

OMB # :
Expiration Date:



Head Start and Kindergarten Parent Interview

Fall 2009

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0151. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

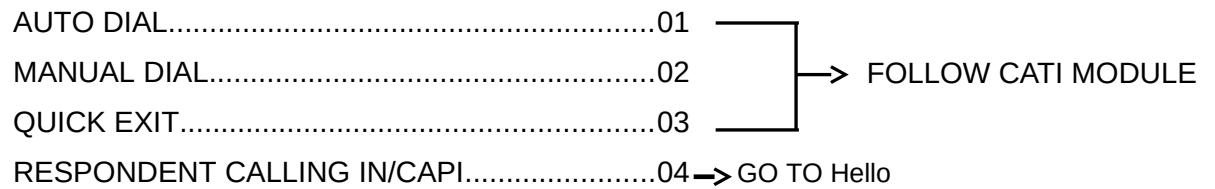
SCREENER

SampleInfo: PRELOAD FROM SMS AS INTERVIEWER NOTES

IF FALL 2009 OR NOT PREVIOUS INTERVIEW, DISPLAY INFORMATION FOR INDIVIDUAL WHO IS LISTED IN THE SMS: Respondent is (RESPONDENT NAME), (RELATIONSHIP TO CHILD), TO (CHILD), consent given (DATE CONSENT FORM WAS SIGNED OR WHEN INDIVIDUAL WAS LOADED INTO SMS)

IF SPRING 2010, SPRING 2011, OR SPRING 2012 AND THERE IS A PREVIOUS INTERVIEW, DISPLAY RESPONDENT FOR MOST RECENT INTERVIEW: Respondent was (RESPONDENT NAME), (RELATIONSHIP TO CHILD) TO (CHILD), conducted on (DATE OF MOST RECENT INTERVIEW).

MakeDialPhone



Hello.

IF CATI THEN READ: My name is _____ at Mathematica Policy Research.
Thank you for calling in to complete the survey.

IF CAPI THEN READ: Hello. My name is _____ from Mathematica Policy Research.
May I please speak with [NAME]/Are you [NAME]?

Programmer's Note: Fill above question with name of

- [NAME] AVAILABLE.....1 → GO TO SampMemb
- [NAME] COMES TO THE PHONE/DOOR.....2 → GO TO SampMemb
- [NAME] ASKS WHAT THE CALL/VISIT IS ABOUT.....3 → GO TO WHATABOUT
- [NAME] NOT AVAILABLE.....4 → GO TO PREVIOUS INTERVIEW BOX
- [NAME] HAS MOVED.....5 → GO TO KNOWWHERE
- [NAME] DOES NOT SPEAK ENGLISH.....6 → GO TO LANG
- NEVER HEARD OF [NAME]/WRONG NUMBER/ DIFFERENT RESPONDENT.....7 → GO TO THANKS
- HUNG UP DURING INTRODUCTION.....8 → GO TO THANKS

SampMemb. [(IF MakeDialPhone≠4) I'm calling about [CHILD] and her/his experiences with Head Start]. We would like to interview you about [CHILD]'S experiences in Head Start and other things related to (his/her) Head Start experience. [(IF CATI) Is this a good time to talk?]

- CONTINUE.....1 → GO TO PREVIOUS INTERVIEW BOX
- NOT A GOOD TIME.....2 → MAKE APPOINTMENT
- HUNG UP DURING INTRODUCTION.....3 → TERMINATE INTERVIEW
- SUPERVISOR REVIEW.....4 → TERMINATE INTERVIEW
- REFUSED.....r → GO TO REFUSAL REASON, THEN TERMINATE INTERVIEW

CATI SCHEDULE MODULE

PREVIOUS INTERVIEW BOX

**NO PREVIOUS INTERVIEW WITH THIS RESPONDENT:
CONTINUE AT SC1**

**PREVIOUS INTERVIEW WITH RESPONDENT: CONTINUE AT
SC0.**

IF FALL 2009 AND CATI CONTINUE AT SC1
IF FALL 2009 AND CAPI: GO TO INT2

WhatAbout_CATI: [(IF MakeDialPhone≠4) I'm calling about a study we are conducting / (IF MakeDialPhone=4) **We are conducting a study to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. May I speak with [NAME]?**

NOTE: AFTER READING "WhatAbout_CATI", RETURN TO "Hello" TO IDENTIFY THE APPROPRIATE PATH TO FOLLOW.

WhatAbout_CAPI: **We are conducting a study to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families.**

NOTE: AFTER READING "WhatAbout_CAPI", RETURN TO "Hello" TO IDENTIFY THE APPROPRIATE PATH TO FOLLOW.

KnowWhere: **Do you or anyone there know how we can reach [NAME]?** GET CONTACT INFO THEN END INTERVIEW

Lang: CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF POSSIBLE THEN END INTERVIEW

Thanks: **Thank you for your time.** END OF INTERVIEW

RESPONDENT CHECK

{IF SPRING 2010, SPRING 2011, OR SPRING 2012}

SC0. **In [SEASON AND YEAR OF MOST RECENT INTERVIEW] we completed an interview with [PRE-FILL WITH NAME OF LAST RESPONDENT]. Is that you?**

YES, SAME RESPONDENT.....1 → GO TO SC2
 NO, DIFFERENT RESPONDENT.....0 → GO TO BOX SC2a

CATI: IF FALL 2009 OR NO PREVIOUS PARENT INTERVIEW, ASK SC1:

{IF FALL 2009 OR NO PREVIOUS INTERVIEW}

SC1. **I would like to talk with the person most responsible for [CHILD]'s care. Are you that person?**

YES.....1 → IF FALL 2009, GO TO INT2; ELSE GO TO SC2b
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

} → GO TO SC2a

SPRING CATI: IF INTERVIEWED PERSON BEFORE, ASK:

{IF PREVIOUS TELEPHONE INTERVIEW AND SC0=1}

SC2. In [SEASON AND YEAR OF MOST RECENT INTERVIEW] we interviewed you as the person who is most responsible for [CHILD]'s care. Are you still the person who is most responsible for [CHILD]'s care?

| | | | |
|-----------------|---|---|--------------|
| YES..... | 1 | → | GO TO SC2b |
| NO..... | 0 | } | → GO TO SC2a |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{IF SC1 OR SC2 = 0, d, r}

SC2a. **Who is most responsible for [CHILD]'s care?**

PROGRAMMER – IF SPRING 2010, SPRING 2011, OR SPRING 2012 DISPLAY MOST RECENT PIR, PARENTS 2 AND 3 (FROM SMS) AND “OTHER”.

IF OTHER OR FALL 2009, DISPLAY “Please tell me the name of the person most responsible for [CHILD]'S care?”

NAME_____

ADDRESS_____

CITY_____

STATE: |__|__|

|__|__|__| - |__|__|__| - |__|__|__| TELEPHONE
(AREA CODE)

DON'T KNOW.....d

REFUSED.....r

BOX SC2a
TELEPHONE CATI SCRIPT: ASK TO SPEAK TO THAT PERSON,
FOLLOW CATI CONTACT MODULE

{IF CATI}{IF FOLLOW-UP CALL TO NEW CAREGIVER}

SC2d. **Hello. My name is _____ from Mathematica Policy Research. I'm calling about a study we are conducting to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. I was told you are the person who is most responsible [CHILD]'s care and I would like to talk to you to learn more about the program [CHILD] attends.**

CONTINUE.....1

NOT A GOOD TIME/CALL BACK.....2 → FOLLOW CATI CONTACT MODULE

PRELOAD WHETHER CHILD IS A HEAD START CASE OR KINDERGARTEN CASE FROM SMS. IF SMS DESIGNATION FOR CHILD IS 'UNKNOWN', THEN GO TO SC2c_2/SC2c.

SC2b_2/SC2b. **According to our records [CHILD] is [still attending (IF HEAD START CASE) Head Start / (IF KINDERGARTEN CASE) [CHILD] is now attending Kindergarten]. Is that correct?**

INTERVIEWER NOTE: KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5 YEAR-OLDS PRIOR TO FIRST GRADE.

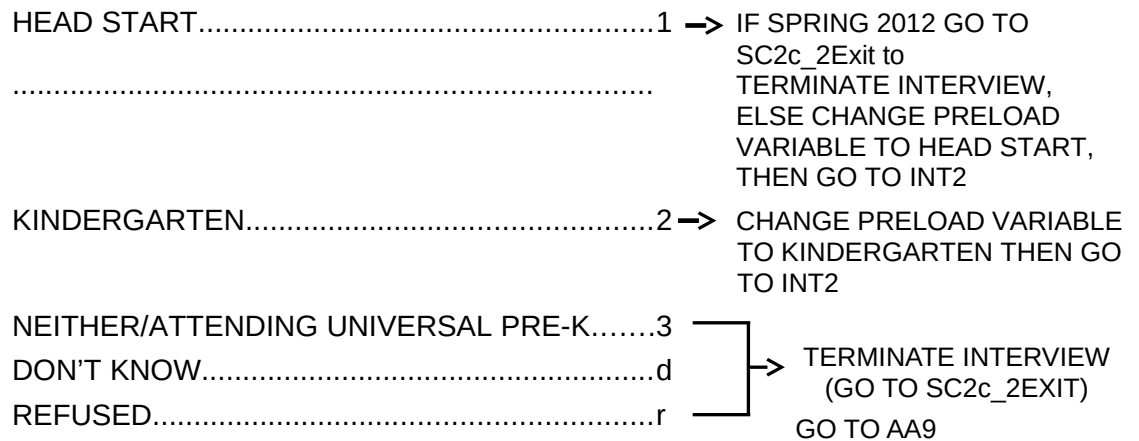
YES.....1 → GO TO INT2
NO.....0
DON'T KNOW.....d
REFUSED.....r

{SC2b=0,d,r} {SMS DESIGNATION FOR CHILD=UNKNOWN}

SC2c_2/SC2c. **Please tell me whether [CHILD] is currently attending Head Start or Kindergarten.**

INTERVIEWER NOTE: KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5 YEAR-OLDS PRIOR TO FIRST GRADE.

INTERVIEWER NOTE: UNIVERSAL PRE-K: A STATE FUNDED, EARLY CHILDHOOD PROGRAM THAT MAY BE PART OF A SCHOOL OR A COMMUNITY PROGRAM, PROVIDING SERVICES TO ALL 4 YEAR-OLD CHILDREN OR ALL 4 YEAR-OLD CHILDREN THAT MEET CERTAIN FINANCIAL REQUIREMENTS.



PROGRAMMER: IF SC2c_2/SC2c=3,D,R (OR 1 IF SPRING 2012), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: "IN CASE ____ [FILL CASE ID NUMBER] CHILD IS NOT ATTENDING [(IF NOT SPRING 2012) HEAD START] OR KINDERGARTEN." SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

BOX SC2b
TELEPHONE CAPI/CATI SCRIPT:
IF PERSON NOT AVAILABLE, MAKE APPOINTMENT
IF PERSON NOT IN SAME HOUSEHOLD, OBTAIN ADDRESS

{IF SPRING 2012 AND SC2c_2/SC2c=1 OR IF SPRING 2011 AND SC2c_2/SC2c=3, d, r} SC2c_2Exit. **This spring we are only looking at children attending [(IF SPRING 2011) Head Start or] Kindergarten. I do not have any more questions for you now, but thank you for your time.**

{IF SPRING 2012 AND SC2c_2/SC2c=1 OR IF SPRING 2011 AND SC2c_2/SC2c=3, d, r} CAPI: GIVE PARENT INCENTIVE PAYMENT OF \$35.

{IF SPRING 2012 AND SC2c_2/SC2c=1 OR IF SPRING 2011 AND SC2c_2/SC2c=3, d, r} CATI: ASK FOR CONTACT INFORMATION TO SEND THE INCENTIVE PAYMENT OF \$35.

INT2. **Thank you for agreeing to talk with me. [(IF PREVIOUS INTERVIEW WITH THIS RESPONDENT) As you may remember,] The purpose of this study is to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. [(IF SPRING 2010, SPRING 2011, OR SPRING 2012 AND NO PREVIOUS INTERVIEW) When we visited [CHILD]'s Head Start program [(IF SPRING 2010) last fall / (IF SPRING 2011 OR SPRING 2012) last spring] we were unable to interview you.] [(IF KINDERGARTEN CASE) At this point we want to learn more about how your child is doing after Head Start].**

IF PARENT ASKS FOR MORE INFORMATION: We also want to learn more about the program [CHILD]attends. I want to talk with you so we can understand (Head Start/Kindergarten) from a parent's point of view, including some information about your child's home environment. Information from this study will be used to help Head Start better serve all children and their families.

Everything we talk about today is completely confidential. Neither your name nor [CHILD]'s name will be attached to any of the information you give us. If I ask you something that you are uncomfortable answering, just tell me and I will move on to the next question. And if you have any questions at any time during this interview, please feel free to ask them.

I will ask you questions and type in your answers. You may stop me at any time and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions. No one from the (Head Start/Kindergarten) Program will see or hear your answers. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals.

Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in (Head Start/Kindergarten) Programs. The things you tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you or may seem sensitive in nature. If that happens, just tell me and I will move on to the next question.

Do you have any questions before we begin?

**IF HEAD START CASE AND FALL 2009: GO TO MODE-1 OR
IN PERSON SCHEDULER**

**IF HEAD START CASE AND SPRING 2010, SPRING 2011, OR
SPRING 2012: GO TO C2**

**KINDERGARTEN CASES: GO TO MODE-1 OR IN PERSON
SCHEDULER**

**VER - 1
VERIFY STATUS**

{VERIFY STATUS MODULE}{Head Start Cases}

C2. Is [CHILD] still enrolled in the same Head Start program as of [MONTH AND YEAR OF LAST INTERVIEW], or has (he/she) stopped going to that program?

STILL GOING TO THE SAME
HEAD START PROGRAM.....1 → GO TO MODE-1 OR IN
PERSON SCHEDULER

STOPPED GOING TO THAT
HEAD START PROGRAM.....2
DON'T KNOW.....d
REFUSED.....r } → GO TO C9A

HEAD START LEAVERS

{Head Start Cases}{IF C2 = 2,d, r}

C9A. As [CHILD] is not in [PROGRAM], I only have a few questions I would like to ask you. It will only take about 10 minutes, and after we complete the short interview we will send you \$35 to thank you for your help. As always, your participation is voluntary and confidential. No one from the Head Start program will know that you spoke with us.

Do you have any questions before we start?

{Head Start Cases}{IF C2 = 2,d, r}

C9B. When did [CHILD] stop going to [PROGRAM]?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d

REFUSED.....r

{Head Start Cases}

{IF C2 = 2,d, r}

C10. Why did [CHILD] stop going to [PROGRAM]? What was the most important reason?

CODE ONLY ONE

FAMILY MOVED.....1

FAMILY LOST HOUSING.....11

ILLNESS (CHILD).....2

ILLNESS (FAMILY MEMBER).....3

CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE.....4

LACK OF TRANSPORTATION.....5

BAD WEATHER.....6

CHILD DID NOT WANT TO GO.....7

PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE.....8

NEEDED FULL-DAY CHILD CARE.....9

OTHER (SPECIFY).....10

DON'T KNOW.....d

REFUSED.....r

{Head Start Cases}

{IF C2 = 2, d, r}

C11. **After (he/she) stopped going to [PROGRAM], did you enroll [CHILD] in another preschool, child care center or child development program or Head Start program?**

| | | | |
|-----------------|---|---|-----------------|
| YES..... | 1 | | |
| NO..... | 0 | } | → GO TO BOX C17 |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |
| | | | |

{ Head Start Cases}{IF C2 = 2,d, r}

{IF C11 = 1}

C12. **Is [CHILD] still attending this program?**

| | | | |
|-----------------|---|---|-----------------|
| YES..... | 1 | | |
| NO..... | 0 | } | → GO TO BOX C17 |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |
| | | | |

{Head Start Cases}{IF C2 = 2,d, r}

{IF C11 = 1}

{IF C12 = 1}

C13. **What kind of program is it? Is it . . .**

NOTE: IF MORE THAN ONE PROGRAM, ASK ABOUT PRIMARY PROGRAM.

INTERVIEWER NOTE: PUBLIC SCHOOL PRE-KINDERGARTEN: PROGRAM THAT OFFERS CLASSES IN PUBLIC SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 4 YEAR-OLD CHILDREN.

INTERVIEWER NOTE: PRIVATE SCHOOL PRE-KINDERGARTEN/NURSERY: PROGRAM THAT OFFERS CLASSES IN PRIVATE SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN.

| | | | |
|---|---|---|-------------|
| a public school pre-kindergarten, | 1 | } | → GO TO C15 |
| a private school pre-kindergarten or nursery school, | 2 | | |
| a child care center or child development program, | 3 | | |
| another Head Start program, or | 4 | → | GO TO C14 |
| some other program? (SPECIFY) | 5 | } | → GO TO C15 |
| _____ | | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{Head Start Cases}{IF C2 = 2,d, r}
{IF C11 = 1}
{IF C12 = 1}{IF C13 = 4}

C14. **Please tell me the name of that Head Start program and the city it is in.**

NAME:_____

CITY:_____

DON'T KNOW.....d

REFUSED.....r

{Head Start Cases}
{IF C2 = 2,d, r}
{IF C11 = 1}{IF C12 = 1}

C15. **How many days each week does [CHILD] go to this program?**

|__|__| NUMBER {SOFT EDIT: NUMBER<=7}

DON'T KNOW.....d

REFUSED.....r

{Head Start Cases}
{IF C2 = 2,d, r}
{IF C11 = 1}{IF C12 = 1}

C16. **How many hours each week does [CHILD] go to [PROGRAM NAME]?**

|__|__| NUMBER {SOFT EDIT: NUMBER<=56}

DON'T KNOW.....d

REFUSED.....r

{Head Start Cases}
{IF C2 = 2,d, r}
{IF C11 = 1}{IF C12 = 1} {IF C13 = 1, 2, 3, 5, d, r} {IF C13 = 4, GO TO BOX C17}

C17. **As far as helping [CHILD] learn and get ready for school, do you think the program is . . .**

not as good as Head Start,.....1

just as good as Head Start, or.....2

better than Head Start?.....3

DON'T KNOW.....d


REFUSED.....r

BOX C17

TERMINATE THE INTERVIEW IF C2=2,d,r

{IF CATI}
MODE-1.

We can complete the Parent/Guardian Interview by telephone or in person, [(HEAD START CASES ONLY) during the week of (FILL WEEK), when our team is at (CENTER) assessing the children]. After completing the interview, either by telephone or in person, you will receive \$35 to thank you for your help. Would you like to . . .

- continue with the interview now?
(It will take about 45 minutes).....1 → GO TO SC3
 - schedule an appointment for the
interview by telephone,.....2 → GO TO CATI SCHEDULER
 - (HEAD START CASES ONLY): **schedule an
appointment to complete the
interview at (CENTER),**.....3
 - (KINDERGARTEN CASES ONLY): **schedule an
appointment to complete the
interview in-person?**.....4
 - DON'T KNOW.....d
 - REFUSED.....r
- 

{IF CATI}{MODE -1= 3, 4}

MODE - 2A. **What day of the week between Monday (WEEK START) and Sunday (END OF WEEK) would be best for you?**

- MONDAY.....1
- TUESDAY.....2
- WEDNESDAY.....3
- THURSDAY.....4
- FRIDAY.....5
- DON'T KNOW.....d
- REFUSED.....r

{IF CATI}{MODE -1= 3, 4}

MODE - 2B. **And what time on (DAY) is the best for you? You can choose more than one time. Would you prefer . . .**

- 7 to 8 a.m.,.....1
- 11 to 12,.....2
- 12 to 1,.....3
- 3 to 4,.....4
- 4 to 5,.....5
- 5 to 6, or.....6
- after 6 p.m.?.....7
- DON'T KNOW.....d
- REFUSED.....r

{IF CATI}{MODE -1= 3, 4}

MODE - 3A. **And what other day during the week between Monday (WEEK START) and SUNDAY (END OF WEEK), would also be good for you?**

- MONDAY.....1
- TUESDAY.....2
- WEDNESDAY.....3
- THURSDAY.....4
- FRIDAY.....5
- DON'T KNOW.....d
- REFUSED.....r

{IF CATI}{MODE -1= 3, 4}

MODE - 3B. **And what time on (DAY) is the best for you? You can choose more than one time. Would you prefer . . .**

- 7 to 8 a.m.,.....1
- 11 to 12,.....2
- 12 to 1,.....3
- 3 to 4,.....4
- 4 to 5,.....5
- 5 to 6, or.....6
- after 6 p.m.?.....7
- DON'T KNOW.....d
- REFUSED.....r

{IF CATI}{MODE -1= 3, 4}

MODE - 4. **A member of our team will call you to set a final time for the interview.**

Thank you for your help.

SC3. Before we get started, I would like to make sure we have your name recorded correctly.

BOX SC3a
FOR FALL 2009 OR NEW RESPONDENT, GO TO SC3a.
FOR SPRING 2010, 2011, AND 2012 PRELOAD
RESPONDENT FIRST NAME, MIDDLE NAME/INITIAL,
LAST NAME FROM DATABASE.

NOTE: READ NAME TO RESPONDENT AND VERIFY SPELLING

NAME CORRECT.....1 → GO TO SC4
NAME INCORRECT.....2

{IF SC3 = 2}

SC3a. **May I have the correct spelling of your name?**

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

DON'T KNOW.....d

REFUSED.....r

SC4. **Do you go by any other name besides [NAME OF RESPONDENT]?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

→ GO TO SC7

{IF SC4 = 1}

SC5. **Can you give me that name?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{IF SC4 = 1}
{IF SC5 = 1}
SC6. ENTER NAME

FIRST NAME: _____
MIDDLE INITIAL: _____
LAST NAME: _____

{IF FALL 2009 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE IS MISSING}

SC7. **What is your birth date?**

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d

REFUSED.....r

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND BIRTH DATE IS NOT MISSING}
SC7a. **Now, I would like to confirm we have your birth date recorded correctly.**

BOX SC7a
PRELOAD RESPONDENT'S BIRTH DATE
(MONTH/DAY/YEAR) FROM DATABASE

NOTE: READ BIRTH DATE TO THE RESPONDENT AND VERIFY WHETHER CORRECT

BIRTH DATE CORRECT.....1 → CONTINUE

BIRTH DATE INCORRECT.....2 → RECORD CORRECT BIRTH DATE

|_|_|_| / |_|_|_| / |_|_|_|_|_|_|
MONTH DAY YEAR

{SC8 THROUGH BOX SC11b ONLY IF FALL 2009 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT}

:

SC8. **Now, I would like to make sure we have [CHILD]'s name recorded correctly.**

BOX SC8a
PRELOAD CHILD'S FIRST NAME, MIDDLE NAME/INITIAL,
LAST NAME FROM DATABASE

NOTE: READ NAME TO RESPONDENT AND VERIFY SPELLING

NAME CORRECT.....1 → GO TO SC9

NAME INCORRECT.....2

{IF SC8 = 2}

SC8a. **May I have the correct spelling of [CHILD]’s name?**

FIRST NAME: _____

MIDDLE INITIAL: _____

LAST NAME: _____

DON’T KNOW.....d

REFUSED.....r

SC9. What is your relationship to [CHILD]?

CODE ONLY ONE

| | |
|--|----|
| BIOLOGICAL MOTHER..... | 11 |
| BIOLOGICAL FATHER..... | 12 |
| ADOPTIVE MOTHER..... | 13 |
| ADOPTIVE FATHER..... | 14 |
| STEPMOTHER..... | 15 |
| STEPFATHER..... | 16 |
| GRANDMOTHER..... | 17 |
| GRANDFATHER..... | 18 |
| GREAT GRANDMOTHER..... | 19 |
| GREAT GRANDFATHER..... | 20 |
| SISTER/STEPSISTER..... | 21 |
| BROTHER/STEPBROTHER..... | 22 |
| OTHER RELATIVE OR IN-LAW (FEMALE)..... | 23 |
| OTHER RELATIVE OR IN-LAW (MALE)..... | 24 |
| FOSTER PARENT (FEMALE)..... | 25 |
| FOSTER PARENT (MALE)..... | 26 |
| OTHER NON-RELATIVE (FEMALE)..... | 27 |
| OTHER NON-RELATIVE (MALE)..... | 28 |
| PARENT'S PARTNER (FEMALE)..... | 29 |
| PARENT'S PARTNER (MALE)..... | 30 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF SC9 = 12, 14-30, d, r}

SC9a. What is the first name of [CHILD]'s biological mother?

FIRST NAME _____
DON'T KNOW.....d
REFUSED.....r

{IF SC9 = 11, 13, 15-30, d, r}

SC9b. What is the first name of [CHILD]'s biological father?

NOTE: DISPLAY LIST OF ADULT MALES FROM HOUSEHOLD ROSTER IF SPRING 2010, SPRING 2011, OR SPRING 2012.

FIRST NAME _____
DON'T KNOW.....d

REFUSED.....r

Programmer: Hide SC9b if already answered in any previous interview.

{IF SC9 = 17-30, d, r}

SC10. Are you [CHILD]'s legal guardian?

YES.....1 → GO TO BOX SC11b

NO.....0

DON'T KNOW.....d

REFUSED.....r

{IF SC10 = 0, d, r}

SC11. Who is [CHILD]'s legal guardian?

NAME_____

ADDRESS_____

CITY_____

STATE: |__|__|

|__|__|__| - |__|__|__| - |__|__|__| TELEPHONE
(AREA CODE)

DON'T KNOW.....d

REFUSED.....r

BOX SC11b
HEAD START CASES: GO TO VERSION BOX A
KINDERGARTEN CASES: GO TO VERSION BOX AA1

AA. ABOUT HEAD START

Version Box AA1
KINDERGARTEN CASES ONLY
CONTINUE

{Kindergarten Cases}

AA1. Now let's talk about [CHILD's] experience in Head Start last year.

Last year, in (2010-2011/2011-2012), did [CHILD] keep going to Head Start until the end of the program year, or did (he/she) stop going before the program ended?

- KEPT GOING TO END OF PROGRAM YEAR.....1 → GO TO VERSION BOX A
- STOPPED GOING BEFORE END OF PROGRAM YEAR.....2
- OTHER (SPECIFY).....3
- _____
- DON'T KNOW.....d
- REFUSED.....r

{Kindergarten Cases}

{AA1=2, 3, d, OR r}

AA2. When did [CHILD] stop going to Head Start?

- |_|_| MONTH |_|_| YEAR
- DON'T KNOW.....d
- REFUSED.....r

{Kindergarten Cases}

{AA1=2, 3, d, OR r}

AA3. **Why did [CHILD] stop going to Head Start?**

PROBE: **What was the most important reason?**

CIRCLE ONLY ONE

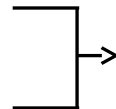
- FAMILY MOVED.....1
 - FAMILY LOST HOUSING.....11
 - ILLNESS OF CHILD.....2
 - ILLNESS OF FAMILY MEMBER.....3
 - CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE.....4
 - LACK OF TRANSPORTATION.....5
 - BAD WEATHER.....6
 - CHILD DID NOT WANT TO GO.....7
 - PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE.....8
 - NEEDED FULL-DAY CHILD CARE.....9
 - OTHER (PLEASE SPECIFY).....10
-
- DON'T KNOW.....d
 - REFUSED.....r

{Kindergarten Cases}

{AA1=2, 3, d, OR r}

AA4. **Not including any summer program, after (he/she) stopped going to Head Start (and before [he/she] started kindergarten), did you enroll [CHILD] in another preschool or child development program on a regular basis?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

 GO TO VERSION
BOX A

AA5. NO AA5 THIS VERSION.

{Kindergarten Cases}
{AA1=2, 3, d, OR r}{AA4=1}

AA6. **Let's talk about the program where [CHILD] spent the most time. Would you call it . . .**

INTERVIEWER NOTE: PUBLIC SCHOOL PRE-KINDERGARTEN: PROGRAM THAT OFFERS CLASSES IN PUBLIC SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 4 YEAR-OLD CHILDREN.

INTERVIEWER NOTE: PRIVATE SCHOOL PRE-KINDERGARTEN/NURSERY: PROGRAM THAT OFFERS CLASSES IN PRIVATE SCHOOLS PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN.

