} {have/has} completed?

CAPI INSTRUCTION: DISPLAY "you" AND "have" IF LOOPING ON RESPONDENT (PERSONTYPE = R). OTHERWISE, DISPLAY "{NAME}" and "has" USING NAME OF THE KEY PARENT FIGURE.

HELP TEXT:
Highest Grade or Year of School Completed: For grades 1-11, enter the exact grade level. If the person you are asking about completed elementary school, find out the last grade completed. If the respondent says the person finished 12th grade, ask whether the person received a diploma or got the equivalent of a high school diploma.

Completing a given grade in school should be counted as the number of years it normally takes to complete that grade level of education, regardless of how many years it actually took the person to finish. This means that for persons who skipped or repeated grades in elementary school, you will enter the highest grade completed regardless of the number of years they were in school. This rule is true for elementary school through high school and is especially relevant to college.

12th grade but no diploma: The person completed the 12th grade, but did not earn a high school diploma or GED.

High school equivalent: This means that the person has a GED. The GED is an exam certified equivalent of a high school diploma received when the person has not actually received a degree from attending high school, but has acquired his/her GED (high school equivalency based on passing the GED exam).

High school diploma: A certificate that verifies that a person has successfully completed the required courses of a high school curriculum and has actually graduated from high school rather than having a GED.

Vocational/technical program after high school but no voc/tech diploma: The person attended this type of program, but did not earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

Vocational/technical program after high school: The person attended this type of program and DID earn a degree/diploma/certificate of successful completion of the program. Vocational/trade school after high school refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "1-2 years of college" or "associate's degree" and not vocational or trade school.

Some college but no degree: The person does not have a 4-year college (bachelor's) degree but has completed a class for credit at a college or university.

Associate's degree: A 2-year college degree typically earned at a community college (rather than a trade school).

Bachelor's degree: A 4-year college degree earned at a university or 4-year college. It is sometimes called an "undergraduate degree."

Graduate or professional school but no degree: The person attended a graduate or professional school that advanced him/her toward a degree beyond a Bachelor's degree (for example, a Master's, Doctorate, or other professional degree). However, the person did not complete the program or earn the degree.

Master's (MA, MS): Studies beyond a bachelor's degree, but not a Ph.D. or Ed.D.

Doctorate Degree (Ph.D., EDD): Studies beyond a Master's degree that result in a doctorate degree.

Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS, Law/JD/LLB): Any other graduate degrees earned with academic studies beyond the bachelor's.

NEVER WENT TO SCHOOL..	0
1ST GRADE	1
2ND GRADE	2
3RD GRADE	3
4TH GRADE	4
5TH GRADE	5
6TH GRADE	6
7TH GRADE	7
8TH GRADE	8
9TH GRADE	9
10TH GRADE	10
11TH GRADE	11
12TH GRADE BUT NO DIPLOMA	12
HIGH SCHOOL EQUIVALENT/GED	13 (PEQ.030)
HIGH SCHOOL DIPLOMA...	14 (PEQ.030)
VOC/TECH PROGRAM	
AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA	15
VOC/TECH PROGRAM AFTER HIGH SCHOOL, DIPLOMA....................	16
SOME COLLEGE BUT NO DEGREE	17
ASSOCIATE'S DEGREE	18
BACHELOR'S DEGREE...	19 (PEQ.030)
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE	20 (PEQ.030)
MASTER'S (MA, MS)..	21 (PEQ.030)
DOCTORATE DEGREE (PHD, EDD)..	22 (PEQ.030)
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE	
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....................	23 (PEQ.030)
REFUSED...	88
DON'T KNOW...	99

PEQ.021   {Do/Does} {you/{NAME}} have a high school diploma, or its equivalent, such as a GED, or neither?

CAPI INSTRUCTION: DISPLAY "Do you" IF LOOPING ON RESPONDENT (PERSONTYPE = R). OTHERWISE, DISPLAY "Does {NAME}" USING NAME OF THE KEY PARENT FIGURE.

HIGH SCHOOL DIPLOMA	1
HIGH SCHOOL EQUIVALENT (GED)	2
NO HIGH SCHOOL DIPLOMA/EQUIVALENT	3
REFUSED	8
DON'T KNOW	9

PEQ.030   Are you/Is {NAME}} currently attending or enrolled in any courses from a school, college, or university?

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON RESPONDENT (PERSONTYPE = R). OTHERWISE, DISPLAY "Is {NAME}" USING NAME OF MOTHER/FATHER FIGURE OR RESPONDENT'S SPOUSE FROM HH ROSTER.

```
YES ............................................................  1
NO  ............................................................  2   (PEQ.050)
REFUSED  ..................................................  8   (PEQ.050)
DON'T KNOW  .............................................  9   (PEQ.050)
```

HELP AVAILABLE

PEQ.040   {Are you/Is {NAME}} currently taking courses full-time or part-time?

HELP TEXT:
Full-time: A person is considered to be attending school full-time if he or she is carrying a full load of class hours in a semester or quarter. This is typically 12 credit hours or more.

Part-time: A person is considered to be attending school part-time if he or she is carrying less than a full load of class hours in a semester or quarter. This is typically less than 12 credit hours.

```
FULL-TIME  .................................................  1
PART-TIME  .................................................  2
REFUSED  ..................................................  8
DON'T KNOW  .............................................  9
```

HELP AVAILABLE

PEQ.050   {Are you/Is {NAME}} currently participating in a job training or on the job training program? Please do not report participation in any vocational or technical programs taken at a college or university that you just told me about.

HELP TEXT: Job-training/On-the-job-training program: Job training includes activities that qualify someone to work in a particular occupation, such as a carpenter, a cook, or an electrician. Do not include 2-year colleges (A.A. degree), 4-year college degree (B.A.) or high school equivalency degrees (GED). On-the-job training includes activities at the work site to help the learner develop job-related skills while doing work at the same time. This also includes apprenticeships.

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

PEQ.060   About how many hours a week {do/does} {you/NAME}} spend in that program? Please include hours spent on homework for the training program.

CAPI INSTRUCTION: RANGE CHECK 1-200.

```
|___|___|___|
ENTER HOURS

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

BOX 2

IF PEQ.030 OR PEQ.050 = 1, GO TO PEQ.062. ELSE, GO TO BOX 3.

PEQ.062   What type of school or job training {are you/Is {NAME}} currently in?

CODE ALL THAT APPLY.

HELP TEXT:
Basic skills or high school/GED completion classes. These are classes taken to learn basic skills such as writing or math. In some cases, they may be taken to complete high school or earn a high school equivalent or GED. A GED is an exam certified equivalent of a high school diploma received when the person has not actually received a degree from attending high school, but has acquired his/her GED (high school equivalency based on passing the GED exam).

Vocational/technical program: Refers to work or trade-related education received after completing high school, but does not include college. Examples include secretarial school, mechanical or computer training school, etc. Some community colleges offer vocational training, but this would be considered "associate's degree" and not vocational or trade school.

Associate's degree: A 2-year college degree typically earned at a community college (rather than a trade school).

Bachelor's degree: A 4-year college degree earned at a university or 4-year college. It is sometimes called an "undergraduate degree."

Master's (MA, MS): Studies beyond a bachelor's degree, but not a Ph.D. or Ed.D.

Doctorate Degree (Ph.D., EDD): Studies beyond a Master's degree that result in a doctorate degree.

Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS, Law/JD/LLB): Any other graduate degrees earned with academic studies beyond the bachelor's.

On-the-job-training: On-the-job training includes activities at the work site to help the learner develop job-related skills while doing work at the same time. This also includes apprenticeships. Do not include high school equivalency degrees (GED), 2-year colleges (A.A. degree), 4-year college degree (B.A.), master's, doctorates, or professional degree programs after a bachelor's degree (MA, MS, PHD, EDD, MD, DDS, LAW/JD/LLB).

Job training: Job training includes activities that qualify someone to work in a particular occupation, such as a carpenter, a cook, or an electrician. Do not include high school equivalency degrees (GED), 2-year colleges (A.A. degree), 4-year college degree (B.A.), master's, doctorates, or professional degree programs after a bachelor's degree (MA, MS, PHD, EDD, MD, DDS, LAW/JD/LLB).

CAPI INSTRUCTION: DISPLAY "Are you" IF LOOPING ON RESPONDENT (PERSONTYPE = R). OTHERWISE, DISPLAY "Is {NAME}" USING NAME OF MOTHER/FATHER FIGURE OR RESPONDENT'S SPOUSE FROM HH ROSTER.

BASIC SKILLS OR HIGH SCHOOL/GED COMPLETION CLASSES.....................1
VOCATIONAL OR TECHNICAL DEGREE PROGRAM..2
ASSOCIATE'S DEGREE PROGRAM...3
BACHELOR'S DEGREE PROGRAM 4
MASTER'S (MA, MS) DEGREE PROGRAM 5
DOCTORATE DEGREE (PHD, EDD) PROGRAM 6
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE PROGRAM
  (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 7
ON-THE-JOB TRAINING AT CURRENT JOB TO GET NEW SKILLS 8
JOB TRAINING TO GET A JOB/LEARN NEW JOB...9
REFUSED...88
DON'T KNOW...99

BOX 3
LOOP 2. ■   GO BACK TO BOX 1 TO DETERMINE IF EDUCATION IS MISSING/NONMISSING AND ASK PEQ.020/PEQ.030 - PEQ.062 ABOUT NEXT MOTHER OR FATHER FIGURE IN THE HOUSEHOLD OR RESPONDENT AND RESPONDENT'S PARTNER IF NO MOTHER AND FATHER FIGURES. ■   IF NO NEXT MOTHER OR FATHER FIGURE, GO TO BOX 4.

BOX 4
GO TO SECTION EMQ (PARENT EMPLOYMENT).

PARENT EMPLOYMENT - EMQ

BOX 1

LOOP 1
- ASK EMQ.020 - EMQ.150 FOR 2 "KEY" PARENT FIGURES IN THE HOUSEHOLD AS DEFINED IN FSQ, BOX 5.
- AFTER DETERMINING FOR WHOM THE EMPLOYMENT SECTION WILL BE ASKED, CHECK PRELOAD TO DETERMINE IF EACH PERSON WAS EMPLOYED OR ON LEAVE FROM A JOB IN ROUND 1. IF SO, WE WILL ONLY VERIFY EMPLOYMENT STATUS FROM ROUND 1 FOR THIS PERSON AND GO TO EMQ.010.
- OTHERWISE, ASK EMQ.020 - EMQ.150 FOR EACH APPROPRIATE PERSON.

EMQ.010   Since (DATE OF INTERVIEW}, has {your/{NAME's}} job title, place of or type of employment changed?

PROBE: During another interview, we recorded that you worked for {EMPLOYER NAME} as a {JOB TITLE}.

CAPI INSTRUCTION: FROM THE PRELOAD, DISPLAY THE DATE OF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW IN WHICH THE EMQ SECTION WAS COLLECTED. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH, FOLLOWED BY THE DAY WITH THE APPROPRIATE LETTERS AT THE END TO GO WITH THE DATE, AND THEN THE YEAR (E.G., September12th, 2010).

CAPI INSTRUCTION: FROM PRELOAD, DISPLAY EMPLOYER NAME FROM EMQ.120 AND JOB TITLE FROM EMQ.140.

YES	1	(EMQ.020)
NO	2	(EMQ.040)
REFUSED	7	(EMQ.020)
DON'T KNOW	9	(EMQ.020)

EMQ.020   During the past week, did {you/{NAME}} work at a job for pay?

HELP TEXT:
Job for pay: Paid work for wages, salary, commission, or pay 'in kind.' Examples of 'pay in kind' include meals, living quarters, or supplies provided in place of wages. This definition of employment **includes** work in the person's own business, professional practice, or farm, paid leave of absence (including vacations and illnesses), and work without pay in a family business or farm run by a relative. This definition **excludes** unpaid volunteer work (such as for a church or charity), unpaid leaves of absence, temporary layoffs (such as a strike), and work around the house.

IF SELF-EMPLOYED, CODE AS YES.

IF RESPONDENT OR SPOUSE/PARTNER IS SELF-EMPLOYED, CODE AS YES.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

YES	1	(EMQ.040)
NO	2	
REFUSED	8	
DON'T KNOW	9	

EMQ.030   {Were you/Was {NAME}} on leave or vacation from a job?

CAPI INSTRUCTION: DISPLAY "Were you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "Was {NAME}".

CAPI INSTRUCTION: FOR "Was {NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

YES	1	
NO	2	(EMQ.060)
REFUSED	8	(EMQ.060)
DON'T KNOW	9	(EMQ.060)

EMQ.040   How many jobs {do you/does {NAME}} have now?

CAPI INSTRUCTION: RANGE CHECK 1-6.

CAPI INSTRUCTION: DISPLAY "do you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "does {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

|___|
ENTER # OF JOBS

REFUSED	8
DON'T KNOW	9

EMQ.050   About how many total hours per week {do you/does {NAME}} usually work for pay {counting {all/both} {<u># of jobs from EMQ.040, IF MORE THAN ONE</u>} jobs}?

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

CAPI INSTRUCTION: DISPLAY "do you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "does {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: IF NUMBER OF JOBS IS GREATER THAN ONE IN EMQ.040, DISPLAY "counting…jobs". ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF NUMBER OF JOBS = 2 IN EMQ.040, DISPLAY "both" AND USE A NULL DISPLAY FOR "# of jobs…ONE". ELSE, DISPLAY "all" AND THE NUMBER OF JOBS IN EMQ.040.

CAPI INSTRUCTION: RANGE CHECK 0-80.

|___|___|
ENTER # OF WEEKLY HOURS   (BOX 1A)

REFUSED..888 (BOX 1A)
DON'T KNOW...999 (BOX 1A)

BOX 1A
IF EMQ.010=2, GO TO BOX 5.
OTHERWISE, GO TO BOX 4.

HELP AVAILABLE

EMQ.060   {Have you/Has {NAME}} been actively looking for work <u>in the past 4 weeks</u>?

CAPI INSTRUCTION: DISPLAY "Have you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "Has {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

HELP TEXT:
Actively looking for work: The person has done at least one of the following activities in the past 4 weeks:
1.   Checked with public employment agency;
2.   Checked with private employment agency;
3.   Checked with employer directly/sent resume;
4.   Checked with friends or relatives; or
5.   Placed or answered ads/sent resume.

YES.. 1
NO 2 (EMQ.080)
REFUSED 8 (EMQ.080)

DON'T KNOW 9 (EMQ.080)

EMQ.070   What {have you/has {NAME}} been doing in the past 4 weeks to find work?

CAPI INSTRUCTION: DISPLAY "have you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "has {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

CODE ALL THAT APPLY

CHECKED WITH PUBLIC EMPLOYMENT AGENCY 1
CHECKED WITH PRIVATE EMPLOYMENT AGENCY 2
CHECKED WITH EMPLOYER DIRECTLY/SENT RESUME 3
CHECKED WITH FRIENDS OR RELATIVES 4
PLACED OR ANSWERED ADS/SENT RESUME 5
READ WANT-ADS 6
SOMETHING ELSE (SPECIFY) _____ 91
_____
REFUSED 88
DON'T KNOW 99

BOX 2

IF ANY CATEGORY IN EMQ.070 BETWEEN "1" AND "5" IS ENTERED, GO TO EMQ.100. ELSE, IF "6" IS ENTERED IN EMQ.070 BUT "91" IS NOT, GO TO EMQ.080. ELSE, IF "91" IS ENTERED IN EMQ.070, CONTINUE WITH EMQ.070OS. OTHERWISE, GO TO EMQ.080.

EMQ.070OS   [What {have you/has {NAME}} been doing in the past 4 weeks to find work?]

SPECIFY ACTIVITIES.

CAPI INSTRUCTION: DISPLAY "have you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "has {NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "in the past 4 weeks" IN UNDERLINED TEXT

EMQ.080   What {were you/was {NAME}} doing most of last week? Would you say …

CAPI INSTRUCTION: DISPLAY "last week" in UNDERLINED TEXT

Keeping house or caring for children, ... 1 (BOX 3)
Going to school, ... 2 (BOX 3)
Retired, ... 3 (BOX 3)
Unable to work, or .... 4 (BOX 3)
Something else? What was that?
 (SPECIFY) _____ 91
REFUSED .... 8 (BOX 3)

DON'T KNOW .... 9 (BOX 3)

EMQ.080OS   [What {were you/was {NAME}} doing most of <u>last week</u>? Would you say …]

SPECIFY ACTIVITY

_____

CAPI INSTRUCTION: DISPLAY "last week" in UNDERLINED TEXT

BOX 3

■   IF DOING SOMETHING ELSE IN THE PAST 4 WEEKS (EMQ.070 = 91),
     CONTINUE WITH EMQ.100.
■   OTHERWISE, GO TO BOX 4.

EMQ.100   Could {you/{NAME}} have taken a job last week if one had been offered?

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

YES 1
NO 2
REFUSED 8
DON'T KNOW 9

BOX 4

■   IF WORKED AT A JOB FOR PAY (EMQ.020=1)
     OR
     WAS ON LEAVE OR VACATION (EMQ.030=1)
     OR
     WAS ACTIVELY LOOKING FOR WORK (EMQ.060=1),
     CONTINUE WITH EMQ.120.
■   OTHERWISE, GO TO BOX 5.

EMQ.120 For whom {do/does/did} {you/{NAME}} work {when {you/{he/she}} last worked}?

PROBE FOR: NAME OF THE COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER. IF MORE THAN ONE CURRENT JOB, ASK ABOUT THE ONE AT WHICH THE PERSON SPENDS THE MOST TIME.

CAPI INSTRUCTION: DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "DOES" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "did" IF EMQ.060 = 1.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "WHEN {you/{he/she}} LAST WORKED" IF EMQ.060 = 1. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOPPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{he/she}".

_____
                    ENTER EMPLOYER NAME

REFUSED 8
DON'T KNOW 9

EMQ.130 What kind of business or industry {is/was} this?

PROBE: What do they make or do?

PROBE: For example, TV and radio manufacturing, retail shoe store, state labor department, farming.

CAPI INSTRUCTION: DISPLAY "is" IF EMQ.020 = 1 OR EMQ.030 = 1. OTHERWISE, DISPLAY "was".

_____
                 ENTER INDUSTRY DESCRIPTION
REFUSED... 8
DON'T KNOW... 9

EMQ.140 What kind of work {are/is/were/was} {you/{NAME}} doing?

PROBE: What {is/was/} {your/{NAME}'s} job called?

PROBE: For example, electrical engineer, stock clerk, administrative assistant, or farmer.

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "is" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "were" IF EMQ.060 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "was" IF EMQ.060 =1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

CAPI INSTRUCTION: DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

_____
ENTER JOB TITLE

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

EMQ.150 What {are/is/were/was} {your/{NAME}'s} most important activities or duties on this job? What {do/does/did} {you/{NAME}} actually do at this job?

CAPI INSTRUCTION: DISPLAY "are" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "is" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "were" IF EMQ.060 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "was" IF EMQ.060 =1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT.

CAPI INSTRUCTION: IN FIRST SENTENCE, DISPLAY "your" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}'s". IN SECOND SENTENCE, DISPLAY "you" IF PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. OTHERWISE, DISPLAY "{NAME}".

CAPI INSTRUCTION: FOR "{NAME}", DISPLAY THE PERSON'S FIRST NAME WHO IS CURRENTLY BEING LOOPED ON.

CAPI INSTRUCTION: DISPLAY "do" IF EMQ.020 = 1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS THE RESPONDENT. DISPLAY "does" IF EMQ.020 =1 OR EMQ.030 = 1 AND PERSON CURRENTLY BEING LOOPED ON IS NOT THE RESPONDENT. DISPLAY "did" IF EMQ.060 = 1.

PROBE: For example, word processing, keeping account books, filing, selling cars, operating a printing press, finishing concrete.

_____
ENTER JOB DUTIES

REFUSED 8
DON'T KNOW 9

<table>
<tr><td align="center">**BOX 5**</td></tr>
<tr><td>

END LOOP 1
- ASK EMQ.020 - EMQ.150 FOR NEXT PERSON.
- IF NO NEXT PERSON, GO TO WPQ (WELFARE AND OTHER PUBLIC TRANSFERS.

</td></tr>
</table>

WELFARE AND OTHER PUBLIC TRANSFERS - WPQ

HELP AVAILABLE

WPQ.100   {Since {DATE OF LAST INTERVIEW}/In the past 12 months}, have you or anyone in your household received Temporary Assistance for Needy Families, sometimes called TANF {or {STATE TANF PROGRAM NAME}}?

PROBE: TANF was formerly known as Aids to Families with Dependent Children, or AFDC.

IF NEEDED:

TANF: Temporary Assistance for Needy Families (TANF) or {STATE TANF PROGRAM NAME} in {STATE} is a government program that provides cash benefits to low-income families with children. Many states provide TANF money through an Electronic Benefits Transfer (EBT) card that is like a debit or ATM card.

Past 12 Months: For this question, consider whether or not TANF (or AFDC) was received in the past 12 calendar months, not the last calendar year.

CAPI INSTRUCTION: DISPLAY STATE TANF PROGRAM NAME.

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS WPQ DATA FOR THE WHOLE WPQ SECTION FROM A COMPLETED OR PARTIALLY COMPLETED SPRING-K INTERVIEW, DISPLAY "Since {DATE OF LAST INTERVIEW}" AND DISPLAY THE MONTH, DAY, AND YEAR OF THE LAST INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH, FOLLOWED BY THE DAY WITH THE APPROPRIATE LETTERS AT THE END TO GO WITH THE DATE, AND THEN THE YEAR (E.G., March 5th, 2011). ELSE, DISPLAY "In the past 12 months."

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

WPQ.110 {Since {DATE OF LAST INTERVIEW}/In the past 12 months}, have you or anyone in your household received food stamps, also called SNAP (the Supplemental Nutrition Assistance Program), or food benefits on EBT (Electronic Benefit Transfer)?

CAPI INSTRUCTIONS: IF, ACCORDING TO THE PRELOAD, THERE ARE PREVIOUS WPQ DATA FOR THE WHOLE WPQ SECTION FROM A COMPLETED OR PARTIALLY COMPLETED SPRING-K INTERVIEW, DISPLAY "Since {DATE OF LAST INTERVIEW}" AND DISPLAY THE MONTH, DAY, AND YEAR OF THE LAST INTERVIEW. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH, FOLLOWED BY THE DAY WITH THE APPROPRIATE LETTERS AT THE END TO GO WITH THE DATE, AND THEN THE YEAR (E.G., March 5th, 2011). ELSE, DISPLAY "In the past 12 months."

HELP TEXT: Food Stamps or SNAP (**Supplemental Nutrition Assistance Program)**. A government program that provides plastic cards that can be used to buy food. In the past, SNAP was called the Food Stamp Program and gave people benefits in paper coupons or food stamps.

Past 12 Months: For this question, consider whether or not food stamps were received in the past 12 calendar months, not the last calendar year.

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

WPQ.150 Does {CHILD}'s school offer lunch for its students?

