



Family Options Study

REVISED

18-Month Follow-Up Survey

September 30, 2011

Introduction

Hello, my name is []. I work for a company called Abt Associates. You might remember that I met with you back in [MONTH/YEAR of RA OR MONTH/YEAR OF LAST TRACKING INTERVIEW] at [INSERT LOCATION WHERE INTERVIEWER LAST MET WITH RESPONDENT]. At that time I talked to you about a study that we are doing to find out about what kind of housing is best for families who become homeless. Abt is an independent research company and we are helping the U.S. Department of Housing and Urban Development (HUD) to do this study. When we talked back in [MONTH/YEAR OF RA/MONTH/YEAR OF LAST TRACKING INTERVIEW], I mentioned that I'd be getting in touch with you again to find out about your housing and other experiences. I'd like to ask you some questions now. This interview will take about 60 minutes to complete. You can stop the interview at any time. You can choose not to answer any question. The information you provide will be kept confidential and only used for this study. The Office of Management and Budget approved the collection of this information. At the end of the interview, you will receive \$50, in appreciation for your time.

Module 1: Housing History and Stability

First, I'd like to ask about where you are living/staying right now.

A1-A4: Adapted from Family Options Study Baseline and Tracking Surveys

A1. Can you please confirm the address where you are living/staying now? [CAPI: PRE-FILL WITH ADDRESS WHERE INTERVIEW IS TAKING PLACE. INTERVIEWER; CONFIRM THAT INFORMATION IS CORRECT AND UPDATE AS NEEDED]

- _____
- A1a. Is there a complex/building name? _____
 - A1b. Is there an apartment number? _____
 - A1c. What city do you live in? _____
 - A1d. What state do you live in? _____
 - A1e. What is the zip code? _____

A2. How long have you lived in this place? [PROMPT: SHOW CALENDAR AND ASK WHEN MOVED IN] You can tell me this answer in days, weeks, or months or, whichever is easiest for you. [INTERVIEWER/CAPI: RECORD NUMBER OF DAYS, WEEKS, MONTHS, YEARS. IF 0, RECORD THAT AS WELL].

NUMBER OF DAYS _____
 NUMBER OF WEEKS _____
 NUMBER OF MONTHS _____

REFUSED..... -2
 DON'T KNOW..... -1

CAPI: IF RESPONDENT WAS RANDOMLY ASSIGNED TO SUB; CBRR; OR UC INTERVENTIONS SKIP TO A4. IF RESPONDENT WAS RANDOMLY ASSIGNED TO PBTH INTERVENTION ASK A3.

A3. Is the place where you live now called the [INSERT NAME OF PROGRAM TO WHICH THE FAMILY WAS RANDOMLY ASSIGNED/ USE ALTERNATIVE NAMES IF PROGRAM IS KNOWN BY MORE THAN ONE NAME]? **CAPI: ONLY ASK FOR SAMPLE ASSIGNED TO Project-Based Transitional Housing (PBTH) INTERVENTION.**

YES..... 1 **(SKIP TO A5)**
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 8

A3a–A3d: New questions

A3a. Did you ever live at [NAME OF PROGRAM TO WHICH FAMILY WAS RANDOMLY ASSIGNED]?

- YES..... 1 **(SKIP TO A3c)**
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

A3b. What the main reason you did not ever live at [NAME OF PROGRAM TO WHICH FAMILY WAS RANDOMLY ASSIGNED?]

DO NOT READ LIST/ RECORD VERBATIM AND CODE

-
- I DID NOT LIKE HOUSING (QUALITY)..... 1
 - I DID NOT LIKE THE LOCATON/NEIGHBORHOOD..... 2
 - I DID NOT LIKE PROGRAM RULES..... 3
 - I DID NOT LIKE OTHER RESIDENTS 4
 - I COULD NOT HAVE MY WHOLE FAMILY WITH ME..... 5
 - PROGRAM WOULD NOT ACCEPT ME..... 6
 - OTHER (SPECIFY _____)..... 6
 - REFUSED..... 7
 - DON'T KNOW..... 8

SKIP TO A4

A3c. About how long did you live there? You can tell me the answer in days, weeks, or months, whichever is easiest for you.

NUMBER OF DAYS _____

NUMBER OF WEEKS _____

NUMBER OF MONTHS _____

- REFUSED..... -2
- DON'T KNOW..... -1

A3d. What would you say was the main reason you left [NAME OF PROGRAM TO WHICH FAMILY WAS RANDOMLY ASSIGNED?]

DO NOT READ LIST/ RECORD VERBATIM AND CODE

- I DID NOT LIKE HOUSING (QUALITY)..... 1
- I DID NOT LIKE THE LOCATON/NEIGHBORHOOD..... 2
- I DID NOT LIKE PROGRAM RULES..... 3
- I DID NOT LIKE OTHER RESIDENTS 4
- I COULD NOT HAVE MY WHOLE FAMILY WITH ME..... 5
- PROGRAM ASKED ME TO LEAVE..... 6
- OTHER (SPECIFY _____)..... 6
- REFUSED..... 7
- DON'T KNOW..... 8

A4a-p: Adapted from the Transitional Housing Study

A4. Which of the following best describes your current living situation?

<i>Would you say you are living/staying in...</i>	YE S	N O	RE F	DK
A4a. A house or apartment that you own or rent. This does not include your parent's or guardian's home or apartment.	1	2	7	8
A4b. Your partner's (boy/girlfriend's/fiancé's, significant other's) place.	1	2	7	8
A4c. A friend or relative's house or apartment, and paying part of the rent [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE]	1	2	7	8
A4d. A friend or relative's house or apartment, but not paying part of the rent [PROBE: THIS INCLUDES YOUR PARENT'S or GUARDIAN'S HOUSE OR APARTMENT OR OTHER FRIEND OR RELATIVE]	1	2	7	8
CAPI: IF A4a, A4b, A4c, or A4d =YES SKIP TO A5; Otherwise, continue down A4e through A4p until a YES response is reached.				
A4e. A permanent housing program with services to help you keep your housing (on site or coming to you) IF YES: COLLECT NAME OF PROGRAM _____ THEN SKIP TO A5	1	2	7	8
A4f. A transitional housing program IF YES COLLECT NAME OF PROGRAM: _____ THEN SKIP TO A5	1	2	7	8
A4g. A domestic violence shelter IF YES: SKIP TO A5	1	2	7	8
A4h. An emergency shelter IF YES COLLECT NAME OF PROGRAM: _____ THEN SKIP TO A5	1	2	7	8
A4i. A voucher hotel or motel IF YES: SKIP TO A9	1	2	7	8
A4j. A hotel or motel you pay for yourself IF YES: SKIP TO A9	1	2	7	8
A4k. A residential drug or alcohol treatment program IF YES: SKIP TO A9	1	2	7	8

<i>Would you say you are living/staying in...</i>		Y S	N O	RE F	DK
A4l.	Jail or prison IF YES: SKIP TO A9	1	2	7	8
A4m.	A car or other vehicle IF YES: SKIP TO A9	1	2	7	8
A4n.	An abandoned building IF YES: SKIP TO A9	1	2	7	8
A4o.	Anywhere outside [PROBE: STREETS, PARKS, ETC.] IF YES: SKIP TO A9	1	2	7	8
A4p.	OTHER → SPECIFY: _____ IF YES: SKIP TO A9	1	2	7	8

New question

A5. Do you think that you will be able to stay in the place where you are living/staying now as long as you want?

- YES..... 1 **(SKIP TO A7)**
 NO..... 2
 REFUSED..... 7
 DON'T KNOW..... 8

New question

A6. [IF THE RESPONDENT ANSWERED 'NO' TO A5] Why don't you think you will be able to stay in this place as long as you want? **What would you say is the main reason?[RECORD RESPONSE AND CODE]**

- IT IS NOT MY HOUSE OR APARTMENT..... 1
 I WON'T BE ABLE TO CONTINUE TO PAY THE RENT..... 2
 THE PROGRAM I'M IN HAS A TIME LIMIT..... 3
 THE LANDLORD/OWNER HAS TOLD ME I WILL HAVE TO LEAVE..... 4
 OTHER (Specify: _____)..... 5
 REFUSED..... 7
 DON'T KNOW..... 8

A7-A8b: Effects of Housing Vouchers on Welfare Families follow-up survey (A7 adapted from HOPE VI Interim Assessment Resident Survey)

CAPI: IF RESPONSE TO ANY OF A4D THROUGH A4P=YES; SKIP TO A9.

A7. [CAPI INSTRUCTION: ASK ONLY IF RESPONSE TO A4A, A4B, OR A4C IS YES]. Do you currently receive any governmental housing assistance, such as through public housing or Section 8 Housing Choice Voucher?

- YES..... 1 **(SKIP TO A8b)**
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

A8: National Survey of American Families (NSAF)

A8. Are you paying lower rent because the Federal, state, or local government is paying for part of your rent?

- YES..... 1
- NO..... 2 **(SKIP TO A9)**
- REFUSED..... 7 **(SKIP TO A9)**
- DON'T KNOW..... 8 **(SKIP TO A9)**

A8a: New question

A8a. What is the name of the program that provides your housing assistance? This could be the program where you live or the program that helps you with your rent.

RECORD VERBATIM

A8b: Adapted from HOPE VI Interim Assessment Resident Survey

A8b. Is this assistance: public housing, a Section 8 Housing Choice Voucher Certificate or Voucher, a Section 8 Housing Choice Voucher project, or some other type of assistance? **CAPI: ACCEPT ONE RESPONSE ONLY.**

- PUBLIC HOUSING 1
- A SECTION 8 CERTIFICATE OR VOUCHER..... 2
- A SECTION 8 PROJECT..... 4
- OTHER TYPE OF HOUSING ASSISTANCE
(SPECIFY): _____ 5
- REFUSED..... 7
- DON'T KNOW..... 8

A9-A12: Family Options Study, Baseline and Tracking Interviews, Adapted from Center for Mental Health Services and the Center of Substance Abuse Treatment (CMHS/CSAT)

A9. Now, I'd like you to think about the last six months—that is, since [SHOW CALENDAR]. Were there any times when you were homeless in the last six months? By homeless, I mean times when you didn't have a regular place to live and you were living in a homeless shelter or temporarily in an institution because you had nowhere else to go.

Homeless can also include living in a place not typically used for sleeping such as on the street, in a car, in an abandoned building, or in a bus or train station in the past six months.

Please **do not include** any times when you may have stayed with friends or relatives because you did not have your own place to stay. Please **do not include** times when you lived in a transitional housing program or permanent housing program.

- YES..... 1
- NO..... 2 **(SKIP TO A11)**
- REFUSED..... 7 **(SKIP TO A11)**
- DON'T KNOW..... 8 **(SKIP TO A11)**

A10. [IF THE RESPONDENT ANSWERED 'YES' TO A9] How many times were you homeless in the last six months?

[INTERVIEWER/CAPI: RECORD NUMBER OF TIMES THE PERSON WAS HOMELESS. IF 0, RECORD THAT AS WELL.]

- NUMBER OF TIMES _____
- REFUSED..... 7 **(SKIP TO A11)**
- DON'T KNOW..... 8 **(SKIP TO A11)**

A10a. [IF A10>1: Thinking about all of the times you have been homeless in the past 6 months], What would you say is the total number of days, weeks, or months that you have been homeless in the past 6 months?

[INTERVIEWER/CAPI: RECORD THE NUMBER OF DAYS, WEEKS, OR MONTHS. IF 0, RECORD THAT AS WELL.]

- NUMBER OF DAYS _____
- NUMBER OF WEEKS _____
- NUMBER OF MONTHS _____
- REFUSED..... -2
- DON'T KNOW..... -1

A11. Again, please think about the last six months. Were there any times when you were living with a friend or relative because you could not find or afford a place of your own?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

A12. Altogether, how much time in the past six months, would you say you spent living with a friend or relative because you could not find or afford a place of your own? You can tell me this answer in days, weeks, or months, whichever is easiest for you. [INTERVIEWER/CAPI: RECORD NUMBER OF DAYS, WEEKS, MONTHS, YEARS. IF 0, RECORD THAT AS WELL].

- NUMBER OF DAYS _____
- NUMBER OF WEEKS _____
- NUMBER OF MONTHS _____
- REFUSED..... -2
- DON'T KNOW..... -1

A13-A14: Family Options Study Baseline and Tracking surveys

A13. Now I'd like you to think about the past [# MONTHS SINCE RA], that is since [RA MONTH/YEAR].

[CAPI: IF A7 or A8 = YES or IF RA RESULT=PBTH INSERT: Other than [where you are now/PROGRAM NAME IN A3] Have you participated in any program to help you with your housing? This could be a housing program where you lived or a program that helped you pay the rent in your own apartment or house.