- a public school pre-kindergarten,.....1**
 - a private school pre-kindergarten or nursery school,.....2**
 - a child care center or child development program,.....3**
 - another Head Start program, or.....4**
 - somewhere else? (SPECIFY).....5**
-
- DON'T KNOW.....d
 - REFUSED.....r

{Kindergarten Cases}
{AA1=2, 3, d, OR r}{AA4=1}

AA7. **For how many days a week did [CHILD] go to that program?**

- |__|__| NUMBER {SOFT EDIT: NUMBER<=7}
- DON'T KNOW.....d
- REFUSED.....r

{Kindergarten Cases}
{AA1=2, 3, d, OR r}{AA4=1}

AA8. **How many hours a week was [CHILD] at that program?**

- |__|__| NUMBER {SOFT EDIT: NUMBER<=56}
- DON'T KNOW.....d
- REFUSED.....r

BOX AA8
IF AA6 NE 4, THEN TERMINATE INTERVIEW, ELSE SWITCH TO HEAD START INTERVIEW STARTING AT VERSION BOX A

GO TO VERSION BOX A

{SC2c=3,d,r} {SPRING 2012 SC2c=1}

AA9. **This spring we are only looking at children attending (IF SPRING 2011, SAY: Head Start or) Kindergarten. I do not have any more questions for you now, but thank you for your time.**

CAPI: GIVE PARENT INCENTIVE PAYMENT OF \$35.

CATI: ASK FOR CONTACT INFORMATION TO SEND THE INCENTIVE PAYMENT OF \$35.

A. ABOUT YOUR CHILD

VERSION BOX A
ASK A1-A10 THE FIRST TIME THE FAMILY IS INTERVIEWED
(FALL 2001 OR NO PREVIOUS INTERVIEW). IF PREVIOUS
INTERVIEW, CHECK MISSING FLAGS:

IF GENDER IS MISSING, ASK A1, THEN HEAD START
CASES GO TO VERSION BOX B, KINDERGARTEN CASES
GO TO VERSION BOX BB1.

IF BIRTH DATE IS MISSING OR CONFLICTS, ASK A2, THEN
(HEAD START CASES GO TO VERSION BOX B, AND
KINDERGARTEN CASES GO TO VERSION BOX BB1)

{FALL 2009 OR NO PREVIOUS INTERVIEW OR GENDER = MISSING}

A1. CONFIRM OR ASK: **Is [CHILD] a boy or a girl?**

GIRL.....1
BOY.....2
DON'T KNOW.....d
REFUSED.....r

{FALL 2009 OR NO PREVIOUS INTERVIEW OR BIRTHDAY = MISSING}

A2. **What is [CHILD]'s birth date?**

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d
REFUSED.....r

{FALL 2009 OR NO PREVIOUS INTERVIEW, CONTINUE, ELSE GO TO VERSION BOX B}

A3. Is [CHILD] of Spanish, Hispanic, or Latino origin?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO A5

{IF A3 = 1}

A4. Which one of these best describes [CHILD]'s Spanish, Hispanic, or Latino origin?
Would you say . . .

NOTE: IF MORE THAN ONE, CODE AS OTHER

- Mexican, Mexican American, Chicano,.....1**
- Puerto Rican,.....2**
- Cuban, or.....3**
- Some other Spanish/Hispanic/
Latino group? (SPECIFY).....4**
- _____
- DON'T KNOW.....d
- REFUSED.....r

A5. **What is [CHILD]'s race? You may name more than one if you like.**

CODE ALL THAT APPLY

- WHITE.....11
- BLACK OR AFRICAN AMERICAN.....12
- AMERICAN INDIAN OR ALASKA NATIVE.....13
- ASIAN INDIAN.....14
- CHINESE.....15
- FILIPINO.....16
- JAPANESE.....17
- KOREAN.....18
- VIETNAMESE.....19
- ASIAN (NOT FURTHER SPECIFIED).....20
- NATIVE HAWAIIAN.....21
- GUAMANIAN OR CHAMORRO.....22
- SAMOAN.....23
- OTHER PACIFIC ISLANDER (SPECIFY).....24

- ANOTHER RACE (SPECIFY).....25

- DON'T KNOW.....d
- REFUSED.....r

A6. **Please tell me what country [CHILD] was born in.**

- USA.....305 → GO TO A8
- MEXICO.....303
- ANOTHER COUNTRY (SPECIFY).....600

- DON'T KNOW.....d
- REFUSED.....r

{IF A6 = 303, 600, d, r}

A7. **How many years has [CHILD] lived in the United States?**

- |_|_| NUMBER
- DON'T KNOW.....d
- REFUSED.....r

A8. **Did [CHILD] participate in Early Head Start?**

PROBE: **Early Head Start is a program designed to provide services to enhance development of children from birth to three years of age.**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO A10

{IF A8 = 1}

A9. **How long was (he/she) in Early Head Start?**

- |_|_| YEARS |_|_| MONTHS
- DON'T KNOW.....d
 - REFUSED.....r

A10. **(Other than Early Head Start,) was [CHILD] in any other Head Start Program before this one?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

HEAD START CASES: GO TO VERSION BOX B
KINDERGARTEN CASES: GO TO VERSION BOX BB1

BB. CURRENT EXPERIENCES

**VERSION BOX BB1
KINDERGARTEN CASES ONLY
CONTINUE**

{Kindergarten Cases}

BB1. Now I'd like to talk with you about [CHILD]'s current school experiences. Is [CHILD] attending or enrolled in school?

INTERVIEWER NOTE: HOME SCHOOLED: THE EDUCATION OF CHILDREN AT HOME, TYPICALLY BY PARENTS OR GUARDIANS, RATHER THAN IN A PUBLIC OR PRIVATE SCHOOL.

YES.....1 GO TO BB2
NO.....0 → GO TO BB4
HOME SCHOOLED.....2 → GO TO BB3
HEAD START.....3 → STOP. IF SPRING 2011,GO
TO HEAD START CATI-
VERSION BOX B/IF SPRING
2012, GO TO BB4

DON'T KNOW.....d
REFUSED.....r

{Kindergarten Cases}

BB2. What grade or year is [CHILD] attending?

| | | |
|---|-----|---------------------|
| HEAD START..... | 1 → | GO TO BB4 |
| NURSERY/PRESCHOOL/ PRE-KINDERGARTEN..... | 2 → | GO TO BB4 |
| TRANSITIONAL KINDERGARTEN..... | 3 → | GO TO BB4 |
| KINDERGARTEN..... | 4 → | GO TO VERSION BOX B |
| PRE-FIRST GRADE (AFTER K)..... | 5 → | GO TO VERSION BOX B |
| FIRST GRADE..... | 6 → | GO TO BB5 |
| UN-GRADED..... | 7 | |
| OTHER (SPECIFY)..... | 8 → | GO TO BB4 |
| <hr/> | | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

PROGRAMMER: CREATE A HELP SCREEN WITH THE FOLLOWING DEFINITIONS:

NURSERY/PRESCHOOL/PRE-KINDERGARTEN: PROGRAMS THAT OFFER CLASSES PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN. THESE MAY BE OFFERED BY PUBLIC AND PRIVATE ORGANIZATIONS.

TRANSITIONAL (OR READINESS) KINDERGARTEN: EXTRA YEAR OF SCHOOL FOR KINDERGARTEN-AGE ELIGIBLE CHILDREN WHO ARE JUDGED NOT READY FOR KINDERGARTEN.

KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5-YEAR-OLDS PRIOR TO FIRST GRADE.

PRE-FIRST (TRANSITIONAL FIRST) GRADE (AFTER K): EXTRA YEAR OF SCHOOL FOR CHILDREN WHO HAVE ATTENDED KINDERGARTEN BUT HAVE BEEN JUDGED NOT READY FOR FIRST GRADE.

UN-GRADED: A CLASSROOM CONTAINING KINDERGARTEN-AGED STUDENTS (POSSIBLY IN COMBINATION WITH OTHER AGES), NOT FORMALLY IDENTIFIED AS A "KINDERGARTEN" CLASS.

{Kindergarten Cases}

BB3. **What grade would [CHILD] be in if (he/she) were attending a school with regular grades?**

| | | |
|---|---|-----------------------|
| HEAD START..... | 1 | → GO TO BB4 |
| NURSERY/PRESCHOOL/ PRE-KINDERGARTEN..... | 2 | |
| TRANSITIONAL KINDERGARTEN..... | 3 | |
| KINDERGARTEN..... | 4 | → GO TO VERSION BOX B |
| PRE-FIRST GRADE (AFTER K)..... | 5 | → GO TO VERSION BOX B |
| FIRST GRADE..... | 6 | → GO TO BB5 |
| UN-GRADED..... | 7 | |
| OTHER (SPECIFY)..... | 8 | |
| <hr/> | | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

PROGRAMMER: CREATE A HELP SCREEN WITH THE FOLLOWING DEFINITIONS:

NURSERY/PRESCHOOL/PRE-KINDERGARTEN: PROGRAMS THAT OFFER CLASSES PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN. THESE MAY BE OFFERED BY PUBLIC AND PRIVATE ORGANIZATIONS.

TRANSITIONAL (OR READINESS) KINDERGARTEN: EXTRA YEAR OF SCHOOL FOR KINDERGARTEN-AGE ELIGIBLE CHILDREN WHO ARE JUDGED NOT READY FOR KINDERGARTEN.

KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5-YEAR-OLDS PRIOR TO FIRST GRADE.

PRE-FIRST (TRANSITIONAL FIRST) GRADE (AFTER K): EXTRA YEAR OF SCHOOL FOR CHILDREN WHO HAVE ATTENDED KINDERGARTEN BUT HAVE BEEN JUDGED NOT READY FOR FIRST GRADE.

UN-GRADED: A CLASSROOM CONTAINING KINDERGARTEN-AGED STUDENTS (POSSIBLY IN COMBINATION WITH OTHER AGES), NOT FORMALLY IDENTIFIED AS A "KINDERGARTEN" CLASS.

{Kindergarten Cases}

BB4. **Do you expect [CHILD] to be enrolled in kindergarten next year or the year after that?**

- NEXT YEAR.....1
- YEAR AFTER THAT.....2
- NEITHER, DON'T EXPECT CHILD
TO ATTEND KINDERGARTEN.....3
- OTHER (SPECIFY).....4
- _____
- DON'T KNOW.....d
- REFUSED.....r

{Kindergarten Cases}

BB5. **This spring we are only looking at children attending kindergarten. I do not have any more questions for you now, but thank you for your time.**

BOX B5a
UPDATE CONTACT INFORMATION ON THE TRACKING INFO SHEET.
GIVE PARENT INCENTIVE PAYMENT OF \$35.

GO TO VERSION BOX B

B. ABOUT HOUSEHOLD

**VERSION BOX B
IF FALL 2009, SPRING 2010, SPRING 2011, OR
KINDERGARTEN SURVEY, CONTINUE.**

B1. My next questions are about the people who live in the same household as you and [CHILD].

Including yourself, how many adults age 18 and older live in your household?

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

B2. Including [CHILD], how many children age 17 and younger live in your household?

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

{PROGRAMMER NOTE: IF FALL 2009 – HIDE ALL QUESTIONS ABOUT CONFIRMING HOUSEHOLD MEMBERS. GO TO B3 TO ASK ABOUT HOUSEHOLD MEMBERS}
{PROGRAMMER NOTE: SPRING 2012 – HIDE THIS QUESTION. WE WILL CAPTURE THIS INFO FROM RESPONSE TO B3CONFIRM}

B2_1: Here is the list of household members that were reported last time. Are you on the list?

YES.....01

NO.....00 → ENTER HH GRID FOR EDITING

DON'T KNOW.....d

REFUSED.....r

INTERVIEWER NOTE:
CONFIRM LIST OF HOUSEHOLD MEMBERS AND THEIR RELATIONSHIPS TO [CHILD] WITH RESPONDENT. BE SURE THAT THE RESPONDENT IS INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS. IF ANY CHANGE IS NEEDED TO THE HOUSEHOLD MEMBERS OR THEIR RELATIONSHIPS TO [CHILD], PRESS 0 TO CONTINUE. CORRECT ANY MISTAKES OR UPDATE NAMES ON THE NEXT SCREENS.

{FOLLOW-UP INTERVIEW: LOAD NAMES, RELATIONSHIPS, AND AGES OF PERSONS LISTED IN ROSTER, AND VERIFY. IF PERSON LEFT HOUSEHOLD, CODE AS LEFT HOUSEHOLD.}

{RECORD ALL NEW HOUSEHOLD MEMBERS. IN ADDITION TO INFORMATION BELOW,
RECORD DATE JOINED HOUSEHOLD.}

B3CONFIRM: Here is the list of household members and their relationships to [child]/[children] that were reported in [fall/spring]. Are the household members and the relationships still the same?

INTERVIEWER NOTE:

BE SURE THAT THE RESPONDENT IS INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS. CONFIRM LIST OF HOUSEHOLD MEMBERS AND THEIR RELATIONSHIPS TO [CHILD] WITH RESPONDENT. IF ANY CHANGE IS NEEDED TO THE HOUSEHOLD MEMBERS OR THEIR RELATIONSHIPS TO [CHILD], PRESS 0 TO ENTER THE HH ROSTER. CORRECT RELATIONSHIP CODES OR ADD OR DELETE HH MEMBERS ON THE NEXT SCREENS.

PROGRAMMER: WHEN CONFIRMING HOUSEHOLD ROSTER, ALLOW INTERVIEWER TO CORRECT RELATIONSHIP CODES. DO NOT ALLOW CHANGES TO NAME OR AGE FIELDS.

B3a. (Are you/Is [NAME]) still in the household?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

{IF B3a = 00}

B3b. When did (you/[NAME]) leave the household?

|_|_| MONTH |_|_| YEAR
DON'T KNOW.....d
REFUSED.....r

{SOFT EDIT:YEAR THAT HOUSEHOLD MEMBER LEFT THE HOUSEHOLD SHOULD BE GREATER THAN OR EQUAL TO 2009 AND LESS THAN OR EQUAL TO [(CURRENT YEAR) 2009/2010/2011/2012]}.

[DO FOR ALL MEMBERS IN HOUSEHOLD]

Is there anyone else in your household?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

{IF B3a=01}

B3. Please tell me the first names and ages of all the other people who normally live in your household. Please do not include anyone staying there temporarily who usually lives somewhere else.

PROBE: Is there anyone else in your household? RECORD ALL NAMES

B4. How old is [NAME FROM B3]?

BOX B4a
IF B4 = CHILD, FILL CHILD'S NAME FROM SC8, CALCULATE AND FILL AGE FROM A2, FOR FALL 2009 SET B7 TO YES;
IF B4 = RESPONDENT, CALCULATE AND FILL AGE FROM SC7, FILL RELATIONSHIP FROM SC9

B5. What is [NAME]'s relationship to [CHILD]?

| BOX B5a | |
|----------------------------|--------------------------------------|
| RELATIONSHIP CODES: | |
| 01=BIO/ADOPTIVE MOTHER | 11=OTHER RELATIVE OR IN-LAW (FEMALE) |
| 02=BIO/ADOPTIVE FATHER | 12=OTHER RELATIVE OR IN-LAW (MALE) |
| 03=STEPMOTHER | 13=FOSTER PARENT (FEMALE) |
| 04=STEPFATHER | 14=FOSTER PARENT (MALE) |
| 05=GRANDMOTHER | 15=OTHER NON-RELATIVE (FEMALE) |
| 06=GRANDFATHER | 16=OTHER NON-RELATIVE (MALE) |
| 07=GREAT GRANDMOTHER | 17=PARENT'S PARTNER (FEMALE) |
| 08=GREAT GRANDFATHER | 18=PARENT'S PARTNER (MALE) |
| 09=SISTER/STEPSISTER | d=DON'T KNOW/DIDN'T RESPOND |
| 10=BROTHER/STEPBROTHER | r=REFUSED |

BOX B6
IF PERSON IN B3 IS NEW IN HOUSEHOLD OR NO PREVIOUS INTERVIEW, AND IF AGE (B4) OF PERSON IN B3 IS 3 OR MORE AND LESS THAN 44, ASK B6, ELSE GO TO BOX B6a.

B6. Did (you/[FIRST NAME]) ever attend Head Start?

BOX B6a
IF PERSON IN B3 IS NEW IN HOUSEHOLD OR NO PREVIOUS INTERVIEW, AND IF AGE (B4) OF PERSON IN B3 IS 3 OR MORE AND LESS THAN 6, AND B6 = 1, THEN CONTINUE.
OTHERWISE, GO TO BOX B7a.

B7. Is [FIRST NAME] currently in Head Start?

BOX B7a
IF PERSON IN B3 IS NEW TO HOUSEHOLD OR NO PREVIOUS INTERVIEW, AND IF AGE (B4) OF PERSON IN B3 IS LESS THAN 15, THEN CONTINUE.
OTHERWISE, GO TO B9.

B8. Did [FIRST NAME] ever attend Early Head Start?

NOTE: IF CHILD IS LESS THAN ONE YEAR OLD, RECORD AS 0.

| B3. FIRST NAME | B4. AGE | B5. RELATIONSHIP | B6. EVER HEAD START | | | | B7. CURRENTLY IN HEAD START | | | | B8. EARLY HEAD START | | | |
|-------------------|------------|---------------------|---------------------------|---|---|---|--------------------------------------|---|---|---|-------------------------------|---|---|---|
| | | | Y | N | D | R | Y | N | D | R | Y | N | D | R |
| a. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| b. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| c. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| d. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| e. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| f. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| g. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| h. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| i. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| j. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |
| k. _____ | _ _ | _ _ | 1 | 0 | d | r | 1 | 0 | d | r | 1 | 0 | d | r |

{IF PRE-LOADED RELATIONSHIP TO CHILD IS ONE OF THESE: BIO/ADOPTIVE MOTHER, BIO/ADOPTIVE FATHER, STEP-MOTHER/FATHER OR IF SC9= 11, 12, 13, 14, 15, 16 AND B5 a-k CONTAINS (01 AND [02 AND/OR 04]), OR (03 AND [02 AND/OR 04])}

B9. Are you and [INSERT (FATHER/MOTHER) NAME] . . .

CODE ONE ONLY

- married**,.....1 → HEAD START CASES: GO TO VERSION BOX C1.
KINDERGARTEN CASES: GO TO VERSION BOX CC1
- divorced**,.....2
- separated, or**.....3
- not married?**.....4
- DON'T KNOW**.....d
- REFUSED**.....r

{IF SC9= 11, 12, 13, 14, 15, 16 AND B5 a-k CONTAINS 01, 02, 03, 04}

{IF B9 = 2, 3, 4, D, R}

B10. Which of the following statements best describes your current relationship with [INSERT (FATHER/MOTHER) NAME]? Would you say . . .

- we are romantically involved on a steady basis,.....1
- we are involved in an on-again and off-again relationship,.....2
- we are just friends, or.....3
- we are not in any kind of relationship?.....4
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX B10
HEAD START CASES: GO TO VERSION BOX C1
KINDERGARTEN CASES: GO TO VERSION BOX CC1

{NUMBER OF ADULTS AND CHILDREN FROM B1 AND B2 NE B3 OR B3 CONFIRM}

{NUMBER OF ADULTS FROM B1 NE B3: DISPLAY SOFT EDIT THAT COMPARES THE TWO NUMBERS AND ALLOWS INTERVIEWER TO UPDATE COUNT.}

{NUMBER OF CHILDREN FROM B2 NE B3: DISPLAY SOFT EDIT THAT COMPARES THE TWO NUMBERS AND ALLOWS INTERVIEWER TO UPDATE COUNT.}

PROGRAMMER: HIDE TEXT BELOW

B11. The number of adults and children does not match the number from the previous question, which was [FILL FROM B1 AND B2], did I enter the correct number?

INTERVIEWER: TO CORRECT PRESS THE UP ARROW AND RETURN TO THE PREVIOUS QUESTIONS, OTHERWISE CONTINUE.

CC. KINDERGARTEN SCHOOL CHARACTERISTICS

VERSION BOX CC1
KINDERGARTEN CASES ONLY
CONTINUE

{Kindergarten Cases}

CC1. Now, I'd like to talk with you about [CHILD]'s school experiences. Does [CHILD] go to a full-day or part-day kindergarten?

- FULL DAY.....1
- PART DAY.....2
- DON'T KNOW.....d
- REFUSED.....r

{Kindergarten Cases}

CC2. How many hours each day does (he/she) spend in kindergarten?

|_|_| HOURS EACH DAY {SOFT EDIT: HOURS EACH DAY<= 10}
{ACCEPT 1 DECIMAL}

- DON'T KNOW.....d
- REFUSED.....r

{Kindergarten Cases}

CC3. How many days each week does (he/she) spend in kindergarten?

|_|_| DAYS EACH WEEK {SOFT EDIT: DAYS EACH WEEK<=7}

- DON'T KNOW.....d
- REFUSED.....r

{Kindergarten Cases}

CC4. Approximately how many days has [CHILD] been absent since the beginning of the school year, that is, since last September?

|_|_| DAYS {SOFT EDIT: DAYS<=300}

- DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO CC4a

PROGRAMMER: IF "NONE" or "ZERO", GO TO CC6

{CC4 not equal to 0} {Kindergarten Cases}
 CC4a. **I just need a range. Would you say . . .**

| | | |
|-----------------------------|---|---------------|
| never, | 1 | → GO TO CC6 |
| 15 or less, | 2 | |
| or 16 or more? | 3 | → GO TO CC4c |
| DON'T KNOW..... | d | } → GO TO CC5 |
| REFUSED..... | r | |

{CC4 not equal to 0} {KINDERGARTEN CASES}
 CC4b. **Would you say . . .**

| | | |
|--------------------------|---|---------------|
| 1 to 5, | 1 | → GO TO CC6 |
| 6 to 10, or | 2 | } → GO TO CC5 |
| 11 to 15? | 3 | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

{CC4 not equal to 0} {KINDERGARTEN CASES}
 CC4c. **Would you say . . .**

| | |
|----------------------------|---|
| 16 to 20, | 1 |
| 21 to 30, | 2 |
| 31 to 40, | 3 |
| 41 to 50, or | 4 |
| more than 50? | 5 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{CC4 not equal to 0} {KINDERGARTEN CASES}

CC5. **What is the most frequent reason for [CHILD]'s missing school?**

PROBE IF MORE THAN ONE: **What is the most frequent reason?**

CIRCLE ONLY ONE

- ILLNESS OF CHILD.....1
 - ILLNESS OF FAMILY MEMBER.....2
 - CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE.....3
 - LACK OF TRANSPORTATION.....4
 - BAD WEATHER.....5
 - CHILD DID NOT WANT TO GO.....6
 - PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE.....7
 - FAMILY (IS/WAS) HOMELESS.....9
 - OTHER (PLEASE SPECIFY).....8
-
- DON'T KNOW.....d
 - REFUSED.....r

{KINDERGARTEN CASES}

CC6. **Now, let's talk about the school [CHILD] goes to now. Does [CHILD] go to a public or private school?**

- PUBLIC.....1
- PRIVATE.....2
- HOME SCHOOLED.....3 → GO TO VERSION BOX D
- DON'T KNOW.....d
- REFUSED.....r

{KINDERGARTEN CASES} {CC6=1,2,D,R}{SCHOOL NAME NE BLANK IN SMS}
CC6a_1. (IF SCHOOL NAME IN SMS, THEN READ) **According to our records, [CHILD] is now attending (PRELOAD FROM SMS). Is that correct?**

PROBE: **We need this information to contact [CHILD]'s teacher.**

INTERVIEWER NOTE: USE DROP DOWN LIST TO SEARCH FOR THE SCHOOL. IF SCHOOL IS NOT LISTED ENTER "99" AND RECORD THE SCHOOL NAME AND ADDRESS IN THE SUBSEQUENT FIELDS.

PROGRAMMER: PRELOAD KINDERGARTEN SCHOOL NAMES. UPLOAD CCD AND PSS. USE THE SAME DB MODEL AS USED IN EHS, WHERE INTERVIEWER OPENS BLAISE DB FOR STATE/REGION. IF SCHOOL NAME IN SMS IS BLANK, THEN GO TO CC6a. IF CC6a_1=99,d,r, THEN CREATE AN ALERT MESSAGE AS FOLLOWS "THE UPDATED KINDERGARTEN SCHOOL NAME IS _____ [FILL FROM CC6a] AND THE ADDRESS IS _____ [FILL FROM CC6b AND CC6c]." SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

YES.....1 → GO TO CC7
NO.....0
DON'T KNOW.....d
REFUSED.....r

{KINDERGARTEN CASES} {CC6A_1=99, 0,D,R}{ SCHOOL NAME IN SMS IS BLANK}

CC6a. **What is the name of the school that [CHILD] is attending or enrolled in now?**

PROBE: **We need this information to contact [CHILD]'s teacher.**

INTERVIEWER NOTE: USE DROP DOWN LIST TO SEARCH FOR THE SCHOOL. IF SCHOOL IS NOT LISTED ENTER "99" THEN RECORD THE SCHOOL NAME AND ADDRESS IN THE SUBSEQUENT FIELDS.

PROGRAMMER: CREATE AN ALERT MESSAGE AS FOLLOWS "KINDERGARTEN SCHOOL NAME HAS BEEN UPDATED FOR CASE _____ [FILL CASE ID NUMBER]. THE UPDATED KINDERGARTEN SCHOOL NAME IS _____ [FILL FROM CC6a.]" SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

{KINDERGARTEN CASES} {CC6A=99,O,D,R}
CC6b. **What city and state is the elementary school in?**

CITY

|_|_| STATE

DON'T KNOW.....d
REFUSED.....r

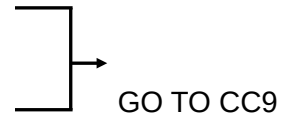
{KINDERGARTEN CASES} {CC6A=99,O,D,R}
CC6c. **What is the street address?**

STREET

DON'T KNOW.....d
REFUSED.....r

{KINDERGARTEN CASES} {CC6=2, D, R}
CC7. **Is the school faith-based?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r



{Kindergarten Cases} {CC6=2, d, r}
CC8. **What faith is the school connected with?**

CATHOLIC.....1
PROTESTANT.....2
CHRISTIAN.....3
JEWISH.....4
ISLAM.....5
OTHER (SPECIFY).....6

NON-DENOMINATIONAL.....7
DON'T KNOW.....d
REFUSED.....r

{Kindergarten Cases} {CC7=0, d, r}
CC9. **Approximately how many students are in [CHILD]'s class?**

|_|_| STUDENTS

DON'T KNOW.....d
REFUSED.....r

{Kindergarten Cases}

CC10. **How many teachers are in [CHILD]'s class?**

|_|_| TEACHERS

DON'T KNOW.....d

REFUSED.....r

{Kindergarten Cases}

CC10a. **According to our records, [CHILD]'s lead teacher is _____ (PRELOAD FROM SMS). Is that correct?**

PROGRAMMER: IF CC10a_1=99,d,r, THEN CREATE AN ALERT MESSAGE AS FOLLOWS "KINDERGARTEN TEACHER NAME HAS CHANGED FOR CASE _____ [FILL CASE ID NUMBER]." SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{Kindergarten Cases}{CC10a=0,d,r, }{LEAD TEACHER NAME IS BLANK IN SMS}

CC10b. **Please give me the correct name of the lead teacher.**

PROGRAMMER: CREATE FIELDS FOR FIRST AND LAST NAMES FOR 1 LEAD TEACHER ONLY. CREATE AN ALERT MESSAGE AS FOLLOWS "KINDERGARTEN TEACHER NAME HAS BEEN UPDATED FOR CASE _____ [FILL CASE ID NUMBER]. THE UPDATED KINDERGARTEN TEACHER NAME IS _____ [FILL FROM CC10b]." SEND THIS MESSAGE TO CASSANDRA MEAGHER, STACIE FELDMAN AND ANNALEE KELLY.

DON'T KNOW.....d

REFUSED.....r

{Kindergarten Cases}

CC11. **Since the beginning of this school year, has [CHILD] been in the same school?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{Kindergarten Cases}

CC12. For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things (during this school year):

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say [CHILD]'s school does this very well, just okay, or doesn't do it at all?**

| | DOES IT VERY WELL | JUST OKAY | DOESN'T DO IT AT ALL | DON'T KNOW | REFUSED |
|--|-------------------------|--------------|----------------------------|---------------|---------|
| a. Lets you know (between report cards) how [CHILD] is doing in school..... | 1 | 2 | 3 | d | r |
| b. Helps you understand what children at [CHILD]'s age are like.... | 1 | 2 | 3 | d | r |
| c. Makes you aware of chances to volunteer at the school..... | 1 | 2 | 3 | d | r |
| d. Provides workshops, materials, or advice about how to help [CHILD] learn at home..... | 1 | 2 | 3 | d | r |
| e. Provides information on community services to help [CHILD] or your family..... | 1 | 2 | 3 | d | r |
| f. Understands the needs of families who don't speak English..... | 1 | 2 | 3 | d | r |
| g. Provides information to you about what your child is studying in school..... | 1 | 2 | 3 | d | r |
| h. Is open to your ideas and participation | 1 | 2 | 3 | d | r |

GO TO D1

C. HEAD START ENROLLMENT

**VERSION BOX C1
HEAD START CASES ONLY: IF FIRST TIME AN INTERVIEW IS
CONDUCTED, ASK C1.
ELSE GO TO VERSION BOX C2**

My next questions are about [PROGRAM NAME].