```
YES.............................................................. 1  (WPQ.160)
NO ............................................................... 2  (WPQ.200)
REFUSED..................................................... 8  (WPQ.200)
DON'T KNOW............................................... 9  (WPQ.200)
```

WPQ.160 Does {CHILD} usually receive a complete lunch offered at school?

PROBE: By complete school lunch, I mean a complete meal such as a salad, soup, a sandwich, or a hot meal that is offered each day at a fixed price, not just milk, snacks, or ice cream. This does not include a lunch {he/she} brought from home.

```
YES.............................................................. 1  (WPQ.170)
NO ............................................................... 2  (WPQ.200)
REFUSED..................................................... 8  (WPQ.200)
DON'T KNOW............................................... 9  (WPQ.200)
```

WPQ.170 Does {CHILD} receive free or reduced price lunches at school?

CAPI INSTRUCTION: DISPLAY 'free' AND 'reduced price' IN UNDERLINED TEXT.

```
YES.............................................................. 1  (WPQ.180)
NO ............................................................... 2  (WPQ.200)
REFUSED..................................................... 8  (WPQ.200)
DON'T KNOW............................................... 9  (WPQ.200)
```

WPQ.180   Are these lunches free or reduced price?

                        FREE 1
                        REDUCED PRICE 2
                        REFUSED.. 8 (WPQ.200)
                        DON'T KNOW.. 9 (WPQ.200)

WPQ.190   During the last five days {CHILD} was in school, how many complete school lunches did {he/she} receive?

           CAPI INSTRUCTIONS: RANGE: 0 TO 5.

                        |___|

                        NUMBER OF DAYS
                        REFUSED.. 8
                        DON'T KNOW.. 9

WPQ.200   Does {CHILD}'s school offer breakfast for its students?

                        YES... 1 (WPQ.210)
                        NO .... 2 (BOX 2)
                        REFUSED.. 8 (BOX 2)
                        DON'T KNOW.. 9 (BOX 2)

WPQ.210   Does {CHILD} usually receive a breakfast provided by the school?

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

WPQ.215   Does {CHILD} receive free or reduced price breakfasts at school?

           CAPI INSTRUCTION: DISPLAY "free" AND "reduced price" IN UNDERLINED TEXT

                        YES... 1 (WPQ.216)
                        NO .... 2 (BOX 2)
                        REFUSED.. 8 (BOX 2)
                        DON'T KNOW.. 9 (BOX 2)

WPQ.216   Are these breakfasts free or reduced price?

                        FREE 1
                        REDUCED PRICE 2
                        REFUSED.. 8 (BOX 2)
                        DON'T KNOW.. 9 (BOX 2)

WPQ.220   During the last five days {CHILD} was in school, how many school breakfasts did {he/she} receive?

CAPI INSTUCTIONS: RANGE: 0 TO 5.

|___|

NUMBER OF DAYS
REFUSED.. 8
DON'T KNOW 9

BOX 2

GO TO SECTION PAQ (PARENT INCOME AND ASSETS).

PARENT INCOME AND ASSETS – PAQ

BOX 1

IF, ACCORDING TO THE PRELOAD, THERE WERE NONMISSING VALUES FOR PAQ.110 IN SPRING-KINDERGARTEN (ANY VALUE OF 1-18) GO TO PAQ.090. ELSE, GO TO PAQ.100.

PAQ.090   In studies like this, households are sometimes grouped according to income. In the last interview, it was reported that the household income was {$5,000 or less/from INCOME RANGE IN PRELOAD FROM PAQ.110}. Was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members still in that range?

CAPI INSTRUCTIONS: DISPLAY "$5,000 or less" IF THE PRELOAD SHOWS THAT WAS THE VALUE FROM PAQ.110 FROM THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW IN WHICH PAQ.110 WAS ASKED. ELSE, DISPLAY THE PRELOAD VALUE FOR ONE OF THE RANGES 1-18 FROM PAQ.110 IN THE MOST RECENTLY COMPLETED INTERVIEW.

YES 1   (BOX 2)
NO 2
REFUSED... 8   (PAQ.138)
DON'T KNOW... 9   (PAQ.138)

PAQ.100   {In studies like this, households are sometimes grouped according to income.} What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?

Was it…

CAPI INSTRUCTIONS: DISPLAY "In..income." IF PAQ.090 WAS ASKED.

$25,000 or less, or 1
More than $25,000?..................................... 2
REFUSED.. 8   (PAQ.138)
DON'T KNOW... 9   (PAQ.138)

PAQ.110   Was it…

CAPI INSTRUCTION: IF PAQ.100=1, DISPLAY SET 1. IF PAQ.100=2, DISPLAY SET 2.

[SET 1]

$5,000 or less…………………… 1
$5,001 to $10,000……………… 2
$10,001 to $15,000…………… 3
$15,001 to $20,000…………… 4
$20,001 to $25,000…………… 5
REFUSED……………………… 88
DON'T KNOW……………………99

[SET 2]

$25,001 to $30,000………………..6
$30,001 to $35,000………………..7
$35,001 to $40,000………………..8
$40,001 to $45,000………………..9
$45,001 to $50,000………………10
$50,001 to $55,000………………11
$55,001 to $60,000………………12
$60,001 to $65,000………………13
$65,001 to $70,000………………14
$70,001 to $75,000………………15
$75,001 to $100,000……………...16
$100,001 to $200,000…………….17
$200,001 or more……………….. 18
REFUSED………………………… 88
DON'T KNOW………………………99

BOX 2

IF PAQ.110 (SET 1 OR SET 2) IS RF/DK, GO TO PAQ.138.

IF PAQ.090 WAS NOT ASKED, PAQ.120 IS ASKED IF THE HOUSEHOLD IS AT 200 PERCENT OF POVERTY OR BELOW.
ASK PAQ.120 IF
 (NUMBER IN HH = 1 AND PAQ.110 < 6) OR
(NUMBER IN HH = 2 AND PAQ.110 < 7) OR
(NUMBER IN HH = 3 AND PAQ.110 < 8) OR
(NUMBER IN HH = 4 AND PAQ.110 < 10) OR
(NUMBER IN HH = 5 AND PAQ.110 < 12) OR
(NUMBER IN HH = 6 AND PAQ.110 < 13) OR
(NUMBER IN HH = 7 AND PAQ.110 < 15) OR
(NUMBER IN HH = 8 AND PAQ.110 < 17) OR
(NUMBER IN HH g.e. 9 AND PAQ.110 < 17).
ELSE, GO TO PAQ.138.

ELSE, IF PAQ.090= 1, A PRELOADED VALUE OF THE INCOME RANGE IN PAQ.110 FROM A PREVIOUS INTERVIEW IS USED TO DETERMINE IF HOUSEHOLD IS AT 200 PERCENT OF POVERTY OR BELOW:
ASK PAQ.120 IF
 (NUMBER IN CURRENT HH = 1 AND PRELOADED VALUE OF PAQ.110 < 6) OR
(NUMBER IN CURRENT HH = 2 AND PRELOADED VALUE OF PAQ.110 < 7) OR
(NUMBER IN CURRENT HH = 3 AND PRELOADED VALUE OF PAQ.110 < 8) OR
(NUMBER IN CURRENT HH = 4 AND PRELOADED VALUE OF PAQ.110 < 10) OR
(NUMBER IN CURRENT HH = 5 AND PRELOADED VALUE OF PAQ.110 < 12) OR
(NUMBER IN CURRENT HH = 6 AND PRELOADED VALUE OF PAQ.110 < 13) OR
(NUMBER IN CURRENT HH = 7 AND PRELOADED VALUE OF PAQ.110 < 15) OR
(NUMBER IN CURRENT HH = 8 AND PRELOADED VALUE OF PAQ.110 < 17) OR
(NUMBER IN CURRENT HH g.e. 9 AND PRELOADED VALUE OF PAQ.110 < 17).
ELSE, GO TO PAQ.138**.**

PAQ.120   What was your total household income last year, to the nearest thousand?

CAPI INSTRUCTION: RANGE CHECK-TOTAL INCOME SHOULD BE IN RANGE OF ANSWER TO PAQ. 110.

|___|___|___|,|___|___|___|,|___|___|___|.
TOTAL INCOME

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

PAQ.138   Since last spring, have you had to move from your home because you couldn't afford it?

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

PAQ.140   What is your current housing situation? Do you…

own your own house or condominium 1
rent your house or apartment... 2
exchange services for housing 3
not pay for housing 4
live in temporary housing or a shelter, or... 5
have another type of arrangement (SPECIFY)? _____ 91
REFUSED.. 7
DON'T KNOW.. 9

BOX 3

IF PAQ.140=91, CONTINUE WITH PAQ.140OS. OTHERWISE, GO TO BOX 4.

PAQ.140OS   [What is your current housing situation?]

SPECIFY TYPE OF ARRANGEMENT.

_____

CAPI INSTRUCTION: DK AND REF DISALLOWED.

BOX 4

GO TO SECTION CMQ (MOBILITY AND TRACKING UPDATES).

MOBILITY AND TRACKING UPDATES – CMQ

CMQ.010   Since the spring of 2011, how many different places has {CHILD} lived for four months or more?

PROBE: IF RESPONDENT SAYS ZERO, ASK: By saying zero places, do you mean that {CHILD} did not live anywhere since spring 2011 for four months or more?

CAPI INSTRUCTION: RANGE CHECK: 0 – 10 PLACES.

|___|___|
ENTER NUMBER OF PLACES
    OR
REFUSED.. 77
DON'T KNOW... 99

```
                         BOX 0

IF CMQ.010=1, RF, OR DK, GO TO BOX 1.  OTHERWISE, CONTINUE WITH
CMQ.020.
```

CMQ.020   Why did you move?

PROBE: Any other reason?

CODE ALL THAT APPLY.

SO CHILD COULD GO TO A BETTER SCHOOL 1
BOUGHT A HOUSE 2
MOVED TO BE NEARER JOB; JOB-RELATED REASONS 3
MOVED TO NICER APARTMENT/HOUSE.. 4
MOVED TO SAFER AREA, CRIME-RELATED REASONS 5
MOVED TO LESS EXPENSIVE LIVING QUARTERS............................ 6
BANK HAD TO BUY BACK THE HOME (FORECLOSED)...................... 7
WAS EVICTED, COULD NOT PAY RENT IN PREVIOUS RESIDENCE .   8
OLD HOUSE/APARTMENT WAS DAMAGED 9
MOVED BECAUSE OF MARITAL SEPARATION, DIVORCE, DEATH
 IN FAMILY 10
OTHER 11
REFUSED.. 88
DON'T KNOW.. 99

```
                         BOX 1

IF THE CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K OR SPRING K,
CONTINUE WITH CMQ.060.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN SPRING-KINDERGARTEN)
AND (THERE WAS A TELEPHONE NUMBER IN SPRING-KINDERGARTEN CMQ.100 THAT WAS CORRECT (CMQ.100=1) OR A
TELEPHONE NUMBER IN SPRING-KINDERGARTEN GIVEN IN CMQ.140) AND (THE RESPONDENT IS THE SAME AS IN SPRING-
KINDERGARTEN), GO TO CMQ.100.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL-KINDERGARTEN)
AND (THERE IS A TELEPHONE NUMBER FOR CMQ.080) AND (THE RESPONDENT IS THE SAME AS IN FALL-KINDERGARTEN),
GO TO CMQ.100.