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

CAPI: LOOP FOR KNOWN PROGRAMS FIRST (A14-A16) AS FOLLOWS:
IF A3 or A3a=YES: INSERT NAME OF PROGRAM TO WHICH THE FAMILY WAS RANDOMLY ASSIGNED IN A14.

IF A4e, A4f, A4h=YES INSERT NAME OF THAT PROGRAM IN A15

IF A8a <> BLANK, INSERT NAME OF PROGRAM IN A16.
THEN REPEAT A17-A19 FOR ANY ADDITIONAL PROGRAMS

CAPI: if A14b, A15b, A16b, A17b, A18b, A19b... and A14c, A15c, A16c, A17c,A18c, A19c... are completed, then A14d, A15d, A16d, A17d,A18d, A19d... should remain blank. If A14d, A15d, A16d,A17d, A18d,A19d completed then A14b, A15b, A16b, A17b,A18b, A19b... and A14c, A15c, A16c, A17c,A18c, A19c are to be left blank

Adapted from Family Options Study, Tracking survey

A20. Now I'd like you to focus just on the past 6 months—that is since [MONTH 6 MONTHS PRIOR]. Think about all of the different places you have lived/stayed during the past 6 months. How many different places you have lived/stayed? Please include the place where you currently live/stay.

[INTERVIEWER: IF ASKED, THIS SHOULD INCLUDE ALL PLACES THE RESPONDENT HAS LIVED, INCLUDING HOMELESS SHELTERS]

[NOTE TO INTERVIEWER: IF INTERVIEWEE CYCLED BACK AND FORTH BETWEEN TWO PLACES, COUNT EACH ONLY ONCE.]

- One place—where I am now..... 1
- 2 Places..... 2
- 3 Places..... 3
- 4 Places..... 4
- 5 Places..... 5
- More than 5 Places..... 6
- REFUSED..... 7
- DON'T KNOW..... 8

Module 2: Housing Quality and Affordability (Current Unit)

CAPI: If respondent answered YES to A4k, A4L, A4m, A4n, or A4o SKIP TO MODULE 3

Now I will ask you about the people who live with you now.

Family Options Study, Baseline and Tracking surveys

- B1. How many adults that is people who are 18 years old or older, in your family are living with you right now [do not include yourself]?

_____ Number of adults

REFUSED -2
DON'T KNOW -1

- B2. Please tell me the first names of the adults in your family who live with you right now. Do not include yourself. By adult, I mean people who are 18 years old or older.

- B3. How many children in your family are living with you right now? By children, I mean people 17 years old or younger.

_____ Number of children

REFUSED -2
DON'T KNOW -1

- B4. Please tell me the first names of the children in your family who live with you now. By children, I mean people who are 17 years old or younger.

B5. So, the people in your family who are living with you now are: [READ NAMES]. If you moved, who do you think would go with you?

[LIST NAMES OF ADULTS AND CHILDREN WHO WOULD GO WITH RESPONDENT.]

ADULTS _____

CHILDREN _____

For the next questions, when I ask you about the people in your family, I would like you to include those people we just talked about who live with you now and would move with you if you moved.

I am now going to ask you about the place where you are living now.

Effects of Housing Vouchers on Welfare Families follow-up survey

B6. Not including kitchens, bathrooms and hallways, how many rooms are there in your house/apartment/ living space available for the use of your family [THE PEOPLE WE JUST TALKED ABOUT]?

[READ LIST. ACCEPT ONE RESPONSE ONLY.]

- One..... 1
- Two..... 2
- Three..... 3
- Four..... 4
- Five..... 5
- Six or more..... 6
- REFUSED..... 7
- DON'T KNOW..... 8

Rent Study

B7. Overall, how would you describe the condition of your current house or apartment? Would you say it is in:

[READ LIST. ACCEPT ONE RESPONSE ONLY.]

- Excellent Condition..... 1
- Good Condition..... 2
- Fair Condition..... 3
- Poor Condition..... 4
- REFUSED..... 7

DON'T KNOW..... 8

Rent Study

B8. Does your **current** housing have any of the following problems?

	YES	NO	REF	DK
B8a. Mildew, mold, or water damage on any wall, floor, or ceiling?	1	2	7	8
B8b. Any floor problems such as boards, tiles, carpeting or linoleum that are missing, curled, or loose?	1	2	7	8
B8c. Any holes or large cracks where outdoor air or rain can come in?	1	2	7	8
B8d. Bad odors such as sewer, natural gas, etc. in your home?	1	2	7	8
B8e. In the last three months has any bathroom floor been covered by water because of a plumbing problem?	1	2	7	8
B8f. In the last three months has your toilet not worked for 6 hours or more?	1	2	7	8
B8g. In the last three months has your electricity not worked for 2 hours or more?	1	2	7	8
B8h. In cold weather, do you ever need to use your oven to heat your home?	1	2	7	8

B9-B11: Adapted from Effects of Housing Vouchers on Welfare Families follow-up survey and Rent Study

B9. In the month just past, what did you and the people in your family pay [as rent/for the mortgage/ and any condo fee]? We are interested only in knowing the amount of the [rent/mortgage/condo fee] payment that you and your family paid, not any amount that may have been paid by other people who live here, other people who don't live here, or a government program.

CAPI: IF RESPONDENT ANSWERED "YES" TO A4A, ADJUST QUESTION TEXT FOR B9 AND B9A TO ASK ABOUT RENT/MORTGAGE; OTHERWISE ASK ABOUT RENT ONLY.

[FOUR DIGITS, WHOLE DOLLARS ONLY]

\$ PER MONTH _____

REFUSED..... -2

DON'T KNOW..... -1

B9a. That is, \$[AMOUNT FROM B4] that you and the people in your family paid last month for your [mortgage/rent]. Is that right?

YES..... 1

NO..... 2

(REPEAT B9)

B10. In the month just past, what was the total amount you and the people in your family paid for utilities **that were not included as part of the rent or condominium fee**? *By all utilities, I mean electricity, heat, gas, and water. We are interested only in knowing the total amount of utility payments that you and your family paid, not any amount that may have been paid by other people or a government program.*

[FOUR DIGITS, WHOLE DOLLARS ONLY]

UTILITIES \$ PER MONTH _____

- NO PAYMENT/INCLUDED IN RENT OR IN CONDOMINIUM FEE..... -3 **(GO TO C1)**
- REFUSED..... -2 **(GO TO C1)**
- DON'T KNOW..... -1 **(GO TO C1)**

B10a. That is \$[AMOUNT FROM B10] that you and your family paid last month for all utilities. Is that right?

- YES..... 1
- NO..... 2 **(REPEAT B10)**

B11. What is the total amount of all utility payments, for a *typical* month—that is *not* a month with unusually high or low heat or air conditioning bills?

[FOUR DIGITS, WHOLE DOLLARS ONLY]

TYPICAL COST PER MONTH \$ _____

- NO PAYMENT/INCLUDED IN RENT OR IN CONDOMINIUM FEE..... -3 **(GO TO C1)**
- REFUSED..... -2 **(GO TO C1)**
- DON'T KNOW..... -1 **(GO TO C1)**

B11a. I have entered \$[amount from B6] as the amount you and family members who are with you here pay in a typical month for all utilities. Is this correct?

- YES..... 1
- NO..... 2 **(REPEAT B11)**

Module 3: Employment Income, Self-Sufficiency, and Hardship

Now I'd like to ask a few questions about your work experience.

C1-C13: Family Options Study, Baseline Survey, Adapted from MTO Interim Evaluation Survey and Effects of Housing Vouchers on Welfare Families Follow-up Survey

C1. Last week, did you do any work for pay?

- YES..... 1 **(SKIP TO C3)**
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

C2. Since [MONTH/YEAR OF RA], have you done any work at all for pay? This could include any jobs you may currently have, even if you did not do any work for pay last week.

- YES 1
- NO..... 2 **(SKIP TO C12)**
- REFUSED..... 7 **(SKIP TO C12)**
- DON'T KNOW 8 **(SKIP TO C12)**

C3. Since [MONTH/YEAR OF RA], that is in the past [N] months, how many different jobs have you had? Please include all jobs.

of jobs _____

- DON'T KNOW..... -1
- REFUSED..... -2

C4. Since [MONTH/YEAR of RA], that is in the past [N] months, how many months did you work for pay at least for part of the month? Please include any months you worked for pay, even if you did not work the entire month.

of months _____

- DON'T KNOW..... -1
- REFUSED..... -2

Now, I would like to ask you about your:

CAPI: IF C1=YES AND C3>1 main job. Your main job is the one where you work the most hours.

IF C1=YES AND C3=1.current job.

IF C1=NO, REF, DK most recent job.

CAPI WILL SUBSTITUTE TEXT ACCORDINGLY THROUGHOUT C5-C7

C5. How many hours per week do/did you usually work at your [main] job/most recent job? *By main job, I mean the one at which you usually work the most hours.*

- NUMBER OF HOURS 1-84
- REFUSED..... -2
- DON'T KNOW..... -1

Now I have a few questions about the (main) job at which you worked last week/your most recent job. By main job I mean the one where you worked the most hours

[NOTE TO REVIEWERS: This section is intended to allow for the calculation of WEEKLY earnings for all respondents.]

C6. For your (main)/most recent job, what is the easiest way for you to report your total earnings before taxes or other deductions: hourly, weekly, monthly, annually, or on some other basis?

- HOURLY..... 1
- DAILY..... 2
- WEEKLY..... 3
- BI-WEEKLY (EVERY 2 WEEKS)..... 4
- TWICE MONTHLY..... 5
- MONTHLY..... 6
- ANNUALLY..... 7
- PER UNIT..... 8
- OTHER (SPECIFY _____)..... 96
- REFUSED..... 97
- DON'T KNOW..... 98

C7. [Do/Did] you usually receive overtime pay, tips, or commissions (at this/your main/your most recent] job?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

C8. Including overtime pay, tips, and commissions), what [are/were] your usual [REFER TO PAY FREQUENCY REPORTED IN C6] (hourly/daily/weekly/biweekly/twice monthly/ monthly/annual/per unit) earnings on this job, before taxes or other deductions?

ENTER DOLLAR AMOUNT \$ ____ , ____ ____

REFUSED..... -2

DON'T KNOW..... -1

**IF C6=2 CONTINUE TO C9;
IF C6=7 SKIP TO C10
IF C6=8 SKIP TO C11
OTHERWISE SKIP TO C12**

C9. [ASK THIS QUESTION ONLY OF PEOPLE WHO REPORT BEING PAID ON A DAILY BASIS, C6=2] How many days a week do you usually work?

NUMBER OF DAYS _____

REFUSED..... -2

DON'T KNOW..... -1

SKIP TO C12

C10. How many weeks a year do you get paid for?

NUMBER OF WEEKS _____

REFUSED..... -2

DON'T KNOW..... -1

SKIP TO C12

C11. [ASK THIS QUESTION ONLY OF PEOPLE WHO REPORT BEING PAID BY THE UNIT C6=8] For how many [UNITS] are you usually paid per week (on this job)?

NUMBER OF UNITS _____

REFUSED..... -2

DON'T KNOW..... -1

Now I would like to ask you about different sources of income or assistance you or people in your family may receive. Your responses to these questions will not affect your family's eligibility for housing assistance or other types of assistance. By family, I mean the people we talked about before who live with you now and who would move with you if you moved.

C12: Family Options Study, Baseline Survey, adapted from the Effects of Vouchers on Welfare Families Baseline Survey

C12. Thinking about the last month, (that is, the last 30 days), did you, or anyone in your family who is with you now, receive any assistance or income from...

[READ EACH SOURCE]

	YES	NO	REF	DK
C12a. Employment income	1	2	7	8
C12b. Supplementary Nutrition Assistance Program (SNAP) (PROBE: Food stamps?)	1	2	7	8
C12c. SSI (Supplemental Security Income)?	1	2	7	8
C12d. TANF (Temporary Assistance for Needy Families, or welfare cash assistance)? [WILL INSERT LOCAL NAME OF TANF PROGRAM AND PROBE USING LOCAL NAME]	1	2	7	8
C12e. Unemployment Insurance/ Unemployment Compensation?	1	2	7	8
C12f. Child Support?	1	2	7	8
C12g. WIC (Women, Infants, and Children)?	1	2	7	8
C12h. Social Security Disability Insurance (SSDI)	1	2	7	8
C12i. Social Security Survivor's benefits?	1	2	7	8
C12j. Medicaid?	1	2	7	8
C12k. State health insurance? (e.g. INDIGENT CARE) [WILL INSERT LOCAL NAMES OF ANY STATE HEALTH INSURANCE OR ASSISTANCE]?	1	2	7	8
C12l. State Children's Health Insurance Program (SCHIP)?	1	2	7	8
C12m. Child Care Assistance?	1	2	7	8
C12n. Alimony	1	2	7	8
C12o. Cash from people living with you who are not part of your family?	1	2	7	8
C12q. Cash from relatives or friends who do not live with you?				
C12r. Other Sources of Income or Assistance (LIST)	1	2	7	8

C13-C18: Effects of Housing Vouchers on Welfare Families follow-up survey

C13. During [most recently completed calendar year 2011 or 2012] what was the total amount of cash income, before taxes or other deductions, you and all the people in your family received? Please include money from your main job, work on the side, welfare, SSI, help from your family and friends, child support, alimony, and any other money income received by you or any other household member.