{Head Start Cases}

C1. How did you first find out about [PROGRAM NAME]?

PROBE, IF MORE THAN ONE NAMED: **How did you first find out?**

CODE ONE ONLY

- FAMILY/FRIEND.....1
- REFERRAL FROM ANOTHER AGENCY.....2
- WORD OF MOUTH.....3
- HEAD START CAME TO VISIT AT OUR HOME..4
- PREVIOUS CHILDREN IN HEAD START.....5
- FLYER/MAILING/SAW SIGN.....6
- OTHER (SPECIFY).....7

- WENT TO HEAD START AS CHILD.....8
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

{IF C2 =1}

C3. How many days each week does [CHILD] go to [PROGRAM NAME]?

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

{Head Start Cases}

{IF C2 =1}

C4. How many hours each week does [CHILD] go to [PROGRAM NAME]?

PROBE: Your best estimate is fine.

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

VERSION BOX C3
IF FALL 2009, GO TO D1, ELSE CONTINUE

{Head Start Cases}

C5. Approximately how many days has [CHILD] been absent since the beginning of the program year, that is, since last September?

|_|_| DAYS

DON'T KNOW.....d

REFUSED.....r

} -> GO TO C5a

ON NEXT PAGE

{Head Start Cases}

{IF C5 = d, r}

C5a. Would you say it was . . .

never,.....0 -> GO TO D1

15 days or less, or.....1

16 days or more?.....2 -> GO TO C7

DON'T KNOW.....d

REFUSED.....r

} -> GO TO C8

ON NEXT PAGE

{Head Start Cases}

{IF C5a = 1}

C6. **Would you say . . .**

- 1 to 5 days,.....1
- 6 to 10 days, or.....2
- 11 to 15 days?.....3
- DON'T KNOW.....d
- REFUSED.....r

**BOX C6
GO TO C8**

{Head Start Cases}

{IF C5a = 2}

C7. **Would you say it was . . .**

- 16 - 20 days,.....4
- 21 - 30 days,.....5
- 31 - 40 days,.....6
- 41 - 50 days, or.....7
- more than 50 days?.....8
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

{IF C5 ≠ 0, C6 = 1,2,3, d, r OR C7 = 4, 5, 6, 7, 8, d, r}

C8. **What is the most frequent reason for [CHILD]'s missing Head Start classes during the year?**

CODE ONLY ONE

- ILLNESS (CHILD).....1
 - ILLNESS (FAMILY MEMBER).....2
 - CONFLICT WITH PARENT'S WORK
OR SCHOOL SCHEDULE.....3
 - LACK OF TRANSPORTATION.....4
 - BAD WEATHER.....5
 - CHILD DID NOT WANT TO GO.....6
 - PARENT DECISION NOT TO SEND CHILD
OR TO SEND CHILD ELSEWHERE.....7
 - FAMILY (IS/WAS) HOMELESS.....9
 - OTHER (SPECIFY).....8
-
- DON'T KNOW.....d
 - REFUSED.....r

{Head Start Cases}

C9. **How many teachers are in [CHILD]'s class?**

|_|_| TEACHERS

- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

C9a. **According to our records, [CHILD]'s lead teacher is _____ (PRELOAD FROM SMS). Is that correct?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}{CC9a=0,d,r}

C9b. **Please give me the correct name of the lead teacher.**

PROGRAMMER: CREATE FIELDS FOR FIRST AND LAST NAMES FOR 1 LEAD TEACHER ONLY

DON'T KNOW.....d

REFUSED.....r

GO TO D1

D. ACTIVITIES WITH YOUR CHILD

D1. Now I have some questions about you and [CHILD] at home.

How many times have you or someone in your family read to [CHILD] in the past week? Would you say . . .

CODE ONLY ONE

- not at all,.....1
- once or twice,.....2
- three or more times, but not every day, or.....3
- every day?.....4
- DON'T KNOW.....d
- REFUSED.....r

D2. On the days someone reads to [CHILD], about how many minutes per day is (she/he) read to?

NOTE: IF VARIES, PROBE: “On average, about how many minutes?”

NOTE: ENTER “0” IF NEVER READS TO CHILD.

|_|_| MINUTES

- DO NOT READ TO CHILD.....0
- DON'T KNOW.....d
- REFUSED.....r

D3. In the past week, have you or someone in your family done the following things with [CHILD]?

(READ EACH ITEM BELOW)

In the past week, have you or someone in your family . . .

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. told (him/her) a story?..... | 1 | 0 | d | r |
| b. taught (him/her) letters, words, or numbers?..... | 1 | 0 | d | r |
| c. taught (him/her) songs or music?..... | 1 | 0 | d | r |
| d. worked on arts and crafts with (him/her)?.. | 1 | 0 | d | r |
| e. played with toys or games indoors?..... | 1 | 0 | d | r |
| f. played a game, sport, or exercised together?..... | 1 | 0 | d | r |
| g. took (him/her) along while doing errands like going to the post office, the bank, or the store?..... | 1 | 0 | d | r |
| h. involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?..... | 1 | 0 | d | r |
| i. talked about what happened in (Head Start/Kindergarten)?..... | 1 | 0 | d | r |
| j. talked about TV programs or videos?..... | 1 | 0 | d | r |
| k. played counting games like singing songs with numbers or reading books with numbers?..... | 1 | 0 | d | r |
| l. played a board game or a card game | 1 | 0 | d | r |
| m. played with blocks | 1 | 0 | d | r |
| n. counted different things | 1 | 0 | d | r |

D4. The next questions are about activities people in your family may have done with [CHILD] in the past month. In the past month, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. Visited a library?..... | 1 | 0 | d | r |
| b. Gone to a movie?..... | 1 | 0 | d | r |
| c. Gone to a play, concert, or other live show?..... | 1 | 0 | d | r |
| d. Gone to a mall?..... | 1 | 0 | d | r |
| e. Visited an art gallery, museum, or historical site?..... | 1 | 0 | d | r |
| f. Visited a playground, park, or gone on a picnic?..... | 1 | 0 | d | r |
| g. Visited a zoo or aquarium?..... | 1 | 0 | d | r |
| h. Talked with [CHILD] about (his/her) family history or ethnic heritage?..... | 1 | 0 | d | r |
| i. Attended an event sponsored by a community, ethnic, or religious group?... | 1 | 0 | d | r |
| j. Attended an athletic or sporting event in which [CHILD] was not a player?..... | 1 | 0 | d | r |
| k. Attended a church activity or church school?..... | 1 | 0 | d | r |

D5. About how many children's books does [CHILD] have in your home now, including library books? Please only include books that are for children.

PROBE: Your best estimate is fine.

|_|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

D6. Now I have a question about your own reading habits. How often have you read books, magazines, or the newspaper during the past week? Was it . . .

- not at all,.....1
- once or twice,.....2
- three or more times, but not every day, or.....3
- every day?.....4
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX D1
KINDERGARTEN CASES: GO TO VERSION BOX FF1
HEAD START CASES: IF NO PREVIOUS INTERVIEW WITH THIS
RESPONDENT CONTINUE, ELSE GO TO VERSION BOX E

{Head Start Cases}

D7. Is any language other than English spoken in your home?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r



{IF D7 = 1}{Head Start Cases}

D8. **What other languages are spoken in your home?**

PROBE: **Any other languages?**

CODE ALL THAT APPLY

- FRENCH.....11
 - SPANISH.....12
 - CAMBODIAN (KHMER).....13
 - CHINESE.....14
 - HAITIAN CREOLE.....15
 - HMONG.....16
 - JAPANESE.....17
 - KOREAN.....18
 - VIETNAMESE.....19
 - ARABIC.....20
 - OTHER (SPECIFY).....21
-
- DON'T KNOW.....d
 - REFUSED.....r

{IF D7 = 1}{Head Start Cases}

D8a. **Of the adults living in your household including yourself, how many speak a language other than English to [CHILD]?**

PROBE: **Please consider anyone in your household that is 18 years old or older as an adult.**

|_|_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF D7 = 1}{Head Start Cases}

D8b. **Of the children living in your household other than [CHILD], how many speak a language other than English to [CHILD]?**

PROBE: **Please consider anyone in your household that is 17 years old or younger as a child.**

|_|_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF D7 = 1} {Head Start Cases}

D9. **What is your first language?**

CODE ONLY ONE

| | |
|------------------------|----|
| FRENCH..... | 11 |
| SPANISH..... | 12 |
| CAMBODIAN (KHMER)..... | 13 |
| CHINESE..... | 14 |
| HAITIAN CREOLE..... | 15 |
| HMONG..... | 16 |
| JAPANESE..... | 17 |
| KOREAN..... | 18 |
| VIETNAMESE..... | 19 |
| ARABIC..... | 20 |
| OTHER (SPECIFY)..... | 21 |
| <hr/> | |
| ENGLISH..... | 25 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1} {Head Start Cases}

D10. **What language do you usually speak to [CHILD] at home?**

CODE ONLY ONE

| | |
|------------------------|--------------------------|
| FRENCH..... | 11 |
| SPANISH..... | 12 |
| CAMBODIAN (KHMER)..... | 13 |
| CHINESE..... | 14 |
| HAITIAN CREOLE..... | 15 |
| HMONG..... | 16 |
| JAPANESE..... | 17 |
| KOREAN..... | 18 |
| VIETNAMESE..... | 19 |
| ARABIC..... | 20 |
| OTHER (SPECIFY)..... | 21 |
| <hr/> | |
| ENGLISH..... | 25 → GO TO VERSION BOX E |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{Head Start Cases}

{IF D7 = 1 AND D10 = 11-21, d, r}

D12. **What was the first language [CHILD] learned to speak?**

CODE ONLY ONE

| | |
|--|---|
| ENGLISH..... | 1 |
| SPANISH..... | 2 |
| ENGLISH AND SPANISH EQUALLY..... | 3 |
| ENGLISH AND ANOTHER LANGUAGE EQUALLY..... | 4 |
| <hr/> | |
| ANOTHER LANGUAGE (SPECIFY)..... | 5 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

{IF D12 = 4 OR 5 AND D8 = ONE OF THE FOLLOWING (11,13-21), FILL OTHER SPECIFY W/ CODE INDICATED AT D8.}

{IF D12 = 4 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:

D12a. **Which of the languages you told me about did [CHILD] first learn to speak along with English? Was it . . .**

{DISPLAY CODES (TO BE READ) FROM D8}

| | |
|------------------------|----|
| FRENCH..... | 11 |
| SPANISH..... | 12 |
| CAMBODIAN (KHMER)..... | 13 |
| CHINESE..... | 14 |
| HAITIAN CREOLE..... | 15 |
| HMONG..... | 16 |
| JAPANESE..... | 17 |
| KOREAN..... | 18 |
| VIETNAMESE..... | 19 |
| ARABIC..... | 20 |
| OTHER (SPECIFY)..... | 21 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

{IF D12 = 5 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:

D12b. **Which of the languages you told me about did [CHILD] first learn to speak?**

Was it . . .

{DISPLAY CODES (TO BE READ) FROM D8}

CODE ONLY ONE

| | |
|------------------------|----|
| FRENCH..... | 11 |
| SPANISH..... | 12 |
| CAMBODIAN (KHMER)..... | 13 |
| CHINESE..... | 14 |
| HAITIAN CREOLE..... | 15 |
| HMONG..... | 16 |
| JAPANESE..... | 17 |
| KOREAN..... | 18 |
| VIETNAMESE..... | 19 |
| ARABIC..... | 20 |
| OTHER (SPECIFY)..... | 21 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

D13. **What language does (he/she) speak most at home now?**

CODE ONLY ONE

| | |
|--|---|
| ENGLISH..... | 1 |
| SPANISH..... | 2 |
| ENGLISH AND SPANISH EQUALLY..... | 3 |
| ENGLISH AND ANOTHER LANGUAGE EQUALLY..... | 4 |
| ANOTHER LANGUAGE (SPECIFY)..... | 5 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

{IF D13 = 4 OR 5 AND D8 = ONE OF THE FOLLOWING (11,13-21), FILL OTHER SPECIFY W/ CODE INDICATED AT D8.}

{IF D13 = 4 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:

D13a. **Which of the languages you told me about does [CHILD] speak most at home along with English? Is it . . .**

{DISPLAY CODES (TO BE READ) FROM D8}

CODE ONLY ONE

| | |
|------------------------|----|
| FRENCH..... | 11 |
| SPANISH..... | 12 |
| CAMBODIAN (KHMER)..... | 13 |
| CHINESE..... | 14 |
| HAITIAN CREOLE..... | 15 |
| HMONG..... | 16 |
| JAPANESE..... | 17 |
| KOREAN..... | 18 |
| VIETNAMESE..... | 19 |
| ARABIC..... | 20 |
| OTHER (SPECIFY)..... | 21 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

{IF D13 = 5 AND D8 = MORE THAN ONE OF THE FOLLOWING (11,13-21), ASK:

D13b. **Which of the languages you told me about does [CHILD] speak most at home?
Is it . . .**

{DISPLAY CODES (TO BE READ) FROM D8}

CODE ONLY ONE

| | |
|------------------------|----|
| FRENCH..... | 11 |
| SPANISH..... | 12 |
| CAMBODIAN (KHMER)..... | 13 |
| CHINESE..... | 14 |
| HAITIAN CREOLE..... | 15 |
| HMONG..... | 16 |
| JAPANESE..... | 17 |
| KOREAN..... | 18 |
| VIETNAMESE..... | 19 |
| ARABIC..... | 20 |
| OTHER (SPECIFY)..... | 21 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21}{Head Start Cases}

D14. **If you read to your children, what language do you usually use now?**

CODE ONLY ONE

| | |
|---------------------------------------|---|
| ENGLISH..... | 1 |
| {FILL FROM D10}..... | 2 |
| BOTH ENGLISH AND {FILL FROM D10}..... | 3 |
| DOESN'T READ TO CHILD..... | 0 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{IF D5>0}{Head Start Cases}

D14a. **About how many of the children's books that you have in your home now including library books are written in a language other than English? Please only include books that are for children.**

PROBE: **Your best estimate is fine.**

|_|_|_| NUMBER

| | |
|-----------------|---|
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

D14b. **Now we'd like to ask about materials other than children's books that you might have. Right now, do you have any of the following in your home?**

NOTE: READ EACH ITEM BELOW

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| 1. Comic books or magazines for children written in English? | 1 | 0 | d | r |
| 2. Comic books or magazines for children written in [(IF D10=11-21) [FILL FROM D10] / (IF D10=d, r) a language other than English]? | 1 | 0 | d | r |
| 3. Computer programs or games in English for children? | 1 | 0 | d | r |
| 4. Computer programs or games in [(IF D10=11-21) [FILL FROM D10] / (IF D10=d, r) a language other than English]? | 1 | 0 | d | r |
| 5. Books or magazines for adults written in English? | 1 | 0 | d | r |
| {IF D9=11-21, d, r} | | | | |
| 6. Books or magazines for adults written in [(IF D9=11-21) [FILL FROM D9] / (IF D9=d, r) a language other than English]? | 1 | 0 | d | r |
| 7. CDs or tapes with songs sung in English? | 1 | 0 | d | r |
| 8. CDs or tapes with songs sung in [(IF D10=11-21) [FILL FROM D10] / (IF D10=d, r) a language other than English]? | 1 | 0 | d | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{IF D9 = 11-21} {Head Start Cases}

D15. **How well do you [INSERT ITEM]? Would you say . . .**

| | Not at All | Not Well | Well | Very Well | DON'T KNOW | REFUSED |
|-------------------------------------|------------|----------|------|-----------|------------|---------|
| a. understand English? | 1 | 2 | 3 | 4 | d | r |
| b. speak English? | 1 | 2 | 3 | 4 | d | r |
| c. read English? | 1 | 2 | 3 | 4 | d | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{IF D9 = 11-21} {Head Start Cases}

D16. How well do you [INSERT ITEM]? Would you say . . .

| | Not at All | Not Well | Well | Very Well | DON'T KNOW | REFUSE D |
|---|------------|----------|------|-----------|------------|----------|
| c. speak your first language?..... | 1 | 2 | 3 | 4 | d | r |
| d. understand your first language?..... | 1 | 2 | 3 | 4 | d | r |
| a. read your first language?..... | 1 | 2 | 3 | 4 | d | r |
| b. write your first language?..... | 1 | 2 | 3 | 4 | d | r |

{IF D7 = 1 AND IF D10 = 11-21, d, r}{Head Start Cases}

D16e. How important is it to you that [INSERT ITEM]? Would you say it is . . .

| | Essential | Very Important | Somewhat Important | Not At All Important | DON'T KNOW | REFUSED |
|--|-----------|----------------|--------------------|----------------------|------------|---------|
| 1. [CHILD] knows the English language..... | 1 | 2 | 3 | 4 | d | r |
| 2. [CHILD] communicates needs, wants, and thoughts verbally in (his/her) primary language..... | 1 | 2 | 3 | 4 | d | r |
| {IF D9 = 11-21} 3. you improve your English speaking, reading, and/or writing skills?..... | 1 | 2 | 3 | 4 | d | r |

{IF D7 = 1 AND D10 = 11-21, d, r}{IF D9 = 11-21} {Head Start Cases}

D17. How often is someone from Head Start available to speak to you in [FILL FROM D9]?

- ALWAYS.....1
- SOMETIMES.....2
- NEVER.....3
- DON'T KNOW.....d
- REFUSED.....r

{IF D7 = 1 AND D10 = 11-21, d, r}{IF D9 = 11-21}{Head Start Cases}

D17a. **Who is that person?**

PROBE: **Anyone else?**

CODE ALL THAT APPLY

- [CHILD]'S TEACHER OR ASSISTANT TEACHER..1
- FAMILY SERVICE WORKER.....2
- ANOTHER STAFF MEMBER.....3
- A VOLUNTEER.....4
- SOMEONE ELSE (SPECIFY).....5

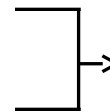
- DON'T KNOW.....d
- REFUSED.....r

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

{IF D13 = 2, 5 OR D13a = 11-21 OR D13b = 11-21}

D18. **Does [CHILD] ever need or want a member of the Head Start teaching staff to speak in [FILL FROM D13a OR D13b]?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r



GO TO VERSION BOX E

{IF D7 = 1 AND D10 = 11-21, d, r}{Head Start Cases}

{IF D18 = 1}

D19. **How often is there someone in [CHILD]'s Head Start classroom available to talk to (him/her) in [FILL FROM D13a OR D13b]?**

- ALWAYS.....1
- SOMETIMES.....2
- NEVER.....3
- DON'T KNOW.....d
- REFUSED.....r

HEAD START CASES: GO TO VERSION BOX E
KINDERGARTEN CASES: GO TO VERSION BOX FF1

E. CHILD'S ACTIVITIES

VERSION BOX E
HEAD START CASES ONLY
CONTINUE

My next questions are about some of [CHILD]'s activities.

{Head Start Cases}

E1. Is there a TV in your household?

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{Head Start Cases}

E2. Is there a computer in the household that [CHILD] can use?

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{Head Start Cases}

E3. We're interested in what kinds of things [CHILD] did on the last day you followed your regular routine. Did your child spend any time . . .

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| {IF E1 = 1} | | | | |
| a. watching TV?..... | 1 | 0 | d | r |
| {IF E1 = 1 OR E2=1} | | | | |
| b. watching a video or DVD?..... | 1 | 0 | d | r |
| c. playing outside?..... | 1 | 0 | d | r |
| d. reading or being read to?..... | 1 | 0 | d | r |
| e. playing video games like X-Box, PlayStation, or GameBoy?..... | 1 | 0 | d | r |
| f. playing inside with toys?..... | 1 | 0 | d | r |
| {IF E2 = 1} | | | | |
| g. playing computer games?..... | 1 | 0 | d | r |
| {IF E2 = 1} | | | | |
| h. using a computer for something other than games?..... | 1 | 0 | d | r |

{Head Start Cases}

E4. We are interested in how much time [CHILD] spends doing these activities. About how much time does [CHILD] spend [INSERT ITEM] on a typical weekday? Would you say more than 2 hours, 1 to 2 hours or less than one hour?

| | MORE THAN TWO HOURS | ONE TO TWO HOURS | LESS THAN ONE HOUR | DON'T KNOW | REFUSED |
|--|---------------------|------------------|--------------------|------------|---------|
| {IF E3a=1} a. Watching TV?..... | 1 | 2 | 3 | d | r |
| {IF E3b=1} b. Watching a video or DVD?..... | 1 | 2 | 3 | d | r |
| {IF E3c=1} c. Playing outside?..... | 1 | 2 | 3 | d | r |
| {IF E3d=1} d. Reading or being read to?..... | 1 | 2 | 3 | d | r |
| {IF E3e=1} e. Playing video games like X-Box, PlayStation, or GameBoy?..... | 1 | 2 | 3 | d | r |
| {IF E3f=1} f. Playing inside with toys?..... | 1 | 2 | 3 | d | r |
| {IF E3g=1} g. Playing computer games?..... | 1 | 2 | 3 | d | r |
| {IF E3h=1} h. Using a computer for something other than games?..... | 1 | 2 | 3 | d | r |

{Head Start Cases}

{IF E1 = 1}

E5a. Does [CHILD] watch TV, videos, or DVDs while eating meals?

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{Head Start Cases}

{IF E1 = 1}{IF D7=1}

E5b. What languages are spoken in the television programs [CHILD] watches?

CODE ALL THAT APPLY

ENGLISH.....1
 SPANISH.....2
 ANOTHER LANGUAGE (SPECIFY).....3

DON'T KNOW.....d

REFUSED.....r

VERSION BOX E1

**IF SPRING 2010 OR SPRING 2011, CONTINUE. ELSE GO TO
VERSION BOX F**

{Head Start Cases}

E6. **Is there a yard, park, or playground near your home where [CHILD] can safely play?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

{DATA DEFINITION 1..7}

E8. **About how many days each week (Sunday to Saturday) does [CHILD] get any physical activity like running around, playing sports, climbing on a jungle gym, or swimming when not in Head Start or child care?**

|__| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

E9. **About how much time would you say [CHILD] spends getting physical activity on each of those days? Would you say it is...**

- less than half an hour,.....1**
- a half an hour to an hour, or.....2**
- more than an hour?.....3**
- DON'T KNOW.....d
- REFUSED.....r

GO TO VERSION BOX F

FF: FAMILY/SCHOOL INVOLVEMENT

**VERSION BOX FF1
KINDERGARTEN CASES ONLY
CONTINUE**

{Kindergarten Cases}

FF1. Now I'd like to ask you about (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: your/ IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: [CHILD]'S mother's) involvement with [CHILD]'s current school. Since the beginning of this school year, (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: has [CHILD]'s mother) . . .

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. attended a general school meeting, for example, an open house, a back-to-school night or a meeting of a parent-teacher organization?..... | 1 | 0 | d | r |
| b. gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher?..... | 1 | 0 | d | r |
| c. attended a school or class event, such as a play, (or) sports event because of [CHILD]?..... | 1 | 0 | d | r |
| d. acted as a volunteer at the school or served on a committee?..... | 1 | 0 | d | r |

**BOX FF1a
IF FF1 a - d ARE ALL NO, GO TO FF3.**

{Kindergarten Cases}

FF2. During this school year, about how many times have (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE MOTHER, DISPLAY: has [CHILD]'s mother) gone to meetings or participated in activities at [CHILD]'s school?

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{Kindergarten Cases}

FF3. Since the beginning of this school year, (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: has [CHILD]'s father) . . .

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. attended a general school meeting, for example an open house, a back-to-school night, or a meeting of a parent teacher organization?..... | 1 | 0 | d | r |
| b. gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher?..... | 1 | 0 | d | r |
| c. attended a school or class event, such as a sports event because of [CHILD]?..... | 1 | 0 | d | r |
| d. acted as a volunteer at the school or served on a committee?..... | 1 | 0 | d | r |

BOX FF3 a-d
IF FF3 a - d ARE ALL NO, GO TO FF5

{Kindergarten Cases}

FF4. During this school year, about how many times have (IF TALKING TO CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: have you/IF TALKING TO SOMEONE OTHER THAN CHILD'S BIOLOGICAL OR ADOPTIVE FATHER, DISPLAY: has [CHILD]'s father) gone to meetings or participated in activities at [CHILD]'s school?

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{Kindergarten Cases}

FF5. As far as you know, is [CHILD] going to be promoted to first grade this coming fall, will (he/she) spend another year in kindergarten, or will (he/she) go into a transitional class?

PROMOTED TO FIRST GRADE.....1

SPEND ANOTHER YEAR IN KINDERGARTEN. .2

WILL GO INTO A TRANSITIONAL CLASS.....3

DON'T KNOW.....d

REFUSED.....r

{Kindergarten Cases}

FF6. Now that [CHILD] has been in kindergarten for most of a school year, how satisfied are you with what Head Start did to help [CHILD] and your family be prepared for school? Are you . . .

- very dissatisfied,.....1
- somewhat dissatisfied,.....2
- somewhat satisfied, or.....3
- very satisfied?.....4
- DON'T KNOW.....d
- REFUSED.....r

GO TO VERSION BOX G

F. YOUR CHILD'S ACCOMPLISHMENTS

**VERSION BOX F
HEAD START CASES ONLY
CONTINUE**

{Head Start Cases}

F1. **These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].**

Can [CHILD] recognize . . .

- all of the letters of the alphabet,.....1**
- most of them,.....2**
- some of them, or.....3**
- none of them?.....4**
- DON'T KNOW.....d**
- REFUSED.....r**

{Head Start Cases}

F2. **How high can [CHILD] count? Would you say . . .**

- not at all,.....1**
- up to five,.....2**
- up to ten,.....3**
- up to twenty,.....4**
- up to fifty, or.....5**
- up to 100 or more?.....6**
- DON'T KNOW.....d**
- REFUSED.....r**

{Head Start Cases}

F3. **How often does [CHILD] like to write or pretend to write? Would you say . . .**

- never,.....1 → GO TO F6
- has done it once or twice,.....2
- sometimes, or.....3
- often?.....4
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

{IF F3 = 2, 3, 4, d, r}

F4. **Does [CHILD] mostly write and draw rather than scribble?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

{IF F3 = 2, 3, 4, d, r}

F5. **Can [CHILD] write (his/her) first name even if some of the letters are backward?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

F6. **Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say . . .**

- all of them,.....1
- some of them, or.....2
- none of them?.....3
- CHILD IS COLOR BLIND.....4
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

F7. **When [CHILD] speaks, is (he/she) understandable to a stranger?**

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{Head Start Cases}

F8. **Did [CHILD] start speaking later than other children you know?**

NOTE: REFERS TO PRIMARY LANGUAGE

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{Head Start Cases}

F9. **Does [CHILD] stutter or stammer?**

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR 'STUTTER OR STAMMER'.

| |
|---|
| <p>HELP SCREEN: Stuttering or stammering when speaking is a speech disorder involving hesitations and involuntary repetitions of certain sounds.</p> |
|---|

G. YOUR CHILD'S BEHAVIOR

VERSION BOX G

IF FALL 2009, SPRING 2010, SPRING 2011, KINDERGARTEN
SURVEY, CONTINUE

- G1. In general, thinking about [CHILD] now or over the past month, tell me how well the following statements describe [CHILD]'s usual behavior. For each one, tell me if it is very true, somewhat true, or not true.

| | VER Y TRU E | SOMEWHA T TRUE | NOT TRU E | DON' T KNO W | REFUSE D |
|--|----------------------|-------------------|-----------------|-----------------------|-------------|
| a. Makes friends easily?..... | 1 | 2 | 3 | d | R |
| b. Waits (his/her) turn in games or other activities?..... | 1 | 2 | 3 | d | R |
| c. Can't concentrate, can't pay attention for long?..... | 1 | 2 | 3 | d | R |
| d. Is very restless, and fidgets a lot?..... | 1 | 2 | 3 | d | R |
| e. Is unhappy, sad, or depressed?..... | 1 | 2 | 3 | d | R |
| f. Comforts or helps others?..... | 1 | 2 | 3 | d | R |
| g. Follows the rules when playing games with others?..... | 1 | 2 | 3 | d | R |
| h. Worries about things for a long time?..... | 1 | 2 | 3 | d | R |
| i. Accepts friends' ideas in sharing and playing?..... | 1 | 2 | 3 | d | R |
| j. Doesn't get along with other kids?..... | 1 | 2 | 3 | d | R |
| k. Feels worthless or inferior?..... | 1 | 2 | 3 | d | R |
| l. Has difficulty making changes from one activity to another?..... | 1 | 2 | 3 | d | R |
| m. Is nervous, high-strung, or tense?..... | 1 | 2 | 3 | d | R |
| n. Helps you in putting away toys, clothes, or dishes?..... | 1 | 2 | 3 | d | r |
| o. Is disobedient at home?..... | 1 | 2 | 3 | d | r |
| p. Depends on adults for what to do, and does not take the initiative?..... | 1 | 2 | 3 | d | r |
| q. When faced with a difficulty, tends to burst into tears?..... | 1 | 2 | 3 | d | r |
| r. Is willing to be helped when needed?..... | 1 | 2 | 3 | d | r |
| s. Sticks to an activity for as long as can be expected for a child of (his/her) age?..... | 1 | 2 | 3 | d | r |
| t. Acts without taking enough time to look at the problem or work out a solution?..... | 1 | 2 | 3 | d | r |
| u. Doesn't achieve anything constructive when in a mopey or sulky mood?..... | 1 | 2 | 3 | d | r |

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR 'MOPEY OR SULKY'.