ELSE, CONTINUE WITH CMQ.060.
```

CMQ.060 Just to make sure I can reach you for the next interview, which will take place next school year, I'd like to ask a few questions about how to find you.

Is there a second phone number, such as a work number, a friend or relative's number, or a beeper or cell phone number, where you can sometimes be reached?

YES... 1 (CMQ.140)
NO .... 2 (BOX 2)
REFUSED... 8 (BOX 2)
DON'T KNOW .... 9 (BOX 2)

CMQ.100 Just to make sure I can reach you for the next interview, which will take place next school year, I'd like to ask a few questions about how to find you. I have recorded {PHONE NUMBER} as a second phone number where you can sometimes be reached. Is this the right number?

CAPI INSTRUCTION: DISPLAY SECOND PHONE NUMBER FROM (SPRING-K CMQ.100 IF SPRING-K CMQ.100=1) OR (TELEPHONE NUMBER IN SPRING-K CMQ.140). IF SPRING-K INFORMATION IS MISSING, DISPLAY FALL-K TELEPHONE NUMBER FROM FALL K CMQ.080.

YES... 1 (BOX 2)
NO 2 (CMQ.140)
REFUSED... 8 (BOX 2)
DON'T KNOW .... 9 (BOX 2)

CMQ.140 What is that telephone number?

ENTER {NEW} SECOND PHONE NUMBER.

CAPI INSTRUCTION: DISPLAY 'NEW' IF CMQ.100=2. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: EXTENSION FIELD SHOULD BE LIMITED TO TEN NUMBERS.

|__|__|__| – |__|__|__| –|__|__|__|__| _____
        SECOND TELEPHONE NUMBER   EXTENSION

REFUSED... 8 (BOX 2)
DON'T KNOW .... 9 (BOX 2)

CMQ.150 Where is that telephone located?

OFFICE/PLACE OF BUSINESS .... 1 (BOX 2)
RELATIVE (SPECIFY) _____ 2 (CMQ.155)
NEIGHBOR (SPECIFY) _____ 3 (CMQ.155)
FRIEND (SPECIFY) _____ 4 (CMQ.155)
BEEPER NUMBER .... 5 (BOX 2)
CELL PHONE .... 6 (BOX 2)
HOME .... 7 (BOX 2)
OTHER (SPECIFY) _____ 91 (CMQ.155)
REFUSED... 88 (BOX 2)
DON'T KNOW .... 99 (BOX 2)

CMQ.155 [Where is that telephone located?]

SPECIFY {RELATIVE / NEIGHBOR / FRIEND / OTHER}.

CAPI INSTRUCTION: DISPLAY 'RELATIVE' IF CMQ.150=2.

CAPI INSTRUCTION: DISPLAY 'NEIGHBOR' IF CMQ.150=3.

CAPI INSTRUCTION: DISPLAY 'FRIEND' IF CMQ.150=4.

CAPI INSTRUCTION: DISPLAY 'OTHER' IF THE OTHER SPECIFY BOX OF CMQ.150 IS CHECKED.

BOX 2

IF THE CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K OR SPRING K, GO TO CMQ.205.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN SPRING-KINDERGARTEN) AND (THERE WAS A FIRST CONTACT PERSON GIVEN IN SPRING-KINDERGARTEN CMQ.200 THAT WAS CORRECT (CMQ.200=1) OR A FIRST CONTACT PERSON IN SPRING-KINDERGARTEN GIVEN OR CORRECTED IN CMQ.210-CMQ.280) AND (THE RESPONDENT IS THE SAME AS IN SPRING-KINDERGARTEN), GO TO CMQ.200.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL-KINDERGARTEN) AND (THERE IS A FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS FOR CMQ.110) AND (THE RESPONDENT IS THE SAME AS IN FALL-KINDERGARTEN), CONTINUE WITH CMQ.200.

ELSE, GO TO CMQ.205.

CMQ.200

I have recorded that {NAME OF RELATIVE/FRIEND}

at {PHONE NUMBER}

on
{STREET ADDRESS, LINE 1}
{STREET ADDRESS, LINE 2}
{CITY} {STATE} {ZIP CODE}

will always know where you are if you move. Is this still true?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

MAKE CORRECTIONS TO ANY INFORMATION THAT IS UNKNOWN OR SHOWN AS REFUSED (RF) OR DON'T KNOW (DK).

CAPI INSTRUCTION: FROM PRELOAD, DISPLAY FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (FIRST CONTACT PERSON IN SPRING-K CMQ.210-CMQ.280). ELSE, IF SPRING-K INFORMATION IS MISSING, DISPLAY FIRST CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM FALL K CMQ.110.

IF THERE WAS NO TELEPHONE IN PRELOAD (TELEPHONE NUMBER WAS RECORDED AS '000' OR WAS MISSING, REFUSED, OR DON'T KNOW), DISPLAY "AN UNKNOWN TELEPHONE NUMBER" FOR "PHONE NUMBER" DISPLAY. IF ANY PART OF THE STREET ADDRESS IS MISSING, REFUSED, OR DON'T KNOW FROM THE PRELOAD, FOR STREET ADDRESS LINE 1, DISPLAY "AN UNKNOWN STREET". IF STREET ADDRESS LINE 2 IS MISSING, REFUSED, OR DON'T KNOW, USE A NULL DISPLAY. IF CITY IS MISSING, DISPLAY "AN UNKNOWN CITY". IF STATE IS MISSING OR DON'T KNOW, DISPLAY "DK" FOR THE STATE DISPLAY. IF STATE IS REFUSED, DISPLAY "RF" FOR THE STATE DISPLAY. IF ZIP CODE IS MISSING OR DON'T KNOW, DISPLAY "DK" FOR THE ZIP CODE DISPLAY. ELSE, IF ZIP CODE WAS REFUSED, DISPLAY "RF" FOR THE ZIP CODE DISPLAY.

CAPI INSTRUCTION: DISPLAY CITY, STATE, AND ZIP ON 1 LINE.

YES --- NO CORRECTION NEEDED………..1 (BOX 3)
YES --- MINOR CORRECTIONS NEEDED…2 (CMQ.210)
NO…………………………………………..3 (CMQ.205)
REFUSED……………………………………8 (BOX 3)
DON'T KNOW………………………………...9 (BOX 3)

CMQ.205   Is there a relative or friend, who does not live in this household, who will always know where you are if you move?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

YES.. 1 (CMQ.210)
NO .... 2 (BOX 5)
REFUSED... 8 (BOX 3)
DON'T KNOW... 9 (BOX 3)

CMQ.210   What is the name, address, and telephone number of that person?
{ENTER / CORRECT / ENTER NEW} FIRST AND LAST NAME.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY FIRST CONTACT FIRST AND LAST NAME FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (SPRING-K CMQ.210). ELSE, IF THE HOUSEHOLD HAD A FALL-KINDERGARTEN INTERVIEW, DISPLAY FIRST CONTACT FIRST AND LAST NAME FROM FALL-K CMQ.110 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." OTHERWISE, USE A NULL DISPLAY.

CMQ.220   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 1.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY STREET ADDRESS LINE 1 FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (SPRING-K CMQ.220). ELSE, IF THE HOUSEHOLD HAD A FALL-KINDERGARTEN INTERVIEW, DISPLAY STREET ADDRESS LINE 1 FROM FALL-K CMQ.110 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ.200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." OTHERWISE, USE A NULL DISPLAY.

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

CMQ.230   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 2.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY STREET ADDRESS LINE 2 FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (SPRING-K CMQ.230). ELSE, IF THE HOUSEHOLD HAD A FALL-KINDERGARTEN INTERVIEW, DISPLAY STREET ADDRESS LINE 1 FROM FALL-K CMQ.110 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ.200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." OTHERWISE, USE A NULL DISPLAY.

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

CMQ.240   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} CITY.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY CITY FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (SPRING-K CMQ.240). ELSE, IF THE HOUSEHOLD HAD A FALL-KINDERGARTEN INTERVIEW, DISPLAY CITY FROM FALL-K CMQ.110 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ.200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." OTHERWISE, USE A NULL DISPLAY.

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

CMQ.250   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} STATE ABBREVIATION BY USING LOOKUP FILE.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

TO ACTIVATE LOOKUP, BEGIN TO TYPE STATE NAME. IF NOT IN THE UNITED STATES, HIGHLIGHT "**NOT IN THE UNITED STATES*** IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAPI INSTRUCTION: DISPLAY "TO ….MATCH." WHEN ON STATE ENTRY FIELD."

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY STATE FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (SPRING-K CMQ.250). ELSE, IF THE HOUSEHOLD HAD A FALL-KINDERGARTEN INTERVIEW, DISPLAY STATE FROM FALL-K CMQ.110 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ.200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." OTHERWISE, USE A NULL DISPLAY.

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

BOX 2B

IF CMQ.250 = 0 (NOT IN THE UNITED STATES), CONTINUE WITH CMQ.255. ELSE, GO TO CMQ.260.

CMQ.255   [What is the name, address, and telephone number of that person?]

ENTER COUNTRY OR TERRITORY BY USING LOOKUP FILE.

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT ***NOT ON LIST*** IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

REFUSED 8
DON'T KNOW 9

BOX 2C

IF CMQ.255 = 0 (NOT ON LIST), CONTINUE WITH CMQ.255OS. OTHERWISE, GO TO CMQ.260.

CMQ.255OS [What is the name, address, and telephone number of that person?]

SPECIFY COUNTRY NAME

_____

CMQ.260   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} ZIP CODE.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY ZIP CODE FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (SPRING-K CMQ.260). ELSE, IF THE HOUSEHOLD HAD A FALL-KINDERGARTEN INTERVIEW, DISPLAY ZIP CODE FROM FALL-K CMQ.110 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ.200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." OTHERWISE, USE A NULL DISPLAY.

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

CMQ.270   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} PHONE NUMBER, INCLUDING AREA CODE.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY TELEPHONE NUMBER FROM (SPRING-K CMQ.200 IF CMQ.200=1) OR (SPRING-K CMQ.270) IN THE RESPONSE FIELD. ELSE, IF THE HOUSEHOLD HAD A FALL-KINDERGARTEN INTERVIEW, DISPLAY TELEPHONE NUMBER FROM FALL-K CMQ.110 IN THE RESPONSE FIELD. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ.200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF NO TELEPHONE, ENTER '000.'

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

CMQ.280   What is the person's relationship to you?

{ENTER / CORRECT / ENTER NEW} RELATIONSHIP OF PERSON TO RESPONDENT.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: ACCORDING TO THE PRELOAD, IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN INTERVIEW, DISPLAY RELATIONSHIP FROM SPRING-K CMQ.280. ELSE, IF (SPRING-K CMQ.200=1) OR (THE HOUSEHOLD HAD A FALL-K INTERVIEW BUT NOT A SPRING-K INTERVIEW), DISPLAY RELATIONSHIP FROM FALL-K CMQ.110 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'CORRECT." IF CMQ.200=3, DISPLAY 'ENTER NEW." OTHERWISE, DISPLAY 'ENTER."

CAPI INSTRUCTION: IF CMQ.200=2, DISPLAY 'IF FIELD…INFORMATION." IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION. OTHERWISE, USE A NULL DISPLAY.

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

BOX 3

IF THE CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K OR SPRING K:
IF CMQ.205=DK OR RF, GO TO BOX 5.
IF CMQ.205=1, GO TO CMQ.305.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN SPRING-KINDERGARTEN)
AND (THERE WAS A SECOND CONTACT PERSON GIVEN IN SPRING-KINDERGARTEN CMQ.300 THAT WAS CORRECT
(CMQ.300=1) OR A FIRST CONTACT PERSON IN SPRING-KINDERGARTEN GIVEN OR CORRECTED IN CMQ.310-CMQ.380) AND
(THE RESPONDENT IS THE SAME AS IN SPRING-KINDERGARTEN), CONTINUE WITH CMQ.300.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL-KINDERGARTEN)
AND (THERE IS A SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS FOR CMQ.140) AND (THE RESPONDENT IS
THE SAME AS IN FALL-KINDERGARTEN), CONTINUE WITH CMQ.300.

ELSE, IF SPRING-FIRST GRADE CMQ.205= DK OR RF, GO TO BOX 5.
ELSE, IF (SPRING-FIRST GRADE CMQ.205 =1) OR (SPRING-FIRST GRADE CMQ.205 WAS NOT ASKED) OR (THE RESPONDENT
IN THE SPRING IS NOT THE SAME AS IN THE FALL), GO TO CMQ.305.

CMQ.300   I have also recorded that {NAME OF RELATIVE/FRIEND}

at {PHONE NUMBER}

on
{STREET ADDRESS, LINE 1}
{STREET ADDRESS, LINE 2}
{CITY}
{STATE}
{ZIP CODE}

will always know where you are if you move. Is this still true?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

MAKE CORRECTIONS TO ANY INFORMATION THAT IS UNKNOWN OR SHOWN AS REFUSED (RF) OR DON'T KNOW (DK).

CAPI INSTRUCTION: DISPLAY SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM (SPRING-K CMQ.300 IF CMQ.300=1) OR (SECOND CONTACT PERSON IN SPRING-K CMQ.310-CMQ.380). IF SPRING-K INFORMATION IS MISSING, DISPLAY SECOND CONTACT NAME, PHONE NUMBER, AND ADDRESS FROM FALL K CMQ.140.

IF THERE WAS NO TELEPHONE IN PRELOAD (TELEPHONE NUMBER WAS RECORDED AS '000' OR WAS MISSING, REFUSED, OR DON'T KNOW), DISPLAY "AN UNKNOWN TELEPHONE NUMBER" FOR "PHONE NUMBER" DISPLAY. IF ANY PART OF THE STREET ADDRESS IS MISSING, REFUSED, OR DON'T KNOW FROM THE PRELOAD, FOR STREET ADDRESS LINE 1, DISPLAY "AN UNKNOWN STREET". IF STREET ADDRESS LINE 2 IS MISSING, REFUSED, OR DON'T KNOW, USE A NULL DISPLAY. IF CITY IS MISSING, DISPLAY "AN UNKNOWN CITY".   IF STATE IS MISSING OR DON'T KNOW, DISPLAY "DK" FOR THE STATE DISPLAY. IF STATE IS REFUSED, DISPLAY RF FOR THE STATE DISPLAY. IF ZIP CODE IS MISSING OR DON'T KNOW, DISPLAY "DK" FOR THE ZIP CODE DISPLAY. ELSE, IF ZIP CODE WAS REFUSED, DISPLAY "RF" FOR THE ZIP CODE DISPLAY.

CAPI INSTRUCTION: DISPLAY CITY, STATE, AND ZIP ON 1 LINE.

YES --- NO CORRECTION NEEDED………..1 (BOX 5)
YES --- MINOR CORRECTIONS NEEDED…2 (CMQ.310)
NO……………………………………………..3 (BOX 4)
REFUSED…………………………………….8 (BOX 5)
DON'T KNOW………………………………...9 (BOX 5)

BOX 4

IF CMQ.205=DK, RF, GO TO BOX 5.

IF CMQ.205= 1 OR WAS NOT ASKED, CONTINUE WITH CMQ.305.

CMQ.305   Besides {PERSON AT SPRING-FIRST GRADE CMQ.210/PERSON AT SPRING-KINDERGARTEN CMQ.300 OR
            CMQ.310-383/PERSON AT FALL-KINDERGARTEN CMQ.110}, is there another relative or friend, who does not live in
            this household, who will always know where you are if you move?

            IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

            CAPI INSTRUCTIONS: IF CMQ.200 = REF/DK, DISPLAY NAME FROM FIRST CONTACT PERSON IN SPRING-
            KINDERGARTEN CMQ.300 IF THAT WAS CORRECT (CMQ.300=1) OR FIRST CONTACT PERSON NAME FROM
            SPRING-KINDERGARTEN THAT WAS GIVEN IN CMQ.310-CMQ.380. ELSE, IF CMQ.200 = REF/DK AND SPRING-
            KINDERGARTEN FIRST CONTACT PERSON INFORMATION IS MISSING, DISPLAY NAME FROM PERSON IN FALL
            CMQ.110. ELSE, DISPLAY NAME FROM PERSON IN SPRING-FIRST GRADE CMQ.210.

                              YES.. 1 (CMQ.310)
                              NO .... 2 (BOX 5)
                              REFUSED.. 8 (BOX 5)
                              DON'T KNOW.. 9 (BOX 5)

CMQ.310   What is the name, address, and telephone number of that person?

            {ENTER / CORRECT / ENTER NEW} FIRST AND LAST NAME.

            {IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

            CAPI INSTRUCTION: IN THE RESPONSE FIELDS: DISPLAY SECOND CONTACT FIRST AND LAST NAME FROM
            (SPRING-K CMQ.300 IF CMQ.300=1) OR (SECOND CONTACT PERSON IN SPRING-K CMQ.310). IF SPRING-K
            INFORMATION IS MISSING, DISPLAY SECOND CONTACT FIRST AND LAST NAME FROM FALL K CMQ.140. ELSE,
            USE A NULL DISPLAY.

            CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
            IF CMQ.300=3, DISPLAY 'ENTER NEW.'
            OTHERWISE, DISPLAY 'ENTER.'

            CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
            OTHERWISE, USE A NULL DISPLAY.

CMQ.320   [What is the name, address, and telephone number of that person?]

            {ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 1.

            {IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

            CAPI INSTRUCTION: IN THE RESPONSE FIELDS: DISPLAY STREET ADDRESS LINE 1 FROM (SPRING-K CMQ.300
            IF CMQ.300=1) OR (SPRING-K CMQ.320). IF SPRING-K INFORMATION IS MISSING, DISPLAY STREET ADDRESS
            LINE 1 FROM FALL K CMQ.140. ELSE, USE A NULL DISPLAY.

            CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
            IF CMQ.300=3, DISPLAY 'ENTER NEW.'
            OTHERWISE, DISPLAY 'ENTER.'

            CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
            OTHERWISE, USE A NULL DISPLAY.

                              REFUSED.. 8
                              DON'T KNOW.. 9

CMQ.330   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} STREET ADDRESS, LINE 2.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: IN THE RESPONSE FIELDS: DISPLAY STREET ADDRESS LINE 2 FROM (SPRING-K CMQ.300 IF CMQ.300=1) OR (SPRING-K CMQ.330). IF SPRING-K INFORMATION IS MISSING, DISPLAY STREET ADDRESS LINE 2 FROM FALL K CMQ.140. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
IF CMQ.300=3, DISPLAY 'ENTER NEW.'
OTHERWISE, DISPLAY 'ENTER.'

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
OTHERWISE, USE A NULL DISPLAY.

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

CMQ.340   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} CITY.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: IN THE RESPONSE FIELDS: DISPLAY CITY FROM (SPRING-K CMQ.300 IF CMQ.300=1) OR (SPRING-K CMQ.340). IF SPRING-K INFORMATION IS MISSING, DISPLAY CITY FROM FALL K CMQ.140. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
IF CMQ.300=3, DISPLAY 'ENTER NEW.'
OTHERWISE, DISPLAY 'ENTER.'

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
OTHERWISE, USE A NULL DISPLAY.

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