ENTER DOLLAR AMOUNT: \$ _____ , _____
REFUSED.....- -2 (SKIP TO C14)
DON'T KNOW.....- -1 (SKIP TO C14)

C13a. I have entered \$ [amount from C15] as the typical combined annual income for you and all the people in your family who live with you. Is this correct?

YES..... -1 (SKIP TO C19)
NO..... -2 (REPEAT C13)

Note to Reviewers: The following sequence was deliberately staggered to prevent a respondent from automatically choosing the lowest amount.

C14. Would it amount to \$10,000 or more?

YES..... 1
NO..... 2 (SKIP TO C18)
REFUSED..... 7 (SKIP TO C18)
DON'T KNOW..... 8 (SKIP TO C18)

C15. Would it amount to \$20,000 or more?

YES..... 1
NO..... 2 (SKIP TO C17)
REFUSED..... 7 (SKIP TO C17)
DON'T KNOW..... 8 (SKIP TO C17)

C16. Would it amount to \$30,000 or more?

YES..... 1 (SKIP TO C19)
NO..... 2 (SKIP TO C19)
REFUSED..... 7 (SKIP TO C19)
DON'T KNOW..... 8 (SKIP TO C19)

C17. Would it amount to \$15,000 or more?

- YES..... 1 **(SKIP TO C19)**
- NO..... 2 **(SKIP TO C19)**
- REFUSED..... 7 **(SKIP TO C19)**
- DON'T KNOW..... 8 **(SKIP TO C19)**

C18. Would it amount to \$5,000 or more?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

C19-C19a: Adapted from MTO Interim Evaluation Survey

C19. Workers sometimes receive a tax refund from the Earned Income Tax Credit or because they overpaid taxes in the previous year. This refund can be paid in one refund check or it can be paid in workers' paychecks. Did you receive a tax refund check from the federal government early in [2012/2013 [INSERT CORRECT YEAR BASED ON TIMING OF INTERVIEW], between January and June or as part of your paycheck?

- YES..... 1
- NO **(SKIP TO C20)**..... 2
- REFUSED **(SKIP TO C20)**..... 7
- DON'T KNOW **(SKIP TO C20)**..... 8

C19a. How much was your tax refund?

Enter amount: \$ ___ ___ ___

- DON'T KNOW..... -1
- REFUSED..... -2

C19b. Did you receive your refund in one check or as part of your paycheck?

- REFUND CHECK..... 1
- PAYCHECK..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

Now I have some questions about your schooling.

C20-C21: Adapted from Family Options Study Baseline Survey

C20. What is the highest grade or year of regular school that you have completed and gotten credit for? [DO NOT READ LIST. ACCEPT ONE RESPONSE ONLY.]

- Nursery School to 6th grade or no schooling..... 1
- 7th to 12th grade – NO DIPLOMA 2
- High School Graduate/HAVE DIPLOMA 3
- High School Equivalent (GED) General Educational Development... 4
- Some College..... 5
- Associates Degree..... 7
- Bachelor’s Degree..... 8
- Master’s Degree, Doctorate Degree, or other Professional Degree
(for example, MD, DDS, DVM, LLB, JD)..... 9
- REFUSED..... 97
- DON’T KNOW..... 98

C21. Do you have a high school diploma or a GED? [ASK ONLY IF RESPONSE TO C20 IS NOT COLLEGE. **PROBE FOR GED VS. HIGH SCHOOL DIPLOMA**] ACCEPT ONE RESPONSE ONLY.]

- GED..... 1
- HIGH SCHOOL DIPLOMA..... 2
- NEITHER 4
- REFUSED..... 7
- DON’T KNOW..... 8

C22-C23: New Questions

C22. Do you have a technical certificate or vocational accreditation?

- YES..... 1
- NO 2 (SKIP TO C24)
- REFUSED..... 7 (SKIP TO C24)
- DON’T KNOW..... 8 (SKIP TO C24)

C23. What kind of technical certificate or vocational accreditation did you receive? Was it:

- An Occupational/Vocational Certificate..... 1
(such as certified nursing assistant)
Please specify the type of certificate: _____
- An Occupational/Vocational License..... 2
(such as electrician, plumber, nurse)
Please specify the type of license: _____

- Associate's Degree..... 3
- Other technical certificate or vocational accreditation..... 4
- Please specify the type of certificate or accreditation: _____
- REFUSED..... 7
- DON'T KNOW..... 8

C24-C27: Effects of Housing Vouchers on Welfare Families & MTO Interim Evaluation Survey, adapted from National Survey of American Families (NSAF)

C24. Now I would like to ask you about any regular school or any training you may have had since [MONTH/YEAR OF RA]. Have you participated in any school or training program **that lasted at least two weeks** that was designed to help you find a job, improve your job skills, or learn a new job?

- YES..... 1
- NO 2 **(SKIP TO C28)**
- REFUSED..... 7 **(SKIP TO C28)**
- DON'T KNOW..... 8 **(SKIP TO C28)**

C25. How many different training programs have you participated in since [MONTH/YEAR of RA].

- NUMBER OF PROGRAMS _____
- REFUSED..... -2
- DON'T KNOW..... -1

C26. What kind of schooling or training was that? Please tell me about each one. DO NOT READ LIST. ACCEPT ONE RESPONSE ONLY FOR EACH TYPE TRAINING PROGRAM. CODE TYPE OF TRAINING IN TABLE BELOW FOR EACH PROGRAM. COMPLETE AS MANY COLUMNS AS NUMBER OF TRAINING PROGRAMS REPORTED IN C25.

	Training #1	Training #2	Training #3	Training #4
REGULAR HIGH SCHOOL, DIRECTED TOWARD HS DIPLOMA	1	1	1	1
PREPARATION FOR A GED EXAM	2	2	2	2
2-YEAR COLLEGE DIRECTED TOWARD A DEGREE	3	3	3	3
4-YEAR COLLEGE DIRECTED TOWARD A DEGREE	4	4	4	4
GRADUATE COURSES	5	5	5	5
COLLEGE COURSES NOT DIRECTED TOWARD A DEGREE	6	6	6	6
VOCATIONAL EDUCATION OUTSIDE A COLLEGE (BUSINESS or TECHNICAL SCHOOLS, EMPLOYER OR UNION-PROVIDED TRAINING, OR MILITARY TRAINING IN VOCATIONAL BUT NOT MILITARY SKILLS	7	7	7	7

	Training #1	Training #2	Training #3	Training #4
NON-VOCATIONAL ADULT EDUCATION NOT DIRECTED TOWARD A DEGREE (BASIC EDUCATION, LITERACY TRAINING, ENGLISH AS A SECOND LANGUAGE)	8	8	8	8
JOB SEARCH ASSISTANCE, JOB FINDING, ORIENTATION TO THE WORLD OF WORK	9	9	9	9
OTHER (SPECIFY: _____)	10	10	10	10
REFUSED	97	97	97	97
DON'T KNOW	98	98	98	98

C27. Altogether since [MONTH/YEAR of RA], that is in the past [N] months, about how many weeks would you say you have spent in training programs that were designed to help you find a job, improve your job skills, or learn a new job?

- NUMBER OF WEEKS _____
- REFUSED..... -2
- DON'T KNOW..... -1

Food Security

These next questions are about the food eaten in your household in the last 30 days and whether you were able to afford the food you need.

Source: C28-C31 USDA/ERS used in Current Population Survey—Food Security Supplement

C28. I'm going to read you two statements that people have made about their food situation. Please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/you and the other members of your household) in the last 30 days.

C28a. The first statement is "I worried whether our food would run out before I got money to buy more." Was that often, sometimes, or never true for you in the last 30 days?

- OFTEN TRUE..... 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

C28b. The second statement is: "The food that I bought just didn't last, and I didn't have money to get any more." Was that often, sometimes, or never true for you in the last 30 days?

- OFTEN TRUE..... 1
- SOMETIMES TRUE..... 2
- NEVER TRUE..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

C29. In the past 30 days, that is since (NAME OF CURRENT MONTH) of last year, did 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?

- YES..... 1
- NO..... 2 (SKIP TO C32)
- REFUSED..... 7 (SKIP TO C32)
- DON'T KNOW..... 8 (SKIP TO C32)

C30. In the last 30 days, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

C31. In the last 30 days, were you ever hungry but didn't eat because you couldn't afford enough food?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

C32. In the last 30 days, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

- YES..... 1
- NO..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

Economic Stressors

C33-C34: Adapted by Shinn from Pearlin & Schooler (1978)

Now, I would like you to think about *the past six months*, that is since [MONTH 6 MONTHS PRIOR].

C33. How often does it happen that you do not have enough money to afford:

	NEVER	ONCE IN A WHILE	FAIRLY OFTEN	VERY OFTEN	DK	N/A	REF
C33a. the kind of medical care your family should have? Has this happened never, once in a while, fairly often or very often?	1	2	3	4	7	8	9
C33b. the kind of clothing your family should have?	1	2	3	4	7	8	9
C33c. the leisure activities that your family wants?	1	2	3	4	7	8	9
C33d. your rent?	1	2	3	4	7	8	9

C34. In general, how do your family's finances usually work out at the end of the month? Do you find that you usually end up with **(READ)**

- Some money left over..... 1
 Just enough money to make ends meet..... 2
 Not enough money to make ends meet..... 3

Module 4: Family Composition and Preservation

Now I'd like to ask you about the people in your family. I'll ask you about the people we talked about earlier—those who you said are living with you now—and people who are not staying with you now.

D1-D23a Adapted from Family Options Study Baseline and Tracking Surveys

D1. What is your marital status? Are you currently...

- Single, never married..... 1
- Married or living in a marriage like situation..... 2
- Widowed..... 3
- Separated/Divorced..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

D2. Earlier we talked about the people in your family who are living with you now and would move with you if you moved. Those people are: CAPI: DISPLAY NAMES FROM MODULE 2:

D3. The last time we talked, in [MM/YYYY of RA or MM/YYYY OF LAST TRACKING INTERVIEW] [LIST FIRST NAMES AND CURRENT AGES OF PEOPLE LIVING WITH RESPONDENT AT TIME OF LAST INTERVIEW BUT NOT LISTED ABOVE/MENTIONED IN MODULE 2] were living with you/staying with you. Can you please tell me where they are currently staying, and how long they've been staying there?

CAPI: COMPARE PEOPLE RECORDED IN MODULE 2 TO THE LIST OF ADULTS AND CHILDREN WITH THE RESPONDENT AT LAST TRACKING INTERVIEW OR AT BASELINE. POPULATE TABLE BELOW WITH ADULTS AND CHILDREN WHO WERE WITH THE RESPONDENT AT THE LAST TRACKING INTERVIEW OR BASELINE BUT NOT NOW.

COLUMNS WILL BE ADDED TO THE TABLE AS NEEDED.

SEPARATIONS

Now I'd like to ask you about people whom you consider to be part of your family but who are not living with you now.