HELP SCREEN: Being in a 'mopey or sulky' mood may involve acting depressed, glum, melancholy or moody.

H. HOUSEHOLD ROUTINES

VERSION BOX H
IF FALL 2009, SPRING 2010, SPRING 2011, KINDERGARTEN
SURVEY, CONTINUE

My next questions are about some of the typical routines in your household.

H1. In a typical week, please tell me the number of days at least some of the family eats the evening meal together.

PROBE: IF VARIES, 'On average, how many days'?

|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

H2. Now, I'd like to ask you about [CHILD]'s eating habits. I want to know about the food [CHILD] ate or drank during the past 7 days. Think about all the meals and snacks [CHILD] had from the time (he/she) got up until (he/she) went to bed. Be sure to include food [CHILD] ate at home, (Head Start/Kindergarten), restaurants, play dates, anywhere else, and over the weekend.

[PRESS 1 to continue]

H2a. Let's start with the kinds of milk [CHILD] drinks. Include all types of milk, including cow's milk, soy milk, or any other kind of milk. Include the milk (he/she) drank in a glass or cup, from a carton, or with cereal.

During the past 7 days, how many times did [CHILD] drink milk? Was it . . .

{USE SHOW CARD IF IN PERSON INTERVIEW}

four or more times a day,.....1

two to three times a day,.....2

once a day,.....3

almost every day,.....4

1 to 3 times during the past 7 days, or.....5

(he/she) does not drink milk?.....6

DON'T KNOW.....d

REFUSED.....r



{IF H2 = 1, 2, 3, 4, 5}

H3. **What kind of milk did [CHILD] usually drink during the past 7 days?**

NOTE: IF RESPONDENT MENTIONS 'CHOCOLATE MILK', PROBE TO FIND OUT TYPE OF MILK USED.

READ CATEGORIES IF NECESSARY.

- WHOLE MILK.....1
 - 2% MILK.....2
 - SKIM MILK.....3
 - LOW FAT OR 1% MILK.....4
 - SOY MILK.....5
 - BOTH REGULAR COW'S MILK AND SOY MILK. 6
 - SOME OTHER KIND OF MILK (SPECIFY).....7
-
- LACTAID.....8
 - DON'T KNOW.....d
 - REFUSED.....r

H4. **During the past 7 days, how many times did [CHILD] drink Soda pop (for example, Coke, Pepsi, or Mountain Dew), sports drinks (for example, Gatorade), or fruit drinks that are not 100% fruit juice (for example, Kool-Aid, Sunny Delight, Hi-C, Fruitopia, or Fruitworks)?**

{USE SHOW CARD IF IN PERSON INTERVIEW}

READ CATEGORIES IF NECESSARY

- four or more times a day**,.....1
- two to three times a day**,.....2
- once a day**,.....3
- almost every day**,.....4
- 1 to 3 times during the past 7 days, or**.....5
- (he/she) did not drink these beverages?**.....6
- DON'T KNOW.....d
- REFUSED.....r

H5. **During the past 7 days, how many times did [CHILD] eat a meal or snack from a fast food restaurant with no wait service such as McDonald's, Pizza Hut, Burger King, Kentucky Fried Chicken, Taco Bell, Wendy's and so on? Consider eating in, carry out, and delivery of meals to your residence.**

{USE SHOW CARD IF IN PERSON INTERVIEW}

READ CATEGORIES IF NECESSARY

- four or more times a day,.....1**
- two to three times a day,.....2**
- once a day,.....3**
- almost every day,.....4**
- 1 to 3 times during the past 7 days, or.....5**
- (he/she) did not eat fast food?.....6**
- DON'T KNOW.....d**
- REFUSED.....r**

H6. **During the past 7 days, how many times did [CHILD] eat candy (including Fruit Roll-Ups and similar items), ice cream, cookies, cakes, brownies, or other sweets?**

{USE SHOW CARD IF IN PERSON INTERVIEW}

READ CATEGORIES IF NECESSARY

- four or more times a day,.....1**
- two to three times a day,.....2**
- once a day,.....3**
- almost every day,.....4**
- 1 to 3 times during the past 7 days, or.....5**
- (he/she) did not eat candy?.....6**
- DON'T KNOW.....d**
- REFUSED.....r**

H7. During the past 7 days, how many times did [CHILD] eat potato chips, corn chips such as Fritos or Doritos, Cheetos, pretzels, popcorn, crackers or other salty snack foods? Was it . . .

{USE SHOW CARD IF IN PERSON INTERVIEW}

READ CATEGORIES IF NECESSARY

- four or more times a day,.....1
- two to three times a day,.....2
- once a day,.....3
- almost every day,.....4
- 1 to 3 times during the past 7 days, or.....5
- (he/she) did not eat salty snack foods?.....6
- DON'T KNOW.....d
- REFUSED.....r

H7a. During the past 7 days, how many times did [CHILD] eat fresh, canned or frozen fruit like bananas, peaches, or apples? Was it...

- four or more times a day,.....1
- two to three times a day,.....2
- once a day,.....3
- almost every day,.....4
- 1 to 3 times during the past 7 days, or.....5
- (he/she) did not eat fruit?.....6
- DON'T KNOW.....d
- REFUSED.....r

H7b. During the past 7 days, how many times did [CHILD] eat vegetables other than potatoes (for example, carrots, tomatoes, or green beans)? Please count fresh, frozen, or canned vegetables served raw or cooked. Was it...

- four or more times a day,.....1
- two to three times a day,.....2
- once a day,.....3
- almost every day,.....4
- 1 to 3 times during the past 7 days, or.....5
- (he/she) did not eat vegetables?.....6
- DON'T KNOW.....d
- REFUSED.....r

**IF FALL 2009, SPRING 2010, SPRING 2011,
KINDERGARTEN SURVEY CONTINUE**

H8. **When is [CHILD]'s regular bedtime?**

PROBE: **We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep.**

NOTE: ENTER "98" FOR NO USUAL TIME"

NOTE: IF VARIES, PROBE: **On an average night?**

NOTE: IF BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59

|_|_|:|_|_| P.M.

NO USUAL TIME.....98 → GO TO H10

DON'T KNOW.....d

REFUSED.....r

H9. **How many times in the last week, Monday through Friday, was [CHILD] put to bed at that time?**

|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

H10. **About what time does [CHILD] usually wake up on a weekday?**

NOTE: ENTER "98" FOR NO USUAL TIME

NOTE: IF VARIES, PROBE: **On average?**

|__|__|:|__|__| A.M.

NO USUAL TIME.....98

DON'T KNOW.....d

REFUSED.....r

H11. **During a typical night, about how many times does [CHILD] wake up and need someone to help (him/her) settle back to sleep?**

|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

H11a. **Please tell me how much you strongly agree, agree, disagree, or strongly disagree with the following statements.**

| | STRONGLY AGREE | AGREE | STRONGLY DISAGREE | DISAGREE | DON'T KNOW | REFUSED |
|--|----------------|-------|-------------------|----------|------------|---------|
| 1. My child has a safe place to sleep at night. | 1 | 2 | 3 | 4 | d | r |
| 2. My child sleeps soundly through the night. | 1 | 2 | 3 | 4 | d | r |
| 3. My child wakes up full of energy | 1 | 2 | 3 | 4 | d | r |

{DATA DEFINITION 1..7}

H11b. **About how many nights in the last week (Sunday to Saturday) would you say [CHILD] brushed (his/her) teeth before bed?**

|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

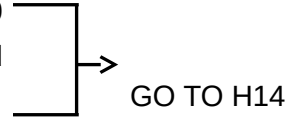
H12. **Sometimes children mind pretty well and sometimes they don't. In the past week, have you spanked [CHILD] for not behaving?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r



{IF H12 = 1}

H13. About how many times did you do this in the past week?

PROBE: Your best estimate is fine.

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

H14. In the past week, have you used "time out" or sent [CHILD] to (his/her) room for not behaving?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{IF H14 = 1}

H15. About how many times did you do this in the past week?

PROBE: Your best estimate is fine.

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

| |
|---|
| <p>BOX H16</p> <p>HEAD START CASES: GO TO H16</p> <p>KINDERGARTEN CASES: GO TO VERSION BOX J</p> |
|---|

{Head Start Cases}

H16. Here are some statements that parents of young children say about themselves. I'm going to read the statements, and after each one, please tell me how much like you that is: exactly, very much, somewhat, not much or not at all.

| SHOW CARD | | EXACTLY | VERY MUCH | SOMEWHAT | NOT MUCH | DON'T KNOW | REFUSED |
|-----------|--|---------|-----------|----------|----------|------------|---------|
| a. | I control my child by warning (him/her) about the bad things that can happen to (him/her) | 1 | 2 | 3 | 4 | d | r |
| b. | There are times I just don't have the energy to make my child behave as (he/ she) should | 1 | 2 | 3 | 4 | d | r |
| c. | My child and I have warm intimate moments together | 1 | 2 | 3 | 4 | d | r |
| d. | I teach my child that misbehavior or breaking the rules will always be punished one way or another | 1 | 2 | 3 | 4 | d | r |
| e. | I encourage my child to be curious, to explore, and to question things | 1 | 2 | 3 | 4 | d | r |
| f. | I do not allow my child to get angry with me | 1 | 2 | 3 | 4 | d | r |
| g. | I am easygoing and relaxed with my child | 1 | 2 | 3 | 4 | d | r |
| h. | I believe that a child should be seen and not heard | 1 | 2 | 3 | 4 | d | r |
| i. | I make sure my child knows that I appreciate what (he/she) tries to accomplish | 1 | 2 | 3 | 4 | d | r |
| j. | I have little or no difficulty sticking with my rules for my child even when close relatives (including grandparents) are there | 1 | 2 | 3 | 4 | d | r |
| k. | I encourage my child to be independent of me | 1 | 2 | 3 | 4 | d | r |
| l. | Once I decide how to deal with a misbehavior of my child, I follow through on it | 1 | 2 | 3 | 4 | d | r |
| m. | I believe physical punishment to be the best way of disciplining | 1 | 2 | 3 | 4 | d | r |

BOX H16A
HEAD START CASES: GO TO VERSION BOX I1
KINDERGARTEN CASES: GO TO VERSION BOX J

I. PARENT INVOLVEMENT AND SATISFACTION WITH HEAD START

VERSION BOX I1
HEAD START CASES ONLY
CONTINUE

11. Please indicate how often you have participated in the following activities at [CHILD]'s Head Start center since the beginning of this Head Start year.

For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week. How often have you . . .

| SHOW CARD | NOT YET | ONCE OR TWICE | SEVERAL TIMES | ABOUT ONCE A MONTH | AT LEAST ONCE A WEEK | DON'T KNOW | REFUSED |
|---|---------|---------------|---------------|--------------------|----------------------|------------|---------|
| a. volunteered or helped out in [CHILD]'s classroom?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| b. observed in [CHILD]'s classroom for at least 30 minutes?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| c. prepared food or materials for special events such as a holiday celebration or special cultural event?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| d. helped with field trips or other special events?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| e. attended Head Start social events such as bazaars or fairs for children and families?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| f. attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| g. attended parent-teacher conferences?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| h. visited with a Head Start staff member in your home?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| k. participated in Policy Council?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| q. participated in Parent Committee or other Head Start planning groups? | | | | | | | |
| m. prepared or distributed newsletters, fliers, or Head Start materials?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| n. participated in fundraising activities?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| o. participated in any other Head Start activities?..... | 1 | 2 | 3 | 4 | 5 | d | r |

{IF I1o = 2,3,4 OR 5}

11p. What other activities?

(SPECIFY) _____

12. Some parents have a hard time participating in their child's Head Start program. Please tell me if any of the following things have kept you from participating as much as you would like in [CHILD]'s Head Start program this past year?

| | YES | NO | N/A | DON'T KNOW | REFUSED |
|---|-----|----|-----|------------|---------|
| a. Your need for child care?..... | 1 | 0 | n/a | d | r |
| b. Your work schedule interferes?..... | 1 | 0 | n/a | d | r |
| c. Your school or training schedule interferes?..... | 1 | 0 | n/a | d | r |
| d. You need transportation?..... | 1 | 0 | n/a | d | r |
| e. You don't know others at Head Start?..... | 1 | 0 | n/a | d | r |
| f. You feel uncomfortable at Head Start?.... | 1 | 0 | n/a | d | r |
| g. You have health problems that interfere?..... | 1 | 0 | n/a | d | r |
| h. [CHILD]'s teacher is uncomfortable with parents in the classroom?..... | 1 | 0 | n/a | d | r |
| i. Head Start doesn't provide enough opportunities for you to participate?..... | 1 | 0 | n/a | d | r |
| j. You have had bad experiences with Head Start in the past?..... | 1 | 0 | n/a | d | r |
| k. You are uncomfortable because of language or cultural differences?..... | 1 | 0 | n/a | d | r |
| l. You have concern for your safety while getting to Head Start?..... | 1 | 0 | n/a | d | r |
| m. You need more support from your spouse or partner?..... | 1 | 0 | n/a | d | r |
| p. The opportunities Head Start provides are not of interest to you? | 1 | 0 | n/a | d | r |
| n. Has anything else kept you from participating in Head Start activities?..... | 1 | 0 | n/a | d | r |

{IF I2n = 1}

I20. What kept you from participating in Head Start activities?

(SPECIFY) _____

J. ABOUT CHILD'S MOTHER

VERSION BOX J

**IF FALL 2009, SPRING 2010, SPRING 2011,
KINDERGARTEN SURVEY, CONTINUE**

VERSION BOX J2

IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 11 OR 13) AND FALL 2009, OR NO PREVIOUS INTERVIEW, GO TO BOX J9, ELSE GO TO BOX J16a

IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 12, 14...30) AND FALL 2009, OR NO PREVIOUS INTERVIEW, GO TO J8, ELSE GO TO BOX J16a

FALL 2009 OR NO PREVIOUS INTERVIEW: IF [CHILD]'s MOTHER NOT IN HOUSEHOLD AND {B5a_k =2_18,d,r}, ASK J1

SPRING 2010, SPRING 2011, AND SPRING 2012: IF MOTHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD IN DIFFERENT HOUSEHOLD, ASK J1

IF BIOLOGICAL OR ADOPTIVE MOTHER IS NOT IN HOUSEHOLD, AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO J3

HEAD START CASES: IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX J14a.

KINDERGARTEN CASES: IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX J16a.

{IF B5a-k = 2-18, d, r}

J1. **My next questions are about (you/[CHILD]'s mother). There are many reasons for children not living with their parents. Please tell me why [CHILD] is not living with (her/his) mother.**

PROBE: **Are there any other reasons?**

CODE ALL THAT APPLY

- [CHILD]'S MOTHER IS DECEASED.....11
- [CHILD]'S MOTHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM).....12
- (HER/HIS) MOTHER GOT TOO SICK TO TAKE CARE OF [CHILD].....13
- (HER/HIS) MOTHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD].....14
- (HER/HIS) MOTHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD].....15
- (HER/HIS) MOTHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD].....24
- (HER/HIS) MOTHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD].....16
- (HER/HIS) MOTHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL.....17
- [CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) MOTHER.....18
- SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) MOTHER ANY MORE.....19
- [CHILD]'S FAMILY IS HOMELESS.....25
- NO EXPLANATION GIVEN.....20
- SOMETHING ELSE (SPECIFY).....21

- DIVORCED/SEPARATED.....22
- DON'T KNOW.....d
- REFUSED.....r

BOX J2A
IF J1 = 11, GO TO J8
**ASK J2 ONLY IF MOTHER WAS NOT ON ANY PREVIOUS
HOUSEHOLD ROSTERS OR FALL 2009, ELSE GO TO J3**

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

J2. **Did [CHILD]’s mother ever live in the same household with [CHILD]?**

YES.....1
NO.....0
DON’T KNOW.....d
REFUSED.....r

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

J3. **Does [CHILD]’s mother currently live in the same city or county as [CHILD]?**

YES.....1
NO.....0
DON’T KNOW.....d
REFUSED.....r

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

J4. **[(IF FALL 2009)In the past year/(ELSE)Since [MONTH AND YEAR OF PREVIOUS INTERVIEW]], about how many days has [CHILD] seen (his/her) mother?**

|_|_|_| NUMBER

DON’T KNOW.....d
REFUSED.....r

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

J5. **How long has it been since [CHILD] last had contact with (his/her) mother?**

CHILD NEVER HAD CONTACT.....0
DON’T KNOW.....d
REFUSED.....r

|_|_|_| NUMBER |_|_| CODE

DAYS AGO.....1
WEEKS AGO.....2
MONTHS AGO.....3
YEARS AGO.....4

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

J6. **[(IF FALL 2009)In the past year/(ELSE)Since [MONTH AND YEAR MOTHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]], (have you/has your family) received any child support payments for [CHILD] from (his/her) mother?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

J7. **[(IF FALL 2009)In the past year/(ELSE)Since [MONTH AND YEAR MOTHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]], (have you/has your family) received any other financial support for [CHILD] from (his/her) mother?**

PROBE: **Other than child support payments.**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

J7a. **Is there anyone else who is like a mother to [CHILD]?**







- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r



{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

{IF J7a = 1}

J7b. **Who is this person? Is she . . .**

- [IF R IS FEMALE, READ] **you**,.....1  GO TO VERSION BOX J3
- your spouse or partner**,.....2 
- a relative of [CHILD], or**.....3 
- a friend of the family?**.....4  GO TO J7c
- DON'T KNOW.....d 
- REFUSED.....r  GO TO J8

{IF B5a-k = 2-18, d, r AND J1 = 12-22, d, r}

{IF J7b = 3, 4}

J7c. **Does this (relative/friend of the family) live in your household?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX J3
IF FIRST INTERVIEW, GO TO J8
IF ANY PREVIOUS INTERVIEW AND J1 ≠ 11, SKIP TO J15,
ELSE GO TO BOX J16a

{IF J1 = 11}

J8. I am sorry to hear about [CHILD]'s mother passing. I would like to ask you a few questions about her.

{IF SC9 OR RESPONDENT FLAG =12, 14...30}

Now I'm going to ask you some questions about [CHILD]'s mother.

What (is/was) her birth date?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d

REFUSED.....r

BOX J9
IF THE RESPONDENT [CHILD]'s BIRTH MOTHER {SC9 = 11}, FILL "you."
IF SOMEONE ELSE {SC9 = 12-30, d, r}, FILL "[CHILD]'s mother."

J9. How old (were you/was she) when (you/she) gave birth for the first time?

PROBE: Your best estimate is fine.

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

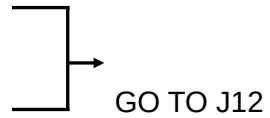
J10. (Are you/Is she/Was she) of Spanish, Hispanic, or Latino origin?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r



{IF J10=1}

J11. Which one of these best describe(s/d) (your/her) Spanish, Hispanic, or Latino origin? Would you say . . .

NOTE: IF MORE THAN ONE, CODE AS OTHER

- Mexican, Mexican American, Chicano,.....1
- Puerto Rican,.....2
- Cuban, or.....3
- another Spanish/Hispanic/
Latino group? (SPECIFY).....4

- DON'T KNOW.....d
- REFUSED.....r

J12. What (is/was) (your/her) race? You may name more than one if you like.

CODE ALL THAT APPLY

- WHITE.....11
- BLACK OR AFRICAN AMERICAN.....12
- AMERICAN INDIAN OR ALASKA NATIVE.....13
- ASIAN INDIAN.....14
- CHINESE.....15
- FILIPINO.....16
- JAPANESE.....17
- KOREAN.....18
- VIETNAMESE.....19
- ASIAN (NOT FURTHER SPECIFIED).....20
- NATIVE HAWAIIAN.....21
- GUAMANIAN OR CHAMORRO.....22
- SAMOAN.....23
- OTHER PACIFIC ISLANDER (SPECIFY).....24

- ANOTHER RACE (SPECIFY).....25

- DON'T KNOW.....d
- REFUSED.....r

J13. In what country (were you/was she) born?

CODE ONLY ONE

| | | |
|-------------------------|-----|------------------|
| USA..... | 059 | → GO TO BOX J14a |
| MEXICO..... | 303 | |
| GUATEMALA..... | 313 | |
| CUBA..... | 327 | |
| DOMINICAN REPUBLIC..... | 329 | |
| INDIA..... | 210 | |
| CHINA..... | 207 | |
| PHILIPPINES..... | 233 | |
| JAPAN..... | 215 | |
| KOREA..... | 217 | |
| VIETNAM..... | 247 | |
| GUAM..... | 066 | |
| SAMOA..... | 527 | |
| OTHER (SPECIFY)..... | 600 | |
| <hr/> | | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

BOX J13a

**IF RESPONDENT IS BIRTH OR ADOPTIVE MOTHER
{SC9 = 11, 13}, CONTINUE.**

**IF NOT BIRTH OR ADOPTIVE MOTHER AND BIRTH MOTHER IS
ALIVE {SC9 = 12, 14-30, d, r AND J1 = 12-22, d, r}, CONTINUE.**

**IF SOMEONE ELSE AND BIRTH MOTHER IS
DECEASED {J1 = 11},
GO TO VERSION BOX K.**

{J1 = 12-22, d, r AND J13 = 066-600, d, r}

J14. How many years (have you/has she/did she) live(d) in the United States?

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

BOX J14a
IF RESPONDENT IS NOT EQUAL TO 01 (NOT BIOLOGICAL MOTHER) AND 02 (NOT BIOLOGICAL FATHER), CONTINUE. OTHERWISE, GO TO BOX J16a.

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5 a-k CONTAINS 01, 02, 03,04}

{IF SC9 OR RESPONDENT FLAG = 13-30, d, r}

J15. The next questions are about [CHILD]'s biological mother and biological father.

Are they . . .

married,.....1 → GO TO BOX J16a

divorced,.....2

separated, or.....3

not married?.....4

DON'T KNOW.....d

REFUSED.....r

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5 a-k CONTAINS 01, 02, 03,04}

{IF J15 = 2, 3, 4, d, r}

J16. Which of the following statements best describes their current relationship?

they are romantically involved on a steady basis,.....1

they are involved in an on-again and off-again relationship,.....2

they are just friends, or.....3

they are not in any kind of relationship?.....4

DON'T KNOW.....d

REFUSED.....r

BOX J16a

IF THE RESPONDENT IS [CHILD]'s MOTHER {SC9 = 11,13}, FILL 'you'.

IF SOMEONE ELSE {SC9 = 12, 14-30} AND MOTHER IS LIVING IN HOUSEHOLD {B5a-k = 1}, FILL [CHILD]'s mother.

IF MOTHER IS NOT LIVING IN HOUSEHOLD {B5a-k =2-18,d, r}, GO TO VERSION BOX K.

{IF B5a-k = 1}
 J16a. [(IF NO PREVIOUS INTERVIEW) In the last 12 months / (ELSE) Since (MONTH AND YEAR OF LAST INTERVIEW)], how many times have (you/[CHILD]'s mother) and [CHILD] been separated for a week or more?

____|____| TIMES

DON'T KNOW.....d

REFUSED.....r

{IF B5a-k = 1}{IF J16a>0}
 J16b. There are many reasons for children not living with their parents. Please tell me why [CHILD] and (you/(his/her) mother) have been separated.

PROBE: Are there any other reasons?

CODE ALL THAT APPLY

- [CHILD]'S MOTHER IS DECEASED.....11
- [CHILD]'S MOTHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM).....12
- (HER/HIS) MOTHER GOT TOO SICK TO TAKE CARE OF [CHILD].....13
- (HER/HIS) MOTHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD].....14
- (HER/HIS) MOTHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD].....15
- (HER/HIS) MOTHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD].....24
- (HER/HIS) MOTHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD].....16

| | |
|---|----|
| (HER/HIS) MOTHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL..... | 17 |
| [CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) MOTHER..... | 18 |
| SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) MOTHER ANY MORE..... | 19 |
| [CHILD]'S FAMILY IS HOMELESS..... | 25 |
| NO EXPLANATION GIVEN..... | 20 |
| SOMETHING ELSE (SPECIFY)..... | 21 |
| <hr/> | |
| DIVORCED/SEPARATED..... | 22 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF B5a-k = 1}

J17. **During the past week, did (you/[CHILD]'s mother) work at a job for pay or income, including self employment?**

| | | |
|------------------------------|---|---------------|
| YES..... | 1 | → GO TO J21 |
| NO..... | 0 | |
| RETIRED..... | 2 | } → GO TO J24 |
| DISABLED/UNABLE TO WORK..... | 3 | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

{IF B5a-k = 1}

{IF J17 = 0}

J18. **(Were you/Was she) on leave or vacation from a job for the past week?**

NOTE: PAST WEEK: PAST 7 DAYS.

| | |
|-----------------|---|
| YES..... | 1 |
| NO..... | 0 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF B5a-k = 1}

{IF J17 = 0}

J19. **(Have you/Has she) actively been looking for work in the past four weeks?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{IF B5a-k = 1}

{IF J17 = 0}

J20. **Did (you/[CHILD]'s mother) work at a job for pay or income, including self-employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r



{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

J21. **About how many total hours per week (do you/did you/does she/did she) usually work for pay or income, counting all jobs?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

|_|_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

J22. **Where (did you/did she) work for the most hours {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}.**

PROBE, IF MORE THAN ONE JOB: **The job where you worked the most hours.**

PROBE: **What is the name of the company?**

NOTE: IF SELF-EMPLOYED AND NO COMPANY NAME, ENTER 'SELF-EMPLOYED'.

NAME OF COMPANY _____

- DID NOT WORK IN PAST 12 MONTHS.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 1}
{J22 < > 0, d, r}

J22a. **What type of business is that? What do they do or make?**

TYPE OF BUSINESS _____

DON'T KNOW.....d

REFUSED.....r

{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

NOTE: CODING WILL BE DONE IN THE OFFICE NOT BY INTERVIEWER

J23. **What kind of work ((J17=1: are you/is she/(J17=0: were you/was she)) doing?**

PROBE: **What is your job title?**

|_|_| CODE

DON'T KNOW.....d

REFUSED.....r

{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

J23a. **What [J17 = 1: are/(J17 = 0 were) (your/her)] most important activities or duties?**

PROBE: What are (your/her) main duties, for example, typing, keeping account books, filing, waiting on tables?

IMPORTANT DUTIES _____

DON'T KNOW.....d

REFUSED.....r

| BOX J23a | |
|---|----|
| EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS..... | 01 |
| ENGINEERS, SURVEYORS, AND ARCHITECTS..... | 02 |
| NATURAL SCIENTISTS AND MATHEMATICIANS..... | 03 |
| SOCIAL SCIENTISTS, SOCIAL WORKERS, RELIGIOUS WORKERS AND LAWYERS..... | 04 |
| TEACHERS..... | 05 |
| HEALTH DIAGNOSING AND TREATING PRACTITIONERS..... | 06 |
| REGISTERED NURSES, PHARMACISTS, DIETITIANS, THERAPISTS AND PHYSICIAN'S ASSISTANTS..... | 07 |
| WRITERS, ARTISTS, ENTERTAINERS AND ATHLETES..... | 08 |
| HEALTH TECHNOLOGISTS AND TECHNICIANS..... | 09 |
| TECHNOLOGISTS AND TECHNICIANS, EXCEPT HEALTH..... | 10 |
| MARKETING AND SALES OCCUPATIONS..... | 11 |
| ADMINISTRATIVE SUPPORT OCCUPATION, INCLUDING CLERICAL..... | 12 |
| SERVICE OCCUPATIONS..... | 13 |
| AGRICULTURAL, FORESTRY, AND FISHING OCCUPATIONS..... | 14 |
| MECHANICS AND REPAIRERS..... | 15 |
| CONSTRUCTION AND EXTRACTIVE OCCUPATIONS..... | 16 |
| PRECISION PRODUCTION OCCUPATIONS..... | 17 |
| TRANSPORTATION AND MATERIALS MOVING OCCUPATIONS..... | 18 |
| HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS..... | 19 |
| MISCELLANEOUS OCCUPATIONS..... | 20 |
| NEVER WORKED/HOMEMAKERS..... | 21 |

VERSION BOX J1
IF FIRST TIME FAMILY IS INTERVIEWED, ASK J24.
ELSE GO TO J26.