CMQ.350   [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} STATE ABBREVIATION BY USING LOOKUP FILE.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: DISPLAY STATE ABBREVIATIONS.

CAPI INSTRUCTION: IN THE RESPONSE FIELDS: DISPLAY STATE FROM (SPRING-K CMQ.300 IF CMQ.300=1) OR (SPRING-K CMQ.350). IF SPRING-K INFORMATION IS MISSING, DISPLAY STATE FROM FALL K CMQ.140. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
IF CMQ.300=3, DISPLAY 'ENTER NEW.'
OTHERWISE, DISPLAY 'ENTER.'

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
OTHERWISE, USE A NULL DISPLAY.

REFUSED.. 8
DON'T KNOW.. 9

BOX 4B

IF CMQ.250 = 0 (NOT IN THE UNITED STATES), CONTINUE WITH CMQ.355. ELSE, GO TO CMQ.360.

CMQ.355   [What is the name, address, and telephone number of that person?]

ENTER COUNTRY OR TERRITORY BY USING LOOKUP FILE.

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT ***NOT ON LIST*** IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

REFUSED 8
DON'T KNOW 9

BOX 4C
IF CMQ.355 = 0 (NOT ON LIST), CONTINUE WITH CMQ.355OS. OTHERWISE, GO TO CMQ.260.

CMQ.355OS [What is the name, address, and telephone number of that person?]

SPECIFY COUNTRY NAME

_____

CMQ.360 [What is the name, address, and telephone number of that person?]

{ENTER / CORRECT / ENTER NEW} ZIP CODE.

{IF FIELD IS INCOMPLETE, ENTER NEW INFORMATION.}

CAPI INSTRUCTION: IN THE RESPONSE FIELDS: DISPLAY ZIP CODE FROM (SPRING-K CMQ.300 IF CMQ.300=1) OR (SPRING-K CMQ.360). IF SPRING-K INFORMATION IS MISSING, DISPLAY ZIP CODE FROM FALL K CMQ.140. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
IF CMQ.300=3, DISPLAY 'ENTER NEW.'
OTHERWISE, DISPLAY 'ENTER.'

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
OTHERWISE, USE A NULL DISPLAY.

REFUSED.. 8
DON'T KNOW.. 9

CMQ.370 [What is the name, address, and telephone number of that person?]

IF NO TELEPHONE, ENTER '000.'

{ENTER / CORRECT / ENTER NEW} PHONE NUMBER, INCLUDING AREA CODE.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: IN THE RESPONSE FIELDS: DISPLAY TELEPHONE NUMBER FROM (SPRING-K CMQ.300 IF CMQ.300=1) OR (SPRING-K CMQ.320). IF SPRING-K INFORMATION IS MISSING, DISPLAY TELEPHONE NUMBER FROM FALL K CMQ.140. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
CAPI INSTRUCTION: IF CMQ.300=3, DISPLAY 'ENTER NEW.'
OTHERWISE, DISPLAY 'ENTER.'

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
OTHERWISE, USE A NULL DISPLAY.

REFUSED.. 8
DON'T KNOW.. 9

CMQ.380   What is the person's relationship to you?

{ENTER / CORRECT / ENTER NEW} RELATIONSHIP OF PERSON TO RESPONDENT.

{IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

CAPI INSTRUCTION: IN THE RESPONSE FIELDS: IF THE HOUSEHOLD HAD A SPRING-KINDERGARTEN
INTERVIEW, DISPLAY RELATIONSHIP FROM SPRING-K CMQ.380. ELSE, IF (SPRING-K CMQ.300=1) OR (THE
HOUSEHOLD HAD A FALL-K INTERVIEW BUT NOT A SPRING-K INTERVIEW), DISPLAY RELATIONSHIP FROM
FALL-K CMQ.140 IN THE RESPONSE FIELDS. ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'CORRECT.'
IF CMQ.300=3, DISPLAY 'ENTER NEW.'
OTHERWISE, DISPLAY 'ENTER.'

CAPI INSTRUCTION: IF CMQ.300=2, DISPLAY 'IF FIELD…INFORMATION.'
OTHERWISE, USE A NULL DISPLAY.

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

BOX 5

IF THE CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K OR SPRING K, GO TO
CMQ.383.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN SPRING-KINDERGARTEN)
AND (THERE WAS AN E-MAIL ADDRESS GIVEN IN SPRING-KINDERGARTEN CMQ.382 THAT WAS CORRECT (CMQ.382=1) OR
(AN E-MAIL ADDRESS IN SPRING-KINDERGARTEN GIVEN OR CORRECTED IN CMQ.384) AND (THE RESPONDENT IS THE
SAME AS IN SPRING-KINDERGARTEN), CONTINUE WITH CMQ.382.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL-KINDERGARTEN)
AND (THERE IS AN EMAIL ADDRESS FOR CMQ.092) AND (THE RESPONDENT IS THE SAME AS IN FALL-KINDERGARTEN),
CONTINUE WITH CMQ.382.

ELSE, GO TO CMQ.383.

CMQ.382   I have also recorded that your e-mail address is {EMAIL ADDRESS}. Is that correct?

CAPI INSTRUCTION: DISPLAY E-MAIL ADDRESS FROM (SPRING-K CMQ.382 IF CMQ.382=1) OR (E-MAIL
ADDRESS IN SPRING-K CMQ.384). IF SPRING-K INFORMATION IS MISSING, DISPLAY E-MAIL ADDRESS FROM
FALL K CMQ.092.

                          YES --- NO CORRECTION NEEDED………..1 (BOX 6)
                          YES --- MINOR CORRECTIONS NEEDED…2 (CMQ.384)
                          NO……………………………………………..3 (CMQ.383)
                          REFUSED…………………………………………8 (BOX 6)
                          DON'T KNOW………………………………..9 (BOX 6)

CMQ.383   Is there an e-mail address where we could reach you?

                              YES.. 1
                              NO 2   (BOX 6)
                              REFUSED... 7   (BOX 6)
                              DON'T KNOW.. 9   (BOX 6)

CMQ.384   What is your e-mail address?

                 IF EMAIL ADDRESS WILL NOT FIT THE SPACE PROVIDED, ENTER IT IN COMMENTS.

                 {CORRECT / ENTER NEW} E-MAIL ADDRESS.

                 {IF FIELD IS INCOMPLETE, ASK FOR NEW INFORMATION.}

                 CAPI INSTRUCTION: IN THE RESPONSE FIELD: DISPLAY E-MAIL ADDRESS FROM (SPRING-K CMQ.382 IF
                 CMQ.382=1) OR (E-MAIL ADDRESS IN SPRING-K CMQ.384). IF SPRING-K INFORMATION IS MISSING, DISPLAY
                 E-MAIL ADDRESS FROM FALL K CMQ.092. ELSE, USE A NULL DISPLAY.

                 CAPI INSTRUCTIONS: IF CMQ.382=2, DISPLAY 'CORRECT.' IF CMQ382=3, DISPLAY 'ENTER NEW.'

                 CAPI INSTRUCTIONS: IF CMQ.382=2, DISPLAY 'IF FIELD…INFORMATION.'
                 OTHERWISE, USE A NULL DISPLAY.

                 CAPI INSTRUCTIONS: ALLOW 70 TOTAL CHARACTERS FOR THE E-MAIL ADDRESS.
                 CAPI INSTRUCTIONS: IF THE EMAIL ADDRESS DOES NOT CONTAIN THE "@" SIGN, DISPLAY THE
                 FOLLOWING MESSAGE "THE EMAIL ADDRESS SHOULD CONTAIN THE "@" SIGN. PLEASE CONFIRM AND
                 CHANGE."

                 IF THE EMAIL ADDRESS DOES NOT CONTAIN A "." (PERIOD), DISPLAY THE FOLLOWING MESSAGE "THE
                 EMAIL ADDRESS SHOULD CONTAIN AT LEAST ONE PERIOD. PLEASE CONFIRM AND CHANGE."

                 CAPI INSTRUCTIONS: ALLOW FOR REFUSED AND DON'T KNOW ANSWERS.
                 _____
                                            ENTER E-MAIL ADDRESS

BOX 6

IF THE CASE DID NOT HAVE A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL K OR SPRING K, GO TO BOX 7.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN SPRING-KINDERGARTEN) AND (THE CHILD CURRENTLY HAS AT LEAST ONE NON-RESIDENTIAL PARENT WHO THE CHILD HAS CONTACT WITH (SPRING-FIRST GRADE NRQ.040 = 1 OR 2 FOR AT LEAST ONE NON-RESIDENTIAL PARENT)) AND (SPRING-KINDERGARTEN HAD COMPLETE NON-RESIDENT PARENT INFORMATION EITHER GIVEN IN SPRING-KINDERGARTEN CMQ.395 THAT WAS CORRECT (CMQ.395=1) OR GIVEN OR CORRECTED IN SPRING-KINDERGARTEN CMQ.400) AND (THE RESPONDENT IS THE SAME AS IN SPRING-KINDERGARTEN), CONTINUE WITH CMQ.395.

ELSE, IF (THE HOUSEHOLD HAD A COMPLETE OR PARTIALLY COMPLETE PARENT INTERVIEW IN FALL-KINDERGARTEN) AND (THE CHILD CURRENTLY HAS AT LEAST ONE NON-RESIDENTIAL PARENT WHO THE CHILD HAS CONTACT WITH (SPRING-FIRST GRADE NRQ.040 = 1 OR 2 FOR AT LEAST ONE NON-RESIDENTIAL PARENT)) AND (FALL K CMQ170 HAD COMPLETE NON-RESIDENT PARENT INFORMATION) AND (THE RESPONDENT IS THE SAME AS IN FALL-KINDERGARTEN), CONTINUE WITH CMQ.395.

ELSE, GO TO BOX 7.

DEFINITION OF "COMPLETE" NON-RESIDENT PARENT INFORMATION:
EITHER NAME + PHONE NUMBER OR NAME + CITY+ STATE WERE COLLECTED IN SPRING OR FALL K.

IF THE NON-RESIDENT PARENT ADDRESS COLLECTED IN SPRING K OR FALL K DOES NOT MEET THE DEFINITION OF "COMPLETE," THEN CAPI ROUTES THAT CASE TO BOX 7.

CMQ.395   I have recorded {NAME OF NONRESIDENTIAL PARENT} at {PHONE NUMBER}

on
{STREET ADDRESS, LINE 1}
{STREET ADDRESS, LINE 2}
{CITY} {STATE} {ZIP CODE}

is {CHILD}'s {RELATIONSHIP AT CMQ170}.

Is this information still correct?

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

CAPI INSTRUCTION: DISPLAY NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP OF NON-RESIDENTIAL PARENT FROM (SPRING-K CMQ.395 IF CMQ.395=1) OR (SPRING-K CMQ.400). IF SPRING-K INFORMATION IS MISSING, DISPLAY NAME, ADDRESS, PHONE NUMBER, AND RELATIONSHIP OF NON-RESIDENTIAL PARENT FROM FALL K CMQ.170.

IF THERE WAS NO TELEPHONE IN PRELOAD (TELEPHONE NUMBER WAS RECORDED AS '000' OR WAS MISSING, REFUSED, OR DON'T KNOW), DISPLAY "AN UNKNOWN TELEPHONE NUMBER" FOR "PHONE NUMBER" DISPLAY. IF ANY PART OF THE STREET ADDRESS IS MISSING, REFUSED, OR DON'T KNOW FROM THE PRELOAD, FOR STREET ADDRESS LINE 1, DISPLAY "AN UNKNOWN STREET". IF STREET ADDRESS LINE 2 IS MISSING, REFUSED, OR DON'T KNOW, USE A NULL DISPLAY. IF CITY IS MISSING, DISPLAY "AN UNKNOWN CITY". IF STATE IS MISSING OR DON'T KNOW, DISPLAY "DK" FOR THE STATE DISPLAY. IF STATE IS REFUSED, DISPLAY RF FOR THE STATE DISPLAY. IF ZIP CODE IS MISSING OR DON'T KNOW, DISPLAY "DK" FOR THE ZIP CODE DISPLAY. ELSE, IF ZIP CODE WAS REFUSED, DISPLAY "RF" FOR THE ZIP CODE DISPLAY.

CAPI INSTRUCTION: DISPLAY CITY, STATE, AND ZIP ON 1 LINE.

YES --- NO CORRECTION NEEDED…………………………………..1 (CMQ.680)
YES --- MINOR CORRECTIONS NEEDED…………………………2 (CMQ.400)
NO……………………………………………………………………….3 (BOX 7)
INFORMATION ALREADY PROVIDED IN PREVIOUS ITEMS……..4 (CMQ.680)
REFUSED………………………………………………………………8 (CMQ.680)
DON'T KNOW………………………………………………………...9 (CMQ.680)

BOX 7

IF CMQ.395 WAS NOT ASKED AND IF FOCAL CHILD HAS AT LEAST ONE NON-RESIDENT PARENT WHO THE CHILD HAS HAD CONTACT WITH (NRQ.040=1 OR 2 FOR AT LEAST ONE NON-RESIDENT PARENT), CONTINUE WITH CMQ.400.

IF CMQ.395=3 (NO) AND THE FOCAL CHILD HAS AT LEAST ONE NON-RESIDENT PARENTS WHO THE CHILD HAS HAD CONTACT WITH (NRQ.040=1 OR 2 FOR AT LEAST ONE NON-RESIDENT PARENT), ALSO CONTINUE WITH CMQ.400. OTHERWISE, GO TO CMQ.680.

CMQ.400   What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?

ENTER FIRST AND LAST NAME.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

IF NECESSARY SAY: I will only contact this person if I cannot locate you for the next interview.

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

CMQ.410   [What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?]

ENTER STREET ADDRESS, LINE 1.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

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

CMQ.420   [What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?]

ENTER STREET ADDRESS, LINE 2.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

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

CMQ.430   [What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?]

ENTER CITY.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.
DISPLAY THE 'OR' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

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

CMQ.440   [What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?]

ENTER STATE ABBREVIATION BY USING LOOKUP FILE.

TO ACTIVATE LOOKUP, BEGIN TO TYPE STATE NAME. IF NOT IN THE UNITED STATES, HIGHLIGHT "**NOT IN THE UNITED STATES*** IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

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

BOX 7B

IF CMQ.440 = 0 (NOT IN THE UNITED STATES), CONTINUE WITH CMQ.445. ELSE, GO TO CMQ.450.

CMQ.445   [What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?]

ENTER COUNTRY OR TERRITORY BY USING LOOKUP FILE.

TO ACTIVATE LOOKUP, BEGIN TO TYPE COUNTRY OR TERRITORY. IF COUNTRY IS NOT ON THE LIST, HIGHLIGHT ***NOT ON LIST*** IN THE LOOKUP FILE AND PRESS ENTER.

USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.

CAPI INSTRUCTION: DISPLAY COUNTRY LOOKUP FILE. ALLOW 3 SPACES IN THE RESPONSE FIELD FOR ENTERING RESPONSE CODES.

CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER. DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

REFUSED 8
DON'T KNOW 9

BOX 7C

IF CMQ.355 = 0 (NOT ON LIST), CONTINUE WITH CMQ.445OS. OTHERWISE, GO TO CMQ.450.

CMQ.445OS [What is the name, address, and telephone number of that person?]

SPECIFY COUNTRY NAME

_____

CMQ.450   [What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?]

ENTER ZIP CODE.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

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

CMQ.460   [What is the name, address, and telephone number of {CHILD}'s {biological mother/ {or} biological father / {or} adoptive mother / {or} adoptive father}?]

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

IF NO TELEPHONE, ENTER '000.'

ENTER PHONE NUMBER, INCLUDING AREA CODE.
CAPI INSTRUCTION: DISPLAY 'biological mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER.

CAPI INSTRUCTION: DISPLAY '{or} biological father] IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive mother' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE MOTHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

CAPI INSTRUCTION: DISPLAY '{or} adoptive father' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT ADOPTIVE FATHER.
DISPLAY THE 'or' IF NRQ.040=1 OR 2 FOR A NON-RESIDENT BIOLOGICAL MOTHER OR NON-RESIDENT BIOLOGICAL FATHER ALSO.

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

CMQ.470   {Let me just confirm our information}. What is the person's relationship to {CHILD}?

ENTER RELATIONSHIP OF PERSON TO CHILD.

IF THE PARENT IS DECEASED OR THERE HAS BEEN NO CONTACT SINCE BIRTH/ADOPTION OR THERE IS NO ADOPTIVE MOTHER/FATHER, THEN CODE "8."

CAPI INSTRUCTION: DISPLAY "Let me…information" IF ONLY ONE TYPE OF NONRESIDENT PARENT WAS DISPLAYED IN CMQ.460 (E.G., ONLY "BIOLOGICAL MOTHER" AND NOT "BIOLOGICAL FATHER", "ADOPTIVE MOTHER", OR "ADOPTIVE FATHER". ELSE, USE A NULL DISPLAY.

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

CMQ.680   WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?

TELEPHONE…………………1
IN-PERSON……………………2

CMQ.690   WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?

ENGLISH .... 1 (BOX 7D)
SPANISH .... 2 (BOX 7D)
ANOTHER LANGUAGE... 91 (CMQ.690OS)

CMQ.690OS SPECIFY OTHER LANGUAGE.

[WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?]

+---+
| BOX 7D |
| IF CMQ.680 =2, GO TO CMQ.695. ELSE, GO TO BOX 8. |
+---+

CMQ.695   WHERE WAS THIS INTERVIEW CONDUCTED?

CHILD'S HOME 1
CHILD'S SCHOOL 2
SOMEWHERE ELSE 3

CMQ.700

Thank you very much for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.

PRESS 1 AND ENTER TO CONTINUE.

CMQ.701

We would like to call the parent or guardian for {CHILD} at the household where {he/she} lives. Could you please give me the name and telephone number for the home that I should call.

AFTER EXITING ON THE NEXT SCREEN, ENTER CONTACT INFORMATION FOR CHILD'S RESIDENCE INTO THE ELECTRONIC RECORD OF CALLS.

PRESS 1 AND ENTER TO CONTINUE.

CMQ.702

We would like to call back when {CHILD}'s parent or guardian is available. Please tell me when we should call back.

AFTER EXITING ON THE NEXT SCREEN, ENTER CALL BACK TIME INTO THE ELECTRONIC RECORD OF CALLS.

PRESS 1 AND ENTER TO CONTINUE.

CMQ.703

Thank you.

AFTER EXITING ON THE NEXT SCREEN, ENTER INTO THE ELECTRONIC RECORD OF CALLS WHETHER YOU SPOKE TO THE CONTACT PERSON AND ANY INFORMATION YOU HAVE ABOUT WHY AN APPROPRIATE RESPONDENT WAS NOT AVAILABLE, NOT IN THE HOUSEHOLD, OR THE INFORMATION WAS REFUSED/DON'T KNOW.

PRESS 1 AND ENTER TO CONTINUE.

CMQ.720
PRESS 1 AND ENTER TO SAVE AND EXIT THIS CASE.

Fall Second-Grade Parent Interview

Box 1

IF THE CASE HAS A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, FALL-FIRST GRADE, OR SPRING-FIRST GRADE INTERVIEW, GO TO INQ.005. ELSE, GO TO INQ.040.

INQ005

{In the fall of 2010/In the spring of 2011/In the fall of 2011/In the spring of 2012}, we spoke with {NAME OF RESPONDENT} who took part in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011 on {DATE OF LAST INTERVIEW}. Am I talking to the same person?

VERIFY NAME, AGE AND RELATIONSHIP WITH RESPONDENT:

NAME: {FIRST NAME} {LAST NAME}.

AGE: {APPROXIMATELY {UPDATED AGE FROM PRELOAD} YEARS OLD/UNKNOWN}.

RELATIONSHIP TO CHILD: {RELATIONSHIP TO CHILD/UNKNOWN}.

ENTER "1" FOR YES EVEN IF THE AGE LISTED IS A YEAR OR TWO DIFFERENT FROM THE AGE OF THE RESPONDENT IF YOU HAVE CONFIRMED IT IS THE SAME PERSON.

1	YES	INQ090
2	NO	INQ010
3	YES, SAME PERSON, BUT CHILD LIVES ELSEWHERE NOW	CMQ701

PROGRAMMER INSTRUCTIONS:

ACCORDING TO THE PRELOAD, DISPLAY "In the fall of 2010" IF THE MOST RECENTLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF KINDERGARTEN. DISPLAY "In the spring of 2011" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW WAS IN THE SPRING OF KINDERGARTEN. DISPLAY "In the fall of 2011" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF FIRST GRADE. DISPLAY "In the spring of 2012" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW WAS IN THE SPRING OF FIRST GRADE.