CAPI: Compare people mentioned in D3a and D4a to the family roster at baseline. These questions are for people in the roster at baseline and not now and for people the respondent considered part of the family at baseline that are not in the roster then or now. MORE COLUMNS WILL BE ADDED TO EACH GRID AS NEEDED

CAPI: WHENEVER DECEASED IS SELECTED AS RESPONSE, DISPLAY CONDOLENCE SCRIPT: I am sorry for your loss. Do you need to take a minute before we go on? (SKIP TO NEXT QUESTION)

	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3
D4. List of family members with Respondent at last interview BUT NOT WITH RESPONDENT NOW			
D5. How long has it been since [NAME] lived/stayed with you?			
D6. Where is [NAME] living/staying now?	IF NAME is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 In the military.....3 Incarcerated.....4 Homeless.....5 Other (Specify _____).....6 REF.....7 DK.....8 DECEASED.....9 IF NAME is a CHILD <15? With child's other parent.....1 With your own parents or in-laws in foster care arrangement2 With your own parents or in-laws not in foster care arrangement3 With other relatives, in foster care arrangement4 With other relatives, not in foster care arrangement5 In foster care, not with relatives (NON RELATIVE FOSTER CARE)..... 6 → How long in foster care? Other: _____.....7 DK.....8	IF NAME is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 In the military.....3 Incarcerated.....4 Homeless.....5 Other (Specify _____).....6 REF.....7 DK.....8 DECEASED.....9 IF NAME is a CHILD <15? With child's other parent.....1 With your own parents or in-laws in foster care arrangement2 With your own parents or in-laws not in foster care arrangement3 With other relatives, in foster care arrangement4 With other relatives, not in foster care arrangement5 In foster care, not with relatives (NON RELATIVE FOSTER CARE)..... 6 → How long in foster care? Other: _____.....7 DK.....8	IF NAME is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 In the military.....3 Incarcerated.....4 Homeless.....5 Other (Specify _____).....6 REF.....7 DK.....8 DECEASED.....9 IF NAME is a CHILD <15? With child's other parent.....1 With your own parents or in-laws in foster care arrangement2 With your own parents or in-laws not in foster care arrangement3 With other relatives, in foster care arrangement4 With other relatives, not in foster care arrangement5 In foster care, not with relatives (NON RELATIVE FOSTER CARE)..... 6 → How long in foster care? Other: _____.....7 DK.....8

		FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3
D7.	[ASK IF [NAME]1 IS NOW 15 OR YOUNGER and FOSTER CARE REPORTED IN D6: Was the foster care placement for [NAME] arranged by [LOCAL NAME OF CHILD WELFARE PROGRAM]	YES 1 NO 2 DON'T KNOW 7 REFUSED 8	YES 1 NO 2 REFUSED 7 DON'T KNOW 8	YES 1 NO 2 REFUSED 7 DON'T KNOW 8
D8.	ASK IF [NAME] IS NOW 15 OR UNDER: What would you say has been the total amount of time [CHILD] has spent living apart from you?	_____ Year(s) _____ Month(s)	_____ Year(s) _____ Month(s)	_____ Year(s) _____ Month(s)
D9.	ASK IF [NAME] IS NOW 15 OR YOUNGER: Does [NAME] have a disability? That could include either a physical, emotional, or mental health condition.	YES.....1 NO (SKIP TO NEXT PERSON).....2 DON'T KNOW.....7 REFUSED.....8	YES 1 NO (SKIP TO NEXT PERSON... 2 REFUSED 7 DON'T KNOW 8	YES 1 NO (SKIP TO NEXT PERSON... 2 REFUSED 7 DON'T KNOW 8
D10.	Is there anything about your housing situation that makes it difficult for [NAME] to live with you?.	I DON'T HAVE A PLACE OF MY OWN TO LIVE.....1 I DON'T HAVE A BIG ENOUGH PLACE TO LIVE.....2 MY LANDLORD WON'T LET [NAME] LIVE IN MY PLACE.....3 THE PROGRAM I'M IN WON'T LET [NAME] LIVE IN MY PLACE.....4 THE OTHER PEOPLE I LIVE WITH WON'T LET [NAME] LIVE WITH ME 5 DON'T KNOW.....7 REFUSED.....8	I DON'T HAVE A PLACE OF MY OWN TO LIVE.....1 I DON'T HAVE A BIG ENOUGH PLACE TO LIVE.....2 MY LANDLORD WON'T LET [NAME] LIVE IN MY PLACE.....3 THE PROGRAM I'M IN WON'T LET [NAME] LIVE IN MY PLACE.....4 THE OTHER PEOPLE I LIVE WITH WON'T LET [NAME] LIVE WITH ME 5 DON'T KNOW.....7 REFUSED.....8	I DON'T HAVE A PLACE OF MY OWN TO LIVE.....1 I DON'T HAVE A BIG ENOUGH PLACE TO LIVE.....2 MY LANDLORD WON'T LET [NAME] LIVE IN MY PLACE.....3 THE PROGRAM I'M IN WON'T LET [NAME] LIVE IN MY PLACE.....4 THE OTHER PEOPLE I LIVE WITH WON'T LET [NAME] LIVE WITH ME 5 DON'T KNOW.....7 REFUSED.....8

CAPI: IF NEW MEMBERS IDENTIFIED IN MODULE 2 ASK D11 –D15; ELSE SKIP TO D16.

Now I have some questions about the family members WHO ARE LIVING WITH YOU NOW but who were not with you the last time we talked. Let’s start with the adults. MORE COLUMNS WILL BE ADDED AS NEEDED. THESE ITEMS ARE ONLY COLLECTED FOR FAMILY MEMBERS WHO HAVE JOINED THE FAMILY SINCE THE BASELINE INTERVIEW OR LAST TRACKING INTERVIEW (WERE NOT WITH THE FAMILY AT THE BASELINE INTERVIEW OR LAST TRACKING INTERVIEW)

	NEW FAMILY MEMBER 1 [NAME]	NEW FAMILY MEMBER 2 [NAME])	NEW FAMILY MEMBER 3 [NAME]	NEW FAMILY MEMBER 4 [NAME]
D11. What is [NAME]’s relationship to you?	HUSBAND OR WIFE.....1 LOVER/PARTNER.....2 CHILD.....3 STEP-CHILD4 FOSTER CHILD.....5 CHILD OF LOVER/PARTNER.....6 SON- OR DAUGHTER-IN-LAW.....7 MOTHER OR FATHER.....8 STEP-PARENT.....9 MOTHER- OR FATHER-IN-LAW OR PARTNER’S PARENT.....10 GRANDPARENT.....11 BROTHER OR SISTER.....12 BROTHER- OR SISTER-IN-LAW.....13 GRANDCHILD.....14 OTHER RELATIVE.....15	HUSBAND OR WIFE.....1 LOVER/PARTNER.....2 CHILD.....3 STEP-CHILD4 FOSTER CHILD.....5 CHILD OF LOVER/PARTNER.....6 SON- OR DAUGHTER-IN-LAW.....7 MOTHER OR FATHER.....8 STEP-PARENT.....9 MOTHER- OR FATHER-IN-LAW OR PARTNER’S PARENT.....10 GRANDPARENT.....11 BROTHER OR SISTER.....12 BROTHER- OR SISTER-IN-LAW.....13 GRANDCHILD.....14 OTHER RELATIVE.....15	HUSBAND OR WIFE.....1 LOVER/PARTNER.....2 CHILD.....3 STEP-CHILD4 FOSTER CHILD.....5 CHILD OF LOVER/PARTNER.....6 SON- OR DAUGHTER-IN-LAW.....7 MOTHER OR FATHER.....8 STEP-PARENT.....9 MOTHER- OR FATHER-IN-LAW OR PARTNER’S PARENT.....10 GRANDPARENT.....11 BROTHER OR SISTER.....12 BROTHER- OR SISTER-IN-LAW.....13 GRANDCHILD.....14 OTHER RELATIVE.....15	HUSBAND OR WIFE.....1 LOVER/PARTNER.....2 CHILD.....3 STEP-CHILD4 FOSTER CHILD.....5 CHILD OF LOVER/PARTNER.....6 SON- OR DAUGHTER-IN-LAW.....7 MOTHER OR FATHER.....8 STEP-PARENT.....9 MOTHER- OR FATHER-IN-LAW OR PARTNER’S PARENT.....10 GRANDPARENT.....11 BROTHER OR SISTER.....12 BROTHER- OR SISTER-IN-LAW.....13 GRANDCHILD.....14 OTHER RELATIVE.....15
D12. Is [NAME] male or female?	MALE.....1 FEMALE.....2 REFUSED.....7 DON’T KNOW.....8	MALE.....1 FEMALE.....2 REFUSED.....7 DON’T KNOW.....8	MALE.....1 FEMALE.....2 REFUSED.....7 DON’T KNOW.....8	MALE.....1 FEMALE.....2 REFUSED.....7 DON’T KNOW.....8
D13. What is [NAME]’s Date of Birth?	<u> </u> / <u> </u> / <u> </u> MM DD YYYY	<u> </u> / <u> </u> / <u> </u> MM DD YYYY	<u> </u> / <u> </u> / <u> </u> MM DD YYYY	<u> </u> / <u> </u> / <u> </u> MM DD YYYY
D14. ASK IF D12 shows [NAME] is 15 or OLDER. Is [NAME] currently working for pay?	YES.....1 NO.....2 REFUSED.....7 DON’T KNOW.....8	YES.....1 NO.....2 REFUSED.....7 DON’T KNOW.....8	YES.....1 NO.....2 REFUSED.....7 DON’T KNOW.....8	YES.....1 NO.....2 REFUSED.....7 DON’T KNOW.....8

	NEW FAMILY MEMBER 1 [NAME]	NEW FAMILY MEMBER 2 [NAME])	NEW FAMILY MEMBER 3 [NAME]	NEW FAMILY MEMBER 4 [NAME]
D15. Was there anything about your housing situation or about the program you are in that helped with the decision that [name of person] should live with you?	I HAVE A PLACE OF MY OWN TO LIVE1 HAVE A BIG ENOUGH PLACE TO LIVE2 SUPERVISION IS AVAILABLE SO CHILD IS PERMITTED TO LIVE WITH ME.....3 I HAVE A SAFE ENOUGH PLACE TO LIVE.....4 THE PROGRAM HELPED ME TO GET [CHILD] BACK.....5 Other: [SPECIFY].....6 REFUSED.....7 DON'T KNOW.....8	I HAVE A PLACE OF MY OWN TO LIVE1 HAVE A BIG ENOUGH PLACE TO LIVE2 SUPERVISION IS AVAILABLE SO CHILD IS PERMITTED TO LIVE WITH ME.....3 I HAVE A SAFE ENOUGH PLACE TO LIVE.....4 THE PROGRAM HELPED ME TO GET [CHILD] BACK.....5 Other: [SPECIFY].....6 REFUSED.....7 DON'T KNOW.....8	I HAVE A PLACE OF MY OWN TO LIVE1 HAVE A BIG ENOUGH PLACE TO LIVE.....2 SUPERVISION IS AVAILABLE SO CHILD IS PERMITTED TO LIVE WITH ME.....3 I HAVE A SAFE ENOUGH PLACE TO LIVE.....4 THE PROGRAM HELPED ME TO GET [CHILD] BACK.....5 Other: [SPECIFY].....6 REFUSED.....7 DON'T KNOW.....8	I HAVE A PLACE OF MY OWN TO LIVE1 HAVE A BIG ENOUGH PLACE TO LIVE.....2 SUPERVISION IS AVAILABLE SO CHILD IS PERMITTED TO LIVE WITH ME.....3 I HAVE A SAFE ENOUGH PLACE TO LIVE.....4 THE PROGRAM HELPED ME TO GET [CHILD] BACK.....5 Other: [SPECIFY].....6 REFUSED.....7 DON'T KNOW.....8

CAPI: ASK ONLY OF MEMBERS FROM BASELINE AND LISTED AS LIVING WITH R IN MODULE 2

*Now I would like to ask you some questions about the people in your family who were living with you in [MONTH/YEAR of RA] and who are living with you now. Ask following questions for all people on the household roster both at baseline and now:
CAPI ADD NEW COLUMNS AS NEEDED*

	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3
D16. Was there ever a time in the past six months when [NAME] was not living with you?	YES.....1 NO (SKIP TO D21).....2 REFUSED.....7 DON'T KNOW.....8	YES.....1 NO (SKIP TO D21).....2 REFUSED.....7 DON'T KNOW.....8	YES.....1 NO (SKIP TO D21).....2 REFUSED.....7 DON'T KNOW.....8
D17. ASK IF D16=1: How many weeks during the last six months was [NAME] not living with you?	_____ Weeks REFUSED.....7 DON'T KNOW.....8	_____ Weeks REFUSED.....7 DON'T KNOW.....8	_____ Weeks REFUSED.....7 DON'T KNOW.....8
D18. ASK IF D16=1: Please tell where the [NAME] was during those weeks?	IF NAME is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 In the military.....3 Incarcerated.....4 Homeless.....5 Other (Specify _____).....6 DK.....8 IF NAME is a CHILD <15? With child's other parent.....1 With your own parents or in-laws <i>in foster care arrangement</i>2 With your own parents or in-laws <i>not in foster care arrangement</i>3 With other relatives, <i>in foster care arrangement</i>4 With other relatives, <i>not in foster care arrangement</i>5 In foster care, not with relatives (NON RELATIVE FOSTER CARE).....6 → How long in foster care? Other: _____.....7 DK.....8	IF NAME is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 In the military.....3 Incarcerated.....4 Homeless.....5 Other (Specify _____).....6 DK.....8 IF NAME is a CHILD <15? With child's other parent.....1 With your own parents or in-laws <i>in foster care arrangement</i>2 With your own parents or in-laws <i>not in foster care arrangement</i>3 With other relatives, <i>in foster care arrangement</i>4 With other relatives, <i>not in foster care arrangement</i>5 In foster care, not with relatives (NON RELATIVE FOSTER CARE).....6 → How long in foster care? Other: _____.....7 DK.....8	IF NAME is an ADULT >15? A place of his/her own.....1 With friends or relatives.....2 In the military.....3 Incarcerated.....4 Homeless.....5 Other (Specify _____).....6 DK.....8 IF NAME is a CHILD <15? With child's other parent.....1 With your own parents or in-laws <i>in foster care arrangement</i>2 With your own parents or in-laws <i>not in foster care arrangement</i>3 With other relatives, <i>in foster care arrangement</i>4 With other relatives, <i>not in foster care arrangement</i>5 In foster care, not with relatives (NON RELATIVE FOSTER CARE).....6 → How long in foster care? Other: _____.....7 DK.....8
D19. [ASK IF NAME NOW 15 OR YOUNGER and FOSTER CARE REPORTED IN D18]: Was the foster care placement for [NAME] arranged by [LOCAL NAME OF CHILD WELFARE PROGRAM]	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8