{IF B5a-k = 1}

J24. **The next questions are about the kinds of educational activities (you/she) may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest, and other ways of learning new information or skills.**

What is the highest grade or year of school that (you/she) completed?

NOTE: If 'high school', PROBE: **What is the last grade you completed?**

NOTE: If 'college', PROBE: **Did you receive a degree? What type of degree?**

CODE ONLY ONE

| | |
|---|----|
| UP TO 8TH GRADE..... | 1 |
| 9TH TO 11TH GRADE..... | 2 |
| 12TH GRADE BUT NO DIPLOMA..... | 3 |
| HIGH SCHOOL DIPLOMA/EQUIVALENT..... | 4 |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA..... | 5 |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL.... | 6 |
| SOME COLLEGE BUT NO DEGREE..... | 7 |
| ASSOCIATE'S DEGREE..... | 8 |
| BACHELOR'S DEGREE..... | 9 |
| GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE..... | 10 |
| MASTER'S DEGREE (MA, MS)..... | 11 |
| DOCTORATE DEGREE (PHD, EDD)..... | 12 |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)..... | 13 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF B5a-k = 1}{IF J24 = 4, 5, 6, 7}

J25. Which (do you/does she) have, a high school diploma or a GED?

HIGH SCHOOL DIPLOMA.....1
GED.....0
DON'T KNOW.....d
REFUSED.....r

{IF B5a-k = 1}

J26. (IF NO PREVIOUS INTERVIEW(Are you/Is she) now attending or enrolled)/ELSE(Since [MONTH AND YEAR OF LAST INTERVIEW] (did you/she) attend or enroll) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{IF B5a-k = 1}{IF J26 = 1}

J27. (Are you/Is she) currently taking courses full-time or part-time?

FULL-TIME.....1
PART-TIME.....2
NO.....0
DON'T KNOW.....d
REFUSED.....r

{IF B5a-k = 1}{J26=0,d,r}

J28. (Are you/Is she) currently participating in a job-training or on-the-job-training program?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

VERSION BOX J4
 HEAD START CASES: IF FALL 2009, GO TO J31, ELSE
 CONTINUE
 KINDERGARTEN CASES: CONTINUE

{IF B5a-k = 1}

J29. **(Have you/Has she) received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 1}{IF J29 = 1}

J30. **What kind of certificate, diploma, or degree (did you/did she) receive?**

CODE ONLY ONE

- TRADE LICENSE OR CERTIFICATE.....1
 - GED CERTIFICATE OR EQUIVALENT.....2
 - HIGH SCHOOL DIPLOMA.....3
 - ASSOCIATE'S DEGREE.....4
 - CHILD DEVELOPMENT ASSOCIATE (CDA).....5
 - BACHELOR'S DEGREE.....6
 - GRADUATE DEGREE.....7
 - CREDENTIAL FOR FAMILY
SERVICE WORKER.....9
 - OTHER (SPECIFY).....8
-
- DON'T KNOW.....d
 - REFUSED.....r

{Head Start Cases}

{IF B5a-k = 1}{IF J26 = 1}

J31. **Did Head Start help (you/her) to take or locate the programs, courses, classes, or workshops that (you are/she is) taking?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

BOX J31A
IF J26 IS NOT EQUAL TO 1 (IS NOT TAKING COURSES) AND J28 IS NOT EQUAL TO 1 (IS NOT PARTICIPATING IN JOB-TRAINING), ASK J32.
OTHERWISE, GO TO VERSION BOX K

{Head Start Cases}

{IF B5a-k = 1}{IF J26 = 0,d,r AND J28 = 0,d,r}

J32. **Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason (you/she) did not take any programs, courses, classes, or workshops?**

PROBE: **Which was the main reason?**

CODE ONLY ONE

- ADMISSION REQUIREMENT/QUALIFICATION. .1
- TOO OLD TO TAKE ANY COURSES.....2
- HEALTH PROBLEM.....3
- MENTAL HEALTH PROBLEM.....15
- LEARNING DISABILITY.....16
- PHYSICAL DISABILITY.....17
- DON'T LIKE LEARNING.....4
- LANGUAGE BARRIER.....5
- LACK OF CONFIDENCE.....18
- NO INFORMATION ABOUT OFFERING.....6
- LACK OF CHILD CARE.....7
- TIME CONSTRAINTS (HOME OR WORK).....8
- COST.....9
- INCONVENIENT LOCATION/
TRANSPORTATION NOT AVAILABLE.....10
- DID NOT NEED MORE.....11
- OTHER (SPECIFY).....12
-
- DID NOT WANT TO/NO INTEREST.....13

| | |
|--|----|
| CHILD RELATED REASONS (PREGNANT/ STAY AT HOME TO CARE FOR CHILD)..... | 14 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

K. ABOUT CHILD'S FATHER

**VERSION BOX K
IF FALL 2009, SPRING 2010, SPRING 2011, KINDERGARTEN
SURVEY, CONTINUE**

{IF FATHER'S BIRTH DATE FLAGGED AS MISSING FROM PREVIOUS ROUNDS, AND C2 = 1. DO NOT ASK FA2 IF NO PREVIOUS INTERVIEW.} PROGRAMMER: FOR SPRING 2012, SINCE NO HS, AND C2 NOT ASKED, PLEASE HIDE THIS QUESTION

FA2. When we interviewed you in the fall, we neglected to ask you about [CHILD]'s father's date of birth. Could you please tell me what it is?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d

REFUSED.....r

VERSION BOX K1

**IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND
RESPONDENT IS BIOLOGICAL OR ADOPTIVE FATHER (SC9 = 12 OR 14)
AND FALL 2009 OR NO PREVIOUS INTERVIEW,**

GO TO BOX K9, ELSE GO TO BOX K16a

**IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND
RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE FATHER
(SC9 = 11, 13, 15...30)) AND FALL 2009 OR NO PREVIOUS INTERVIEW, GO
TO K8, ELSE GO TO BOX K16a**

**FALL 2009 OR NO PREVIOUS INTERVIEW: IF [CHILD]'s BIRTH OR
ADOPTIVE FATHER NOT IN HOUSEHOLD {B5A-K = 1,3-18,d,r}, ASK K1.**

**SPRING 2010, SPRING 2011, AND SPRING 2012: IF FATHER LEFT
HOUSEHOLD SINCE LAST INTERVIEW OR CHILD LEFT HOUSEHOLD,
ASK K1**

**SPRING 2010: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD
AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO K3
IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET,**

GO TO BOX K16a.

{IF B5a – k = 1, 3 – 18, d, r}

K1. My next questions are about [CHILD]’s father.

There are many reasons for children not living with their fathers. Please tell me why [CHILD] is not living with (her/his) father.

PROBE: Are there any other reasons?

CODE ALL THAT APPLY

| | |
|---|----|
| [CHILD]’S FATHER IS DECEASED..... | 11 |
| [CHILD]’S FATHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM)..... | 12 |
| (HER/HIS) FATHER GOT TOO SICK TO TAKE CARE OF [CHILD]..... | 13 |
| (HER/HIS) FATHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD]..... | 14 |
| (HER/HIS) FATHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD]..... | 15 |
| (HER/HIS) FATHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD]..... | 24 |
| (HER/HIS) FATHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD]..... | 16 |
| (HER/HIS) FATHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL..... | 17 |
| [CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) FATHER..... | 18 |
| SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) FATHER ANY MORE..... | 19 |
| [CHILD]’S FAMILY IS HOMELESS..... | 25 |
| NO EXPLANATION GIVEN..... | 20 |
| SOMETHING ELSE (SPECIFY)..... | 21 |
| <hr/> | |
| DIVORCED/SEPARATED..... | 22 |
| FATHER LEFT/DID NOT WANT CHILD..... | 23 |
| DON’T KNOW..... | d |
| REFUSED..... | r |

BOX K2a
IF K1 = 11, GO TO K8
ASK K2 ONLY IF FATHER WAS NOT ON ANY HOUSEHOLD
ROSTER, ELSE GO TO K3

{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}

K2. **Did [CHILD]’s father ever live in the same household with [CHILD]?**

- YES.....1
- NO.....0
- DON’T KNOW.....d
- REFUSED.....r

{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}

K3. **Does [CHILD]’s father currently live in the same city or county as [CHILD]?**

- YES.....1
- NO.....0
- DON’T KNOW.....d
- REFUSED.....r

{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}

K4. **[(IF FALL 2009) In the past year/(ELSE) Since [MONTH AND YEAR OF PREVIOUS INTERVIEW]], about how many days has [CHILD] seen (his/her) father?**

- |_|_|_| NUMBER
- DON’T KNOW.....d
 - REFUSED.....r

{IF B5a – k = 1, 3-18, d, r AND K1 = 12-23, d, r}

K5. **How long has it been since [CHILD] last had contact with (his/her) father?**

CHILD NEVER HAD CONTACT.....0

DON'T KNOW.....d

REFUSED.....r

|__|__| NUMBER |__| CODE

DAYS AGO.....1

WEEKS AGO.....2

MONTHS AGO.....3

YEARS AGO.....4

{IF B5a – k = 1, 3 – 18, d, r AND K1 = 12-23, d, r}

K6. **[(IF FALL 2009) In the past year/(ELSE) Since [MONTH AND YEAR FATHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]], (have you/has your family) received any child support payments for [CHILD] from (his/her) father?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{IF B5a – k = 1, 3 – 18, d, r AND K1 = 12-23, d, r}

K7. **[(IF FALL 2009) In the past year/(ELSE) Since [MONTH AND YEAR FATHER LEFT], [MONTH AND YEAR OF LAST INTERVIEW]], (have you/has your family) received any other financial support for [CHILD] from (his/her) father?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

K7a. **Is there anyone else who is like a father to [CHILD]?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF K7a = 1}

K7b. **Who is this person? Is he . . .**

- [IF R IS MALE, READ] **you**,.....1
- your spouse or partner**,.....2
- a relative of [CHILD], or**.....3
- a friend of the family?**.....4
- DON'T KNOW.....d
- REFUSED.....r

{IF K7b = 3, 4}

K7c. **Does this (relative/friend of the family) live in your household?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX K2
IF ANY PREVIOUS INTERVIEW AND K1 ≠ 11, SKIP TO BOX K16a,
ELSE CONTINUE

{IF K8 MISSING IN FALL 2009, ASK K8}

{IF K1 = 11}

K8. (I am sorry to hear about [CHILD]'s father passing. I would like to ask you a few questions about him.)

{IF SC9 OR RESPONDENT FLAG = 11, 13, 15 - 30, d, r}

Now I'm going to ask you some questions about [CHILD]'s father.

What (is/was) (your/his) birth date?

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR

DON'T KNOW.....d

REFUSED.....r

NO K9 THIS VERSION

BOX K9
IF THE RESPONDENT [CHILD]'s BIOLOGICAL OR ADOPTIVE FATHER {SC9 = 12,14}, FILL "you".
IF SOMEONE ELSE {SC9 = 11, 13, 15-30, d, r}, FILL "[CHILD]'s FATHER".

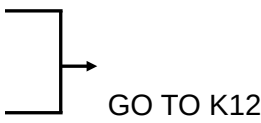
K10. (Are you/Is he/Was he) of Spanish, Hispanic, or Latino origin?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r



{IF K10 = 1}

K11. Which one of these best describe(s/d) (your/his) Spanish, Hispanic, or Latino origin? Would you say . . .

NOTE: IF MORE THAN ONE, CODE AS OTHER

- Mexican, Mexican American, Chicano,.....1
 - Puerto Rican,.....2
 - Cuban, or.....3
 - another Spanish/Hispanic/Latino group? (SPECIFY).....4
-
- DON'T KNOW.....d
 - REFUSED.....r

K12. What (is/was) (your/his) race? You may name more than one if you like.

CODE ALL THAT APPLY

- WHITE.....11
 - BLACK OR AFRICAN AMERICAN.....12
 - AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY).....13
-
- ASIAN INDIAN.....14
 - CHINESE.....15
 - FILIPINO.....16
 - JAPANESE.....17
 - KOREAN.....18
 - VIETNAMESE.....19
 - ASIAN (NOT FURTHER SPECIFIED).....20
 - NATIVE HAWAIIAN.....21
 - GUAMANIAN OR CHAMORRO.....22
 - SAMOAN.....23
 - OTHER PACIFIC ISLANDER (SPECIFY).....24
-
- ANOTHER RACE (SPECIFY).....25
-
- DON'T KNOW.....d
 - REFUSED.....r

K13. In what country (were you/was he) born?

CODE ONLY ONE

| | | |
|-------------------------|-----|------------------|
| USA..... | 059 | → GO TO BOX K13a |
| MEXICO..... | 303 | |
| GUATEMALA..... | 313 | |
| CUBA..... | 327 | |
| DOMINICAN REPUBLIC..... | 329 | |
| INDIA..... | 210 | |
| CHINA..... | 207 | |
| PHILIPPINES..... | 233 | |
| JAPAN..... | 215 | |
| KOREA..... | 217 | |
| VIETNAM..... | 247 | |
| GUAM..... | 066 | |
| SAMOA..... | 527 | |
| OTHER (SPECIFY)..... | 600 | |
| <hr/> | | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

BOX K13a

IF RESPONDENT IS BIRTH OR ADOPTIVE FATHER {SC9 = 12, 14}, CONTINUE.

IF NOT BIRTH FATHER AND BIRTH FATHER IS ALIVE, {SC9 = 11, 13, 15 - 30, d, r AND K1 = 12-23, d, r} CONTINUE.

IF SOMEONE ELSE AND BIRTH FATHER IS DECEASED, {K1 = 11}, GO TO SECTION L.

{K1 = 12-23, d, r AND K13 = 066-600, d, r}

K14. **How many years (have you/has he/did he) live(d) in the United States?**

PROBE: **Your best estimate is fine.**

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

| |
|--|
| <p>BOX K16a</p> <p>IF THE RESPONDENT IS [CHILD]'s FATHER {SC9 = 12, 14}, FILL 'you'.</p> <p>IF SOMEONE ELSE {SC9 = 11, 13, 15-30} AND FATHER IS LIVING IN HOUSEHOLD {B5a-k = 2}, FILL "[CHILD]'s father."</p> <p>IF FATHER IS NOT LIVING IN HOUSEHOLD {B5a-k =1, 3-18, d, r}, GO TO VERSION BOX L.</p> |
|--|

NO K15 AND K16

{IF B5 a-k = 2}

K17. **During the past week, did (you/[CHILD]'s father) work at a job for pay or income, including self employment?**

NOTE: PAST WEEK = PAST 7 DAYS.

| | | |
|------------------------------|---|---------------|
| YES..... | 1 | → GO TO K21 |
| NO..... | 0 | |
| RETIRED..... | 2 | } → GO TO K24 |
| DISABLED/UNABLE TO WORK..... | 3 | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

{IF B5 a-k = 2}{IF K17 = 0}

K18. **(Were you/Was he) on leave or vacation from a job for the past week?**

NOTE: PAST WEEK: PAST 7 DAYS

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{IF B5 a-k = 2}{IF K17 = 0}

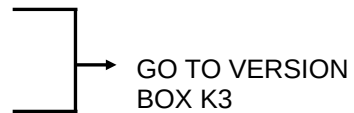
K19. **(Have you/Has he) actively been looking for work in the past four weeks?**

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{IF B5 a-k = 2}{IF K17 = 0}

K20. **Did (you/[CHILD]'s father) work at a job for pay or income, including self employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r



{IF B5 a-k = 2}{IF K17 = 1 OR K20 = 1}

K21. **About how many total hours per week (do you/did you/does he/did he) usually work for pay or income, counting all jobs?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

{IF B5 a-k = 2}{IF K17 = 1 OR K20 = 1}

K22. **Where (did you/did he) work the most hours {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

PROBE, IF MORE THAN ONE JOB: **The job where (you/he) worked the most hours.**

PROBE: **What is the name of the company?**

NOTE: IF SELF-EMPLOYED AND NO COMPANY NAME, ENTER "SELF-EMPLOYED".

NAME OF COMPANY _____

DID NOT WORK IN PAST 12 MONTHS.....0

DON'T KNOW.....d

REFUSED.....r

{IF B5 a-k = 2}{IF K17 = 1 OR K20 = 1}K22 < > 0, d, r}

K22a. **What type of business is that? What do they do or make?**

TYPE OF BUSINESS _____

DON'T KNOW.....d

REFUSED.....r

{IF B5 a-k = 2}{IF K17 = 1 OR K20 = 1}

K23. **What kind of work ((K17=1: (are you/is he))/(K17=0: (were you/was she)) doing?**

PROBE: **What is your job title?**

____|____| CODE

DON'T KNOW.....d

REFUSED.....r

{IF B5 a-k = 2}{IF K17 = 1 OR K20 = 1}

K23a. **What (K17=1: are/K17=0: were) (your/his) most important activities or duties?**

PROBE: **What are your main duties? For example, typing, keeping account books, filing, waiting on tables.**

IMPORTANT DUTIES _____

DON'T KNOW.....d

REFUSED.....r

BOX K23a

| | |
|---|----|
| EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS... | 01 |
| ENGINEERS, SURVEYORS, AND ARCHITECTS..... | 02 |
| NATURAL SCIENTISTS AND MATHEMATICIANS..... | 03 |
| SOCIAL SCIENTISTS, SOCIAL WORKERS, RELIGIOUS WORKERS AND LAWYERS..... | 04 |
| TEACHERS..... | 05 |
| HEALTH DIAGNOSING AND TREATING PRACTITIONERS..... | 06 |
| REGISTERED NURSES, PHARMACISTS, DIETITIANS, THERAPISTS AND PHYSICIAN'S ASSISTANTS..... | 07 |
| WRITERS, ARTISTS, ENTERTAINERS AND ATHLETES..... | 08 |
| HEALTH TECHNOLOGISTS AND TECHNICIANS..... | 09 |
| TECHNOLOGISTS AND TECHNICIANS, EXCEPT HEALTH..... | 10 |
| MARKETING AND SALES OCCUPATIONS..... | 11 |
| ADMINISTRATIVE SUPPORT OCCUPATION, INCLUDING CLERICAL... | 12 |
| SERVICE OCCUPATIONS..... | 13 |
| AGRICULTURAL, FORESTRY, AND FISHING OCCUPATIONS..... | 14 |
| MECHANICS AND REPAIRERS..... | 15 |
| CONSTRUCTION AND EXTRACTIVE OCCUPATIONS..... | 16 |
| PRECISION PRODUCTION OCCUPATIONS..... | 17 |
| TRANSPORTATION AND MATERIALS MOVING OCCUPATIONS..... | 18 |
| HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS..... | 19 |
| MISCELLANEOUS OCCUPATIONS..... | 20 |
| NEVER WORKED/HOMEMAKERS..... | 21 |

VERSION BOX K3
IF FIRST TIME FAMILY IS INTERVIEWED, ASK K24,
ELSE GO TO K26.

{IF B5 a-k = 2}

K24. The next questions are about the kinds of educational activities (you/he) may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest and other ways of learning new information or skills.

What is the highest grade or year of school that (you/he) completed?

NOTE: If 'high school', PROBE: **What is the last grade (you/he) completed?**

NOTE: If 'college', PROBE: **Did (you/he) receive a degree? If yes, what type of degree?**

CODE ONLY ONE

- UP TO 8TH GRADE.....1
- 9TH TO 11TH GRADE.....2
- 12TH GRADE BUT NO DIPLOMA.....3
- HIGH SCHOOL DIPLOMA/
EQUIVALENT.....4
- VOC/TECH PROGRAM AFTER HIGH
SCHOOL BUT NO VOC/TECH DIPLOMA.....5
- VOC/TECH DIPLOMA AFTER
HIGH SCHOOL.....6
- SOME COLLEGE BUT NO DEGREE.....7
- ASSOCIATE'S DEGREE.....8
- BACHELOR'S DEGREE.....9
- GRADUATE OR PROFESSIONAL
SCHOOL BUT NO DEGREE.....10
- MASTER'S DEGREE (MA, MS).....11
- DOCTORATE DEGREE (PHD, EDD).....12
- PROFESSIONAL DEGREE AFTER
BACHELOR'S DEGREE (MEDICINE/MD;
DENTISTRY/DDS; LAW/JD/LLB; ETC.).....13
- DON'T KNOW.....d
- REFUSED.....r

{IF B5 a-k = 2}{IF K24 = 4, 5, 6, 7}

K25. **Which (do you/does he) have, a high school diploma or a GED?**

- HIGH SCHOOL DIPLOMA.....1
- GED.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5 a-k = 2}

K26. (IF NO PREVIOUS INTERVIEW(Are you/Is he)now attending or enrolled)/ELSE(Since [MONTH OF LAST INTERVIEW] (did you/he) attend or enroll) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5 a-k = 2}{IF K26 = 1}

K27. **(Are you/Is he) currently taking courses full-time or part-time?**

- FULL-TIME.....1
- PART-TIME.....2
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5 a-k = 2}{K26=0,d,r}

K28. **(Are you/Is he) currently participating in a job-training or on-the-job-training program?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX K4
HEAD START CASES: IF FALL 2009, GO TO K31, ELSE CONTINUE
KINDERGARTEN CASES: CONTINUE

{IF B5 a-k = 2}

K29. **(Have you/Has he) received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH OF LAST INTERVIEW]}?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5 a-k = 2}{IF K29 = 1}

K30. **What kind of certificate, diploma, or degree (did you/did he) receive?**

CODE ONLY ONE

- TRADE LICENSE OR CERTIFICATE.....1
 - GED CERTIFICATE OR EQUIVALENT.....2
 - HIGH SCHOOL DIPLOMA.....3
 - ASSOCIATE'S DEGREE.....4
 - CHILD DEVELOPMENT ASSOCIATE (CDA).....5
 - BACHELOR'S DEGREE.....6
 - GRADUATE DEGREE.....7
 - CREDENTIAL FOR FAMILY SERVICE WORKER.....9
 - OTHER (SPECIFY).....8
-
- DON'T KNOW.....d
 - REFUSED.....r

{Head Start Cases}

{IF B5 a-k = 2}{IF K26 = 1}

K31. **Did Head Start help (you/him) to take or locate the programs, courses, classes, or workshops that (you are/he is) taking?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

BOX K31a
IF K26 IS NOT EQUAL TO 1 (IS NOT TAKING COURSES)
AND K28 IS NOT EQUAL TO 1 (IS NOT PARTICIPATING
IN JOB-TRAINING) ASK K32.
OTHERWISE, GO TO SECTION L

{Head Start Cases}

{IF B5 a-k = 2}{IF K26 = 0, d, r AND K28 = 0, d, r}

K32. **Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason (you/he) did not take any programs, courses, classes, or workshops?**

PROBE: **Which was the main reason?**

CODE ONLY ONE

| | |
|---|----|
| ADMISSION REQUIREMENT/QUALIFICATION | .1 |
| TOO OLD TO TAKE ANY COURSES | 2 |
| HEALTH PROBLEM | 3 |
| MENTAL HEALTH PROBLEM | 15 |
| LEARNING DISABILITY | 16 |
| PHYSICAL DISABILITY | 17 |
| DON'T LIKE LEARNING | 4 |
| LANGUAGE BARRIER | 5 |
| LACK OF CONFIDENCE | 18 |
| NO INFORMATION ABOUT OFFERING | 6 |
| LACK OF CHILD CARE | 7 |
| TIME CONSTRAINTS (HOME OR WORK) | 8 |
| COST | 9 |
| INCONVENIENT LOCATION/ TRANSPORTATION NOT AVAILABLE | 10 |
| DID NOT NEED MORE | 11 |
| OTHER (SPECIFY) | 12 |
| <hr/> | |
| DID NOT WANT TO/NO INTEREST | 13 |
| CHILD RELATED REASONS (PREGNANT/ STAY AT HOME TO CARE FOR CHILD) | 14 |
| DON'T KNOW | d |
| REFUSED | r |

L. ABOUT RESPONDENT

VERSION BOX L
IF RESPONDENT IS [CHILD]'S BIOLOGICAL OR
ADOPTIVE MOTHER OR FATHER {SC9 OR = 11-
14}, GO TO SECTION M.
IF RESPONDENT WAS NOT INTERVIEWED IN FALL 2009
OR SPRING 2010 OR SPRING 2011 CONTINUE, ELSE GO
TO L17.
IF FALL 2009 AND RESPONDENT IS NOT BIRTH
MOTHER OR FATHER, CONTINUE.

NO L1 TO L9

My next questions are about you.

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

L10. Are you of Spanish, Hispanic, or Latino origin?

| | | | |
|-----------------|---|-----|-----------|
| YES..... | 1 | } → | GO TO L12 |
| NO..... | 0 | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{IF L10 = 1}

**L11. Which one of these best describes your Spanish, Hispanic, or Latino origin?
 Would you say . . .**

NOTE: IF MORE THAN ONE, CODE AS OTHER

| | |
|--|----------|
| Mexican, Mexican American, Chicano,..... | 1 |
| Puerto Rican,..... | 2 |
| Cuban, or..... | 3 |
| another Spanish/Hispanic/Latino group?..... | 4 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}

L12. **What is your race? You may name more than one if you like.**

CODE ALL THAT APPLY

| | |
|--|----|
| WHITE..... | 11 |
| BLACK OR AFRICAN AMERICAN..... | 12 |
| AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY)..... | 13 |
| <hr/> | |
| ASIAN INDIAN..... | 14 |
| CHINESE..... | 15 |
| FILIPINO..... | 16 |
| JAPANESE..... | 17 |
| KOREAN..... | 18 |
| VIETNAMESE..... | 19 |
| ASIAN (NOT FURTHER SPECIFIED)..... | 20 |
| NATIVE HAWAIIAN..... | 21 |
| GUAMANIAN OR CHAMORRO..... | 22 |
| SAMOAN..... | 23 |
| OTHER PACIFIC ISLANDER (SPECIFY)..... | 24 |
| <hr/> | |
| ANOTHER RACE (SPECIFY)..... | 25 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}
L13. **In what country were you born?**

CODE ONLY ONE

| | | |
|-------------------------|-----|-------------|
| USA..... | 059 | → GO TO L17 |
| MEXICO..... | 303 | |
| GUATEMALA..... | 313 | |
| CUBA..... | 327 | |
| DOMINICAN REPUBLIC..... | 329 | |
| INDIA..... | 210 | |
| CHINA..... | 207 | |
| PHILIPPINES..... | 233 | |
| JAPAN..... | 215 | |
| KOREA..... | 217 | |
| VIETNAM..... | 247 | |
| GUAM..... | 066 | |
| SAMOA..... | 527 | |
| OTHER (SPECIFY)..... | 600 | |
| <hr/> | | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

{IF L13 = 066, 527 or 600, d, r}

L14. **How many years have you lived in the United States?**

|_|_| NUMBER

| | |
|-----------------|---|
| DON'T KNOW..... | d |
| REFUSED..... | r |

NO L15 OR L16

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}
 IF RESPONDENT WAS NOT INTERVIEWED IN FALL 2009, SAY: **My next questions are about you.**

L17. **During the past week, did you work at a job for pay or income, including self-employment?**

- YES.....1 → GO TO L21
 - NO.....0
 - RETIRED.....2
 - DISABLED/UNABLE TO WORK.....3
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO L24

{IF L17 = 0}

L18. **Were you on leave or vacation from a job for the past week?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF L17 = 0}

L19. **Have you actively been looking for work in the past four weeks?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF L17 = 0}

L20. **Did you work at a job for pay or income, including self employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO L24

{IF L17 = 1 OR L20 = 1}

L21. **About how many total hours per week (do you/did you) usually work for pay or income, counting all jobs?**

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{IF L17 = 1 OR L20 = 1}

L22. **Where did you work the most hours {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}**

PROBE, IF MORE THAN ONE JOB: **The job where you worked the most hours.**

PROBE FOR: **Name of the company.**

NOTE: IF SELF-EMPLOYED AND NO COMPANY NAME, ENTER 'SELF-EMPLOYED'.