FOR "NAME OF RESPONDENT" DISPLAY FIRST AND LAST NAME OF RESPONDENT FROM MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW FROM PRELOAD. USE THE NAME OF PERSONTYPE=R.

FOR "FIRST NAME" AND "LAST NAME" DISPLAY FIRST AND LAST NAME OF RESPONDENT FROM MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW FROM PRELOAD. USE THE NAME OF PERSONTYPE=R.

IF AGE IS NOT ONE OF THESE MISSING VALUES (MISSING, REFUSED, OR DON'T KNOW), DISPLAY "APPROXIMATELY…OLD". FOR "UPDATED AGE FROM FALL OR SPRING" DISPLAY AGE OF MOST RECENT

ROUND RESPONDENT FROM PRELOAD. IF AGE IS MISSING, REFUSED, OR DON'T KNOW, DISPLAY "UNKNOWN."

FOR "RELATIONSHIP TO CHILD" DISPLAY RELATIONSHIP OF RESPONDENT TO CHILD FROM PRELOAD. IF RELATIONSHIP IS MISSING, REFUSED, OR DON'T KNOW, DISPLAY "UNKNOWN".

FLAG THE RESPONDENT IN THE HOUSEHOLD ROSTER AND SET A FLAG CALLED "FLAGS.SAMERESP" THAT EQUALS 1 IF INQ.005 = 1.

REFUSED AND DON'T KNOW DISALLOWED.

INQ010

May I please speak with {NAME OF PREVIOUS ROUND RESPONDENT}?

NOTE: IF THIS PERSON ASKED FOR IN THIS QUESTION IS AVAILABLE AND YOU CAN SPEAK TO HIM/HER NOW, CODE "1". IF YOU NEED TO CALL BACK AND THIS PERSON WILL BE AVAILABLE IN THE FIELD PERIOD, CODE "2". IF THIS PERSON IS NOT AVAILABLE IN THE FIELD PERIOD BECAUSE HE/SHE IS AWAY OR DOES NOT CURRENTLY LIVE WITH THE CHILD IN THIS HOUSEHOLD, CODE "3" TO ASK FOR SOMEONE ELSE. IF THE CHILD DOES NOT LIVE THERE NOW, CODE "4" FOR "CHILD LIVES ELSEWHERE."

CODES

1   AVAILABLE   INQ005
2   NOT AVAILABLE BUT WILL BE BEFORE END OF FIELD PERIOD (CALLBACK APPT.) CMQ702
3   NOT AVAILABLE IN FIELD PERIOD   INQ015
4   CHILD LIVES ELSEWHERE   CMQ701
REFUSED   INQ015
DON'T KNOW   INQ015

PROGRAMMER INSTRUCTIONS:

DISPLAY FIRST AND LAST NAME OF RESPONDENT FROM MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW FROM PRELOAD.

IF INQ.010 = 1, HARD ERROR CHECK SHOULD READ:

PLEASE GO BACK TO THE PREVIOUS QUESTION (INQ.005) TO VERIFY THE RESPONDENT.

PRESS G TO GO BACK NOW.

PRESS C TO CANCEL.

INQ015

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

NOTE: TO ANSWER "1" FOR "YES," THE PARENT OR GUARDIAN SHOULD LIVE IN THE SAME HOUSEHOLD AS THE CHILD FOR THE MAJORITY OF THE YEAR, HAVE JOINT CUSTODY OF THE CHILD, OR BE THE ADULT WHO SPENDS THE MOST TIME WITH THE CHILD WHEN THE CHILD IS NOT IN A GROUP HOME. IF YOU

ARE NOT SPEAKING TO THIS PERSON NOW, CODE "2" FOR "NO." IF THE CHILD DOES NOT LIVE THERE NOW, CODE "3" FOR "CHILD LIVES ELSEWHERE."

CODES

1   YES   INQ030
2   NO   INQ020
3   CHILD LIVES ELSEWHERE   CMQ701
REFUSED   INQ020
DON'T KNOW   INQ020

INQ020

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

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

CODES

1   AVAILABLE   INQ030
2   NOT AVAILABLE BUT WILL BE BEFORE END OF FIELD PERIOD (CALLBACK APPT.) CMQ702
3   NOT AVAILABLE IN FIELD PERIOD   INQ025
4   NO PARENT OR GUARDIAN IN HH KNOWS ABOUT CHILD   INQ025
5   CHILD LIVES ELSEWHERE   CMQ701
REFUSED   INQ025
DON'T KNOW   INQ025

INQ025

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

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

CODES

1   PERSON ON PHONE   INQ030
2   NOT AVAILABLE BUT WILL BE BEFORE END OF FIELD PERIOD (CALLBACK APPT.) CMQ702
3   NOT AVAILABLE IN FIELD PERIOD   CMQ703
4   NO ADULT IN HH KNOWS ABOUT CHILD CMQ703
5   CHILD LIVES ELSEWHERE   CMQ701
REFUSED   CMQ703
DON'T KNOW   CMQ703

INQ030

May I have your name please?

SELECT NAME FROM LIST BELOW.

IF THE NAME IS ON THE LIST OF HOUSEHOLD MEMBERS, ENTER THE NUMBER NEXT TO THE PERSON ON THE HOUSEHOLD ROSTER WHO WILL BE THE CURRENT ROUND RESPONDENT. SELECT THIS PERSON'S NAME EVEN IF THE AGE LISTED IS A YEAR OR TWO DIFFERENT FROM THE AGE OF THE RESPONDENT.

VERIFY NAME, RELATIONSHIP, AND AGE WITH RESPONDENT.

IF NAME NOT LISTED, ENTER 0.

ENTER TEXT

Length 2

PROGRAMMER INSTRUCTIONS:

1.DISPLAY NAME, RELATIONSHIP, AND AGE OF HOUSEHOLD MEMBERS FROM THE MOST RECENT UPDATED HOUSEHOLD ROSTER FROM THE PRELOAD. AT THE TOP OF THE ROSTER, DISPLAY "0 NOT ON LIST. IF RELATIONSHIP OR AGE IS MISSING, REFUSED, OR DON'T KNOW, DISPLAY "UNKNOWN". IF AGE IS NOT MISSING, REFUSED, OR DON'T KNOW, NEXT TO AGE DISPLAY THE WORD "APPROXIMATELY". IF THERE IS NOT A HOUSEHOLD ROSTER BECAUSE THERE IS ONLY FALL-FIRST GRADE DATA, SEE INSTRUCTION 2.

2. DISPLAY HOUSEHOLD MEMBERS 15 YEARS OR OLDER AS RESPONSE CATEGORIES (IN CASE OF RESPONDENT/INTERVIEWER ERROR EARLY IN THE INTERVIEW, INCLUDE THE RESPONDENT FROM THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW IN THIS DISPLAY EVEN THOUGH HE/SHE SHOULD HAVE BEEN SELECTED AT INQ.005). IN HOUSEHOLDS THAT ONLY HAVE FALL-FIRST GRADE DATA AND NOT FALL-K, SPRING-K, OR SPRING-FIRST GRADE DATA, THE ONLY PERSON DISPLAYED WILL BE THE FALL-FIRST GRADE RESPONDENT BECAUSE HOUSEHOLD MATRIX QUESTIONS WERE NOT ASKED IN FALL-FIRST GRADE.

3. IF THE RESPONDENT FROM THE MOST RECENTLY COMPLTED OR PARTIALLY COMPLETED INTERVIEW IS SELECTED AT THIS SCREEN (EVEN THOUGH HE/SHE SHOULD HAVE BEEN SELECTED AT INQ.005), SET "FLAGS.SAMERESP" =1 AND GO TO INQ.090.

4. IF ZERO IS ENTERED, GO TO INQ.060. ELSE, IF IT IS A CONTINUING HOUSEHOLD BUT A NEW RESPONDENT WHO WAS ALREADY IN THE HOUSEHOLD MATRIX, GO TO INQ.080.

5.	DISALLOW DK AND RF.

6.	FLAG THE RESPONDENT.

INQ040

(As I mentioned earlier), you and {CHILD} have been selected to take part in the Early Childhood Longitudinal Study, Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved. The interview should take about 15 minutes.

All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, except as required by law.

This call will be recorded for quality control purposes.

CODES

1	CONTINUE WITH RECORDING	Box 2
2	CONTINUE WITHOUT RECORDING	INQ040b

INQ040b

THIS INTERVIEW IS NOT BEING RECORDED.

IF NEEDED: That's fine. This interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE.

ENTER TEXT

Length 1

Box 2

IF INQ.040 HAS BEEN ASKED TWICE, GO TO INQ.060. ELSE, GO TO INQ.041.

INQ041

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

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

CODES

1	YES	INQ060
2	NO	INQ042
3	CHILD LIVES ELSEWHERE	CMQ701
REFUSED	INQ042	
DON'T KNOW	INQ042	

INQ042

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

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

CODES

1	AVAILABLE	INQ040
2	NOT AVAILABLE BUT WILL BE BEFORE END OF FIELD PERIOD (CALLBACK APPT.)	CMQ702
3	NOT AVAILABLE IN FIELD PERIOD	INQ043
4	NO PARENT OR GUARDIAN IN HH KNOWS ABOUT CHILD	INQ043
5	CHILD LIVES ELSEWHERE	CMQ701
REFUSED	INQ043	
DON'T KNOW	INQ043	

INQ043

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

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

CODES

1	PERSON ON PHONE	INQ060
2	NOT AVAILABLE BUT WILL BE BEFORE END OF FIELD PERIOD (CALLBACK APPT.)	CMQ702
3	NOT AVAILABLE IN FIELD PERIOD	CMQ703
4	NO ADULT IN HH KNOWS ABOUT CHILD	CMQ703

5   CHILD LIVES ELSEWHERE   CMQ701

REFUSED   CMQ703

DON'T KNOW   CMQ703

INQ060

{[}May I have your name, please?{]}

ENTER THE RESPONDENT'S FIRST NAME.

VERIFY SPELLING.

FIRST NAME

ENTER TEXT

Length 50

PROGRAMMER INSTRUCTIONS:

DISPLAY "[" AND "]" IF INQ.030 WAS ASKED. ELSE, USE A NULL DISPLAY.

REFUSED AND DON'T KNOW DISALLOWED.

INQ070

[May I have your name, please?]

ENTER LAST NAME.

VERIFY SPELLING.

LAST NAME

ENTER TEXT

Length 50

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: REFUSED AND DON'T KNOW DISALLOWED.

Box 3

FOR NON-RESPONDENTS, GO TO INQ.130 AND ASK INQ130 THROUGH BOX 8. ELSE, GO TO INQ.080.

INQ080

(As I mentioned earlier), you and {CHILD} were selected to take part in the Early Childhood Longitudinal Study Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. I have some questions for you that ask about {CHILD}'s school and home experiences. The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved. The interview should take about 15 minutes.

All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, except as required by law.

This call will be recorded for quality control purposes.

CODES

1   CONTINUE WITH RECORDING   Box 4
2   CONTINUE WITHOUT RECORDING   INQ080b

INQ080b

THIS INTERVIEW IS NOT BEING RECORDED.

IF NEEDED: That's fine. This interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE.

ENTER TEXT

Length 1

Box 4

FOR NEW FALL-SECOND GRADE RESPONDENTS, GO TO INQ.130.

INQ090

{In the fall of 2010/In the spring of 2011/In the fall of 2011/In the spring of 2012}, you and {CHILD} took part in the Early Childhood Longitudinal Study Kindergarten Class of 2010-2011, which is sponsored by the U.S. Department of Education, National Center for Education Statistics.

I have some questions for you that ask about {CHILD}'s school and home experiences since our last interview.

The information I collect in this interview will be extremely valuable in understanding the development of young children and how their early school experiences can be improved. The interview should take about 15 minutes.

All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, except as required by law.

This call will be recorded for quality control purposes.

CODES

1   CONTINUE WITH RECORDING   INQ110
2   CONTINUE WITHOUT RECORDING   INQ090b

PROGRAMMER INSTRUCTIONS:

ACCORDING TO THE PRELOAD, DISPLAY "In the fall of 2010" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF KINDERGARTEN. DISPLAY "In the spring of 2011" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED INTERVIEW WAS IN THE SPRING OF KINDERGARTEN. DISPLAY "In the fall of 2011" IF THE MOST RECENTLY COMPLETED OR PARTIALLY COMPLETED PARENT INTERVIEW WAS IN THE FALL OF FIRST GRADE. DISPLAY "In the spring of 2012" IF THE MOST RECENTLY COMPLETED INTERVIEW WAS IN THE SPRING OF FIRST GRADE.

INQ090b

THIS INTERVIEW IS NOT BEING RECORDED.

IF NEEDED: That's fine. This interview will not be recorded.

PRESS 1 AND ENTER TO CONTINUE.

ENTER TEXT

Length 1

INQ110

I would like to verify the spelling of your name for our records. Is your first name spelled {FIRST NAME OF PREVIOUS ROUND RESPONDENT}?

CODES

1   YES   INQ115
2   NO   INQ112

PROGRAMMER INSTRUCTIONS:

FROM THE PRELOAD, DISPLAY FIRST NAME OF RESPONDENT FROM THE MOST RECENTLY COMPLTED OR PARITIALLY COMPLETED INTERVIEW.

INQ112

How do you spell your first name?

VERIFY SPELLING.

ENTER TEXT

Length 50

INQ115

[I would like to verify the spelling of your name for our records.] Is your last name spelled {LAST NAME OF PREVIOUS ROUND RESPONDENT}?

CODES

1   YES   INQ130
2   NO   INQ116

PROGRAMMER INSTRUCTIONS:

FROM THE PRELOAD, DISPLAY LAST NAME OF RESPONDENT FROM THE MOST RECENTLY COMPLTED OR PARITIALLY COMPLETED INTERVIEW.

INQ116

How do you spell your last name?

VERIFY SPELLING.

ENTER TEXT

Length 50

INQ130

Before we begin the interview, I would like to verify some information.

I have recorded {CHILD's FIRST, MIDDLE, AND LAST NAME} as {CHILD}'s full name. Is this correct?

ALSO VERIFY SPELLING.

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

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

{CHILD'S FIRST NAME}
{CHILD'S MIDDLE NAME}
{CHILD'S LAST NAME}

FIRST NAME: [_____]
MIDDLE NAME: [_____]
LAST NAME: [_____]

REFUSED

DON'T KNOW

PROGRAMMER INSTRUCTIONS:

REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS. HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE 'REAL DATA' TO '8' (REFUSED) OR '9' (DON'T KNOW).

FOR CHILD'S FIRST, MIDDLE, AND LAST NAME, DISPLAY CHILD'S FULL NAME FROM PRELOAD.

USE PRELOAD LENGTH FOR CHILD'S NAME.

Box 5

IF (THIS CASE DOES NOT HAVE A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, FALL-FIRST GRADE, OR SPRING-FIRST GRADE INTERVIEW) OR (THE CASE HAS A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, FALL-FIRST GRADE, OR SPRING-FIRST GRADE INTERVIEW AND THE CHILD'S SEX IS MISSING), GO TO INQ.160. ELSE, GO TO BOX 6.

INQ160

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

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

{Current Info: [MALE/FEMALE]}

CODES

1 MALE
2 FEMALE
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

DISPLAY CORRECTED INFORMATION ABOUT CHILD'S SEX FROM PRELOAD. IF SEX IS NONMISSING IN THE PRELOAD, DISPLAY "I have…{male/female}. Is that correct?" AND "MAKE CORRECTIONS TO SEX BELOW OR PRESS ENTER TO ACCEPT CURRENT SEX. DISPLAY "male" IF THE PRELOAD SHOWS THAT THE CHILD IS MALE, DISPLAY "female" IF THE PRELOAD SHOWS THAT THE CHILD IS FEMALE, AND NEXT TO "CURRENT INFO" BELOW, DISPLAY "MALE" IF THE CHILD IS MALE ACCORDING TO THE PRELOAD AND DISPLAY "FEMALE" IF THE CHILD IS FEMALE.

ELSE, IF SEX IS MISSING IN THE PRELOAD, DISPLAY "Is {CHILD}…female?" AND USE A NULL DISPLAY FOR "MALE/FEMALE" AND DO NOT DISPLAY "CURRENT INFO".

REFUSED AND DON'T KNOW ALLOWED.

Box 6

IF (THIS CASE DOES NOT HAVE A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, FALL-FIRST, OR SPRING-FIRST GRADE INTERVIEW) OR (THE CASE HAS A COMPLETE OR PARTIALLY COMPLETE FALL-KINDERGARTEN, SPRING-KINDERGARTEN, FALL-FIRST, OR SPRING-FIRST GRADE INTERVIEW AND THE CHILD'S DATE OF BIRTH IS MISSING), GO TO INQ.170. ELSE, GO TO BOX 8.

INQ170

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

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

{CURRENT INFO: |___|___| / |___|___| / |___|___||___|___|}

|___|___| / |___|___| / |___|___||___|___|

ENTER DATE OF BIRTH (MONTH/DAY/YEAR)

ENTER TEXT

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

DISPLAY INFORMATION ABOUT CHILD'S DATE OF BIRTH FROM PRELOAD. DISPLAY THE NAME OF THE MONTH, NOT THE NUMBER OF THE MONTH, FOLLOWED BY THE DAY WITH THE APPROPRIATE LETTERS AT THE END TO GO WITH THE DATE, AND THEN THE YEAR (E.G., August 12th, 2005).

IF DATE OF BIRTH IS NOT AVAILABLE IN THE PRELOAD, ENTRY FOR DATE OF BIRTH IS REQUIRED.

REFUSED AND DON'T KNOW ALLOWED IF THERE ARE NO PRELOADED DATA. IF THERE ARE PRELOADED DATA DO NOT ALLOW THEM TO BE OVERWRITTEN BY REFUSED/DON'T KNOW.

IF A DATE OF BIRTH IS AVAILABLE FOR THE FOCAL CHILD FROM THE PRELOAD, DISPLAY "I have recorded that {CHILD} was born on {DATE OF BIRTH}. Is that correct?" AND "MAKE CORRECTIONS … BIRTH."' ALSO, IF DATE OF BIRTH IS AVAILABLE IN THE PRELOAD, DISPLAY IT NEXT TO "CURRENT INFO" BELOW.

OTHERWISE, IF DATE OF BIRTH IS NOT AVAILABLE IN THE PRELOAD, DISPLAY "What is {child}'s date of birth?" AND USE A NULL DISPLAY FOR DATE OF BIRTH AND DO NOT DISPLAY "CURRENT INFO".

RANGE CHECK: 1-12 FOR MONTH, 1-31 FOR DAY, 2003-2007 FOR YEAR. IF MONTH IS OUT OF RANGE,

DISPLAY ERROR MESSAGE "THE BIRTHDAY MONTH SHOULD BE BETWEEN 1 AND 12." IF DAY IS OUT OF RANGE, DISPLAY ERROR MESSAGE "THE BIRTHDAY DAY SHOULD BE BETWEEN 1 AND 31." IF YEAR IS OUT OF RANGE, DISPLAY ERROR MESSAGE "THE BIRTHDAY YEAR SHOULD BE IN THE RANGE OF 2003 – 2007.

CONFIRM THE YEAR THE CHILD WAS BORN AND, IF STILL NOT IN RANGE, ENTER "DON'T KNOW" AND A COMMENT."

Box 7

IF ANY FIELD IN DATE OF BIRTH INQ.170 = REFUSED OR DK, GO TO INQ.176.

ELSE, CONTINUE WITH INQ.175.

INQ175

So {CHILD} is {AGE CALCULATED FROM DATE OF BIRTH AT INQ.170} years old. Is that correct?

IF AGE IS INCORRECT, GO BACK TO INQ170 AND CORRECT DATE OF BIRTH.

IF AGE IS STILL INCORRECT, ANSWER "NO" TO THIS QUESTION (INQ175).

CODES

1   YES   Box 8
2   NO   SEE BELOW
REFUSED   INQ176
DON'T KNOW   INQ176

PROGRAMMER INSTRUCTIONS:

USE ERROR MESSAGE THAT SAYS: IF AGE INCORRECT, CORRECT DATE OF BIRTH.

1.   PRESS G or ENTER TO REENTER DATE OF BIRTH.
2.   PRESS C OR ESCAPE TO CANCEL.

"S" FOR SUPPRESS SHOULD ALSO BE AN OPTION ON THIS SCREEN, IN ADDITION TO G FOR "GO TO" AND "C" FOR CLOSE.

INQ176

How old is {CHILD}?

ENTER NUMBER

Range   5 to 9

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

RANGE CHECK 5-9.

IF DK OR RF, DISPLAY "YOU MUST ENTER AN AGE FOR THE CHILD IF DATE OF BIRTH IS MISSING. IF THE RESPONDENT DOESN'T KNOW THE AGE, ASK FOR HIS/HER BEST GUESS. IF THE RESPONDENT REFUSES TO PROVIDE AN AGE, ENTER YOUR BEST GUESS OR A '7' IF YOU CAN'T GUESS AT THE CHILD'S AGE."

Box 8

IF PREVIOUS ADDRESS IS IN THE PRELOAD, GO TO INQ.180. ELSE, IF PREVIOUS ADDRESS IS NOT IN THE PRELOAD, GO TO INQ.190.

INQ180

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

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

Is this still correct?

CODES

1   YES, CORRECT ADDRESS   INQ200
2   YES, SAME ADDRESS – MINOR CORRECTIONS   INQ190
3   NO, NEW ADDRESS   INQ190
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

IN THE RESPONSE FIELD, DISPLAY CURRENT ADDRESS INFO FROM THE PRELOAD.
IF REFUSED OR DON'T KNOW, GO TO BOX 9.

INQ190

{What is {CHILD}'s home address?}

{MAKE CORRECTIONS TO ADDRESS BELOW.}

{TO ACTIVATE LOOKUP, BEGIN TO TYPE STATE NAME. USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH.}

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