	FAMILY MEMBER 1	FAMILY MEMBER 2	FAMILY MEMBER 3
D20. Was there anything about your housing situation that makes it difficult for [NAME] to live with you?	I DIDN'T HAVE A PLACE OF MY OWN TO LIVE.....1 I DIDN'T HAVE A BIG ENOUGH PLACE TO LIVE.....2 MY LANDLORD WOULDN'T LET [xx] LIVE IN MY PLACE.....3 THE PROGRAM I'M IN WOULDN'T LET [NAME] LIVE IN MY PLACE.....4 THE OTHER PEOPLE I LIVE WITH WOULDN'T LET [NAME] LIVE WITH ME.....5 OTHER (SPECIFY _____).....6 DON'T KNOW.....7 REFUSED.....8	I DIDN'T HAVE A PLACE OF MY OWN TO LIVE.....1 I DIDN'T HAVE A BIG ENOUGH PLACE TO LIVE.....2 MY LANDLORD WOULDN'T LET [xx] LIVE IN MY PLACE.....3 THE PROGRAM I'M IN WOULDN'T LET [NAME] LIVE IN MY PLACE.....4 THE OTHER PEOPLE I LIVE WITH WOULDN'T LET [NAME] LIVE WITH ME.....5 OTHER (SPECIFY _____).....6 DON'T KNOW.....7 REFUSED8	I DIDN'T HAVE A PLACE OF MY OWN TO LIVE.....1 I DIDN'T HAVE A BIG ENOUGH PLACE TO LIVE.....2 MY LANDLORD WOULDN'T LET [xx] LIVE IN MY PLACE.....3 THE PROGRAM I'M IN WOULDN'T LET [NAME] LIVE IN MY PLACE.....4 THE OTHER PEOPLE I LIVE WITH WOULDN'T LET [NAME] LIVE WITH ME.....5 OTHER (SPECIFY _____).....6 DON'T KNOW.....7 REFUSED8

Now I would like to ask some additional questions about you and other people who were living with you over the past [N] months, that is since [RA MONTH/YEAR]. Please answer only for people older than 15 years of age.

CAPI: Ask following questions for all people on the household roster over 15 and for household members over 15 reported as missing from the household at baseline or now:

CAPI: Auto-populate grid with NAME based on answers from previous questions about household roster.

CAPI ADD NEW COLUMNS AS NEEDED

	RESPONDENT	FAMILY MEMBER 2	FAMILY MEMBER 3
D21. Was there any time in the past six months when [PERSON/YOU] [was/were] in a residential treatment program?	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8
D21a. IF D21=1 ASK: How many days/weeks was [NAME]/were you in treatment?	_____ Day(s) _____ Week(s)	_____ Day(s) _____ Week(s)	_____ Day(s) _____ Week(s)
D22. Was there any time in the past six months when [PERSON/you] was/were in a hospital?	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8
D22a. IF D21=1 ASK: How many days/weeks was [NAME]/were you in the hospital?	_____ Day(s) _____ Week(s)	_____ Day(s) _____ Week(s)	_____ Day(s) _____ Week(s)
D23. Was there any time in the past six months when [NAME]/you was/were in jail or prison?	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8	YES.....1 NO.....2 DON'T KNOW.....7 REFUSED.....8
D23a. IF D23=1 ASK: How many days/weeks was [NAME]/were you in jail or prison?	_____ Day(s) _____ Week(s)	_____ Day(s) _____ Week(s)	_____ Day(s) _____ Week(s)

Module 5: Adult Well-Being

The next few questions are about your health and refer to how you are doing now.

E1 National Health Interview Survey

E1. Overall, how would you rate your health during the past month/30 days?

- Excellent..... 1
- Very good..... 2
- Good..... 3
- Fair..... 4
- Poor..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

E2. HOPE Scale, Snyder, C. R., Simpson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology*, 70, 321–335. Wording changed in introduction to work with in-person administration of questions—original was self-administered.

E2. I will read a list of items to you. Please tell me how you think about yourself right now for each item. Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this "here and now" set, please tell me whether each item is Definitely False, Mostly False, Somewhat False, Slightly False, Slightly True, Somewhat True, Mostly True, and Definitely True for you right now.

	Definitely false	Mostly false	Somewhat	Slightly false	Slightly true	Somewhat true	Mostly true	Definitely true
E2a. If I should find myself in a jam, I could think of many ways to get out of it.	1	2	3	4	5	6	7	8
E2b. At the present time, I am energetically pursuing my goals.	1	2	3	4	5	6	7	8
E2c. There are lots of ways around any problem that I am facing now.	1	2	3	4	5	6	7	8
E2d. Right now I see myself as being pretty successful.	1	2	3	4	5	6	7	8
E2e. I can think of many ways to reach my current goals.	1	2	3	4	5	6	7	8
E2f. At this time, I am meeting the goals that I have set for myself.	1	2	3	4	5	6	7	8

The next questions are about how you have been feeling during the past 30 days (that is, the past month).

**Source: National Co-Morbidity SurveyK+6 Interviewer administered sequence.
http://www.hcp.med.harvard.edu/ncs/k6_scales.php.¹**

E3. How much of the time during the past 30 days have you felt..

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME	REF	DK
E3a. Nervous?	1	2	3	4	5	7	8
E3b. Hopeless?	1	2	3	4	5	7	8
E3c. Restless or fidgety?	1	2	3	4	5	7	8
E3d. So depressed that nothing could cheer you up?	1	2	3	4	5	7	8
E3e. That everything was an effort?	1	2	3	4	5	7	8
E3f. Worthless?	1	2	3	4	5	7	8

¹ Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J, Normand, S-L.T., Manderscheid, R.W., Walters, E.E., Zaslavsky, A.M. (2003). Screening for serious mental illness in the general population *Archives of General Psychiatry*. 60(2), 184-189.

PTSD Symptoms

Below is a list of the issues that people sometimes have after experiencing a lot of stress. I would like to ask you to think about the 30 days (that is the past month).

Source: Modified FOA.²

E4. I'm going to read each one and then ask you to indicate how much that issue has bothered you in the **past month**. Please tell me whether each of the following issues have bothered you: Not at all, a little bit, Moderately, Quite a bit, or Extremely.

	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY	REF	DK
E4a. Repeated, disturbing memories, thoughts, or images of a stressful experience?	1	2	3	4	5	7	8
E4b. Repeated, disturbing dreams of a stressful experience?	1	2	3	4	5	7	8
E4c. Suddenly acting or feeling as if stressful experiences were happening again (as if you were reliving it)?	1	2	3	4	5	7	8
E4d. Feeling very upset when something reminded you of a stressful experience?	1	2	3	4	5	7	8
E4e. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of a stressful experience?	1	2	3	4	5	7	8
E4f. Avoid thinking about or talking about the stressful experiences or avoid having feelings related to it?	1	2	3	4	5	7	8
E4g. Avoid activities or situations because they remind you of a stressful experience?	1	2	3	4	5	7	8
E4h. Trouble remembering important parts of the stressful experience?	1	2	3	4	5	7	8
E4i. Loss of interest in things that you used to enjoy?	1	2	3	4	5	7	8
E4j. Feeling distant or cut off from other people?	1	2	3	4	5	7	8
E4k. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5	7	8
E4l. Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?	1	2	3	4	5	7	8
E4m. Trouble falling or staying asleep?	1	2	3	4	5	7	8
E4n. Feeling <i>irritable</i> or having <i>angry outbursts</i> ?	1	2	3	4	5	7	8
E4o. Having difficulty concentrating?	1	2	3	4	5	7	8
E4p. Being " <i>super alert</i> " or watchful on guard?	1	2	3	4	5	7	8
E4q. Feeling <i>jumpy</i> or easily startled?	1	2	3	4	5	7	8

² Edna Foa, PhD, Professor of Clinical Psychology in the Department of Psychiatry of the University of Pennsylvania, [PDS \(Posttraumatic Stress Diagnostic Scale\) test](#).

Now I would like to ask you some questions about alcohol and drugs. These are questions about different experiences some people may have if they use drugs or alcohol. We are asking these questions of everyone in the study. Remember that the information you provide will be kept confidential and will only be used for this study.

E5-E9 Source: Rapid Alcohol Problems Screen Cherpitel 1995d.³

E5. Do you sometimes take a drink in the morning when you first get up?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

The next questions are about the past 6 months. That is, since [SHOW CALENDAR]

E6. During the past 6 months, has a friend or family member ever told you about things you said or did while you were drinking that you could not remember?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

E7. During the past 6 months, have you had a feeling of guilt or remorse after drinking?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

E8. During the past 6 months, have you failed to do what was normally expected of you because of drinking?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

E9. During the past 6 months have you lost friends or boy/girlfriends because of drinking?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

³ Cherpitel, Cheryl J., 1995. Screening for Alcohol Problems in the Emergency Room: A Rapid Alcohol Problems Screen. *Drug and Alcohol Dependence*. 40: 133-137.

Now, I have some questions about illegal drugs. By illegal drugs, I mean things like marijuana (except when used for medicinal purposes), ecstasy, cocaine, crack, heroin, speed, uppers, downers, etc.

E10 Source: ADAPTED FROM DAST Drug Abuse Screening Test. This sequence was also used in NSHAPC and the Transitional Housing Study.⁴ Also used in Family Options Study Baseline survey.

E10. Thinking about the past 6 months that is since [SHOW CALENDAR]. (READ EACH CATEGORY AND MARK RESPONSE.)

	YES	NO	REF	DK
E10a. Have you used more than one drug at a time?	1	2	7	8
E10b. Have you had “blackouts” or “flashbacks” as a result of drug use?	1	2	7	8
E10c. Have your friends or relatives known or suspected that you used drugs?	1	2	7	8
E10d. Have you ever lost friends because of drugs?	1	2	7	8
REMEMBER, THIS IS IN THE PAST 6 MONTHS...				
E10e. Have you ever not spent time with your family or missed work because of drug use?	1	2	7	8
E10f. Have you engaged in illegal activities in order to obtain drugs?	1	2	7	8
E10g. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	1	2	7	8
E10h. Have you had medical problems as a result of drug use (e.g. memory loss, hepatitis, convulsions, bleeding?)	1	2	7	8

E11. In the last 6 months, have you ever been physically abused or threatened with violence by a person who you were romantically involved with, such as a spouse, boy/girlfriend, or partner?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

Module 6: Child Well-Being and Parenting

“Now I would like to talk to you about [NAME OF CHILD].”

Source: F1-F9: Effects of Housing Vouchers on Welfare Families, adapted from MTO.

F1. Our records show [CHILD]’s date of birth is [FOCAL - CHILD’S DOB]. Is that correct?

⁴ Gavin DR; Ross HE; Skinner HA. (1989) 'Diagnostic validity of the Drug Abuse Screening Test in the assessment of DSM-III drug disorders', *British Journal of Addiction* 84(3): 301-307

- YES..... 1 **(SKIP TO F2)**
- NO 2
- REFUSED..... 7 **(SKIP TO F2)**
- DON'T KNOW..... 8 **(SKIP TO F2)**

F1a. What is [CHILD]'s date of birth
 ENTER DATE: _____ / _____ / _____
 Month / Day / Year

- REFUSED..... 7
- DON'T KNOW..... 8

Source: F2-F5d: Supporting Healthy Marriages Demonstration 30-Month Survey, Modified

F2. Do you currently live in the same household as [CHILD]...?

- All of the time **(SKIP TO F6)**..... 1
- At least half of the time **(SKIP TO F6)**..... 2
- Less than half of the time..... 3
- None of the time..... 4
- CHILD IS DECEASED **(READ CONDOLENCE SCRIPT)**..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

CONDOLENCE SCRIPT: I am sorry for your loss. Do you need to take a minute before we go on?
 (SKIP TO MODULE 7)

F3. During the past month, about how often did you spend one or more hours a day with [FOCAL CHILD]? Was it...

- Every day or nearly every day..... 1
- A few times a week..... 2
- A few times in the last month..... 3
- Only once or twice, or..... 4
- Not at all..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

F4. [IF FOCAL CHILD IS OLDER THAN 24 MONTHS] During the past month, how often have you phoned [FOCALCHILD] or sent [HIM/HER] a card, letter, e-mail, or text message? Was it...