NAME OF COMPANY _____

DID NOT WORK IN PAST 12 MONTHS.....0

DON'T KNOW.....d

REFUSED.....r

{L22 < > 0, d, r}

L22a. **What type of business is that? What do they do or make?**

TYPE OF BUSINESS _____

DON'T KNOW.....d

REFUSED.....r

{IF L17 = 1 OR L20 = 1}

L23. **What kind of work (are you/is he) doing?**

PROBE: **What is your job title?**

____|____| CODE

DON'T KNOW.....d

REFUSED.....r

L23a. **What are (your/his) most important activities or duties?**

PROBE: **What are your main duties, for example, typing, keeping account books, filing, waiting on tables?**

IMPORTANT DUTIES _____

DON'T KNOW.....d

REFUSED.....r

BOX L23a

| | |
|---|----|
| EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS..... | 01 |
| ENGINEERS, SURVEYORS, AND ARCHITECTS..... | 02 |
| NATURAL SCIENTISTS AND MATHEMATICIANS..... | 03 |
| SOCIAL SCIENTISTS, SOCIAL WORKERS, RELIGIOUS WORKERS AND LAWYERS..... | 04 |
| TEACHERS..... | 05 |
| HEALTH DIAGNOSING AND TREATING PRACTITIONERS..... | 06 |
| REGISTERED NURSES, PHARMACISTS, DIETITIANS, THERAPISTS AND PHYSICIAN'S ASSISTANTS..... | 07 |
| WRITERS, ARTISTS, ENTERTAINERS AND ATHLETES..... | 08 |
| HEALTH TECHNOLOGISTS AND TECHNICIANS..... | 09 |
| TECHNOLOGISTS AND TECHNICIANS, EXCEPT HEALTH..... | 10 |
| MARKETING AND SALES OCCUPATIONS..... | 11 |
| ADMINISTRATIVE SUPPORT OCCUPATION, INCLUDING CLERICAL..... | 12 |
| SERVICE OCCUPATIONS..... | 13 |
| AGRICULTURAL, FORESTRY, AND FISHING OCCUPATIONS..... | 14 |
| MECHANICS AND REPAIRERS..... | 15 |
| CONSTRUCTION AND EXTRACTIVE OCCUPATIONS..... | 16 |
| PRECISION PRODUCTION OCCUPATIONS..... | 17 |
| TRANSPORTATION AND MATERIALS MOVING OCCUPATIONS..... | 18 |
| HANDLERS, EQUIPMENT CLEANERS, HELPERS AND LABORERS..... | 19 |
| MISCELLANEOUS OCCUPATIONS..... | 20 |
| NEVER WORKED/HOMEMAKERS..... | 21 |

VERSION BOX L3
IF FIRST TIME THIS RESPONDENT IS INTERVIEWED, ASK L24,
ELSE GO TO L26

{IF SC9 OR RESPONDENT FLAG = 13-30, d, r}

L24. **The next questions are about the kinds of educational activities you may take part in. We will talk about degree programs and classes in colleges and vocational schools, courses or training sessions related to work or personal interest and other ways of learning new information or skills.**

What is the highest grade or year of school that you completed?

NOTE: If 'high school', PROBE: **What is the last grade (you/he) completed?**

NOTE: If 'college', PROBE: **Did (you/he) receive a degree? If yes, what type of degree?**

CODE ONLY ONE

- UP TO 8TH GRADE.....1
- 9TH TO 11TH GRADE.....2
- 12TH GRADE BUT NO DIPLOMA.....3
- HIGH SCHOOL DIPLOMA/EQUIVALENT.....4
- VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA.....5
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL...6
- SOME COLLEGE BUT NO DEGREE.....7
- ASSOCIATE'S DEGREE.....8
- BACHELOR'S DEGREE.....9
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....10
- MASTER'S DEGREE (MA, MS).....11
- DOCTORATE DEGREE (PHD, EDD).....12
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....13
- DON'T KNOW.....d
- REFUSED.....r

{IF L24 = 4, 5, 6}

L25. Which do you have, a high school diploma or a GED?

- HIGH SCHOOL DIPLOMA.....1
- GED.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF SC9 OR RESPONDENT FLAG = 13-30, d, r}

L26. ((IF NO PREVIOUS INTERVIEW (Are you now attending or enrolled)/ ELSE(Since [MONTH AND YEAR OF LAST INTERVIEW] did you) attend or enroll)) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO L28

{IF L26 = 1}

L27. Are you currently taking courses full-time or part-time?

- FULL-TIME.....1
- PART-TIME.....2
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF SC9 = 13-30, d, r}

L28. Are you currently participating in a job-training or on-the-job-training program?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX L4
IF FALL 2009, GO TO L31, IF FOLLOW-UP INTERVIEW
WITH SAME RESPONDENT, GO TO L29.

L29. **Have you received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF L29 = 1}

L30. **What kind of certificate, diploma, or degree did you receive?**

CODE ONLY ONE

- TRADE LICENSE OR CERTIFICATE.....1
 - GED CERTIFICATE OR EQUIVALENT.....2
 - HIGH SCHOOL DIPLOMA.....3
 - ASSOCIATE'S DEGREE.....4
 - CHILD DEVELOPMENT ASSOCIATE (CDA).....5
 - BACHELOR'S DEGREE.....6
 - GRADUATE DEGREE.....7
 - CREDENTIAL FOR FAMILY SERVICE WORKER.....9
 - OTHER (SPECIFY).....8
-
- DON'T KNOW.....d
 - REFUSED.....r

{IF L26 = 1} {Head Start Cases}

L31. **Did Head Start help you to take or locate the programs, courses, classes, or workshops that you are taking?**

- YES.....1
- NO.....0
- DON'T KNOW.....d

REFUSED.....r

BOX L31A
IF L26 IS NOT EQUAL TO 1 (IS NOT TAKING COURSES)
OR L28 IS NOT EQUAL TO 1 (IS NOT PARTICIPATING IN
JOB-TRAINING), ASK L32.
OTHERWISE, GO TO SECTION M

{IF L26 = 0, d, r OR L28 = 0, d, r}

L32. Adults sometimes find it hard to take part in educational activities, even if they want to. What was the main reason you did not take any programs, courses, classes, or workshops?

PROBE: Which was the main reason?

CODE ONLY ONE

- ADMISSION REQUIREMENT/QUALIFICATION. .1
- TOO OLD TO TAKE ANY COURSES.....2
- HEALTH PROBLEM.....3
- MENTAL HEALTH PROBLEM.....15
- LEARNING DISABILITY.....16
- PHYSICAL DISABILITY.....17
- DON'T LIKE LEARNING.....4
- LANGUAGE BARRIER.....5
- LACK OF CONFIDENCE.....18
- NO INFORMATION ABOUT OFFERING.....6
- LACK OF CHILD CARE.....7
- TIME CONSTRAINTS (HOME OR WORK).....8
- COST.....9
- INCONVENIENT LOCATION/
TRANSPORTATION NOT AVAILABLE.....10
- DID NOT NEED MORE.....11
- OTHER (SPECIFY).....12

- DID NOT WANT TO/NO INTEREST.....13
- CHILD RELATED REASONS (PREGNANT/
STAY AT HOME TO CARE FOR CHILD).....14
- DON'T KNOW.....d
- REFUSED.....r

M. INCOME AND HOUSING

**VERSION BOX M
IF FALL 2009, SPRING 2010, SPRING 2011, KINDERGARTEN
SURVEY, CONTINUE**

M1. In the past six months, did you or anyone in your household receive any income or support from {INSERT a-h}

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. [State Welfare name from Box M1a] or welfare? | 1 | 0 | d | r |
| b. Unemployment insurance?..... | 1 | 0 | d | r |
| c. Food Stamps?..... | 1 | 0 | d | r |
| d. WIC - Special Supplemental Food Program for Women, Infants, and Children? | 1 | 0 | d | r |
| e. Child support?..... | 1 | 0 | d | r |
| f. SSI or Social Security Retirement, Disability, or Survivor's benefits? | 1 | 0 | d | r |
| g. Payments for providing foster care, guardianship subsidies, or adoption assistance? | 1 | 0 | d | r |
| h. Energy assistance?..... | 1 | 0 | d | r |

**BOX M1a
STATE WELFARE AGENCIES**

| | | | |
|-----------------------------|---|-----------------------|--|
| Alabama | FA (Family Assistance Program) | Nebraska | Employment First |
| Alaska | ATAP (Alaska Temporary Assistance Program) | Nevada | TANF |
| Arizona | EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility) | New Hampshire | FAP (Family Assistance Program), financial aid for work exempt families NHEP (New Hampshire Employment Program), financial aid for work-mandated families |
| Arkansas | TEA (Transitional Employment Assistance) | New Jersey | WFNJ (Work First New Jersey) |
| California | CALWORKS (California Work Opportunity and Responsibility for Kids) | New Mexico | NM Works |
| Colorado | Colorado Works | New York | FA (Family Assistance Program), SNA (Safety Net Assistance) |
| Connecticut | JOBS FIRST | North Carolina | Work First |
| Delaware | ABC (A Better Chance) | North Dakota | TEEM (Training, Employment, Education Management) |
| District of Columbia | TANF | Ohio | OWF (Ohio Works First) |
| Florida | Welfare Transition Program | Oklahoma | TANF |
| Georgia | TANF | Oregon | JOBS (Job Opportunities and Basic Skills) |
| Hawaii | TANF | Pennsylvania | Pennsylvania TANF |
| Idaho | Temporary Assistance For Families in Idaho | Rhode Island | FIP (Family Independence Program) |
| Illinois | TANF | South Carolina | Family Independence |
| Indiana | TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program) | South Dakota | TANF |
| Iowa | FIP (Family Investment Program) | Tennessee | Families First |
| Kansas | Kansas Works | Texas | Texas Works (Department of Human Services), cash assistance Choices (Texas Workforce Commission, TANF work program) |
| Kentucky | K-TAP (Kentucky Transitional Assistance Program) | Utah | FEP (Family Employment Program) |
| Louisiana | FITAP (Family Independence Temporary Assistance Program) cash assistance STEP (Strategies to Empower People) | Vermont | ANFC (Aid to Families with Needy Children), cash assistance Reach Up, TANF work program |
| Massachusetts | TAFDC (Transitional Aid to Families with Dependent Children), cash assistance ESP (Employment Services Program), TANF work program | Virginia | VIEW (Virginia Initiative for Employment, Not Welfare) |
| Michigan | FIP (Family Independence Program) | Washington | WorkFirst |
| Minnesota | MFIP (Minnesota Family Investment Program) | West Virginia | West Virginia Works |
| Mississippi | TANF | Wisconsin | W-2 (Wisconsin Works) |
| Missouri | Beyond Welfare | Wyoming | POWER (Personal Opportunities With Employment Responsibility) |

| | | |
|----------------|---|--|
| Montana | FAIM (Families Achieving Independence in Montana) | |
|----------------|---|--|

{CHECK M2 < OR = B1}

M2. Including yourself, how many adults contribute to your household income?

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

M3_amt and M3_per.

My next question is about the past 12 months. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rental income, interest, and dividends.

\$ |_|_|_|,|_|_| PER |_|_| CODE

per hour,.....1

per day,.....2

per week,.....3

every two weeks,.....4

month, or.....5

year?.....6

OTHER (SPECIFY).....7

→ GO TO M7

DON'T KNOW.....d

REFUSED.....r

PROGRAMMER: DISPLAY SOFT EDIT IF VALUES OUT OF RANGE.

{IF M3=d, r}

M4. I just need a range. Was it . . .

- \$25,000 or less, or.....1 → GO TO M5
 - more than \$25,000?.....2 → GO TO M6
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO M7

{IF M4=1}

M5. Was it . . .

- \$5,000 or less,.....1
- \$5,001 to \$10,000,.....2
- \$10,001 to \$15,000,.....3
- \$15,001 to \$20,000, or.....4
- \$20,001 to \$25,000?.....5
- DON'T KNOW.....d
- REFUSED.....r

{IF M4=2}

M6. Was it . . .

- \$25,001 to \$30,000,.....6
- \$30,001 to \$35,000,.....7
- \$35,001 to \$40,000,.....8
- \$40,001 to \$50,000,.....9
- \$50,001 to \$75,000, or.....10
- more than \$75,000?.....11
- DON'T KNOW.....d
- REFUSED.....r

M7. The next questions are about housing. Do you now live in . . .

- a house, apartment, or trailer
with your family only,.....1
- a house, apartment, or trailer
you share with one or more families,.....2
- transitional housing (apartment)
or a homeless shelter, or.....3
- somewhere else? (SPECIFY).....4

- DON'T KNOW.....d
- REFUSED.....r

M8. How many times have you moved [(IF FALL 2009)In the last 12 months/(ELSE)
since [MONTH AND YEAR OF LAST INTERVIEW)]?

|_|_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF M8>0}

M8a. What was the main reason for your most recent move?

CODE ONLY ONE

- FOR A JOB OR SCHOOLING.....1
 - TO BE CLOSER TO FAMILY/FRIENDS.....2
 - MOVED IN WITH PARTNER/SPOUSE.....3
 - COULDN'T AFFORD PRIOR HOME.....4
 - SAFER COMMUNITY.....5
 - HOUSING WAS DESTROYED.....6
 - ESCAPE DOMESTIC ABUSE.....7
 - PRIOR LANDLORD SOLD HOUSING.....8
 - FAMILY/FRIENDS NO LONGER WILLING
TO HOUSE MY FAMILY.....9
 - TIME LIMIT UP FOR TRANSITIONAL
HOUSING/SHELTER.....10
 - OTHER (SPECIFY).....11
-

DON'T KNOW.....d
REFUSED.....r

{IF M7 = 1, 2, d, r}

M9. **Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?**

OWNS OR IS BUYING HOME
OR APARTMENT.....1
RENTS (WITHOUT PUBLIC ASSISTANCE).....2
PUBLIC OR SUBSIDIZED HOUSING.....3
SOME OTHER ARRANGEMENT (SPECIFY).....4

LIVES WITH SOMEONE ELSE, WHETHER
PAYS RENT OR NOT.....5
DON'T KNOW.....d
REFUSED.....r

**VERSION BOX M2
IF SPRING 2010 OR SPRING 2011 OR KINDERGARTEN
SURVEY, GO TO VERSION BOX N
IF FALL 2009 VERSION NOT COMPLETED OR FIRST TIME
INTERVIEW, CONTINUE**

M10. **People do different things when they are running out of money for food to make their food or food money go further.**

For each statement I read, tell me if it was often true, sometimes true, or never true for (you/your household) [(IF FALL 2009) In the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW)] {INSERT a, b}

BOX M10a
IF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL "we", OTHERWISE, FILL "I"

| | OFTEN TRUE | SOMETIMES TRUE | NEVER TRUE | DON'T KNOW | REFUSED |
|---|------------|----------------|------------|------------|---------|
| a. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more..... | 1 | 2 | 3 | d | r |
| b. (I/We) couldn't afford to eat balanced meals..... | 1 | 2 | 3 | d | r |

M11. **In the last 12 months, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?**

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{IF M11=1}

M12. **How often did this happen? Would you say . . .**

almost every month,.....1
some months, but not every month, or.....2
in only 1 or 2 months?.....3
 DON'T KNOW.....d
 REFUSED.....r

M13. **In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

M14. **In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

N. CHILD CARE

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, (IF HEAD START CASE, DISPLAY: NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM) ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N1. **Now I'd like to talk to you about all child care [CHILD] now receives on a regular basis in the morning before (Head Start/Kindergarten) and in the afternoon after (Head Start/Kindergarten).**

First, I want to ask you about child care centers, (IF HEAD START CASE, READ: nursery schools or pre-kindergarten programs) [CHILD] may attend, (IF HEAD START CASE, READ: not including Head Start programs), even if they are in the same building as [PROGRAM].

Is [CHILD] now attending a day care center, (IF HEAD START CASE, READ: nursery school, preschool, or pre-kindergarten program) on a regular basis before or after (Head Start/Kindergarten)?

| | | |
|-----------------|---|--------------|
| YES..... | 1 | |
| NO..... | 0 | } → GO TO N6 |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

{IF N1=1}

N2. **Not including Head Start, how many different day care centers, (IF HEAD START CASE, READ: nursery schools, preschools, or pre-kindergarten programs) does [CHILD] currently go to before or after (Head Start/Kindergarten)?**

- ONE.....1
- TWO.....2
- THREE.....3
- FOUR OR MORE.....4
- DON'T KNOW.....d
- REFUSED.....r

{IF N2=1}

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, (IF HEAD START CASE, DISPLAY: NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM) ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N3. **How many days each week does [CHILD] go to that program?**

{IF N2=2, 3, 4, d, r}

Thinking about the center that [CHILD] goes to the most, how many days each week does [CHILD] go to that program? Please do not include Head Start.

NOTE: IF VARIES, PROBE: **On average?**

|__| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF N1=1}

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, (IF HEAD START CASE, DISPLAY: NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM) ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/ KINDERGARTEN).

N4. **How many hours each week does [CHILD] go to that program? Please do not include Head Start.**

NOTE: IF VARIES, PROBE: **On average?**

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{IF N1=1}

N5. **Is [CHILD] in that program before or after (Head Start/Kindergarten)?**

BEFORE (HEAD START/KINDERGARTEN).....1

AFTER (HEAD START/KINDERGARTEN).....2

BOTH BEFORE/AFTER (HEAD START/
KINDERGARTEN).....3

DON'T KNOW.....d

REFUSED.....r

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY A RELATIVE ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N6. **Next I would like to ask about childcare provided by a relative. Is [CHILD] now receiving care from a relative other than (IF SC9 OR RESPONDENT FLAG =11..16) a parent/(ELSE) you) on a regular basis, for example, from grandparents, brothers or sisters, or any other relative in the morning before or in the afternoon after (he/she) comes to (Head Start/Kindergarten)?**

NOTE: **Do not include care by the child's father, even if he does not live with the child.**

| | | |
|-----------------|---|---------------|
| YES..... | 1 | |
| NO..... | 0 | } → GO TO N13 |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

{IF N6=1}

N7. **How many different regular care arrangements do you currently have with relatives for [CHILD]?**

| | |
|-------------------|---|
| ONE..... | 1 |
| TWO..... | 2 |
| THREE..... | 3 |
| FOUR OR MORE..... | 4 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{IF N6=1}

N8. {IF N7=2, 3, 4, d, r} **Let's talk about the relative who provides the most care for [CHILD] now. Is that relative...**

{IF N7 = 1} **Is that relative [CHILD]'s . . .**

- grandparent**,.....1
 - aunt**,.....2
 - uncle**,.....3
 - brother**,.....4
 - sister, or**.....5
 - another relative? (SPECIFY)**.....6
-
- DON'T KNOW.....d
 - REFUSED.....r

{IF N6=1}

N9. **Is the care provided by ([CHILD]'s [FILL N8 RELATIVE]/(ELSE N8=6) that relative) in your home or another home?**

- OWN HOME.....1
 - OTHER HOME.....2
 - BOTH/VARIES.....3
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO N10

{IF N9=1}

N9a. **Does this person who cares for [CHILD] live in your household?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF N6=1}

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY A RELATIVE ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N10. How many days each week does [CHILD] receive care from [(his/her) [FILL RESPONSE N8]/(ELSE IF N8=6) that relative)?

NOTE: IF VARIES, PROBE: On average?

|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{IF N6=1}

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY A RELATIVE ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N11. How many hours each week does [CHILD] receive care from [(his/her) [FILL RELATIVE N8]/(IF N8=6) that relative)?

NOTE: IF VARIES, PROBE: On average?

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{IF N6=1}

N12. Is [CHILD] cared for by a relative before (/Kindergarten), after (/Kindergarten), or both before and after (/Kindergarten)?

BEFORE HEAD START/KINDERGARTEN.....1

AFTER HEAD START/KINDERGARTEN.....2

BOTH BEFORE/AFTER HEAD START KINDERGARTEN.....3

DON'T KNOW.....d

REFUSED.....r

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY ANYONE ELSE IN A PRIVATE HOME ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/KINDERGARTEN).

N13. **Finally, I would like to ask about other child care you may use for [CHILD]. Is [CHILD] now receiving care on a regular basis from anyone else in a private home in the morning before (Head Start/Kindergarten) or in the afternoon after (Head Start/Kindergarten)?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO N20

{IF N13=1}

N14. **How many different regular care arrangements do you currently have with non-relatives for [CHILD]?**

- ONE.....1
- TWO.....2
- THREE.....3
- FOUR OR MORE.....4
- DON'T KNOW.....d
- REFUSED.....r

{IF N13=1}

N15. {IF N14=2, 3, 4, d, r} **Let's talk about the non-relative who provides the most care for [CHILD]. Is that care provided in your home or another home?**

{IF N14=1} **Is that care provided in your home or another home?**

- RESPONDENT'S HOME.....1
- OTHER HOME.....2
- BOTH/VARIES.....3
- DON'T KNOW.....d
- REFUSED.....r

{IF N15=1}

N16. Does this person who cares for [CHILD] live in your household?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF N13=1}

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY ANYONE ELSE IN A PRIVATE HOME ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/ KINDERGARTEN).

N17. How many days each week does [CHILD] receive care from that person?

NOTE: IF VARIES, PROBE: On average?

|_|_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF N13=1}

INTERVIEWER PROMPT – DO NOT READ TO RESPONDENT: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY ANYONE ELSE IN A PRIVATE HOME ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER (HEAD START/ KINDERGARTEN).

N18. How many hours each week does [CHILD] receive care from that person?

NOTE: IF VARIES, PROBE: On average?

|_|_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF N13=1}

N19. **Is [CHILD] cared for by someone other than a relative before or after (Head Start/Kindergarten)?**

- BEFORE (HEAD START/KINDERGARTEN).....1
- AFTER (HEAD START/KINDERGARTEN).....2
- BOTH BEFORE/AFTER (HEAD START/
KINDERGARTEN).....3
- DON'T KNOW.....d
- REFUSED.....r

BOX N20a
IF N1, N6, OR N13 = 1 CONTINUE, ELSE GO TO
VERSION BOX P.

{IF MORE THAN ONE OF THE FOLLOWING: N1, N6, N13 = 1}

N20. **Thinking of all the child care you use for [CHILD] before or after (Head Start/Kindergarten), how many days a week is (he/she) in child care before or after (Head Start/Kindergarten)?**

NOTE: IF VARIES, PROBE: **On average?**

|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{ONLY ASKED IF MORE THAN ONE OF THE FOLLOWING: N1 = 1, N6 = 1, OR N13 = 1}

N21. **And, all together, how many hours a week is [CHILD] typically in before or after (Head Start/Kindergarten) care?**

NOTE: IF VARIES, PROBE: **On average?**

|__|__| NUMBER

DON'T KNOW.....d

REFUSED.....r

{IF N1, N6 OR N13 = 1}

N22. **Is there any charge or fee for any of the care [CHILD] receives from [FILL IF N1=1 a center, IF N6 = 1 a relative, IF N13 = 1 or someone who is not a relative]?**

PROBE: **This can be paid either by you or someone else.**

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

} → GO TO VERSION BOX P

{IF N22=1}

N23. **Child care is paid for in different ways. Please tell me the ways [CHILD]'s child care is paid for?**

NOTE: A HELP SCREEN IS AVAILABLE WITH AN EXPLANATION OF "GOVERNMENT AGENCY."

HELP SCREEN:

Government agencies that pay for child care most often include state or local human services, human resources, social services, or family services agencies or departments. In some states, help paying for child care may be available through agencies that deal with education or employment.

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. Do you pay for some or all of it yourself? | 1 | 0 | d | r |
| b. Does a government agency pay for some or all of it? | 1 | 0 | d | r |
| c. Does an employer pay for some or all of it? | 1 | 0 | d | r |
| d. Does someone else pay for some or all of it? | 1 | 0 | d | r |
| e. Do you trade child care with someone else? | 1 | 0 | d | r |
| f. Any other way? (PLEASE SPECIFY) | 1 | 0 | d | r |

{IF N22=1}

N24. **Thinking about the child care arrangements we just talked about that you have for [CHILD] both before and after (Head Start/Kindergarten), how much does your household pay for this child care?**

\$ |_|_|_|_| NUMBER PER |_| UNIT

- PER HOUR.....1
 - PER DAY.....2
 - PER WEEK.....3
 - BI-WEEKLY.....4
 - PER MONTH.....5
 - PER YEAR.....6
 - OTHER (SPECIFY).....7
-
- DON'T KNOW.....d
 - REFUSED.....r

{IF HH ROSTER =>1 CHILD AGE 17 AND YOUNGER AND N24>0000}

N25. **Is this amount for [CHILD] only, or does it include other children in the household?**

- CHILD ONLY.....1
- CHILD AND OTHERS.....2
- DON'T KNOW.....d
- REFUSED.....r

NO SECTION O THIS VERSION

P. CHILD HEALTH

VERSION BOX P
IF FALL 2009, SPRING 2010, OR SPRING 2011, OR
KINDERGARTEN SURVEY, CONTINUE

P1. The next questions are about health and health related issues.

First, let's talk about [CHILD]'s health. Overall, would you say [CHILD]'s health is ...

- excellent,.....1
very good,.....2
good,.....3
fair or,.....4
poor?.....5
DON'T KNOW.....d
REFUSED.....r

VERSION BOX P1
IF NO PRIOR INTERVIEW, ASK P2, ELSE GO TO P4

{Head Start Cases}

P2. How much did [CHILD] weigh when (he/she) was born?

|_|_| POUNDS |_|_| OUNCES

|_|.|_| KILOGRAMS

- DON'T KNOW.....d
REFUSED.....r

{Head Start Cases}

{IF P2=d, r}

P3. Was [CHILD]'s birth weight . . .

- normal (5 1/2 lbs. [2.5 kilograms] or more),.....1
- low (between 3 1/2 [1.5 kilograms and 5 1/2 lbs. [2.5 kilograms]), or.....2
- very low (under 3 1/2 lbs. [1.5 kilograms])?.....3
- DON'T KNOW.....d
- REFUSED.....r

P4. During the past 12 months, did [CHILD] take any vitamin or mineral supplements of any kind?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

P5. Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?

CODE ONLY ONE

- A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO.....1
 - AN OUTPATIENT CLINIC RUN BY A HOSPITAL.....2
 - THE EMERGENCY ROOM AT A HOSPITAL.....3
 - PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER.....4
 - A MIGRANT HEALTH CLINIC.....5
 - THE INDIAN HEALTH SERVICE.....6
 - SOMEPLACE ELSE (SPECIFY).....7
-
- DON'T KNOW.....d
 - REFUSED.....r

P5a. Does [CHILD] have a regular health care provider?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P6

{IF P5a=1}

P5b. Please tell me how much you agree with the following statement. [CHILD]'s regular care provider works with me as a partner to make sure all of (his/her) health needs are met. Do you...

- strongly agree,.....1
- agree,.....2
- disagree, or.....3
- strongly disagree?.....4
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

P6. [(IF SPRING 2010 OR SPRING 2011) Has Head Start helped/ (ELSE) Did Head Start help] you find a regular health care provider for [CHILD]?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

{IF P6=1}

P6a. How did they help you?

NOTE: IF MORE THAN ONE RESPONSE SAY: What was the main way they helped you?

CODE ONLY ONE

- PROVIDED INFORMATION, INCLUDING BROCHURES, MEETINGS, OR CONVERSATIONS.....1
- MADE REFERRALS, FOR EXAMPLE,

| | |
|---|---|
| PHONE CALLS..... | 2 |
| PROVIDED HEALTH CARE DIRECTLY..... | 3 |
| HELPED IN SOME OTHER WAY (SPECIFY)..... | 4 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{Head Start Cases}

{IF P6=0}

P6b. **Why is that?**

| | |
|--|---|
| HAD A HEALTH CARE PROVIDER PRIOR TO ENROLLMENT..... | 1 |
| FOUND A HEALTH CARE PROVIDER ON MY OWN..... | 2 |
| OTHER (SPECIFY)..... | 3 |
| <hr/> | |
| DON'T KNOW..... | d |
| REFUSED..... | r |

P7. When was the last time [CHILD] saw a doctor for a regular checkup? Was it . . .

- 6 months ago or less,.....1
- more than 6 months ago, but
not more than 1 year ago,.....2
- more than 1 year ago, but
not more than 2 years ago,.....3
- more than 2 years ago, or.....4
- never?.....5
- DON'T KNOW.....d
- REFUSED.....r

P8. When was the last time [CHILD] saw a dentist for a regular check-up? Was it . . .

- 6 months ago or less,.....1
- more than 6 months ago but
not more than 1 year ago,.....2
- more than 1 year ago but
not more than 2 years ago,.....3
- more than 2 years ago, or.....4
- never?.....5
- DON'T KNOW.....d
- REFUSED.....r

P9. The next questions are about the health insurance plans for [CHILD]. What kind of health insurance or health care coverage does [CHILD] have? Does (he/she) have coverage through any of the following?