```
STREET ADDRESS1       :  [_____]
STREET ADDRESS2       :  [_____]
CITY    :  [_____]
STATE   :  [_____]
ZIP CODE        :  [_____]
```
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: IF THE HOME ADDRESS WAS NOT IN THE PRELOAD, DISPLAY "What is…address?"
ELSE, USE A NULL DISPLAY.
CAPI INSTRUCTION: IF INQ.180 = 2 OR 3, DISPLAY "MAKE CORRECTIONS…BELOW." ELSE, USE A NULL DISPLAY.

REFUSED AND DON'T KNOW ALLOWED AT ALL FIELDS.

DISPLAY "TO ACTIVATE LOOKUP, BEGIN TO TYPE STATE NAME. USE THE ARROW KEYS TO HELP YOU LOCATE A MATCH." WHEN ON STATE ENTRY FIELD.

DISPLAY CURRENT ADDRESS INFO IN THE RESPONSE FIELD IF PREVIOUS ADDRESS INFORMATION WAS IN PRELOAD.

FOR THIS ITEM ONLY, DO NOT DISPLAY PUERTO RICO IN THE STATE LOOKUP FILE.

Box 9

IF TELEPHONE NUMBER IS IN THE PRELOAD, GO TO INQ.200. ELSE, IF TELEPHONE NUMBER IS NOT IN THE PRELOAD, GO TO INQ.205.

INQ200

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

CODES

1   YES, CORRECT TELEPHONE NUMBER   Box 10
2   YES, SAME TELEPHONE NUMBER – MINOR CORRECTIONS   INQ205
3   NO, NEW TELEPHONE NUMBER INQ205
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

DISPLAY CURRENT PHONE NUMBER FROM PRELOAD.

REFUSED AND DON'T KNOW GO TO BOX 10.

INQ205

{What is {CHILD}'s family's current home phone number?}

{MAKE CORRECTIONS TO TELEPHONE NUMBER BELOW.}

IF NO TELEPHONE, ENTER '000'.

[CURRENT TELEPHONE NUMBER]

ENTER TEXT

Length 10

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: IF TELEPHONE NUMER WAS MISSING IN PRELOAD, DISPLAY "What is…number?".
ELSE, USE A NULL DISPLAY.

CAPI INSTRUCTION: IF INQ.200 = 2 OR 3, DISPLAY "MAKE…BELOW." ELSE, USE A NULL DISPLAY.

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

IF AVAILABLE, DISPLAY CURRENT TELEPHONE NUMBER ON THE SCREEN AND IN THE RESPONSE FIELD.

Box 10

IF THE PRELOAD SHOWS THAT THE CASE WAS PART OF THE FALL-FIRST GRADE SUBSAMPLE AND
CONSENT FOR THE HEARING SCREENING WAS ALREADY OBTAINED, GO TO BOX 11. ELSE, IF THE CASE
WAS PART OF THE FALL-FIRST GRADE SUBSAMPLE, GO TO INQ210. ELSE, GO TO BOX 11.

INQ210   USE CONSENT SCRIPT BEFORE READING THE TEXT BELOW.

As part of the study, we are testing children's hearing. We would like to get your permission to do this
with {CHILD}. For our records, please state your name, your relationship to {CHILD}, {CHILD}'s name, and
that you give us permission to test {CHILD}'s hearing.

DID PARENT GIVE PERMISSION?

CODES

1   YES
2   NO

PROGRAMMER INSTRUCTIONS:

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

Box 11

GO TO SECTION TUQ (TIME USE).

TUQ040   HELP AVAILABLE

Some children go away during the summer for short periods of time to stay with relatives, to go to camp, or to go to other places. Please tell me, during the time that {CHILD} was out of regular school, how many weeks was {he/she} not staying with you, either at home or at another place?

ENTER NUMBER OF WEEKS.

HELP TEXT:

If child was away from parent on a regular basis a few days a week (e.g., every weekend), do not count this.

|___|___|
ENTER WEEKS

ENTER NUMBER

Range   0 to 16

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

HARD RANGE CHECK 0 – 16 WEEKS.

Box 1

IF CHILD WAS AWAY FROM HOME AT LEAST A WEEK (TUQ.040 GE 1), GO TO TUQ.060. OTHERWISE, GO TO BOX 2.

TUQ060

Where was {CHILD} when {he/she} was not with you?

CODE ALL THAT APPLY.

CODES   Code All That Apply

1   WITH A PARENT
2   WITH ANOTHER RELATIVE
3   AT CAMP
91   SOME OTHER PLACE (SPECIFY)
REFUSED
DON'T KNOW

Box 2

IF TUQ.060 IS CODED 91, CONTINUE WITH TUQ.060OS. OTHERWISE, GO TO BOX 3.

TUQ060OS

[Where was {CHILD} when {he/she} was not with you?]

SPECIFY OTHER PLACE.

_____

OTHER PLACE

ENTER TEXT

Length 100

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DK AND RF DISALLOWED.

Box 3

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

HOME ENVIRONMENT, ACTIVITIES, AND COGNITIVE STIMULATION (FALL SECOND GRADE) - HEQ

HEQ010a   HELP AVAILABLE

Now I'd like to talk with you about {CHILD}'s activities with family members during a <u>typical</u> week of the summer. {Since {CHILD} was not with you for a lot of the summer, please just answer questions about activities that you happen to know about, or tell us if you can't answer because {he/she} was away from you for the whole summer.} How often did you or any other family member …

a. Do math activities with {CHILD}, such as learning numbers, adding, subtracting, or measuring. Would you say never, once or twice, 3-6 times, or every day?

IF CHILD WAS AWAY FROM THE RESPONDENT THE WHOLE SUMMER, ENTER "5."

HELP TEXT:

If respondent asks what family means, say that we mean any person who lives in the child's household and any relative of the child living outside the child's household.

CODES

1   NEVER
2   ONCE OR TWICE
3   3 TO 6 TIMES
4   EVERY DAY
5   AWAY THE WHOLE SUMMER
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:
DISPLAY "Since {CHILD} … summer." IF TUQ.040 >= 4. OTHERWISE, USE A NULL DISPLAY.
DISPLAY "typical" IN UNDERLINED TEXT.
IF "5" IS ENTERED FOR A, B, OR C, SKIP TO HEQ.090.

HEQ010b   HELP AVAILABLE

[Now I'd like to talk with you about {CHILD}'s activities with family members during a <u>typical</u> week of the summer. {Since {CHILD} was not with you for a lot of the summer, please just answer questions about activities that you happen to know about, or tell us if you can't answer because {he/she} was away from you for the whole summer.} How often did you or any other family member …]

b. Do writing activities with {him/her}?

IF CHILD WAS AWAY FROM THE RESPONDENT THE WHOLE SUMMER, ENTER "5."

[PROBE: Would you say never, once or twice, 3-6 times, or every day?]

HELP TEXT:

If respondent asks what family means, say that we mean any person who lives in the child's household and any relative of the child living outside the child's household.

CODES

1   NEVER
2   ONCE OR TWICE
3   3 TO 6 TIMES
4   EVERY DAY
5   AWAY THE WHOLE SUMMER
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DISPLAY "Since {CHILD} … summer." IF TUQ.040 >= 4. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "Now…member…" IN SQUARE BRACKETS IF AT B OR C.

CAPI INSTRUCTION: DISPLAY "typical" IN UNDERLINED TEXT

CAPI INSTRUCTION: IF "5" IS ENTERED FOR A, B, OR C, SKIP TO HEQ.090.

HEQ010c   HELP AVAILABLE

[Now I'd like to talk with you about {CHILD}'s activities with family members during a _typical_ week of the summer. {Since {CHILD} was not with you for a lot of the summer, please just answer questions about activities that you happen to know about, or tell us if you can't answer because {he/she} was away from you for the whole summer.} How often did you or any other family member …]

c. Read books to {him/her}?

IF CHILD WAS AWAY FROM THE RESPONDENT THE WHOLE SUMMER, ENTER "5."

[PROBE: Would you say never, once or twice, 3-6 times, or every day?]

HELP TEXT:

If respondent asks what family means, say that we mean any person who lives in the child's household and any relative of the child living outside the child's household.

CODES

1   NEVER
2   ONCE OR TWICE
3   3 TO 6 TIMES
4   EVERY DAY
5   AWAY THE WHOLE SUMMER
REFUSED
DON'T KNOW

CAPI INSTRUCTION: DISPLAY "Since {CHILD} … summer." IF TUQ.040 >= 4. OTHERWISE, USE A NULL DISPLAY.

CAPI INSTRUCTION: DISPLAY "Now…member…" IN SQUARE BRACKETS IF AT B OR C.

CAPI INSTRUCTION: DISPLAY "typical" IN UNDERLINED TEXT.

CAPI INSTRUCTION: IF "5" IS ENTERED FOR A, B, OR C, SKIP TO HEQ.090.

BOX 1

IF HEQ.010c = 1, REF, or DK, GO TO HEQ.030. OTHERWISE, ASK HEQ.020.

HEQ020

Thinking about a typical week during the summer, when you or another family member read to {CHILD}, how long was {he/she} generally read to each time?   Would you say …

CODES

1	15 minutes or less,
2	16 to 29 minutes,
3	30 to 45 minutes, or
4	46 minutes or more?

REFUSED
DON'T KNOW

HEQ030a

During a typical week during the summer, how often did {CHILD}...

a. Look at or read books on {his/her} own? Would you say never, once or twice, 3-6 times, or every day?

CODES

1	NEVER
2	ONCE OR TWICE
3	3 TO 6 TIMES
4	EVERY DAY

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DISPLAY "on {his/her} own" IN UNDERLINED TEXT.

HEQ030b   HELP AVAILABLE

[During a typical week during the summer, how often did {CHILD}…]

b. Use a computer or other electronic device for educational purposes?

[PROBE: Would you say never, once or twice, 3-6 times, or every day?]

HELP TEXT:

Electronic device: By electronic device, we mean any type of computer, cell phone, smart phone, iPod, reading device (such as Kindle or Nook), or game system (including those such as Wii, XBox, DS, iTouch, and Playstation).

CODES

1	NEVER
2	ONCE OR TWICE
3	3 TO 6 TIMES
4	EVERY DAY

REFUSED
DON'T KNOW

HEQ030c

[During a typical week during the summer, how often did {CHILD}…]

c. Play outside actively (for example, running, jumping, or swinging)?

[PROBE: Would you say never, once or twice, 3-6 times, or every day?]

CODES

1	NEVER
2	ONCE OR TWICE
3	3 TO 6 TIMES
4	EVERY DAY

REFUSED
DON'T KNOW

HEQ038a   HELP AVAILABLE

Now I'd like to ask some questions about {CHILD}'s television or video watching during the summer. We want you to include television shows, videos, or DVDs watched on a TV, computer, or handheld device like an iPad or cellphone; but not games played on gaming systems like Playstation, Wii, or Xbox or handheld devices.

On a typical summer day, how many hours of television, videotapes, or DVDs on average did {CHILD} watch?

HELP TEXT:

Blu-Ray is also included, as are downloaded or streaming videos or movies.

ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.' MINUTES CAN BE ENTERED ON THE NEXT SCREEN.

l__l__l
HOURS

ENTER NUMBER

Range   0 to 24

REFUSED   HEQ39a
DON'T KNOW   HEQ39a

PROGRAMMER INSTRUCTIONS:

THE HOURS (HEQ038a) AND MINUTES (HEQ038b) TOGETHER SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of time exceeds 24 hours! Please correct the entries."

EMPTY NOT ALLOWED FOR HOURS

HEQ038b   **HELP AVAILABLE**

[Now I'd like to ask some questions about {CHILD}'s television or video watching during the summer. We want you to include television shows, videos, or DVDs watched on a TV, computer, or handheld device like an iPad or cellphone; but not games played on gaming systems like Playstation, Wii, or Xbox or handheld devices.]

[On a typical summer day, how many hours of television, videotapes, or DVDs on average did {CHILD} watch?]

HELP TEXT:

Blu-Ray is also included, as are downloaded or streaming videos or movies.

ENTER NUMBER

Range   0 to 59

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

EMPTY IS ALLOWED FOR MINUTES

THE HOURS (HEQ038a) AND MINUTES (HEQ038b) TOGETHER SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of time exceeds 24 hours! Please correct the entries."

HEQ039a

Now I'd like to ask some questions about the amount of time {CHILD} played video games over the summer. We want you to include games played on systems like Playstation, Wii, or Xbox, or on handheld devices such as a Nintendo DS, Sony PSP or an iPod, iPad, or cellphone, or games played on the computer.

On a typical summer day, how much time did {CHILD} spend playing video games? Please do not include time {CHILD} spent on the computer doing educational activities.

ENTER NUMBER OF HOURS. IF LESS THAN AN HOUR, ENTER '0.' MINUTES CAN BE ENTERED ON THE NEXT SCREEN

|__|__|
HOURS

ENTER NUMBER

Range   0 to 24

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

THE HOURS (HEQ039a) AND MINUTES (HEQ039b) TOGETHER SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of time exceeds 24 hours! Please correct the entries."

EMPTY NOT ALLOWED FOR HOURS

HEQ039b

[Now I'd like to ask some questions about the amount of time {CHILD} played video games over the summer. We want you to include games played on systems like Playstation, Wii, or Xbox, or on handheld devices such as a Nintendo DS, Sony PSP or an iPod, iPad, cellphone, or games played on the computer.]

[On a typical summer day, how much time did {CHILD} spend playing video games? Please do not include time {CHILD} spent on the computer doing educational activities.]

|__|__|
MINUTES

ENTER NUMBER OF MINUTES.

ENTER NUMBER

Range   0 to 59

REFUSED
DON'T KNOW

THE HOURS (HEQ039a) AND MINUTES (HEQ039b) TOGETHER SHOULD NOT EXCEED 24 HOURS. OTHERWISE, DISPLAY ERROR MESSAGE: "The total number of time exceeds 24 hours! Please correct the entries."

EMPTY IS ALLOWED FOR MINUTES

HEQ050   HELP AVAILABLE

About how many times during <u>the summer</u> did {CHILD} go to the library or a bookstore?

ENTER NUMBER OF TIMES.

|__|__|
ENTER NUMBER

HELP TEXT:

Do not count visiting a library or bookstore online.   We are asking about in-person visits to a library or bookstore.

Range   0 to 97

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

DISPLAY "the summer" IN UNDERLINED TEXT.

BOX 2

IF HEQ.050 = 0, REF, or DK, GO TO HEQ.090. OTHERWISE, GO TO HEQ.060.

HEQ060

Did {he/she} participate in any story hours at the library or bookstore?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ090

Did {CHILD}'s school give you a book list with particular books to read over the summer?

CODES

1   YES   HEQ095
2   NO   Box 3
REFUSED   Box 3
DON'T KNOW   Box 3

HEQ095

How many books on that list did {CHILD} read during the summer?

PROBE: IF PARENT SAYS "ALL OF THEM": Can you tell me the number of books?

ENTER NUMBER OF BOOKS.

|___|___|___|

ENTER NUMBER

Range   0 to 100

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTIONS: RANGE CHECK 0-100

BOX 3

IF ANY HEQ.010a-c = 5, GO TO HEQ.220. ELSE, GO TO HEQ.150.

HEQ150a

During the summer, did you or another family member take {CHILD} to any of the following places?

a. An art gallery, museum, or historical site?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ150b

[During the summer, did you or another family member take {CHILD} to any of the following places?]

b.   Zoos or aquariums?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ150c

[During the summer, did you or another family member take {CHILD} to any of the following places?]

c.   Amusement parks?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ150d

[During the summer, did you or another family member take {CHILD} to any of the following places?]

d.   Beaches, lakes, rivers, or state or national parks?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ150e

[During the summer, did you or another family member take {CHILD} to any of the following places?]

e.   Plays or concerts?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ150f

[During the summer, did you or another family member take {CHILD} to any of the following places?]

f.   A large city (other than where {CHILD} lives)?

CODES
1   YES
2   NO
REFUSED
DON'T KNOW

HEQ220   HELP AVAILABLE

Summer school includes programs that schools suggest or require a child to attend, and also school enrichment programs that are optional. Did {CHILD} attend summer school this summer? Please don't include summer camp.

HELP TEXT:

Summer programs called "interventions" should be included in summer school.

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

BOX 4

IF HEQ.220 = 1, GO TO HEQ.230A. ELSE, GO TO HEQ.290.

HEQ230A

How long did {CHILD} attend summer school this summer?

ENTER NUMBER OF DAYS, WEEKS, OR MONTHS.

|___|___|
ENTER NUMBER

Range   1 to 123

REFUSED   HEQ250
DON'T KNOW   HEQ250

HEQ230B

[How long did {CHILD} attend summer school this summer?]

ENTER UNIT

CODES

1   DAYS
2   WEEKS
3   MONTHS
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