- Every day or nearly every day..... 1
- A few times a week..... 2

- A few times in the last month..... 3
- Only once or twice, or..... 4
- Not at all..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

CAPI: ASK FOLLOWING QUESTIONS FOR CHILDREN AGED 2-17 IF CHILD IS <2 YEARS OF AGE
 SKIP TO NOTE BEFORE F10.

F5. About how often in the past month did you know...

Would you say it is...

	Always	Usually	Sometimes	Almost Never	Never	N/A	REF	DK
F5a. How [CHILD] spent his or her time when not in school or child care?	1	2	3	4	5		7	8
F5b. Which other kids [CHILD] spent time with?	1	2	3	4	5		7	8
F5c. [ASK ONLY IF CHILD IS ≥6YEARS OF AGE] Whether [CHILD] had finished his/her schoolwork or studying?	1	2	3	4	5	6	7	8
F5d. Which TV programs [CHILD] watched?	1	2	3	4	5		7	8

CAPI: IF F2=NONE OR LESS THAN HALF OF THE TIME AND IF RESPONSES TO HALF OR MORE OF ITEMS F3, F4, F5A, F5B, F5C AND F5D ARE 4, 5, 7 OR 8 THEN SKIP TO MODULE 7 AS IT DOES NOT APPEAR RESPONDENT WOULD KNOW ENOUGH ABOUT FOCALCHILD'S ACTIVITIES TO COMPLETE SECTION

CAPI: ASK FOLLOWING QUESTIONS FOR CHILDREN AGED 4 -17 IF CHILD IS <4 YEARS OF AGE SKIP TO NOTE BEFORE F10.

I'd like to start by discussing [CHILD]'s educational progress.

ATTENDANCE/TIME IN SCHOOL

F6. Is [CHILD] enrolled in [school or [IF CHILD IS LESS THAN 6YEARS OLD] child care] now? Child care can include could include center-based care as well as any other home day care or babysitting arrangement you may have for your child.

- YES..... 1 **(SKIP TO F8)**
- NO 2
- IF VOLUNTEERED: HOME-SCHOOLED 3 **(SKIP TO F8)**
- IF VOLUNTEERED: ON SUMMER/SCHOOL VACATION 4 **(SKIP TO F8)**
- IF VOLUNTEERED: NOT IN SCHOOL OR CHILD CARE YET .. 5 **(SKIP TO F8)**
- REFUSED..... 7 **(SKIP TO F8)**
- DON'T KNOW..... 8 **(SKIP TO F8)**

F7. When was [CHILD] last enrolled in [school or [IF CHILD IS LESS THAN 6 YEARS OLD] child care]?

ENTER DATE: ____ / ____
Month / Year

- REFUSED..... -1
- DON'T KNOW..... -2
- NEVER IN SCHOOL/CHILD CARE -3

F8. What is the highest grade or year of school that [CHILD] has ever completed? [DO NOT READ LIST. ACCEPT ONE RESPONSE ONLY.]

HAVE AVAILABLE LOCAL NAMES FOR PRE KINDERGARTEN, HEAD START

- CURRENTLY IN ANY FORM OF CHILD CARE OR PRESCHOOL. 1 **(SKIP TO F10a)**
- CURRENTLY IN FIRST YEAR OF SCHOOL (KINDERGARTEN OR FIRST GRADE) 2
- KINDERGARTEN..... 3
- FIRST GRADE..... 4
- SECOND GRADE 5
- THIRD GRADE..... 6
- FOURTH GRADE 7

- FIFTH GRADE..... 8
- SIXTH GRADE 9
- SEVENTH GRADE..... 10
- EIGHTH GRADE..... 11
- NINTH GRADE 12
- TENTH GRADE..... 13
- ELEVENTH GRADE..... 14
- TWELFTH GRADE..... 15
- REFUSED 98
- DON'T KNOW..... 99

CAPI IF F8=1-14, 98, or 99 SKIP TO NOTE BEFORE F10

F9. [CAPI ASK ONLY IF F8 = 15, Twelfth Grade] Did [CHILD] get a high school diploma?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

CAPI: IF CHILD IS AGE 4 OR OLDER SKIP TO: F13

CAPI: ASK FOLLOWING QUESTIONS FOR CHILDREN AGED 1.5 -3 YEARS 11 MONTHS **IF CHILD IS 0 TO 1.5 YEARS OF AGE SKIP TO F18.**

Source: F10-14 SAMHSA MOMS

F10. Is your child in regular child care or school at least 10 hours per week?

- YES..... 1
- NO 2 **(SKIP TO F14)**
- REFUSED..... 7 **(SKIP TO F14)**
- DON'T KNOW..... 8 **(SKIP TO F14)**

F10a. What sort of care is [NAME OF CHILD] in [FOR THE MOST HOURS PER WEEK]?

- Family-based care in someone's home with other children..... 1
- School or Center-based care..... 2 **(SKIP TO F10c)**
- Child care provided in my home..... 3
- In some other arrangement (SPECIFY _____) 4
- REFUSED..... 97
- DON'T KNOW..... 98

F10b. Is the provider a relative?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

SKIP TO F10d

F10c. Now I'd like to ask about the type of child care provider [CHILD] is in.

Is the provider [READ PROVIDER TYPE]?	YES	NO	REFUSED	DON'T KNOW
F10c1. Early Head Start?	1	2	7	8
F10c2. Head Start?	1	2	7	8
F10c3. Other School or Center? (SPECIFY)	1	2	7	8

F10d. Is your child in any **other** regular school or child care at least 10 hours per week?

- YES..... 1
 NO 2 **(SKIP TO F13)**
 REFUSED..... 7 **(SKIP TO F13)**
 DON'T KNOW..... 8 **(SKIP TO F13)**

IF F10d=YES, THEN CYCLE THROUGH F10a through F10d UNTIL ALL ARRANGEMENTS ARE REPORTED

F11. Counting the arrangement[s] you just told me about, how many different child care arrangements or schools has your child been in for at least 10 hours a week since you began participating in the study around [DATE OF ENROLLMENT]? *Please include all types of child care arrangements.*

- _____ # child care arrangements **(SKIP TO F13)**
 REFUSED..... 7 **(SKIP TO F13)**
 DON'T KNOW..... 8 **(SKIP TO F13)**

CAPI: ASK F12 FOR CHILDREN IN KINDERGARTEN OR ABOVE (F6 = 2-15, 98, 99). IF F6=1 SKIP TO F13.

F12. Now I have some questions about the number of schools [CHILD] has attended since you started participating in the study, that is since [DATE OF ENROLLMENT].

F12a. Since you began participating in the study, around [DATE OF ENROLLMENT], how many different schools has [CHILD'S NAME] attended?

- _____ # schools
 REFUSED..... 7
 DON'T KNOW..... 8

F12b. Since you began participating in the study, around [DATE OF ENROLLMENT], has [CHILD'S NAME] repeated a grade or been prevented from moving on to the next grade or level in school?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

F12c. Think about [CHILD'S] report card at the end of the last term. Would you describe the report card as mostly As, mostly Bs, mostly Cs;mostly Ds or mostly Fs?

- Mostly As..... 1
- Mostly Bs..... 2
- Mostly Cs..... 3
- Mostly Ds..... 4
- Mostly Fs..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

Ask following questions for children aged 1.5 -17 if in any form of child care or school

F13. How many days in the past month has your child missed child care/school?

**IF F2=4, or interview is during the summer, ask parent to remember the last month of school*
[CAPI NOTE: PROBE: A SCHOOL MONTH TYPICALLY HAS 20-23 DAYS (M-F)]

- NUMBER OF DAYS _____
- REFUSED..... -1
 - DON'T KNOW..... -2

DISCIPLINARY SANCTIONS

CAPI: SKIP to F16 IF F7 [MONTH/YEAR] IS MORE THAN 6 MONTHS AGO.

F14. During the past 6 months, has anyone from [CHILD'S] school/child care asked someone to come in and talk about problems [CHILD] was having with behavior?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

F15. During the past 6 months [SHOW CALENDAR], has [CHILD] been suspended or expelled from school/child care?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

F16. How much does your child like school/ child care? Would you say not at all, not very much, some, pretty much, or very much?

- Not at all..... 1
- Not very much..... 2
- Some..... 3
- Pretty much..... 4
- Very much..... 5
- REFUSED..... 7
- DON'T KNOW..... 8

F17. How would you rate your child's experiences at school/child care? Would you say that he/she has had mostly positive experiences; both positive and negative experiences; or mostly negative experiences?

- Mostly positive experiences..... 1
- Both positive and negative experiences..... 2
- Mostly negative experiences..... 3
- REFUSED..... 7
- DON'T KNOW..... 8

CAPI: ASK FOLLOWING QUESTIONS FOR ALL CHILDREN

Source: F18-F19: Effects of Housing Vouchers on Welfare Families, adapted from MTO.

F18. Would you say [CHILD'S NAME]'s health in general is excellent, very good, good, fair, or poor?

- EXCELLENT..... 1
- VERY GOOD..... 2
- GOOD..... 3
- FAIR..... 4
- POOR..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

F18a. Do you take [CHILD'S NAME] to a particular doctor's office, clinic, health center, hospital, or other place if he/she is sick or if you need advice about his/her health?

- YES..... 1
- NO 2 **(SKIP TO F19)**
- REFUSED..... 7 **(SKIP TO F19)**
- DON'T KNOW..... 8 **(SKIP TO F19)**

F18b. Can you tell me where you take [CHILD'S NAME]? [RECORD RESPONSE AND CODE TO ONE OF FOLLOWING]

- Private doctor/clinic..... 1
- Hospital outpatient department..... 2
- Community or public health clinic..... 3
- Emergency Room..... 4
- OTHER (SPECIFY) 5
- REFUSED..... 7
- DON'T KNOW..... 8

F19. During the past 12 months, did [CHILD'S NAME] receive a physical examination or well-child check-up?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

IF CHILD WAS BORN SINCE RANDOM ASSIGNMENT

Source: National Health Interview Survey

F20. When [CHILD'S NAME] was born, how much did he/she weigh?

_____ # pounds _____ # oz

- REFUSED..... -1
- DON'T KNOW..... -2

CAPI: IF F20 <> DON'T KNOW, SKIP TO NOTE BEFORE F21. IF F20=DK THEN ASK F20a.

F20a. [IF F20 = DK] Do you remember if [CHILD'S NAME] was underweight or about the right weight?

- Underweight..... 1
- About the right weight..... 2
- REFUSED..... 7
- DON'T KNOW..... 8

CAPI: IF CHILD < 3 YEARS OF AGE SKIP TO F26. IF CHILD ≥ 4 YEARS OF AGE SKIP TO F22

BEHAVIOR PROBLEMS—ASK F21 for 3-YEAR OLDS; F22 for CHILDREN AGE 4-10; and F23 for CHILDREN AGE 11-17.

F21. IF CHILD AGE=3 YEAR OLDS CONTINUE ELSE SKIP TO F22

Strengths and Difficulties Questionnaire

P or T^{3/4}

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name

Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help

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F22. ASK IF CHILD AGE=4-10 YEAR OLDS ELSE SKIP TO F23

Strengths and Difficulties Questionnaire

P or T 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Child's name Male/Female

Date of birth.....

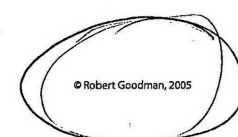
	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help



F23. ASK IF CHILD AGE=11-17 YEAR OLDS ELSE SKIP TO F24

Strengths and Difficulties Questionnaire

P or T¹¹⁻¹⁷

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this young person's behavior over the last six months or this school year.

Young person's name Male/Female

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example books, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature

Date

Parent / Teacher / Other (Please specify):

Thank you very much for your help



ASK THE FOLLOWING QUESTIONS FOR CHILDREN AGED 12-17. IF CHILD AGE<12 SKIP TO F26
Source: Effects of Housing Vouchers on Welfare Families Follow-up Survey

F24. In the past six months, has [CHILD'S NAME] been arrested?

- YES..... 1
 NO 2
 REFUSED..... 7
 DON'T KNOW..... 8

F25. In the past six months, has [CHILD'S NAME] had any problems that involved the police contacting the parent?

- YES..... 1
 NO 2
 REFUSED..... 7
 DON'T KNOW..... 8

ROUTINES & SLEEP

ASK FOR ALL CHILDREN.

F26. Now I have some questions about your daily activities with [CHILD]. I will read a list of items. Please tell me if you and your child do each one Almost always; Most days; Sometimes; Rarely; or Almost Never.