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. A private health insurance plan (from employer, workplace, or purchased directly, or purchased through a state or local government program or community program?)..... | 1 | 0 | d | r |
| b. A Medicaid plan such as [STATE PROGRAM NAME FROM BOX P9b]?..... | 1 | 0 | d | r |
| c. CHIP (Children's Health Insurance Program) or [NAME OF STATE PROGRAM FROM BOX P9c]?..... | 1 | 0 | d | r |
| d. Military health care/TRICARE/CHAMPUS/CHAMP-VA?..... | 1 | 0 | d | r |
| e. Indian Health Service?..... | 1 | 0 | d | r |
| f. Another government program such as Medicare? (SPECIFY)..... _____ | 1 | 0 | d | r |

**BOX P9B/Q2B
STATE MEDICAID AGENCIES**

| | | | |
|----------------------|---|----------------|---|
| Alabama | Alabama Medicaid | Nebraska | NE Medicaid |
| Alaska | Alaska Medicaid | Nevada | NV Medicaid |
| Arizona | Arizona Health Care Cost Containment System (AHCCCS) | New Hampshire | Medicaid plan such as New Hampshire Medicaid |
| Arkansas | Arkansas Connect Care | New Jersey | New Jersey Medicaid |
| California | Medi-Cal | New Mexico | SALUD/Molina/Presbyterian/Lovelace |
| Colorado | Colorado Medicaid | New York | New York Medicaid CHOICE/Family Health Plus |
| Connecticut | Connecticut Medicaid | North Carolina | Community Care of North Carolina /Carolina ACCESS |
| Delaware | Diamond State Health Plan | North Dakota | Medicaid plan such as North Dakota Medicaid |
| District of Columbia | Medical Assistance Administration (MAA) | Ohio | Healthy Families |
| Florida | MediPass | Oklahoma | SoonerCare |
| Georgia | Georgia Better Health Care | Oregon | Oregon Health Plan |
| Hawaii | Hawaii Medicaid: FFS (fee for Service) and QUEST | Pennsylvania | HealthChoices/ACCESS Plus |
| Idaho | Idaho Medicaid | Rhode Island | Medicaid/Medical Assistance |
| Illinois | Family Care | South Carolina | Healthy Connections |
| Indiana | Hoosier Healthwise | South Dakota | Medicaid/Medical Assistance |
| Iowa | Medical Assistance | Tennessee | TennCare |
| Kansas | Kansas Medical Assistance Program | Texas | STAR/STAR+PLUS |
| Kentucky | KYHealthChoices/Kentucky Patient Access and Care System(KenPAC) | Utah | Utah Medical Assistance Program (UMAP) |
| Louisiana | CommunityCARE Program /Louisiana KIDMED | Vermont | Medicaid, VHAP(Health insurance for adults who are not covered by Medicaid)/Healthy Vermonters (prescription program) |
| Maine | MaineCare | Virginia | Medicaid/Medallion/Medallion II |
| Maryland | HealthChoice Program | Washington | Healthy Options/medical coupons |
| Massachusetts | MassHealth | West Virginia | West Virginia Physician Assured Access System (PAAS)/Mountain Health Trust-(MHT) |
| Michigan | Michigan Medicaid | Wisconsin | BadgerCare Plus/Medical Assistance |
| Minnesota | Medical Assistance (MA) | Wyoming | EqualityCare |
| Mississippi | Mississippi Health Benefits Program (Mississippi Medicaid) | | |
| Missouri | MC+ | | |
| Montana | Montana Medicaid | | |

BOX P9c
CHIP - STATE AGENCIES

| | | | |
|-----------------------------|--|-----------------------|--|
| Alabama | ALLKids | Nebraska | Kids Connection |
| Alaska | DenaliKid Care | Nevada | Nevada Check UP |
| Arizona | KidsCare | New Hampshire | HealthyKids |
| Arkansas | ARKids First | New Jersey | New Jersey FamilyCare (formerly NJ KidCare) |
| California | Healthy Families | New Mexico | NewMexiKids |
| Colorado | CHP+ (Child Health Plan Plus) | New York | Child Health Plus (CHPlus) |
| Connecticut | HUSKY (Healthcare for Uninsured Kids and Youth) | North Carolina | NC Health Choice for Children |
| Delaware | Healthy Children | North Dakota | Healthy Steps |
| District of Columbia | Healthy DC Kids/Healthy Families | Ohio | Healthy Start |
| Florida | Florida KidCare | Oklahoma | The State Children's Health Insurance Program (SCHIP)/SoonerCare |
| Georgia | PeachCare for Kids | Oregon | Oregon SCHIP/Oregon Health Plan |
| Hawaii | Hawaii Covering Kids | Pennsylvania | Pennsylvania's Children's Health Insurance Program |
| Idaho | Idaho CHIP | Rhode Island | Rlte Care |
| Illinois | All Kids | South Carolina | SC Healthy Connections Kids (SCHIP) |
| Indiana | CHIP | South Dakota | CHIP |
| Iowa | HAWK-I (Healthy and Well Kids in Iowa) | Tennessee | TennderCare |
| Kansas | Health Wave | Texas | CHIP |
| Kentucky | Kentucky Children's Health Insurance Program | Utah | CHIP |
| Louisiana | LaCHIP (Louisiana Children's Health Insurance) | Vermont | Dr. Dynasaur |
| Maine | MaineCare (formerly CubCare) | | |
| Maryland | Maryland Children's Health Program (MCHP) | | |
| Massachusetts | MassHealth | Virginia | FAMIS (Family Access to Medical Insurance Security), formerly Virginia Children's Medical Security Insurance Plan (VCMSIP) |
| Michigan | MiChild/Healthy Kids | Washington | CHIP/Healthy Options |
| Minnesota | MinnesotaCare/PMAP (Prepaid Medical Assistance Program)/General Assistance Medical Care Program (GAMC) | West Virginia | West Virginia Children's Health Insurance Program (WV CHIP) |
| Mississippi | CHIP | Wisconsin | BadgerCare Plus for Children and Families |
| Missouri | MC+ for Kids | Wyoming | KidCare CHIP |
| Montana | SCHIP | | |

P10. Now, I want to ask you about any injuries [CHILD] may have had. [(IF FALL 2009)In the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]], how many times has (he/she) seen a doctor or other medical professional or visited a clinic or emergency room for an injury?

NOTE: Professional includes health professionals such as doctors, pediatricians and other licensed persons, including nurses or nurse practitioners, optometrists, ophthalmologists, school or other psychologists, school or other psychiatric social workers, speech pathologists, etc. Do not include teachers or some other non-health professional.

NEVER.....0
ONCE.....1
TWICE.....2
THREE OR MORE TIMES.....3
DON'T KNOW.....d
REFUSED.....r

{IF P10=1, 2, OR 3}

P11. Were [CHILD]'s activities restricted as a result of this injury?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{IF P10=1, 2, OR 3}

P12. Did [CHILD] miss going to (Head Start/Kindergarten) as a result of this injury?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

P13. ((IF SPRING 2010, SPRING 2011, KINDERGARTEN SURVEY) Since [MONTH AND YEAR OF LAST INTERVIEW]) Has a doctor, nurse, or other medical professional told you that [CHILD] has . . .

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. asthma?..... | 1 | 0 | d | r |
| b. a respiratory or breathing illness, such as bronchitis, pneumonia, or bronchiolitis?..... | 1 | 0 | d | r |
| c. a severe stomach or gastrointestinal illness, as indicated by frequent vomiting, diarrhea, or dehydration?..... | 1 | 0 | d | r |
| d. an ear infection?..... | 1 | 0 | d | r |
| e. a problem with muscles or with moving such as cerebral palsy?..... | 1 | 0 | d | r |
| f. a developmental delay?..... | 1 | 0 | d | r |
| g. epilepsy or seizures?..... | 1 | 0 | d | r |
| h. a heart defect?..... | 1 | 0 | d | r |
| i. mental retardation or cognitive impairment?..... | 1 | 0 | d | r |
| j. a lactose intolerance?..... | 1 | 0 | d | r |
| k. other food allergy or sensitivity such as to peanuts?..... | 1 | 0 | d | r |
| l. problem with allergies other than foods, such as to dust, animals, or medicine?..... | 1 | 0 | d | r |
| m. attention deficit, hyperactivity, ADD or ADHD?..... | 1 | 0 | d | r |
| n. diabetes?..... | 1 | 0 | d | r |
| o. a need to lose weight? | 1 | 0 | d | r |

BOX P13a
IF ANY P13 a – n = 1, AND NOT FALL 2009, GO TO P14.
OTHERWISE, GO TO P15.

{IF P13 a-n = 1}

P14. Did [CHILD] miss regular (Head Start/Kindergarten) activities as a result of [FILL P13 a – n]?

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

P15. Are [CHILD]'s activities restricted as a result of any impairment or health problem?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX P2
IF FALL 2009, GO TO P42, ELSE CONTINUE

P16. Has [CHILD] missed going to (Head Start/Kindergarten) as a result of any impairment or health problem?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

P17. Now I have some questions about different special needs [CHILD] might have.

((IF SPRING 2010, SPRING 2011, KINDERGARTEN SURVEY) Since [MONTH OF LAST INTERVIEW]) Has [CHILD] been evaluated by a doctor, psychologist or other health professional because of a concern about (his/her) ability to pay attention or learn?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P20

{IF P17=1}

P18. **Did you obtain a diagnosis of a problem from a doctor, psychologist or other health professional?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P20

{IF P18=1}

P19. **What was the diagnosis?**

CODE ALL THAT APPLY

- MENTAL RETARDATION OR COGNITIVE IMPAIRMENT.....1
 - EMOTIONAL/BEHAVIOR DISABILITY.....2
 - AUTISM OR PERVASIVE DEVELOPMENTAL DELAY (PDD).....3
 - TRAUMATIC BRAIN INJURY.....4
 - OPPOSITIONAL DEFIANT DISORDER.....5
 - OTHER (SPECIFY).....6
-
- NO PROBLEM.....9
 - ADD/ADHD.....10
 - DON'T KNOW.....d
 - REFUSED.....r

{IF P18=1}

P19a. **Was medication was suggested or prescribed?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P20

{IF P19a=1}

P19b. **Is [child] currently taking medication for this problem/diagnosis?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

P20. (IF SPRING 2010, SPRING 2011, KINDERGARTEN SURVEY DISPLAY: **Since [MONTH OF LAST INTERVIEW] Has [CHILD] been evaluated by a psychologist or health professional because of a concern about (his/her) overall activity level?**

NOTE: A HELP SCREEN IS AVAILABLE WITH AN EXPLANATION OF ACTIVITY LEVEL.

HELP SCREEN:

By activity level we mean concern about excessive physical activity. Examples of excessive activity include fidgetiness, an inability to sit still, and hyperactivity.

| | | | |
|-----------------|---|-----|-----------|
| YES..... | 1 | } → | GO TO P23 |
| NO..... | 0 | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{IF P20=1}

P21. **Did you obtain a diagnosis of a problem from a doctor, psychologist, or health professional?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P23

{IF P21=1}

P22. **What was the diagnosis?**

CODE ALL THAT APPLY

- ATTENTION DEFICIT DISORDER (ADD).....1
 - ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD).....2
 - OTHER (SPECIFY).....3
-
- NO PROBLEM.....9
 - DON'T KNOW.....d
 - REFUSED.....r

{IF P21=1}

P22a. **Was medication suggested or prescribed?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P23

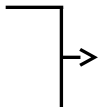
{IF P22a=1}

P22b. **Is [child] currently taking medication for this problem/diagnosis?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

P23. (IF SPRING 2010, SPRING 2011, KINDERGARTEN SURVEY, DISPLAY **Since [MONTH AND YEAR OF LAST INTERVIEW] Has [CHILD] been evaluated by a doctor or other health professional because of a concern about the way (he/she) uses (his/her) arms or legs?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r



GO TO P30

{IF P23=1}

P24. **Did you obtain a diagnosis of a problem from a doctor or other health professional?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P30

{IF P24=1}

P25. **What was the diagnosis?**

CODE ALL THAT APPLY

- CEREBRAL PALSY.....1
- EPILEPSY OR SEIZURES.....2
- OTHER PHYSICAL IMPAIRMENT (SPECIFY)....3
- _____
- _____
- NO PROBLEM.....9
- DON'T KNOW.....d
- REFUSED.....r

{IF P24=1}

P26. **Does [CHILD] use special equipment, such as a brace, a wheelchair, or corrective shoes?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

P30. **Does [CHILD] have difficulty hearing and understanding speech in a normal conversation?**

| | | | |
|-----------------|---|-----|-----------|
| YES..... | 1 | } → | GO TO P27 |
| NO..... | 0 | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{IF P30=1}

P31. **((IF SPRING 2010, SPRING 2011, KINDERGARTEN SURVEY) (Since MONTH AND YEAR OF LAST INTERVIEW) Has [CHILD] been evaluated by a doctor or other health professional because of a concern about (his/her) ability to hear and understand speech in a normal conversation?**

| | | | |
|-----------------|---|-----|-----------|
| YES..... | 1 | } → | GO TO P27 |
| NO..... | 0 | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{IF P31=1}

P32. **Did you obtain a diagnosis of a problem from a doctor or other health professional?**

| | | | |
|-----------------|---|-----|-----------|
| YES..... | 1 | } → | GO TO P27 |
| NO..... | 0 | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{IF P32=1}

P33. **What was the diagnosis?**

CODE ALL THAT APPLY

- EAR INFECTION.....1
- HEARING IMPAIRMENT/HARD OF HEARING....2
- DEAFNESS.....3
- LANGUAGE IMPAIRMENT.....4
- AUTISM OR PERVASIVE
DEVELOPMENTAL DELAY (PDD).....5
- MENTAL RETARDATION.....6
- EMOTIONAL/BEHAVIOR DISABILITY.....7
- OTHER (SPECIFY).....8

- NO PROBLEM.....9
- DON'T KNOW.....d
- REFUSED.....r

{P33 = 2, 3}

P34. **Does [CHILD] usually wear a hearing aid?**

NOTE: Hearing Aids are small electronic sound amplifiers worn in or behind the ear that compensates for hearing loss.

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF P33 = 2, 3}

P35a. Does [CHILD] have cochlear implants?

NOTE: Cochlear Implants are electronic devices that are surgically placed in the inner ear which are designed to provide useful hearing and improved communication ability to individuals who are profoundly hearing impaired and unable to understand speech with hearing aids.

| | | | |
|-----------------|---|-----|-----------|
| YES..... | 1 | } → | GO TO P27 |
| NO..... | 0 | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{P34 = 1} OR {P35a = 1}

P35b. What is the effect of the device on [CHILD]'s ability to hear and understand speech in normal conversations? Does it . . .

| | |
|--|---|
| greatly improve (his/her) hearing,..... | 1 |
| somewhat improve (his/her) hearing,..... | 2 |
| minimally improve (his/her) hearing, or..... | 3 |
| does not improve (his/her) hearing?..... | 4 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

P27. (IF SPRING 2010, SPRING 2011, KINDERGARTEN SURVEY, DISPLAY: Since MONTH AND YEAR OF LAST INTERVIEW) Has [CHILD] been evaluated by a doctor or other health professional because of a concern about (his/her) ability to communicate?

| | | | |
|-----------------|---|-----|-----------|
| YES..... | 1 | } → | GO TO P36 |
| NO..... | 0 | | |
| DON'T KNOW..... | d | | |
| REFUSED..... | r | | |

{IF P27=1}

P28. **Did you obtain a diagnosis of a problem from a doctor or other health professional?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO P36

{IF P28=1}

P29. **What was the diagnosis?**

CODE ALL THAT APPLY

- SPEECH IMPAIRMENT.....1
- LANGUAGE IMPAIRMENT.....2
- AUTISM OR PERVASIVE DEVELOPMENTAL DELAY (PDD).....3
- MENTAL RETARDATION OR COGNITIVE IMPAIRMENT.....4
- EMOTIONAL/BEHAVIOR DISABILITY.....5
- OTHER (SPECIFY).....6

- HEARING IMPAIRMENT.....8
- NO PROBLEM.....9
- DON'T KNOW.....d
- REFUSED.....r

P36. **Now I want to ask you about [CHILD]'s vision. Does [CHILD] have difficulty seeing objects in the distance or letters on paper?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO BOX P39A

{IF P36=1}

P37. (IF SPRING 2010, SPRING 2011, KINDERGARTEN SURVEY, DISPLAY: **Since MONTH AND YEAR OF LAST INTERVIEW**) Has [CHILD]'s vision been evaluated by a doctor or other health professional?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO BOX P39A

{IF P37=1}

P38. **Did you obtain a diagnosis of a problem from a doctor or other health professional?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO BOX P39A

{IF P38=1}

P39. **What was the diagnosis?**

CODE ALL THAT APPLY

- NEARSIGHTED.....1
- FARSIGHTED.....2
- LEGALLY BLIND.....3
- OTHER (SPECIFY).....4

- ASTIGMATISM.....5
- LAZY EYE/AMBLYOPIA.....6
- DON'T KNOW.....d
- REFUSED.....r

{IF P38=1}

P39a. Does [CHILD] usually wear glasses or contact lenses?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{P39a = 1}

P39b. Which of these best describes [CHILD]'s eyesight? Is it . . .

- correctable with glasses,**.....1
- improvable with glasses, or**.....2
- not correctable with glasses?**.....3
- DON'T KNOW.....d
- REFUSED.....r

BOX P39A
IF P18, P21, P24, P28, P32, OR P38= 1, ASK P40.
ELSE GO TO BOX P41A.

{IF P18, P21, P24, P28, P32, P38 = 1}

P40. I'm going to read a list of services. For each service, please tell me if [CHILD] or your family has received this service to help with [CHILD]'s special needs. Since (IF FALL 2009 ([CHILD] turned [IF 3 YEAR OLD SAMPLE "3," IF 4 YEAR OLD SAMPLE "4"] years old/(ELSE)MONTH OF LAST INTERVIEW)), has [CHILD] or anyone in your household ever received (SERVICES a – l) to help with [CHILD]'s special needs?

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. speech or language therapy..... | 1 | 0 | d | r |
| b. occupational therapy or OT..... | 1 | 0 | d | r |
| c. physical therapy or PT..... | 1 | 0 | d | r |
| d. vision services..... | 1 | 0 | d | r |
| e. hearing or audiology services..... | 1 | 0 | d | r |
| PROBE: This does not include a temporary loss of hearing due to a cold or congestion. | | | | |
| f. social work services..... | 1 | 0 | d | r |
| g. psychological services..... | 1 | 0 | d | r |
| h. parent support or training..... | 1 | 0 | d | r |
| i. special classes with other children, some or all of whom also had special needs..... | 1 | 0 | d | r |
| j. private tutoring or schooling for learning problems..... | 1 | 0 | d | r |
| k. {IF P39 = 3}. instruction in Braille..... | 1 | 0 | d | r |
| l. {IF P33 = 2,3}. instruction in sign language, cued speech, ASL, or TOCO..... | 1 | 0 | d | r |
| m. home visits..... | 1 | 0 | d | r |

{IF P18, P21, P24, P28, P32, P38 = 1}

P41. Is [CHILD] currently participating in an early intervention program or regularly receiving any services for (his/her) condition(s) from . . .

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. your local school district?..... | 1 | 0 | d | r |
| b. a state or local health or social service agency?..... | 1 | 0 | d | r |
| c. a doctor, clinic, or other health care provider?..... | 1 | 0 | d | r |
| d. some other source? (SPECIFY)..... | 1 | 0 | d | r |
| _____ | | | | |

BOX P41A
IF NO PROBLEM EVALUATED {P17, P20, P23, P27, P31, AND P37 ALL = 0, d, r} OR FALL 2009 THEN ASK P42. ELSE GO TO P43

{IF P17, P20, P23, P27, P31, P37 ALL = 0, d, r}

P42. [(IF PRIOR INTERVIEW) Since [MONTH AND YEAR OF LAST INTERVIEW]] Has anyone (ever) suggested that you get [CHILD] evaluated for a possible special condition or need?

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

} → GO TO P43

{P42=1}

P42a. **What special condition or need?**

CODE ALL THAT APPLY

- BEHAVIOR PROBLEM.....1
 - EMOTIONAL PROBLEM.....2
 - ATTENTION PROBLEM.....3
 - DEVELOPMENTAL DELAY.....4
 - PROBLEM WITH USE OF ARMS OR LEGS.....5
 - OPPOSITIONAL DEFIANT DISORDER.....6
 - SPEECH PROBLEM.....7
 - HEARING PROBLEM.....8
 - VISION PROBLEM.....9
 - OTHER (SPECIFY).....10
-
- DON'T KNOW.....d
 - REFUSED.....r

{IF FALL 2009 OR NO PRIOR INTERVIEW}

P42b. **Did [CHILD] have an Individual Family Service Plan (IFSP) in the last 12 months?**

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

P43. **Does [CHILD] currently have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?**

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO Q1

{IF P43=1}

P44. **Did you or another family member participate in developing the current IEP or IFSP for [CHILD]?**

- YES.....1

NO.....0
DON'T KNOW.....d
REFUSED.....r

{IF P43=1}

P45. Was this plan developed with (Head Start/Kindergarten) staff, or with some other person or agency?

- SCHOOL STAFF.....1
- NOT SCHOOL STAFF.....2
- DON'T KNOW.....d
- REFUSED.....r

{IF P43=1}

P46. Is [CHILD] receiving . . .

- none of the services identified in the IEP or IFSP,.....1 → GO TO Q1
 - some of the services,.....2
 - most of the services, or.....3
 - all of the services identified in the IEP or IFSP?.....4
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO Q1

{IF P46=2, 3, 4}

P47. How satisfied (are you/have you been) with those services? (Are you/Have you been) . . .

- very satisfied,.....1
- somewhat satisfied,.....2
- somewhat dissatisfied, or.....3
- very dissatisfied?.....4
- DON'T KNOW.....d
- REFUSED.....r

Q. FAMILY HEALTH

Q1. Now, let's talk about your health. Would you say your health in general is . . .

- excellent,.....1
- very good,.....2
- good,.....3
- fair, or.....4
- poor?.....5
- DON'T KNOW.....d
- REFUSED.....r

Q1a. In the past year, has there been a time when you needed to see a doctor or go to the hospital but couldn't go?

- YES.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

Q2. The next questions are about the health insurance coverage you have for yourself. What kind of health insurance care coverage do you have? Do you have coverage through any of the following?

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. A private health insurance plan from employer, workplace, or purchased directly, or purchased through a state of local government program or community program?..... | 1 | 0 | d | r |
| b. A Medicaid plan such as [STATE PROGRAM NAME FROM BOX P9b]?..... | 1 | 0 | d | r |
| c. Military health care / TRICARE / CHAMPUS / CHAMP-VA?..... | 1 | 0 | d | r |
| d. Indian Health Service?..... | 1 | 0 | d | r |
| e. Another government program such as Medicare? (SPECIFY)..... | 1 | 0 | d | r |

Q3. **Does any impairment or health problem keep you from working at a job or business?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

Q4. **Are you limited in the kind or amount of work you can do because of any impairment or health problem?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

**VERSION BOX Q1
IF FALL 2009, GO TO VERSION BOX R,
ELSE CONTINUE.**

Q5. **In the last 30 days, did you smoke tobacco such as cigarettes or cigars?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

} → GO TO Q7

{IF Q5=1}

Q6. **How many cigarettes or packs of cigarettes do you smoke on an average day?**

|__|__| NUMBER PER |__| CODE

CIGARETTES.....1
PACKS.....2

ENTER "1" IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY

DON'T KNOW.....d
REFUSED.....r

Q7. Is there anyone else in your household that smoked tobacco, like cigarettes or cigars, in the last 30 days?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO Q7a IF Q5=1
GO TO Q9 IF Q5=0, d, r

{IF Q5=1 OR Q7=1}

Q7a. Do [(IF Q5=1 AND Q7=0, d, r) you / (IF Q5=0, d, r AND Q7=1) household members / (IF Q5=1 AND Q7=1) / you or other household members] smoke anywhere inside the home?

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO Q9

{IF Q7a=1}

Q7b. [(IF Q5=1) Including yourself,] how many people currently smoke inside your home?

|_| |_| NUMBER

- DON'T KNOW.....d
- REFUSED.....r

{IF Q7b>=1}

Q7c. On the average, about how many days per week do people who live there smoke anywhere inside your home?

PROBE: Would you say it is less the one day or rarely, one day, two days, three days, or four to seven days per week?

- LESS THAN ONE DAY/RARELY.....1
- 1 DAY.....2
- 2 DAYS.....3
- 3 DAYS.....4
- 4-7 DAYS.....5
- DON'T KNOW.....d
- REFUSED.....r

Q9. The next questions are about how frequently you drink alcoholic beverages. By a “drink” we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink.

During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say . . .

- less than once a week,.....1
- 1 or 2 days per week,.....2
- 3 or 4 days per week,.....3
- 5 or 6 days per week,.....4
- every day, or.....5
- never?.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF Q9=1,2,3,4,5}

Q10. **On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks did you usually have?**

NOTE: A HELP SCREEN IS AVAILABLE WITH EQUIVALENCIES.

| | | | |
|-----------------------|-------------|----------------------------|-------------|
| HELP SCREEN: | | | |
| ALCOHOL EQUIVALENTS: | | | |
| <u>Beer:</u> | | <u>Hard Liquor:</u> | |
| 1 12 oz. or 16 bottle | = 1 drink | 1 highball | = 1 drink |
| 1 case of beer | = 24 drinks | 1 shot glass | = 1 drink |
| <u>Wine:</u> | | 1/2 pint of liquor | = 6 drinks |
| 1 4 oz. glass of wine | = 1 drink | 1 pint of liquor | = 12 drinks |
| 1 liter of wine | = 6 drinks | 1 fifth of liquor | = 20 drinks |
| 1 wine cooler | = 1 drink | 1 quart of liquor | = 24 drinks |

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

Q11. **Is there ((Q9=0)anyone/(ELSE)anyone else) in your household who drinks alcohol?**

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{IF Q11=1}

Q12. **((IF Q9=1, 2, 3, 4, 5) Other than yourself)/(ELSE)How many people currently drink alcohol at home?**

|_|_| NUMBER

DON'T KNOW.....d

REFUSED.....r

Q13. Is there anyone in your household who uses drugs?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{IF Q13=1}

Q14. Altogether, how many people in your household currently use drugs?

|_|_| NUMBER

DON'T KNOW.....d
REFUSED.....r

VERSION BOX Q15
HEAD START CASES: GO TO Q15
KINDERGARTEN CASES: GO TO VERSION BOX T

{IF Q9 = 1, 2, 3, 4, 5 OR Q11=1 OR Q13=1} {Head Start Cases}

Q15. **Now, I'd like you to think about any problems you or anyone in your household might have had in the last twelve months when using ((Q9=1,2,3,4,5 OR Q11=1) alcohol/ (Q13=1)drugs/ (Q9=1,2,3,4,5 OR Q11=1 AND Q13=1)alcohol and drugs).**

In the last twelve months {INSERT a1-c2}

| | NEVER | ONCE OR TWICE | THREE OR FOUR TIMES | FIVE OR SIX TIMES | MORE THAN SIX TIMES | NEVER OR DON'T USE | DON'T KNOW | REFUSED |
|---|-------|---------------|---------------------|-------------------|---------------------|--------------------|------------|---------|
| a. How many times have you or anyone in your household gotten into trouble with family or friends (including a husband/wife/partner) because of the use of.... | | | | | | | | |
| {IF Q9=1,2,3,4,5 OR Q11=1} | | | | | | | | |
| 1. alcohol?..... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| {IF Q13=1} | | | | | | | | |
| 2. drugs?..... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| b. How many times have you or anyone in your household gotten in trouble with the police because of the use of.... | | | | | | | | |
| {IF Q9=1,2,3,4,5 OR Q11=1}. | | | | | | | | |
| 1. alcohol?..... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| {IF Q13=1} | | | | | | | | |
| 2. drugs?..... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| c. How many times have you or anyone in your household missed work or school or had to call in sick because of the use of..... | | | | | | | | |
| {IF Q9=1,2,3,4,5 OR Q11=1}. | | | | | | | | |
| 1. alcohol?..... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |
| {IF Q13=1} | | | | | | | | |
| 2. drugs?..... | 1 | 2 | 3 | 4 | 5 | 6 | d | r |

R. HOME AND NEIGHBORHOOD CHARACTERISTICS

VERSION BOX R
HEAD START CASES ONLY: IF FALL 2009 OR FIRST INTERVIEW WITH FAMILY, CONTINUE ELSE GO TO VERSION BOX S

{Head Start Cases}

R1. **The next questions are about situations that can be difficult for families. I'm going to ask about things that may have happened to you or others in your household over the past year. Please remember, all of your answers are held in the strictest confidence. We will not tell anyone what you say, including Head Start.**

For each of the following items, please tell me how often each one happened to you during the past year.

{insert a-d} **Would you say never, once, or more than once?**

NOTE: A HELP SCREEN IS AVAILABLE WITH DEFINITIONS OF 'VIOLENT CRIME' AND 'NON-VIOLENT CRIME'.