RANGE CHECK: IF HEQ.230B = 1, THEN THE RANGE FOR HEQ.230A = 1-123. ELSE IF HEQ.230B = 2, THEN THE RANGE FOR HEQ.230A = 1-16. ELSE IF HEQ.230B = 3, THEN HEQ.230A = 1-4.

HEQ250

How many <u>days a week</u> did {CHILD} attend summer school or the school enrichment program?

|___|___|
ENTER DAYS

ENTER NUMBER

Range   1 to 7

Soft Range   1 to 5

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

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

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

HEQ260

How many <u>hours a day</u> did {CHILD} attend this program?

|___|___|
ENTER HOURS

ENTER NUMBER

Range   1 to 8

Soft Range   1 to 6

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DISPLAY "hours a day" IN UNDERLINED TEXT.

CAPI INSTRUCTION: SOFT RANGE 1-6; HARD RANGE 1-8.

HEQ270a

Did this program include…

a.   Reading?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ270b

[Did this program include…]

b.   Math?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ270c

[Did this program include…]

c.   Science?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ270d

[Did this program include…]

d. Art?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ270e

[Did this program include…]

e. Music?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ270f   HELP AVAILABLE

[Did this program include…]

f. Computers?

HELP TEXT:

If computers were used during other activities at summer school, for example while learning math, or if computers were used to learn computer skills, count that as a "yes" answer.

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

BOX 5

IF [SPQ.155=1 FROM SPRING K (OTHER LANGUAGE REGULARLY SPOKEN AT HOME BESIDES ENGLISH) AND SPQ.157 NE 0 (ENGLISH NOT SPOKEN AS PRIMARY LANGUAGE)], GO TO HEQ.270g.

ELSE, IF [PLQ.020=1 FROM FALL K (OTHER LANGUAGE REGULARLY SPOKEN AT HOME BESIDES ENGLISH) AND ((PLQ.060 WAS ASKED IN FALL K AND PLQ.060 NE 0 FROM FALL K (ENGLISH NOT SPOKEN AS PRIMARY LANGUAGE) OR (PLQ.060 WAS NOT ASKED IN FALL K AND PLQ.041 NE 0 FOR RESPONDENT FROM FALL K (ENGLISH NOT SPOKEN AS PRIMARY LANGUAGE-NOTE: THIS STATEMENT INCLUDES CASES FOR WHICH PLQ.041 WAS ALSO NOT ASKED))], GO TO HEQ.270g.

ELSE, GO TO HEQ.280.

HEQ270g

[Did this program include…]

g. English language instruction?

PROBE: This is English language instruction for children with a home language other than English.

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ280

Was the summer school a program …

CODES

1   Required by the school,
2   Suggested by the school, or
3   A program you decided to send {him/her} to?
REFUSED
DON'T KNOW

HEQ290

During this past summer, did {CHILD} receive any type of services for children with special needs, such as speech or occupational therapy, or did {he/she} participate in a summer special education program?

CODES

1   YES
2   NO   HEQ300
REFUSED   HEQ300
DON'T KNOW   HEQ300

HEQ298a   HELP AVAILABLE

Did {CHILD} receive…

a.   Speech or language therapy?

HELP TEXT:

Speech or language therapy: Therapy involving the evaluation or treatment of the student's speech or language abilities. Impairments to speech can include one or more of the following: articulation errors (includes omitting words, substituting words, or distorting sounds), inappropriate voice (including pitch, loudness, or voice quality), or abnormal fluency (including abnormal rate of speaking, speech interruptions, repetitions of sounds, words, phrases or sentences). Impairments to language can include improper use of phonemes, syntax, or semantics. Language impairments can also stem from improper practical use of language. Therapy includes special techniques to overcome speech or language limitations. Therapy should be provided only by a teacher of the speech or language impaired who is certified by the state, or by a certified Speech and Language Therapist/Pathologist.

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ298b   HELP AVAILABLE

[Did {CHILD} receive…]

b.   Occupational therapy?

HELP TEXT:

Occupational therapy: Therapy involving the evaluation or treatment of the student's level of independence in daily living activities. The goal of occupational therapy is to promote maximum independence in daily living. Therapy can include the use of work, play, or self-care activities to improve functional ability, promote health, prevent injury or further disability. Therapy should be provided only by a therapist who has been certified by the American Occupational Therapy Association or by an occupational therapy assistant who provides therapy under the supervision of a certified occupational therapist.

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ298c   HELP AVAILABLE

[Did {CHILD} receive…]

c.   Physical therapy?

HELP TEXT:

Physical therapy: Therapy involving the evaluation or treatment of health problems resulting from injury or disease. It is also sometimes called physiotherapy. Physical therapists assess joint motion, muscle strength and endurance, how well the heart and lungs work, and how well children can do activities required for daily living. Treatment includes therapeutic exercise, cardiovascular endurance training, and training in activities of daily living, as well as the use of massage, light, cold, heat, electricity, and mechanical devices to treat physical disorders. Physical therapy does not include the use of X-Ray technology. Therapy should be provided only by a therapist who has been state-certified to provide such services.

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

HEQ298d   HELP AVAILABLE

[Did {CHILD} receive…]

d.   Psychological services?

HELP TEXT:

Psychological services: Services that involve the assessment of academic skills and learning aptitudes, personality and emotional development, social skills and school climates, and eligibility for special education. Treatment involves one-on-one interaction with students or parents to resolve personal conflicts and problems in learning and adjustment, psychological counseling for students and parents, social skills training, and assistance through separation and loss. Within school systems, psychological services are typically provided by certified school psychologists. However, assessment and treatment can be extended to the health community and include services provided by clinical psychologists, psychiatric social workers, or psychiatrists (who are medical doctors).

CODES

1   YES
2   NO

REFUSED
DON'T KNOW

HEQ298e

[Did {CHILD} receive…]

e. Any other kind of therapy?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:
CONSISTENCY CHECK: IF ALL OF HEQ298 (A-E)= 2 AND HEQ290= 1, HARD ERROR CHECK SHOULD READ:
QUESTIONS ABOUT SERVICES (HEQ298A-E) WERE ALL ANSWERED "NO," BUT THE CHILD RECEIVED
SERVICES FOR SPECIAL NEEDS OR PARTICIPATED IN A SUMMER SPECIAL EDUCATION PROGRAM (HEQ290).
VERIFY ANSWERS. IF THE CHILD DID NOT RECEIVE SERVICES OR A SPECIAL EDUCATION PROGRAM OVER
THE SUMMER, PRESS "G" TO CHANGE THE ANSWER TO HEQ290. OTHERWISE, PRESS "C" TO CANCEL AND
USE ARROW KEY TO CHANGE ANY ANSWERS TO HEQ298A-D. IF THE SERVICES THE CHILD RECEIVED DO NOT
FIT CATEGORIES IN HEQ298A-D, ANSWER HEQ298E AS "YES" AND SPECIFY ANSWER.

PRESS G TO GO BACK TO HEQ290.
PRESS C TO CANCEL.

BOX 6

IF HEQ.298e IS CODED '1' (YES), CONTINUE WITH HEQ.298OS. OTHERWISE, GO TO HEQ.300.

HEQ298OS

[Did {CHILD} receive any other kind of therapy?]

SPECIFY SERVICE.

_____
SERVICE

ENTER TEXT

Length 150

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DK AND RF DISALLOWED.

HEQ300

Did {CHILD} attend any day or overnight camps over the summer?

CODES

1   YES

2   NO   HEQ430

REFUSED   HEQ430

DON'T KNOW   HEQ430

PROGRAMMER INSTRUCTIONS:
CONSISTENCY CHECK: IF TUQ060 = 3 AND HEQ300= 2, HARD ERROR CHECK SHOULD READ:
THE CHILD DID NOT GO TO ANY CAMPS, BUT THE CHILD WAS AWAY PART OF THE SUMMER AT CAMP
(TUQ060). VERIFY ANSWERS. IF THE CHILD WAS NOT AWAY AT CAMP THIS SUMMER, PRESS "G" TO GO
BACK TO TUQ060 AND CHANGE THE ANSWER (THEN HIT END TO GET BACK TO HEQ300). IF THE CHILD WAS
IN CAMP, PRESS "C" TO CANCEL AND CHANGE THE ANSWER TO HEQ300 TO "1 " (YES).

PRESS G TO GO BACK TO TUQ060.
PRESS C TO CANCEL.

HEQ305

How many camps did {CHILD} go to?

PROBE: Different sessions of camp should be counted as different "camps," even if they are held at the same location.

ENTER NUMBER OF CAMPS.

|___|___|
ENTER NUMBER

Range   1 to 16

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: HARD RANGE 1-16.

HEQ330

{Please answer for the camp where {CHILD} spent the most time during the summer.} How many <u>days a week</u> did {CHILD} attend the camp?

ENTER NUMBER OF DAYS.

|___|
ENTER NUMBER

SOFT RANGE 1-5. HARD RANGE 1-7.

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DISPLAY FIRST SENTENCE IF CHILD ATTENDED MORE THAN ONE CAMP (HEQ.305 >= 2, DK, OR RF). OTHERWISE, DO NOT USE THIS DISPLAY.
CAPI INSTRUCTION: DISPLAY "days a week" IN UNDERLINED TEXT.
CAPI INSTRUCTION: HARD RANGE 1-7.

HEQ340

How many <u>hours a day</u> did {CHILD} attend the camp?

ENTER NUMBER OF HOURS.

ENTER 24 HOURS IF CHILD WAS IN OVERNIGHT CAMP.

|___|___|
ENTER NUMBER

Range   1 to 24

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DISPLAY "hours a day" IN UNDERLINED TEXT.
CAPI INSTRUCTION: HARD RANGE CHECK 1-24.

HEQ350

About how many <u>weeks</u> did {CHILD} attend the camp?

ENTER NUMBER OF WEEKS.

|___|___|
ENTER NUMBER

Range   1 to 16

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DISPLAY "weeks" IN UNDERLINED TEXT.
CAPI INSTRUCTION: HARD RANGE CHECK 1 – 16 WEEKS.

HEQ360a

{Now, I'd like to ask you about all the camps that {CHILD} went to during the summer.} {Now, I'd like to ask you about both camps that {CHILD} went to during the summer.} Did the camp{s} include…

a.   Sports?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTIONS: IF HEQ.305 GE 3, DISPLAY "Now, I'd like to ask you about all the camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, IF HEQ.305 = 2, DISPLAY "Now, I'd like to ask you about both camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, USE A NULL DISPLAY FOR ALL DISPLAYS.

HEQ360b

[{Now, I'd like to ask you about all the camps that {CHILD} went to during the summer.} {Now, I'd like to ask you about both camps that {CHILD} went to during the summer.} Did the camp{s} include…]

b.   Arts and crafts?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTIONS: IF HEQ.305 GE 3, DISPLAY "Now, I'd like to ask you about all the camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, IF HEQ.305 = 2,

DISPLAY "Now, I'd like to ask you about both camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, USE A NULL DISPLAY FOR ALL DISPLAYS.

HEQ360c   **HELP AVAILABLE**

[{Now, I'd like to ask you about all the camps that {CHILD} went to during the summer.} {Now, I'd like to ask you about both camps that {CHILD} went to during the summer.} Did the camp{s} include…]

c.   Computers?

HELP TEXT:

If computers were used during other activities at camp or if computers were used to learn computer skills, count that as a "yes" answer.

CODES

1   YES
2   NO

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTIONS: IF HEQ.305 GE 3, DISPLAY "Now, I'd like to ask you about all the camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, IF HEQ.305 = 2, DISPLAY "Now, I'd like to ask you about both camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, USE A NULL DISPLAY FOR ALL DISPLAYS.

HEQ360d

[{Now, I'd like to ask you about all the camps that {CHILD} went to during the summer.} {Now, I'd like to ask you about both camps that {CHILD} went to during the summer.} Did the camp{s} include…]

d. Academic activities?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTIONS: IF HEQ.305 GE 3, DISPLAY "Now, I'd like to ask you about all the camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, IF HEQ.305 = 2, DISPLAY "Now, I'd like to ask you about both camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, USE A NULL DISPLAY FOR ALL DISPLAYS.

HEQ360e

[{Now, I'd like to ask you about all the camps that {CHILD} went to during the summer.} {Now, I'd like to ask you about both camps that {CHILD} went to during the summer.} Did the camp{s} include…]

e.   Music, performing arts or drama?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTIONS: IF HEQ.305 GE 3, DISPLAY "Now, I'd like to ask you about all the camps that {CHILD} went to during the summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, IF HEQ.305 = 2, DISPLAY "Now, I'd like to ask you about both camps that {CHILD} went to during the

summer." AND DISPLAY THE "s" AFTER THE WORD "camps". ELSE, USE A NULL DISPLAY FOR ALL DISPLAYS.

HEQ393

Did {CHILD}'s participation in {this camp/any of these camps/either of these camps} help to cover the hours when you needed adult supervision for {him/her}?

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

IF HEQ.305 GE 3, DISPLAY "any of these camps ". ELSE, IF HEQ.305 = 2, DISPLAY "either of these camps". ELSE, DISPLAY "this camp".

HEQ430   HELP AVAILABLE

Was {CHILD} tutored over the summer on a regular basis, by someone other than you or a family member, in a specific subject, such as reading, math, science, or a foreign language?

HELP TEXT:

Tutored: This means being taught individually or in a small group setting. DO NOT include therapy as tutoring.

Regular Basis: A program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule).

Not a family member: A person who is not related to the focal child and is not living in the same household with the focal child.

CODES

1   YES
2   NO
REFUSED
DON'T KNOW

BOX 7

IF HEQ.430 = 1, CONTINUE WITH HEQ.440. OTHERWISE, GO TO BOX 9.

HEQ440

What was {CHILD} tutored in?

CODE ALL THAT APPLY.

CODE ENGLISH LANGUAGE TUTORING PROGRAMS AS "4".

CODE TUTORING IN LANGUAGES OTHER THAN ENGLISH AS "5".

PROBE: Anything else?

CODES   Code All That Apply

1   READING
2   MATH
3   SCIENCE
4   ENGLISH LANGUAGE SKILLS
5   FOREIGN LANGUAGE
91   OTHER (SPECIFY)
REFUSED
DON'T KNOW

BOX 8

IF HEQ.440 IS CODED 91, CONTINUE WITH HEQ.440OS.

OTHERWISE, GO TO HEQ.450.

HEQ440OS

[What was {CHILD} tutored in?]

SPECIFY SUBJECT.

_____
SUBJECT

ENTER TEXT

Length 50

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DK AND RF DISALLOWED.

HEQ450

How many days a week was {CHILD} tutored?

ENTER NUMBER OF DAYS.

|___|
ENTER NUMBER

Range   1 to 7

Soft Range   1 to 5

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

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

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

HEQ460

DISPLAY INSTRUCTIONS:

DISPLAY "hours a day" IN UNDERLINED TEXT.

How many <u>hours a day</u> was {CHILD} tutored?

ENTER NUMBER OF HOURS.

|___|___|
ENTER NUMBER

Range   1 to 8

Soft Range   1 to 6

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: SOFT RANGE 1-6. HARD RANGE CHECK 1-8.

HEQ470

DISPLAY INSTRUCTIONS:
DISPLAY "weeks" IN UNDERLINED TEXT.

About how many <u>weeks</u> was {CHILD} tutored?

ENTER NUMBER OF WEEKS.

IF LESS THAN A WEEK, ENTER '1.'

|___|___|
ENTER NUMBER

Range   1 to 16

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: DISPLAY "weeks" IN UNDERLINED TEXT.

CAPI INSTRUCTION: HARD RANGE CHECK 1 – 16 WEEKS.

BOX 9

GO TO CCQ (CHILD CARE).

CCQ011   HELP AVAILABLE

Did {CHILD} receive child care <u>during the summer</u> on a <u>regular basis</u> from someone other than you or another parent or guardian? This does not include occasional baby-sitting or backup care providers. It also does not include summer camp.