Would you say that [READ ITEM]...	Almost Always	Most Days	Sometimes	Rarely	Almost Never	REF	DK
F26a. We eat together as a family once a day	1	2	3	4	5	7	8
F26b. I set aside time for talking with [CHILD] each day	1	2	3	4	5	7	8
F26c. [CHILD] goes to bed at a regular time	1	2	3	4	5	7	8
ASK F26d IF CHILD IS UNDER 13 YEARS OLD ELSE SKIP TO F26e							
F26d. We have an evening bedtime routine with [CHILD]	1	2	3	4	5	7	8
ASK F26e IF [CHILD] age 13 OR OLDER ELSE SKIP TO F26f							
F26e. [CHILD] has an evening bedtime routine	1	2	3	4	5	7	si8
Ask F26f-F26h if [CHILD] IS AGE 6 OR OLDER ELSE SKIP TO F26i							
F26f. [CHILD] has a regular after school routine	1	2	3	4	5	7	8
F26g. [CHILD] does his/her homework at the same time every day.	1	2	3	4	5	7	8
F26h. Children in my house do regular household chores [SKIP FOR ADDITIONAL CHILDREN]	1	2	3	4	5	7	8
ASK F26i IF CHILD IS BETWEEN 2 AND 7 YEARS OLD ELSE SKIP TO F26j							
F26i. [CHILD] has difficulty waking up in the morning	1	2	3	4	5	7	8
ASK F26j. if [CHILD] IS AGE 8 TO 17 ELSE SKIP TO F26k							
F26j. [CHILD] has difficulty waking up on school days	1	2	3	4	5	7	8

Would you say that [READ ITEM]...	Almost Always	Most Days	Sometimes	Rarely	Almost Never	REF	DK
ASK F26k. for ALL CHILDREN							
F26k. [CHILD] is tired during the day	1	2	3	4	5	7	8

Source: *Velma McBride Murry's routine items. Sleep questions from Ronald Dahl.*

ASK FOR ALL CHILDREN 0-17, INCLUDING THOSE YOUNGER THAN 1.5 YEARS (18 MONTHS)

Source (F27 and F28): Mistry RS, New Hope Study

F27. Now I am going to read some statements about raising children. I would like you to tell me how true each statement is for you—very true, mostly true, sort of true, or not at all true? Would you say [READ ITEM] is...?

	<i>Is [READ ITEM]...</i>				REF	DK
	Very True	Mostly True	Sort of True	Not at all true		
F27a. My [child seems/ children seem] to be much harder to care for than most.	1	2	3	4	7	8
F27b. There are some things [my child does/ my children do] that really bother me a lot.	1	2	3	4	7	8
F27c. I often feel angry with my [child/children]	1	2	3	4	7	8
F27d. By the end of a long day, I find it hard to be warm and loving to my [child/children]	1	2	3	4	7	8

F28. **How much trouble [has your child/have your children] been to raise? Would you say no trouble, a little bit of trouble, some trouble, quite a bit of trouble, or a great deal of trouble?**

- No trouble..... 1
- A little bit of trouble..... 2
- Some trouble..... 3
- Quite a bit of trouble..... 4
- A great deal of trouble 5
- REFUSED..... 7
- DON'T KNOW..... 8

FOR ALL CHILDREN 0-17, INCLUDING THOSE YOUNGER THAN 1.5 YEARS

F29. Sometimes parents feel that there are barriers or challenges that are keeping them from being good parents. Can you tell me if you agree strongly, agree, disagree, or disagree strongly that the following challenges affect your relationship with [NAME OF CHILD]:

	Agree Strongly	Agree	Disagree	Disagree Strongly	REF	DK
F29b. other people make the rules for [NAME OF CHILD] –for example, when he has to go to bed, what to do when he misbehaves.	1	2	3	4	7	8
F29b. People made fun of [NAME OF CHILD] because we didn't [don't] have a place to live.	1	2	3	4	7	8
F29c. it's not always possible for [NAME OF CHILD] to live with me.	1	2	3	4	7	8
F29d. There are bad influences on CHILD from other people who live around here.	1	2	3	4	7	8

Source: New Question

OBSERVE OR ASK THE FOLLOWING QUESTIONS FOR ALL CHILDREN (AGES 0 TO 17)

F30. Observe: At least 10 books are present and visible.

YES..... 1
 NO 2

IF NOT VISIBLE ASK:

:
About how many books do you have in your home?

|_|_|_|
 ENTER # OF BOOKS

F31. Observe: Are there any computers or laptops present and visible.

YES..... 1
 NO 2

IF NOT VISIBLE ASK:

How many computers, with internet access, do you have in your home?

|_|_|_|
 ENTER # OF COMPUTERS

F32. ASK FOR EACH CHILD: Does [CHILD] have any books that are completely his/her own?

YES..... 1
 NO 2

F32a. About how many?

[ASK FOR EACH CHILD]

 ENTER # OF BOOKS

Observations of Parent/Child Interactions

F33. OBSERVE FOR ALL CHILDREN

Did the Parent:	Yes	No	DK
F33a. Talk to child/infant at least twice during visit	1	2	8
F33b. Answer child's questions orally or respond verbally in infants verbalizations?	1	2	8
F33c. Speak to child with a positive tone of voice?	1	2	8
F33d. Praise the child at least twice during the visit?	1	2	8
F33e. Caress, kiss, or hug child?	1	2	8
F33f. Respond positively to praise of child offered by interviewer? **INTERVIEWER MUST PLAN TO EXPLICITLY PRAISE EACH CHILD THROUGHOUT INTERVIEW. If respondent does not offer response the first time, interviewer must probe 3 times throughout interview to observe respondent's reactions.	1	2	8
F33g. Shout at the child during the visit?	1	2	8
F33h. Speak to the child with annoyance or hostility?	1	2	8
F33i. Slap or spank the child in a disciplinary way?	1	2	8
F33j. Scold or criticize the child during visit?	1	2	8

F34. OBSERVE FOR CHILDREN AGE 0-2 YEARS 11 MONTHS

Did the Parent:	Yes	No	DK
F34a. Tell the child the name of an object/person in a "teaching style" during the visit?	1	2	8
F34b. Interfere with the child's play or restrict the child more than three times?	1	2	8

F35. OBSERVE FOR CHILDREN AGE 3-17 YEARS

Did the Parent:	Yes	No	DK
F35a. Encourage the child to contribute?	1	2	8
F35b. Mention the skills of the child?	1	2	8
F35c. Praise the child at least twice during the visit?	1	2	8
F35d. Use a diminutive name (nickname or pet name) for the child?	1	2	8

Source: (F30-F35) HOME, scales validated by Linver, Martin, & Brooks-Gunn (2004)

**OBSERVE OR ASK THE FOLLOWING QUESTIONS FOR AGES 0-2 YEARS 11 MONTHS IF CHILD ≥3
SKIP TO F37**

F36. [ASK] Do you ever get a chance to read to [CHILD]?

- YES..... 1
 NO 2 **(SKIP TO F38)**
 REFUSED..... 7 **(SKIP TO F38)**
 DON'T KNOW..... 8 **(SKIP TO F38)**

F36a. About how many times a week do you get to do this?

- Every day or almost every day..... 1
 A few times a week..... 2
 A few times in the last 2 weeks..... 3
 Never or almost never..... 4
 REFUSED..... 7
 DON'T KNOW..... 8

F37. OBSERVE: DOES THE PARENT PROVIDE TOYS FOR CHILD DURING VISIT?

- YES..... 1
 NO 2

F38. Observe presence or absences of various types of toys.

For Items NOT observable, Ask Respondent:

	Yes	No	REF	DK
F38a. Does [CHILD] have any toys that help him/her develop their strength, like a rocking horse, a crib gym, a ball?	1	2	7	8
F38b. Does [CHILD] have any toys that he/she can push around, like a toy vacuum cleaner or lawnmower?	1	2	7	8
F38c. Does [CHILD] have any toys that he/she can cuddle or pretend with like stuffed animals, dolls, action figures, or costumes?	1	2	7	8

	Yes	No	REF	DK
F38d. Does [CHILD] have any items that give them a safe place to play? For instance, does he/she have a high chair, a mobile or a playpen where he/she can play?	1	2	7	8
F38e. Does [CHILD] have any toys that he/she builds or puts together like blocks? (Anything that encourages hand-eye coordination or fine motor movements)	1	2	7	8
F38f. Does [CHILD] have any toys that he/she uses for reading or stories such as books or tapes/CD's with stories to listen to?	1	2	7	8
F38g. Does [CHILD] have any toys that play music or teach music?	1	2	7	8
F38h. Does [CHILD] have toys or books that teach nursery rhymes, songs, prayers or poems?	1	2	7	8
F38i. Does [CHILD] have toys that he/she uses to make arts and crafts, like clay, finger paints, play dough, crayons, or paint?	1	2	7	8
F38j. Does [CHILD] have any toys with small pieces that he/she can take apart and put back together such as Legos, dolls with clothing, or does he/she ever use scissors to make arts and crafts?	1	2	7	8

Source: (F36-38) HOME, scales validated by Linver, Martin, & Brooks-Gunn (2004)

CAPI: F39 ASKED/OBSERVED ONLY FOR CHILDREN AGE 3 - 7 YEARS 11 MONTHS; ELSE SKIP TO F40.

F39. Now I'd like to talk to you about some of the toys you've gotten for [CHILD or CHILDREN IN AGE GROUP]. [IF VISIBLE: I can see some of them in this room, but there are probably others I can't see.] I'm going to ask you whether or not [CHILD] has different kinds of toys in the home now.

	Yes	No	DK
F39a. Does [CHILD] have any toy instruments or any real instruments?	1	2	8
F39b. Does [CHILD] have any toys that teach colors?	1	2	8
F39c. Does [CHILD] have any toys that teach sizes?	1	2	8
F39d. Does [CHILD] have any toys that teach shapes?	1	2	8
F39e. Does [CHILD] have any toys that teach numbers?	1	2	8
F39f. Does [CHILD] have any toys that teach him/her the names of animals or the sounds and behaviors of animals?	1	2	8
F39g. Does [CHILD] have three or more puzzles? About how many? **INDICATE YES IF 3 OR MORE	1	2	8

	Yes	No	DK
F39h. Does [CHILD] have toys or books that teach nursery rhymes, songs, prayers or poems?	1	2	8
F39i. Does [CHILD] have toys that he/she uses to make arts and crafts, like clay, finger paints, play dough, crayons, or paint?	1	2	8
F39j. Does [CHILD] have any toys with small pieces that he/she can take apart and put back together such as Legos, dolls with clothing, or does he/she ever use scissors to make arts and crafts?	1	2	8
F39k. Does [CHILD] have any access to any toys or books that teach him/her the alphabet?	1	2	8

F40. [ASK] Do you ever get a chance to read to [CHILD]?

- YES..... 1
NO 2 **(SKIP TO F48)**
REFUSED..... 7 **(SKIP TO F48)**
DON'T KNOW..... 8 **(SKIP TO F48)**

F40a. About how many times a week do you get to do this?

- Every day or almost every day..... 1
A few times a week..... 2
A few times in the last 2 weeks..... 3
Never or almost never..... 4
REFUSED..... 7
DON'T KNOW..... 8

CAPI: F41 ASKED ONLY FOR CHILDREN 8 TO 17 YEARS OF AGE; ELSE SKIP TO F48

F41. Getting homework done is usually a big hassle in most families. How does it go in yours? (Explore whether the parent knows whether her child has homework, pays attention to whether and when s/he does it).

- Does s/he ever need your help?
- When was the last time this happened?
- How many times do you usually help [CHILD] with his/her homework in a 2 week period?

ASSESS: How often does Parent assist Child with Homework?

- EVERY DAY OR ALMOST EVERY DAY..... 1
A FEW TIMES A WEEK..... 2
A FEW TIMES IN 2 WEEK PERIOD..... 3
NEVER OR ALMOST NEVER..... 4
REFUSED..... 7
DON'T KNOW..... 8
NOT APPLICABLE..... 9

F42. Kids can be pretty sneaky about their homework—they might pretend they don't have any when they have a lot, or might say they're finished after they have only looked at it for 10 minutes or so. How do you decide if [CHILD] has really completed all his/her homework?

ASSESS: Does Parent regularly reinforce rules about homework or check to make sure it is completed?

- CONSISTENT RULES & CHECKS REGULARLY..... 1
- CONSISTENT RULES, DOES NOT CHECK..... 2
- NO RULES, CHECKS REGULARLY..... 3
- SOMETIMES HAS RULES, SOMETIMES CHECKS..... 4
- NEVER HAS RULES, NEVER CHECKS..... 5
- REFUSED..... 7
- DON'T KNOW..... 8
- NOT APPLICABLE..... 9

F43. Do you and [CHILD] ever talk about how your days went? How often do you speak with [CHILD] about his/her day?

- Every day or almost every day..... 1
- A few times a week..... 2
- A few times in the last 2 weeks..... 3
- Never or almost never..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

F44. Do you and [CHILD] ever sit and watch TV shows together?