HELP SCREEN:

Violent crime is composed of four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. According to the Uniform Crime Reporting (UCR) Program's definition, violent crimes involve force or threat of force.

Nonviolent Crime: Nonviolent crimes are defined as property, drug, and public order offenses that do not involve a threat of harm or an actual attack upon a victim.

| | NEVER | ONCE | MORE THAN ONCE | DON'T KNOW | REFUSED |
|---|-------|------|----------------|------------|---------|
| a. I saw non-violent crimes take place in my neighborhood – for example, selling drugs or stealing..... | 1 | 2 | 3 | d | r |
| b. I heard or saw violent crime take place in my neighborhood..... | 1 | 2 | 3 | d | r |
| c. I know someone who was a victim of a violent crime in my neighborhood..... | 1 | 2 | 3 | d | r |
| d. I was a victim of violent crime in my neighborhood..... | 1 | 2 | 3 | d | r |

{Head Start Cases}

R2. **Have you ever been hit, kicked, punched, or otherwise hurt by someone within the past year?**

PROBE: **Please answer just yes or no.**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{IF R2=1} {Head Start Cases}

R3. **How was this person related to you?**

CODE ALL THAT APPLY

CURRENT SPOUSE.....11
FORMER SPOUSE.....12
CURRENT PARTNER.....13
FORMER PARTNER.....14
FATHER.....15
MOTHER.....16
SISTER.....17
BROTHER.....18
GRANDMOTHER.....19
GRANDFATHER.....20
AUNT.....21
UNCLE.....22
COUSIN.....23
OTHER RELATIVE.....24
OTHER PERSON NOT RELATED
TO RESPONDENT.....25
DON'T KNOW.....d
REFUSED.....r

{Head Start Cases}

The next questions are about situations that can be difficult for families. I'm going to ask about things that may have happened to you or others in your household over the past year. Please remember, all of your answers are held in the strictest confidence. We will not tell anyone what you say, including Head Start.

R4. In the past year, has [CHILD] ever been a witness to a violent crime?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{Head Start Cases}

R5. In the past year, has [CHILD] ever been a witness to domestic violence?

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION OF DOMESTIC VIOLENCE.

HELP SCREEN:

Domestic violence is any type of physical, mental or emotional abuse that happens between people who are married, in a romantic relationship, who are former partners or who are related by family. Examples of domestic violence include being beaten up, murder, kidnapping, rape, sexual assault and robbery.

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{Head Start Cases}

R6. In the past year, has [CHILD] ever been the victim of a violent crime?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{Head Start Cases}

R7. **In the past year, has [CHILD] ever been the victim of domestic violence?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{Head Start Cases}

R8. **Since [CHILD] was born, have you, another household member, [(IF SC9 OR RESPONDENT FLAG = 12, 14-30) or has [CHILD]'s mother (IF SC9 OR RESPONDENT FLAG = 11, 13, 15-30) or has [CHILD]'s father)] been arrested or charged with any crime by the police?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{Head Start Cases}

{IF R8=1}

R9. **How was this person related to [CHILD]?**

CODE ALL THAT APPLY

| | |
|--|----|
| BIOLOGICAL MOTHER..... | 11 |
| BIOLOGICAL FATHER..... | 12 |
| ADOPTIVE MOTHER..... | 13 |
| ADOPTIVE FATHER..... | 14 |
| STEPMOTHER..... | 15 |
| STEPFATHER..... | 16 |
| GRANDMOTHER..... | 17 |
| GRANDFATHER..... | 18 |
| GREAT GRANDMOTHER..... | 19 |
| GREAT GRANDFATHER..... | 20 |
| SISTER/STEPSISTER..... | 21 |
| BROTHER/STEPBROTHER..... | 22 |
| OTHER RELATIVE OR IN-LAW (FEMALE)..... | 23 |
| OTHER RELATIVE OR IN-LAW (MALE)..... | 24 |
| FOSTER PARENT (FEMALE)..... | 25 |
| FOSTER PARENT (MALE)..... | 26 |
| OTHER NON-RELATIVE (FEMALE)..... | 27 |
| OTHER NON-RELATIVE (MALE)..... | 28 |
| PARENT'S PARTNER (FEMALE)..... | 29 |
| PARENT'S PARTNER (MALE)..... | 30 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

{Head Start Cases}

{IF R8=1}

R10. **Did anyone spend time in jail because of this?**

| | |
|-----------------|---|
| YES..... | 1 |
| NO..... | 0 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

Next, I am going to ask you about your romantic relationships.
{Head Start Cases}

R11. Do you feel safe in your current relationship?

YES.....1
NO.....0
DO NOT HAVE RELATIONSHIP.....3
DON'T KNOWd
REFUSED.....r

{Head Start Cases}

R12. Do you have a partner from a previous relationship who is making you feel unsafe now?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{R12=1} {Head Start Cases}

R13. How was this person related to you?

SPOUSE.....1
PARTNER.....2
DON'T KNOW.....d
REFUSED.....r

S. COMMUNITY SERVICES

VERSION BOX S
HEAD START CASES ONLY: IF SPRING 2010 OR NO SPRING
2010 INTERVIEW CONTINUE,
ELSE GO TO VERSION BOX T

Families with young children sometimes need help of various kinds. Now I'd like to ask you some questions about ways in which Head Start may have helped your family.

{Head Start Cases}

S1. **Did you or another family member complete a Head Start Family Needs Assessment or Family Partnership Agreement in which you were asked about your family's particular needs, interests, goals, strengths, and so on?**

YES.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

Now I'm going to ask you about specific types of services anyone in your household may have received and whether Head Start made you aware of or helped you obtain the services.

{Head Start Cases}

S2. **[(IF NO PREVIOUS INTERVIEW) In the last 12 months/(ELSE) Since (MONTH AND YEAR OF LAST INTERVIEW)] have you or anyone in your household received ... [INSERT ITEM]**

Note to programmer: S3 should be asked for any service for which respondent replies "YES" in question S2.

{IF RELEVANT PART OF S2=1}

S3. **Did Head Start make you aware of or help you obtain this service?**

| | S2. | | | | S3. | | | |
|-------------------------------|-----|----|------------|---------|-----|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED | YES | NO | DON'T KNOW | REFUSED |
| a. Help with housing? | 1 | 0 | d | r | 1 | 0 | d | r |
| b. Training for a job? | 1 | 0 | d | r | 1 | 0 | d | r |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| c. Help finding a job? | 1 | 0 | d | r | 1 | 0 | d | r |
| d. Help to go to school or college? | 1 | 0 | d | r | 1 | 0 | d | r |
| e. Classes in English as a Second Language? | 1 | 0 | d | r | 1 | 0 | d | r |
| f. Transportation to or from work or training? | 1 | 0 | d | r | 1 | 0 | d | r |
| g. Child care? | 1 | 0 | d | r | 1 | 0 | d | r |
| h. Alcohol or drug treatment or counseling? | 1 | 0 | d | r | 1 | 0 | d | r |
| i. Advice from a lawyer? | 1 | 0 | d | r | 1 | 0 | d | r |
| j. Mental health services or counseling? | 1 | 0 | d | r | 1 | 0 | d | r |
| k. Help dealing with family violence? | 1 | 0 | d | r | 1 | 0 | d | r |
| l. Help or counseling for other family problems? | 1 | 0 | d | r | 1 | 0 | d | r |
| m. Dental or Orthodontic care? | 1 | 0 | d | r | 1 | 0 | d | r |
| n. Medical care? | 1 | 0 | d | r | 1 | 0 | d | r |

T. SOCIAL SUPPORT

VERSION BOX T
IF SPRING 2010 OR NO SPRING 2010, OR KINDERGARTEN
SURVEY CONTINUE, ELSE GO TO U1

T1. Now I'm going to read some statements about other kinds of help you may get. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.

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

| | NEVER TRUE | SOMETIMES TRUE | ALWAYS TRUE | DON'T KNOW | REFUSED |
|--|------------|----------------|-------------|------------|---------|
| a. If I need to do an errand, I can easily find someone to watch [CHILD]..... | 1 | 2 | 3 | d | r |
| b. If I need a ride to get [CHILD] to the doctor, friends or family will help me..... | 1 | 2 | 3 | d | r |
| c. If [CHILD] is sick, friends or family will call or come by to check on how things are going..... | 1 | 2 | 3 | d | r |
| d. If [CHILD] is having problems at (Head Start/Kindergarten), there is a friend, relative, or neighbor I can talk it over with..... | 1 | 2 | 3 | d | r |
| e. If I have an emergency and need cash, family or friends will loan it to me..... | 1 | 2 | 3 | d | r |
| f. If I have troubles or need advice, I have someone I can talk to..... | 1 | 2 | 3 | d | r |

T2. Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family.

Please tell me how helpful each of the following have been to you in terms of raising (CHILD) over the past month. How helpful (have/has) {INSERT a – m} been? Would you say . . .

BOX T2a

IF RESPONDENT IS [CHILD]'S FATHER {IF SC9 OR RESPONDENT FLAG = 12, 14}, CODE T2a AS 4. IF RESPONDENT IS CHILD'S MOTHER {IF SC9 OR RESPONDENT FLAG = 11, 13}, CODE T2b AS 4. IF CURRENT SPOUSE OR PARTNER IS [CHILD]'S FATHER/MOTHER {IF B9 = 1 OR J15 = 1}, CODE T2c AS 4.

| | NOT VERY HELPU L | SOMEWA T HELPU L | VERY HELPU L | NOT APPLICABL E | DON' T KNO W | REFUSE D |
|---|---------------------------|------------------------|--------------------|-----------------------|-----------------------|-------------|
| a. [CHILD]'s father..... | 1 | 2 | 3 | 4 | d | r |
| b. [CHILD]'s mother..... | 1 | 2 | 3 | 4 | d | r |
| c. Your current spouse or partner..... | 1 | 2 | 3 | 4 | d | r |
| d. [CHILD]'s grandparents..... | 1 | 2 | 3 | 4 | d | r |
| e. Other relatives..... | 1 | 2 | 3 | 4 | d | r |
| f. Your friends..... | 1 | 2 | 3 | 4 | d | r |
| g. Co-workers..... | 1 | 2 | 3 | 4 | d | r |
| h. Professional help givers like counselors or social workers..... | 1 | 2 | 3 | 4 | d | r |
| i. (Head Start/Kindergarten) staff..... | 1 | 2 | 3 | 4 | d | r |
| j. Other parents you have met through (Head Start/Kindergarten)..... | 1 | 2 | 3 | 4 | d | r |
| k. Other child care providers..... | 1 | 2 | 3 | 4 | d | r |
| l. Religious or social group member..... | 1 | 2 | 3 | 4 | d | r |
| m. Were there other people who have been helpful, and how helpful were they? (SPECIFY)..... | 1 | 2 | 3 | 4 | d | r |

{!F T2m = 2 OR 3}

T2n. **Who was that?**

(SPECIFY) _____

U. YOUR FEELINGS

U1. The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers.

I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt or behaved this way during the past week. First . . .
(INSERT ITEM)

[ITEM]. Did you feel this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week?

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR UC-1 “SHAKE OFF THE BLUES.”

HELP SCREEN:
Feelings of depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. But true clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time.

| USE SHOW CARD | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL | DON'T KNOW | REFUSED |
|--|-----------------------|------------------------|----------------------------------|-------------------|---------------|---------|
| a. Bothered by things that usually don't bother you..... | 1 | 2 | 3 | 4 | d | r |
| b. You did not feel like eating, your appetite was poor..... | 1 | 2 | 3 | 4 | d | r |
| c. You could not shake off the blues, even with help from your family and friends..... | 1 | 2 | 3 | 4 | d | r |
| d. You had trouble keeping your mind on what you were doing..... | 1 | 2 | 3 | 4 | d | r |
| e. Depressed..... | 1 | 2 | 3 | 4 | d | r |
| f. That everything you did was an effort..... | 1 | 2 | 3 | 4 | d | r |
| g. Fearful..... | 1 | 2 | 3 | 4 | d | r |
| h. Your sleep was restless..... | 1 | 2 | 3 | 4 | d | r |
| i. You talked less than usual..... | 1 | 2 | 3 | 4 | d | r |
| j. Lonely..... | 1 | 2 | 3 | 4 | d | r |
| k. Sad..... | 1 | 2 | 3 | 4 | d | r |
| l. You could not get “going”..... | 1 | 2 | 3 | 4 | d | r |

VERSION BOX U1

HEAD START CASES: GO TO V1
KINDERGARTEN CASES: GO TO BOX X1A

V. GETTING READY FOR KINDERGARTEN

VERSION BOX V
HEAD START CASES ONLY: IF SPRING 2010 OR SPRING 2011 CONTINUE,
ELSE GO TO VERSION BOX W

{Head Start Cases}

V1. Where will [CHILD] attend school this coming fall? Will (he/she) be . . .

- Returning to Head Start,.....1
 - Attending Pre-Kindergarten,.....2
 - Attending Kindergarten,.....3
 - Attending another preschool,.....4
 - Not attending any school, or.....5
 - Don't know yet?.....d
 - REFUSED.....r
- GO TO W1
- GO TO W1

{Head Start Cases}

{IF V1=3}

V2. What is the name of the school [CHILD] will attend next year?

_____ SCHOOL NAME

- DON'T KNOW.....d
- REFUSED.....r

{Head Start Cases}

{IF V1=3}

V3. **What city and state is the elementary school in?**

CITY

|_|_| STATE

DON'T KNOW.....d

REFUSED.....r

{Head Start Cases}

{IF V1=3 AND V3<>d, r}

V4. **What is the street address?**

STREET

DON'T KNOW.....d

REFUSED.....r

W. HEAD START CONCLUDING QUESTIONS

VERSION BOX 2
HEAD START CASES ONLY: IF SPRING 2010 OR SPRING 2011
INTERVIEW CONTINUE, ELSE GO TO BOX X1a

Now I would like to ask you some questions about [CHILD]'s Head Start program.

{Head Start Cases}

W1. {IF C2 = 1} Based on what has happened at Head Start since [CHILD] started the Head Start program, how satisfied are you with how well Head Start is doing in each of the following areas:

| | VERY SATISFIED | SOMEWHAT SATISFIED | SOMEWHAT DISSATISFIED | VERY DISSATISFIED | DON'T KNOW | REFUSED | NEVER OFFERED |
|---|----------------|--------------------|-----------------------|-------------------|------------|---------|---------------|
| a. Helping [CHILD] to grow and develop..... | 1 | 2 | 3 | 4 | d | r | N/A |
| b. Being open to your ideas and participation in the program..... | 1 | 2 | 3 | 4 | d | r | N/A |
| c. Supporting and respecting your family's culture and background..... | 1 | 2 | 3 | 4 | d | r | N/A |
| d. Identifying and providing services for [CHILD]—for example, health screening, help with speech and language development..... | 1 | 2 | 3 | 4 | d | r | N/A |
| e. Identifying and helping to provide services that help your family—for example, public assistance, transportation, or job training..... | 1 | 2 | 3 | 4 | d | r | N/A |
| f. Maintaining a safe program—for example, secure play-grounds, clean and tidy classrooms..... | 1 | 2 | 3 | 4 | d | r | N/A |
| g. Preparing [CHILD] to enter kindergarten..... | 1 | 2 | 3 | 4 | d | r | N/A |
| h. Helping you become more involved in | 1 | 2 | 3 | 4 | d | r | N/A |

| groups that are active in your community..... | | | | | | | |
|--|---|---|---|---|---|---|-----|
| i. Supporting your relationship with [CHILD] | 1 | 2 | 3 | 4 | d | r | N/A |
| {IF D10 = 11-21} | | | | | | | |
| j. Helping [CHILD] to develop English language skills..... | 1 | 2 | 3 | 4 | d | r | N/A |
| {IF D10 = 11-21} | | | | | | | |
| k. Helping [CHILD]'s language development in [FILL LANGUAGE FROM D10]..... | 1 | 2 | 3 | 4 | d | r | N/A |

{Head Start Cases}

W2. Now I'm going to ask you about [CHILD]'s and your experience in Head Start. Please let me know which answer best describes [CHILD]'s and your Head Start experience.

| | NEVER | SOMETIMES | OFTEN | ALWAYS | DON'T KNOW | REFUSED |
|---|-------|-----------|-------|--------|------------|---------|
| a. [CHILD]((C2=1) feels/(C2=2)felt) safe and secure in Head Start..... | 1 | 2 | 3 | 4 | d | r |
| b. [CHILD] ((C2=1)gets/(C2=2)got) lots of individual attention..... | 1 | 2 | 3 | 4 | d | r |
| c. [CHILD]'s teacher ((C2=1)is/(C2=2) was) open to new information and learning..... | 1 | 2 | 3 | 4 | d | r |
| d. [CHILD] ((C2=1)has been /(C2=2)was) happy in the program..... | 1 | 2 | 3 | 4 | d | r |
| e. The teacher ((C2=1)is/(C2=2) was) warm and affectionate towards [CHILD]..... | 1 | 2 | 3 | 4 | d | r |
| f. [CHILD] ((C2=1)is/(C2=2) was) treated with respect by teachers..... | 1 | 2 | 3 | 4 | d | r |
| g. The teacher ((C2=1)takes/(C2=2) took) an interest in [CHILD]..... | 1 | 2 | 3 | 4 | d | r |
| h. [CHILD] ((C2=1)feels/(C2=2) felt) accepted by the teacher..... | 1 | 2 | 3 | 4 | d | r |
| i. The teacher ((C2=1)is/(C2=2) was) supportive of you as a parent..... | 1 | 2 | 3 | 4 | d | r |
| k. You ((C2=1)feel/(C2=2) felt) welcomed by the teacher..... | 1 | 2 | 3 | 4 | d | r |
| l. The teacher ((C2=1)handles/(C2=2) handled) discipline matters easily without being harsh.... | 1 | 2 | 3 | 4 | d | r |
| m. The teacher ((C2=1) seems/ (C2=2) seemed) happy and content..... | 1 | 2 | 3 | 4 | d | r |
| n. The assistant teacher/aide ((C2=1)is/(C2=2) was) warm and affectionate towards [CHILD]..... | 1 | 2 | 3 | 4 | d | r |

| | | | | | | |
|--|---|---|---|---|---|---|
| o. The administrators ((C2=1)are/(C2=2) were) supportive of you as a parent | 1 | 2 | 3 | 4 | d | r |
| p. Your relationship with your family services worker ((C2=1)is/(C2=2) was) supportive and helpful | 1 | 2 | 3 | 4 | d | r |

{Head Start Cases}

W3. For each statement that I read you, please tell me how well [CHILD]'s Head Start program has been doing the following things (during this school year):

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: Would you say [CHILD]'s program does this very well, just O.K., or doesn't do it at all?

| | DOES IT VERY WELL | JUST OKAY | DOESN'T DO IT AT ALL | DON'T KNOW | REFUSED |
|--|-------------------|-----------|----------------------|------------|---------|
| a. Lets you know (between parent-teacher conferences) how [CHILD] is doing in the program..... | 1 | 2 | 3 | d | r |
| b. Helps you understand what children at [CHILD]'s age are like..... | 1 | 2 | 3 | d | r |
| c. Makes you aware of chances to volunteer at the program..... | 1 | 2 | 3 | d | r |
| d. Provides workshops, materials, or advice about how to help [CHILD] learn at home..... | 1 | 2 | 3 | d | r |
| e. Provides information on community services to help [CHILD] or your family | 1 | 2 | 3 | d | R |
| f. Understands the needs of families who don't speak English..... | 1 | 2 | 3 | d | R |

{Head Start Cases}

W3. **What are the major ways you feel Head Start helped [CHILD] this year?**

PROBE: **What else?**

{Head Start Cases}

W4. **What are the major ways you think Head Start helped your family this year?**

PROBE: **Did they help your family in any other areas besides educating [CHILD]? What else?**

{Head Start Cases}

W5. **If you could change anything about Head Start that you think would help it better serve children and their families, what would it be?**

X. TRACKING INFORMATION

**BOX X1a
PROGRAMMING INSTRUCTIONS: PRELOAD ALL
INFORMATION FROM DATABASE
IF SPRING 2009, ASK ONLY X4**

{IF C2 = 2, d, r}

**Thank you for your help. Please tell me where we should send your thank-you check.
GO TO X4.**

{IF C2 = 1}

**Thank you for spending this time with me. (IF FALL 2009, SPRING 2010 OR SPRING 2011
AND IN PERSON INTERVIEW: I will give you your thank-you money in just a few
minutes.) (IF TELEPHONE INTERVIEW: We will send you your thank-you money within
the next 2 weeks.) (IF FALL 2009, SPRING 2010, OR SPRING 2011: As we talked about
earlier, we plan to interview you again in the spring and we need to know how to get in
touch with you.)**

**(IF FALL 2009, SPRING 2010, SPRING 2011 OR SPRING 2009: My next questions will be
about how to contact you or people who will know how to find you.**

**X1. First, I would like to verify your telephone number. What is your telephone
number?**

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|
AREA CODE

NO TELEPHONE.....1
DON'T KNOW.....d
REFUSED.....r

→ GO TO X2

{IF NUMBER PROVIDED AT X1}

X1a. Whose name is that number listed under?

NAME → GO TO X3a

DON'T KNOW.....d
REFUSED.....r

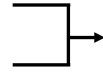
→ GO TO X4

{IF X1 = d, r}

X2. **Can you give me a number where you can be reached?**

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
AREA CODE

DON'T KNOW.....d
REFUSED.....r



GO TO X4

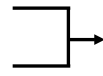
{IF NUMBER PROVIDED AT X2}

X3. **Whose telephone is that?**

NAME

→ GO TO X3a

DON'T KNOW.....d
REFUSED.....r



GO TO X4

X3a. **Do you have another phone number like a beeper number or cell phone number?**

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_| CELL PHONE
AREA CODE

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_| BEEPER
AREA CODE

NO BEEPER OR CELL PHONE.....1
DON'T KNOW.....d
REFUSED.....r

X4. **Please give me your full name and permanent address.**

Name: _____

Address: _____

DON'T KNOW.....d
REFUSED.....r

IF C2 = 2, d, r – GO TO ENDING

{J17, K17, OR L17 = 1} OR {J17, K17, OR L17 = 0 AND J18, K18, OR L18 = 1}
X5. **May we call you at your work number?**

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

{X5=1}
X6. **What is your work telephone number?**

(|_|_|_|_|)-|_|_|_|_|_|_|_|_|_|
AREA CODE

DON'T KNOW.....d
REFUSED.....r

X7a. **Please tell me the names, addresses and telephone numbers of three people who do not live with you but who will know how to contact you a year from now? This will help us contact you so we can still complete an interview with you if you move.**

What is the name of the first person who will know how we can reach you?

DON'T KNOW.....d
REFUSED.....r



GO TO SECTION Y

X7b. **How is this person related to you?**

| | |
|--|----|
| BIOLOGICAL MOTHER..... | 11 |
| BIOLOGICAL FATHER..... | 12 |
| ADOPTIVE MOTHER..... | 13 |
| ADOPTIVE FATHER..... | 14 |
| STEPMOTHER..... | 15 |
| STEPFATHER..... | 16 |
| GRANDMOTHER..... | 17 |
| GRANDFATHER..... | 18 |
| GREAT GRANDMOTHER..... | 19 |
| GREAT GRANDFATHER..... | 20 |
| SISTER/STEPSISTER..... | 21 |
| BROTHER/STEPBROTHER..... | 22 |
| OTHER RELATIVE OR IN-LAW (FEMALE)..... | 23 |
| OTHER RELATIVE OR IN-LAW (MALE)..... | 24 |
| FOSTER PARENT (FEMALE)..... | 25 |
| FOSTER PARENT (MALE)..... | 26 |
| OTHER NON-RELATIVE (FEMALE)..... | 27 |
| OTHER NON-RELATIVE (MALE)..... | 28 |
| PARENT'S PARTNER (FEMALE)..... | 29 |
| PARENT'S PARTNER (MALE)..... | 30 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

X7c. **What is that person's telephone number?**

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
AREA CODE

| | |
|-----------------|---|
| DON'T KNOW..... | d |
| REFUSED..... | r |

X7d. **Please give me their permanent address.**

ADDRESS: _____

DON'T KNOW.....d

REFUSED.....r

X8a. **What is the name of a second person?**

DON'T KNOW.....d

REFUSED.....r

X8b. How is this person related to you?

| | |
|--|----|
| BIOLOGICAL MOTHER..... | 11 |
| BIOLOGICAL FATHER..... | 12 |
| ADOPTIVE MOTHER..... | 13 |
| ADOPTIVE FATHER..... | 14 |
| STEPMOTHER..... | 15 |
| STEPFATHER..... | 16 |
| GRANDMOTHER..... | 17 |
| GRANDFATHER..... | 18 |
| GREAT GRANDMOTHER..... | 19 |
| GREAT GRANDFATHER..... | 20 |
| SISTER/STEPSISTER..... | 21 |
| BROTHER/STEPBROTHER..... | 22 |
| OTHER RELATIVE OR IN-LAW (FEMALE)..... | 23 |
| OTHER RELATIVE OR IN-LAW (MALE)..... | 24 |
| FOSTER PARENT (FEMALE)..... | 25 |
| FOSTER PARENT (MALE)..... | 26 |
| OTHER NON-RELATIVE (FEMALE)..... | 27 |
| OTHER NON-RELATIVE (MALE)..... | 28 |
| PARENT'S PARTNER (FEMALE)..... | 29 |
| PARENT'S PARTNER (MALE)..... | 30 |
| DON'T KNOW..... | d |
| REFUSED..... | r |

X7c. What is that person's telephone number?

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
 AREA CODE

| | |
|-----------------|---|
| DON'T KNOW..... | d |
| REFUSED..... | r |

X7d. **Please give me their permanent address.**

ADDRESS: _____

DON'T KNOW.....d

REFUSED.....r

X9a. **What is the name of a third person?**

DON'T KNOW.....d

REFUSED.....r

X9b. **How is this person related to you?**

BIOLOGICAL MOTHER.....11

BIOLOGICAL FATHER.....12

ADOPTIVE MOTHER.....13

ADOPTIVE FATHER.....14

STEPMOTHER.....15

STEPFATHER.....16

GRANDMOTHER.....17

GRANDFATHER.....18

GREAT GRANDMOTHER.....19

GREAT GRANDFATHER.....20

SISTER/STEPSISTER.....21

BROTHER/STEPBROTHER.....22

OTHER RELATIVE OR IN-LAW (FEMALE).....23

OTHER RELATIVE OR IN-LAW (MALE).....24

FOSTER PARENT (FEMALE).....25

FOSTER PARENT (MALE).....26

OTHER NON-RELATIVE (FEMALE).....27

OTHER NON-RELATIVE (MALE).....28

PARENT'S PARTNER (FEMALE).....29

PARENT'S PARTNER (MALE).....30

DON'T KNOW.....d

REFUSED.....r

X9c. **What is their telephone number?**

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_|_|
AREA CODE

DON'T KNOW.....d

REFUSED.....r

X9d. **Please give me their permanent address.**

ADDRESS: _____

DON'T KNOW.....d

REFUSED.....r

Y. INTERVIEWER RATINGS

Y1. Please rate the following qualities of the respondent, the interviewing situation, and the data:

The respondent (was/had) . . .

| | HIGH | | | | | | | LOW | |
|---|------|---|---|---|---|---|---|-------------------------------------|--|
| a. able to understand questions easily | 7 | 6 | 5 | 4 | 3 | 2 | 1 | hardly able to understand | |
| b. truthful | 7 | 6 | 5 | 4 | 3 | 2 | 1 | untruthful | |
| c. accurate | 7 | 6 | 5 | 4 | 3 | 2 | 1 | inaccurate | |
| d. interested in the interview | 7 | 6 | 5 | 4 | 3 | 2 | 1 | not interested in the interview | |
| e. cooperative | 7 | 6 | 5 | 4 | 3 | 2 | 1 | uncooperative | |
| f. no English language problem | 7 | 6 | 5 | 4 | 3 | 2 | 1 | spoke English with great difficulty | |
| g. interviewed without interruption | 7 | 6 | 5 | 4 | 3 | 2 | 1 | interrupted often | |
| h. your opinion about the overall quality of the data | | | | | | | | | |
| High | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Low | |

ZZ: LANGUAGE ISSUES

ZZ1. Was a translator used?

YES.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

ZZ2. Which language was used?

CODE ONLY ONE

FRENCH.....11
SPANISH.....12
CAMBODIAN (KHMER).....13
CHINESE.....14
HAITIAN CREOLE.....15
HMONG.....16
JAPANESE.....17
KOREAN.....18
VIETNAMESE.....19
ARABIC.....20
OTHER (SPECIFY).....21

ENGLISH.....25
DON'T KNOW.....d
REFUSED.....r