IF NEEDED, SAY: This may include grandparents, brothers and sisters, or any relatives other than you or another parent or guardian. It also may include home child care providers, regular sitters or neighbors, in addition to day care centers or extended day programs.

HELP TEXT:

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

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

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

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

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

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

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

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

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

Extended Day Program: Center-based program that provides care after or before day time hours.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while. Also, do not include going away to stay with a relative for a period of time during the summer. We are asking about child care given on a routine schedule.

CODES

1	YES	
2	NO	Box 1
REFUSED		Box 1
DON'T KNOW		Box 1

CCQ012   HELP AVAILABLE

Let's talk about the child care that {CHILD} spent the most time in on a <u>regular basis</u> during the summer. Did {CHILD} spend the most time receiving child care from a relative, a non-relative in a private home, or a day care center or extended day program?

IF HOURS OF CARE ARE EQUAL BETWEEN TYPES OF CARE, USE CODES "4", "5", "6," OR "7".

HELP TEXT:

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

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

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

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

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

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

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

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

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

Extended Day Program: Center-based program that provides care after or before day time hours.

Regular Basis: An arrangement or program occurring on a routine schedule (i.e., occurring at least weekly or on some other schedule). Do not include occasional babysitting or "back up" arrangements that are just used once in a while. Also, do not include going away to stay with a relative for a period of time during the summer. We are asking about child care given on a routine schedule.

CODES

1   RELATIVE
2   NON-RELATIVE
3   DAY CARE CENTER OR EXTENDED DAY PROGRAM
4   RELATIVE AND NON-RELATIVE CARE HAD EQUAL HOURS
5   RELATIVE CARE AND DAY CARE CENTER/EXTENDED DAY PROGRAM HAD EQUAL HOURS
6   NON-RELATIVE CARE AND DAY CARE CENTER/EXTENDED DAY PROGRAM HAD EQUAL HOURS
7   ALL THREE TYPES OF CARE HAD EQUAL HOURS
REFUSED   Box 1
DON'T KNOW   Box 1

CCQ013   HELP AVAILABLE

How many <u>hours</u> each <u>week</u> did {CHILD} {receive care from {his/her} relative/receive care from {his/her} non-relative/go to the day care center or extended day program}?

ENTER "77" IF CHILD DID NOT GO TO CHILD CARE AT LEAST ONCE EACH WEEK.

RECORD THE HOURS EACH WEEK IN WHOLE HOURS.

|___|___|

HELP TEXT:

Record the hours each week in whole hours.

If the respondent reports daily hours, probe for weekly hours.

If the hours per week varied, ask for the number of hours in a typical week.

Include only the number of hours that the child received care when the parent was not at home.

ENTER NUMBER

Range   1 to 77

Soft Range   1 to 50

REFUSED

DON'T KNOW

PROGRAMMER INSTRUCTIONS:

CAPI INSTRUCTION: SOFT RANGE CHECK 1-50. HARD RANGE CHECK 1-70, 77.

IF "77" IS ENTERED, GO TO BOX 1.

DISPLAY receive care from {his/her} relative" IF CCQ.012 = 1 OR 4. DISPLAY "receive care from {his/her} non-relative" IF CCQ.012 = 2. DISPLAY "go to the day care center or extended day program" IF CCQ.012 = 3, 5, 6, OR 7.

RANGE ERROR MESSAGE TEXT: "Invalid response. Entry not in range. Please reenter."

CCQ014

How many <u>weeks</u> during the summer did {CHILD} receive care from {his/her} relative/{his/her} non-relative/the day care center or extended day program/both {his/her} relative and non-relative combined/both {his/her) relative and the day care center or extended day program combined/both {his/her} non-relative and the day care center or extended day program combined/{his/her} relative, non-relative, and the day care center or extended day program combined}?

ENTER NUMBER OF WEEKS.

|___|___|
ENTER NUMBER

Range   1 to 16

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

DISPLAY "weeks" IN UNDERLINED TEXT.

HARD RANGE CHECK 1 - 16.

DISPLAY receive care from {{his/her} relative" IF CCQ.012 = 1. DISPLAY "receive care from {his/her} non-relative" IF CCQ.012 = 2. DISPLAY "go to the day care center or extended day program" IF CCQ.012 = 3,

DISPLAY "both {his/her} relative and non-relative combined" IF CCQ.012 = 4. DISPLAY "both {his/her) relative and the day care center or extended day program combined" IF CCQ.012 = 5. DISPLAY "both {his/her} non-relative and the day care center or extended day program combined" IF CCQ.012 = 6. DISPLAY "{his/her} relative, non-relative, and the day care center or extended day program combined" IF CCQ.012 = 7.

Box 1

GO TO SECTION CMQ (CLOSING).

CMQ680

WAS THIS INTERVIEW CONDUCTED BY TELEPHONE OR IN-PERSON?

CODES

1   TELEPHONE
2   IN-PERSON

CMQ690

WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?

CODES

1   ENGLISH   Box 1
2   SPANISH   Box 1
3   ANOTHER LANGUAGE   CMQ690OS

CMQ690OS

[WAS THIS INTERVIEW CONDUCTED IN ENGLISH, SPANISH, OR ANOTHER LANGUAGE?]

SPECIFY OTHER LANGUAGE

_____
ENTER TEXT

Length 50

Box 1

IF CMQ.680 = 2, GO TO CMQ.695. ELSE, GO TO BOX 2.

CMQ695

WHERE WAS THIS INTERVIEW CONDUCTED?

CODES

1   CHILD'S HOME
2   CHILD'S SCHOOL
3   SOMEWHERE ELSE

Box 2

SET FINAL DISPOSITION CODE:

IF CMQ.680=1 (TELEPHONE) AND CMQ.690=1 (ENGLISH), SET DISPOSITION CODE TO 60.
IF CMQ.680=1 (TELEPHONE) AND CMQ.690=2 (SPANISH), SET DISPOSITION CODE TO 61.
IF CMQ.680=1 (TELEPHONE) AND CMQ.690=3 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 62.
IF CMQ.680=2 (IN-PERSON) AND CMQ.690=1 (ENGLISH), SET DISPOSITION CODE TO 63.
IF CMQ.680=2 (IN-PERSON) AND CMQ.690=2 (SPANISH), SET DISPOSITION CODE TO 64.
IF CMQ.680=2 (IN-PERSON) AND CMQ.690=3 (ANOTHER LANGUAGE), SET DISPOSITION CODE TO 65.

CMQ700

Thank you very much for your cooperation and for taking the time to participate in the Early Childhood Longitudinal Study.

PRESS 1 AND ENTER TO CONTINUE.

ENTER TEXT

Box 3

GO TO CMQ.720.

CMQ701

We would like to call the parent or guardian for {CHILD} at the household where {he/she} lives. Could you please give me the name and telephone number for the home that I should call?

AFTER EXITING ON THE NEXT SCREEN, ENTER CONTACT INFORMATION FOR CHILD'S RESIDENCE INTO THE ELECTRONIC RECORD OF CALLS.

PRESS 1 AND ENTER TO CONTINUE.

ENTER TEXT

Length 200

REFUSED
DON'T KNOW

Box 4

GO TO CMQ.720.

CMQ702

We would like to call back when {this person/{CHILD}'s parent or guardian} is available. Please tell me when we should call back.

AFTER EXITING ON THE NEXT SCREEN, ENTER CALL BACK TIME INTO THE ELECTRONIC RECORD OF CALLS.

PRESS 1 AND ENTER TO CONTINUE.

ENTER TEXT

Length 100

REFUSED
DON'T KNOW

PROGRAMMER INSTRUCTIONS:

IF (INQ042=4 and INQ043=2) OR (INQ020=4 and INQ025=2), THEN DISPLAY "this person". ELSE, DISPLAY "{CHILD}'s parent or guardian".

BOX 5

GO TO CMQ.720.

CMQ703

Thank you.

AFTER EXITING ON THE NEXT SCREEN, ENTER INTO THE ELECTRONIC RECORD OF CALLS WHETHER YOU SPOKE TO THE CONTACT PERSON AND ANY INFORMATION YOU HAVE ABOUT WHY AN APPROPRIATE RESPONDENT WAS NOT AVAILABLE, NOT IN THE HOUSEHOLD, OR THE INFORMATION WAS REFUSED/DON'T KNOW.

PRESS 1 AND ENTER TO CONTINUE.

CMQ720

PRESS 1 AND ENTER TO SAVE AND EXIT THIS CASE.

THE QUESTIONS BELOW ASK PARENTS ABOUT THEIR CHILD'S HEARING. THEY ARE THE SAME QUESTIONS THAT HAVE BEEN ASKED IN PRIOR ROUNDS OF THE STUDY. THEY WILL BE INCORPORATED INTO THE FINAL VERSION OF THE FALL 2ND GRADE PARENT INTERVIEW (IN THE CHILD HEALTH SECTION) TO OBTAIN INFORMATION FROM PARENTS THAT IS CONTEMPORANEOUS TO THE HEARING SCREENING.

CHQ.021 Has {CHILD} had an ear infection since last spring?

YES	1	(CHQ.023)
NO	2	
REFUSED	8	
DON'T KNOW	9	

CHQ.022 Has {CHILD} had an ear ache since last spring?

YES	1	(CHQ.024)
NO	2	(CHQ.216)
REFUSED	8	(CHQ.216)
DON'T KNOW	9	(CHQ.216)

CHQ.023 Since last spring, how many times did a doctor, nurse, or other medical professional tell you that {CHILD} had an ear infection?

RECORD NUMBER OF TIMES.

CAPI INSTRUCTIONS: RANGE: 0 – 15.

|___|
NUMBER OF TIMES

REFUSED	8
DON'T KNOW	9

CHQ.024 Since last spring, how have {CHILD}'s {ear infections/ear aches} been treated by your doctor, nurse, or other medical professional?

PROBE: Anything else?

CODE ALL THAT APPLY FOR 1-7.

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.021 = 1. ELSE, DISPLAY "ear aches".

NO TREATMENT/WATCH AND WAIT	1
DECONGESTANTS	2
ANTIBIOTICS	3
WITH EAR TUBES	4
ANALGESICS (E.G., FEVER REDUCER OR PAIN RELIEVER)	5
EAR DROPS	6
DID NOT GO TO DOCTOR, NURSE, OR MEDICAL PROFESSIONAL	7 (CHQ.216)
OTHER (SPECIFY)	91
REFUSED	8
DON'T KNOW	9

CHQ.024OS **[**Since last spring, how have {CHILD}'s {ear infections/ear aches} been treated by your doctor, nurse, or other medical professional?]

CAPI INSTRUCTION: DISPLAY "ear infections" IF CHQ.021 = 1. ELSE, DISPLAY "ear aches". SPECIFY TREATMENT.

SPECIFY TREATMENT.

_____

CHQ.025 Since last spring, have ear tubes been placed in the right ear, left ear, or both ears when your child has had surgery to place tubes in his/her ears?

IF NEEDED: PLEASE CONSIDER ALL SURGERIES SINCE LAST SPRING IF {CHILD} HAD MORE THAN ONE TO PLACE EAR TUBES.

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

Hearing

CHQ.216 Which best describes {CHILD}'s hearing? If {CHILD} has a hearing aid or other assistive device, please consider {his/her} hearing without the hearing aid or assistive device. Would you say {CHILD} has...

excellent hearing,... 1
good hearing,... 2
a little trouble hearing, ... 3
moderate trouble hearing,.............................. 4
a lot of trouble hearing, or............................. 5
is {CHILD} deaf?... 6
REFUSED 8
DON'T KNOW.. 9

CHQ.221   Is {CHILD}'s hearing worse in one ear?

                                        YES 1
                                        NO 2 (CHQ.235)
                                        REFUSED 8 (CHQ.235)
                                        DON'T KNOW.. 9 (CHQ.235)

                                                                                    HELP AVAILABLE
CHQ.222   Which best describes {CHILD}'s hearing in {his/her} <u>worse</u> ear? If {CHILD} has a hearing aid or other
             assistive device, please consider {his/her} hearing without the hearing aid or assistive device.

                 Is {CHILD}'s hearing…

                 CAPI INSTRUCTIONS: DISPLAY "worse" IN UNDERLINED TEXT.

                                        Excellent, ... 1
                                        Good,.. 2
                                        A little trouble hearing, ... 3
                                        Moderate trouble hearing,.............................. 4
                                        A lot of trouble hearing, or 5
                                        Deaf? 6
                                        REFUSED 8
                                        DON'T KNOW.. 9

CHQ.235   {Since last spring has/Has} {CHILD}'s hearing {ever} been evaluated by a professional?

                 HELP TEXT: Professional: This includes health professionals such as doctors, pediatricians, and
                 other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists,
                 school or other psychologists, school or other psychiatrists, psychiatric social workers, speech
                 pathologists, etc. Do not include teachers or some other non-health professional.

                 For the **vision and hearing questions,** having been evaluated at the school by a health
                 professional **does** count as being evaluated by a professional.

                 CAPI INSTRUCTIONS: DISPLAY "Since last spring has" AND USE A NULL DISPLAY FOR "ever"
                 IF THERE WAS A PREVIOUS INTERVIEW ACCORDING TO THE PRELOAD.   ELSE, DISPLAY
                 "Has" AND "ever".

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

CHQ.245   Did you obtain a diagnosis of a problem from a professional?

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

3

CHQ.246   What was the diagnosis?
                    PROBE: Anything else?

                    CODE ALL THAT APPLY.

DUE TO EAR WAX (EXTERNAL EAR CANAL EAR WAX) 1
DUE TO EAR CANAL DEFORMITY ("ATRESIA" (EAR CANAL NOT
    NORMALLY FORMED), CRANIAL-FACIAL DISORDER,
    ETC.) 2
DUE TO EAR INFECTION (ACUTE OR RECURRENT EPISODES
    (INFECTION BEGINS AND PROGRESSES QUICKLY OR KEEPS
    COMING BACK) OFTEN WITH EAR ACHE AND FEVER –
    ACUTE OTITIS MEDIA) 3
DUE TO FLUID IN THE EAR (FLUID BEHIND THE EARDRUM,
    RUNNY EARS, FLUID OR PUS DRAINING FROM THE MIDDLE
    EAR SPACE, CHRONIC OTITIS MEDIA, GLUE EAR) 4
DUE TO EAR DRUM PROBLEM (INCLUDES PERFORATED/
    TORN/RUPTURED) EARDRUM) 5
DUE TO ILLNESS (MENINGITIS, MEASLES, MUMPS, RUBELLA,
    SCARLET FEVER, ETC.) 6
DUE TO CMV (CYTOMEGALOVIRUS, A TYPE OF HERPES
    VIRUS) 7
DUE TO OTOTOXIC EXPOSURE TO DRUGS/MEDICINES (DAMAGE
    TO THE EARS BY DRUGS OR CHEMICALS. INCLUDES
    DAMAGE FROM MYCIN DRUGS, SUCH AS, STREPTOMYCIN,
    GENTAMYCIN, ETC., SALICYLATE, LASIX, CISPLATIN – MAY
    RESULT FROM TREATMENT OF RESPIRATORY PROBLEMS OF
    PRETERM INFANTS, OR AS TREATMENTS DUE TO CHILDHOOD
    CANCER, ETC.) 8
DUE TO NOISE EXPOSURE (FROM GUNFIRE, FIRE
    CRACKERS, etc.) 9
DUE TO GENETIC CAUSE (INCLUDES CONGENITAL (THERE AT
    BIRTH) HEARING LOSS, HEREDITARY HEARING LOSS,
    SYNDROMAL HEARING LOSS – DOWN SYNDROME, USHER'S
    SYNDROME, ETC.) 10
DUE TO INJURY OR TRAUMA TO HEAD & NECK 11
DUE TO EAR OR FACIAL SURGERY 12
DUE TO NERVE DEAFNESS (NERVE HEARING LOSS OR SENSORI-
    NEURAL HEARING LOSS) 13
DUE TO CENTRAL AUDITORY PROCESSING DISORDER
    (PROBLEM WITH BEING ABLE TO RECOGNIZE, TELL THE
    DIFFERENCE BETWEEN, OR UNDERSTAND SOUNDS) 14
DEAF 15
OTHER (SPECIFY) _____ 91
DON'T KNOW 88
REFUSED 99

BOX 3

IF CHQ.246 = 91, GO TO CHQ.246OS. ELSE, GO TO CHQ.256.

CHQ.246OS   [What was the diagnosis?]]

                SPECIFY DIAGNOSIS.

                _____

                                                                HELP AVAILABLE
CHQ.256   {Since last spring, has {CHILD} gotten/Has {CHILD} ever worn} a hearing aid?

                HELP TEXT: Hearing Aid: A small electronic sound amplifier worn in or behind the ear that
                compensates for impaired hearing.

                IF RESPONDENT SAYS "Yes" OR "CHILD USED TO WEAR ONE," ASK "Does {CHILD} wear one
                now?"

                CAPI INSTRUCTION: DISPLAY "Since…gotten" IF SECTION CHQ WAS COMPLETED IN A
                PREVIOUS INTERVIEW ACCORDING TO THE PRELOAD. ELSE, DISPLAY "Has {CHILD} ever
                worn"

                            YES, CURRENTLY....................................... 1
                            YES, IN THE PAST 2
                            NO 3
                            REFUSED 8
                            DON'T KNOW... 9

                ┌───┐
                │   **BOX 4**   │
                │   │
                │ GO TO CMQ.   │
                └───┘