- What kinds of programs do you like to watch together?
- Do you talk about the programs after they're over?
- How many times have you discussed a TV program with [CHILD] in the last 2 weeks?

- DISCUSSED TV SHOW ONCE OR MORE LAST 2 WEEKS..... 1
- WATCH TV TOGETHER FREQUENTLY, BUT DID NOT DISCUSS..... 2
- WATCH TV TOGETHER RARELY, DO NOT DISCUSS..... 3
- DO NOT WATCH TV TOGETHER..... 4
- DO NOT DISCUSS MOVIES OR OTHER TV SHOWS..... 5
- DISCUSS MOVIES OR TV BUT DO NOT WATCH TOGETHER... 6
- REFUSED..... 7
- DON'T KNOW..... 8

F45. Is [CHILD] at all interested in current events?

- Does s/he ever watch the news with you?
- Have you tried to discuss anything out of the paper or from a newscast with him/her?
- How many times have you tried to have those types of conversations in the past 2 weeks?

- DISCUSSED CURRENT EVENTS ONCE OR MORE LAST 2 WEEKS..... 1
- WATCH/READ NEWS TOGETHER FREQUENTLY, BUT DID NOT DISCUSS..... 2

- WATCH/READ NEWS TOGETHER RARELY, DO NOT DISCUSS..... 3
- HAVE NOT WATCHED/READ NEWS TOGETHER OR DISCUSSED 4
- REFUSED..... 7
- DON'T KNOW..... 8

F46. Do you and [CHILD] ever watch TV shows, movies, or research things using the internet together?

- What kinds of programs do you like to watch together?
- Do you talk about the programs after they're over?
- How many times have you discussed a TV program with [CHILD] in the last 2 weeks?

- DISCUSSED TV SHOW ONCE OR MORE LAST 2 WEEKS..... 1
- WATCH TV TOGETHER FREQUENTLY, BUT DID NOT DISCUSS..... 2
- WATCH TV TOGETHER RARELY, DO NOT DISCUSS..... 3
- DO NOT WATCH TV TOGETHER, DO NOT DISCUSS MOVIES OR OTHER..... 4
- REFUSED..... 7
- DON'T KNOW..... 8

F47. Does [CHILD] have a dictionary at home? If no, what does he/she do to learn the meaning of a word?

- YES..... 1 (SKIP TO F49)
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

F47a. What does he/she do to learn the meaning of a word?

RECORD VERBATIM THEN CODE:

DOES CHILD HAVE ACCESS TO DICTIONARY SOFTWARE OR WEBSITES FOR FINDING WORDS?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

Source: (F42-F48) HOME, scales validated by Leventhal, Selner-O'Hagan, Brooks-Gunn, Bingenheimer, & Earls (2004)

F48. These are some statements about where you live. Please answer which statements are True and which ones are False. For some statements you may feel that they are True some of the time but not always. Determine whether the statement is True or False the majority of the time, and answer accordingly.

For example, with the following:

We eat takeout food where we live. Nearly all families do this some of the time. You should check True if this happens more than half the time or False if it happens less than half of the time. Do you have any questions?

	True	False	REF	DK
F48a. There is very little commotion where we live.	1	2	7	8
F48b. We can usually find things when we need them.	1	2	7	8
F48c. We almost always seem to be rushed.	1	2	7	8
F48d. We are usually able to “stay on top of things.”	1	2	7	8
F48e. No matter how hard we try, we always seem to be running late	1	2	7	8
F48f. It’s a real “zoo” in where we live.	1	2	7	8
F48g. At home we can talk to each other without being interrupted.	1	2	7	8
F48h. There is often a fuss going on where we live.	1	2	7	8
F48i. No matter what our family/household plans, it usually doesn’t seem to work out.	1	2	7	8
F48j. You can’t hear yourself think where we live.	1	2	7	8
F48k. I often get drawn into other people’s arguments where I live.	1	2	7	8
F48l. Where we live is a good place to relax.	1	2	7	8
F48m. The telephone takes up a lot of our time where we live.	1	2	7	8
F48n. The atmosphere where we live is calm.	1	2	7	8

Source: (F48) Gary Evans

Module 7: Receipt of Services

The following questions are about services you have received since [MONTH AND YEAR OF RANDOM ASSIGNMENT]. We are interested in services you may have received from an agency or through a program you participated in. Please do not include any services or assistance you received from friends or family.

I am going to read through a list of services that you may have received since [MONTH AND YEAR OF RANDOM ASSIGNMENT]. For each type of service, please indicate whether you received the service or not.

Adapted from Program Data Collection Guide for Family Options Study

Service	a) Did you receive the service?
Services for Adults/Parents	
Ask G1-G4 only if RAREULT=CBRR or PBTH; ELSE SKIP TO G5 interventions.	
G1. Assistance obtaining rent subsidy	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G2. Assistance locating housing, negotiation with landlord	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G3. Assistance with moving (expenses, furnishings, etc.); Help to settle in	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G4. Assistance dealing with relationships with landlord and other tenants	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G5. Education (assistance to complete education, GED instruction)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G6. Job-specific training (e.g., learning to do a specific job, such as data entry, nursing, word processing, retail work)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G7. Pre-employment supports (e.g., job search assistance, job referrals)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G8. Post-employment supports (assistance with supplies, uniforms, counseling to assist with job-related problems)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8

Service	a) Did you receive the service?
G9. Assistance finding childcare IF B3=0 SKIP TO G10	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G10. Assistance paying for childcare IF B3=0 SKIP TO G10	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G11. Assistance with transportation	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G12. Computer training	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G13. Assistance in obtaining public benefits (food stamps, healthcare, energy assistance, etc.)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G14. Health care provided on site at a program where you live(d)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G15. Help to address a stressful or traumatic experience	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G16. Mental health evaluation/assessment	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G17. Outpatient mental health therapy	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G18. 12-Step substance abuse programs	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
Services for Children IF B3=0 SKIP TO	
G19. Developmental screening/testing	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G20. Early intervention NEED MORE EXPLANATION	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G21. After school tutoring	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8

Service	a) Did you receive the service?
G22. Summer programs/camp	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G23. Help to enroll in Head Start	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G24. Help to deal with schools, teachers for your child	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G25. Help to deal with juvenile justice system, jails, and courts.	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
Parent/Family Life/Life Skills	
G26. Money management, budgeting	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G27. Assistance with daily living (i.e. help with time management, goal-setting)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G28. Parenting support groups	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G29. Family reunification services (getting your kids back)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G30. Legal services related to civil or criminal matters	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G31. Case management	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G32. Assessment of parent and child needs	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8
G33. Assistance with basic needs (food, clothing)	YES.....1 NO.....2 REFUSED.....7 DON'T KNOW.....8

Now I would like you to think back to any services you've received from [NAME OF PROGRAM TO WHICH THE FAMILY WAS RANDOMLY ASSIGNED]. I would like to ask you about your experience with that program.

G34-G25: NEW

G34. For each of the following statements, tell if you strongly agree, agree, disagree, strongly disagree, or aren't sure.

G34.1. IF VOLUNTEERED: I DID NOT GO TO [NAME OF PROGRAM] INDICATE HERE. _____ **SKIP TO G35.**

	Strongly Agree	Agree	Disagree	Strongly Disagree	REF	DK
G33a. I feel/felt the staff at [NAME OF PROGRAM] care about me.	1	2	3	4	7	8
G33b. When I talk/talked to the staff at [NAME OF PROGRAM], I feel that they listen carefully.	1	2	3	4	7	8
G33c. It is/was hard to get the staff at [NAME OF PROGRAM] to listen to me.	1	2	3	4	7	8
G33d. I do/did not think the staff at [NAME OF PROGRAM] cares much about me	1	2	3	4	7	8
G33e. Staff treat/treated clients as if they were children	1	2	3	4	7	8
G33f. I fee/felt respected by the staff at [NAME OF PROGRAM]	1	2	3	4	7	8
G33g. Staff ac/acted as if each client is of great value to [NAME OF PROGRAM]	1	2	3	4	7	8
G33h. Staff act/acted as if they do not respect clients.	1	2	3	4	7	8

Now I am going to ask you about the [IF RARERESULT=PBTH, SUB, CBRR: NAME OF PROGRAM TO WHICH R was RANDOMLY ASSIGNED; IF RARERESULT=UC: shelter] where you stayed or that helped you with your housing.

G35. During the time that you [lived at program/were helped by program], tell me how much say you had in choosing each of the following:

G35.1. IF VOLUNTEERED: I DID NOT GO TO [NAME OF PROGRAM] INDICATE HERE.
 _____ INSERT BOX **SKIP TO MODULE 8.**

	No Say	Not Much Say	A Lot of Say	I Made the Choice	REF	DK
G35a. The place you live	1	2	3	4	7	8
G35b. Decorating and furnishing	1	2	3	4	7	8
G35c. Who could come over	1	2	3	4	7	8
G35d. When they could come over	1	2	3	4	7	8
G35e. Whether to have overnight guests	1	2	3	4	7	8
G35f. When caseworkers or other staff could come to see you	1	2	3	4	7	8
G35g. What services you received	1	2	3	4	7	8
G35h. Whether or not you must participate in services.	1	2	3	4	7	8
G35i. Whether you could come and go at any time without having to notify people	1	2	3	4	7	8
G35j. Whether you lived in a building where other formerly homeless people lived	1	2	3	4	7	8

Module 8: Contact Information to support possible additional follow-up

H1-H14 Family Options Study, Baseline and Tracking Surveys

Thank you very much for your time today. To help us be able to get back in touch with you in the future, we would like to review the names, telephone numbers and addresses of two people we talked about last time we spoke who will always know how to reach you. This information will be kept strictly confidential and will only be used if we are unable to contact you.

H1. When we last spoke on [RA MMYYY or Last Intw MMYYYY] you said that [CONTACT #1] was a person who would always know where you are and how to reach you. Is [CONTACT#1] still a person who does not live with you and will always know how to contact you?

- YES..... 1
NO 2
REFUSED..... 7
DON'T KNOW..... 8

H2. When we last spoke on [RA MMYYY or Last Intw MMYYYY] you said that [CONTACT #2] was a person who would always know where you are and how to reach you. Is [CONTACT#2] still a person who does not live with you and will always know how to contact you?

- YES..... 1
NO 2
REFUSED..... 7
DON'T KNOW..... 8

CAPI: IF H1 AND H2= YES SKIP TO H5

IF NO: CONTACT #1:

H3. Could you please tell me the name of a person who does not live with you and will always know how to contact you?

- YES..... 1
NO 2
REFUSED..... 7
DON'T KNOW..... 8

SKIP TO H4
SKIP TO H4
SKIP TO H4

- H3a. What is his/her first name? _____
H3b. What is his/her middle name? _____
H3c. What is his/her last name? _____
H3d. Does his/her name have a suffix? _____

IF NO: CONTACT #2:

H4. Could you please tell me the name of another person who does not live with you and will always know how to contact you?

- YES..... 1
- NO 2
- REFUSED..... 7
- DON'T KNOW..... 8

SKIP TO CLOSING
SKIP TO CLOSING
SKIP TO CLOSING

H5. IF CONTACT #1 CONFIRMED ASK: Is [CONTACT #1]'s address still:
IF CONTACT #1 IS NEW ASK: What is (his/her) street address?

- H5a. Is there a complex/building name? _____
- H5b. Is there an apartment number? _____
- H5c. In what city? _____
- H5d. In what state? _____
- H5e. What is the zip code? _____

H6. What is (his/her) home phone number, starting with the area code?

Telephone # with area code: (_____) _____ - _____

H7. What is (his/her) cell phone number, starting with the area code?

Telephone # with area code: (_____) _____ - _____

H8. What is (his/her) email address?

H9. What is (his/her) relationship to you?

- Friend..... 1
- Relative..... 2
- OTHER (SPECIFY _____)..... 95
- REFUSED..... 97
- DON'T KNOW..... 98

CONTACT #2:

H10. IF CONTACT #2 CONFIRMED ASK: Is [CONTACT #2]'s address still:
IF CONTACT #2 IS NEW ASK: What is (his/her) street address?

- H10a. Is there a complex/building name? _____
- H10b. Is there an apartment number? _____
- H10c. In what city? _____
- H10d. In what state? _____
- H10e. What is the zip code? _____

H11. What is (his/her) home phone number, starting with the area code?

Telephone # with area code: (_____) _____ - _____

H12. What is (his/her) cell phone number, starting with the area code?

Telephone # with area code: (_____) _____ - _____

H13. What is (his/her) email address?

H14. What is (his/her) relationship to you?

- Friend..... 1
- Relative..... 2
- OTHER (SPECIFY _____)..... 95
- REFUSED..... 97
- DON'T KNOW..... 98

Thank you very much for your time today.