OMB # : 0970-0151

Expiration Date: X/XX/2017

**FACES 2014-2018**

**Experiences in Head Start**

**Head Start Core Parent Survey**

***Fall 2014 - Spring 2015***

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| Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0151 and it expires XX/XX/XXXX. The time required to complete this collection of information is estimated to average 20 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Jerry West. |

|  |
| --- |
| **SCREENER** |

Sample Info: PRELOAD FROM SMS AS INTERVIEWER NOTES

IF FALL 2014 OR NO PREVIOUS INTERVIEW BUT CONSENT HAS BEEN OBTAINED, DISPLAY INFORMATION FOR INDIVIDUAL WHO GAVE CONSENT: Respondent is [RESPONDENT NAME], [RELATIONSHIP TO CHILD], to [CHILD], consent given [DATE CONSENT FORM WAS SIGNED OR WHEN INDIVIDUAL WAS LOADED INTO SMS]

IF FALL 2014 OR NO PREVIOUS INTERVIEW AND CONSENT HAS NOT BEEN OBTAINED, DISPLAY: Respondent information is not yet available; consent has not been obtained. EXIT CASE AND DO NOT PROCEED TO SCREENER.

IF SPRING 2015 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

AUTO DIAL 01

follow cati MODULE

MANUAL DIAL 02

QUICK EXIT 03

RESPONDENT CALLING IN 04 GO TO Hello

{IF CATI AND MakeDialPhone = 1,2,4}

Hello.

**My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at Mathematica Policy Research.** [(IF CATI AND MakeDialPhone = 4) **Thank you for calling in to complete the survey**].

**May I please speak with [NAME]?**

{PROGRAMMER NOTE: IF NO PRIOR INTERVIEW, FILL WITH NAME ON CONSENT FORM; IF PRIOR INTERVIEW, FILL WITH NAME OF MOST RECENT RESPONDENT.}

[NAME] AVAILABLE 1 GO TO SampMemb

[NAME] COMES TO THE PHONE 2 GO TO SampMemb

[NAME] ASKS WHAT THE CALL IS ABOUT 3 GO TO WHATABOUT

[NAME] NOT AVAILABLE 4 GO TO SampMemb

[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 TERMINATE INTERVIEW

SampMemb. [(IF Hello=2 OR WhatAbout=2) **Hello, my name is \_\_\_\_\_\_\_.] [**(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. Is this [**(If MakeDialPhone=4) **still] a good time to talk?]**

YES, CONTINUE 1 GO TO RespondentConfirm

NOT A GOOD TIME 2 MAKE APPOINTMENT

HUNG UP DURING INTRODUCTION 3 TERMINATE INTERVIEW

SUPERVISOR REVIEW 4 TERMINATE INTERVIEW

REFUSED r GO TO EXIT TAB, THEN

 TERMINATE INTERVIEW

{IF Hello=3}

WhatAbout [(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.** [(IF MakeDialPhone≠4) **May I speak with [NAME]?]**

[NAME] AVAILABLE 1 GO TO SampMemb

[NAME] COMES TO THE PHONE 2 GO TO SampMemb

[NAME] CURRENTLY UNAVAILABLE 3 GO TO SampMemb

[NAME] MOVED 4 GO TO KnowWhere

[NAME] DOES NOT SPEAK ENGLISH 5 GO TO LANG

NEVER HEARD OF [NAME]/WRONG NUMBER/

DIFFERENT RESPONDENT 6 GO TO THANKS

[(CATI) HUNG UP DURING INTRODUCTION] 7 TERMINATE INTERVIEW

SUPERVISORY REVIEW 8 TERMINATE INTERVIEW

{IF Hello=5 OR WhatAbout=3}

KnowWhere: **Do you or anyone there know how we can reach [NAME]?**

YES 1 GO TO NewPhone

NO 0 GO TO Thanks

{IF Hello=6 OR WhatAbout=5}

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

INTERVIEWER NOTE: IF LANGUAGE IS SPANISH, INTERVIEWER SHOULD CONTACT THEIR SUPERVISOR BEFORE PROCEEDING.

SPANISH 1 GO TO THANKS

 INTERVIEWER

OTHER LANGUAGE (SPECIFY) 6 GO TO OtherLang

{IF LANG=6}

OtherLang IF POSSIBLE, RECORD LANGUAGE SPOKEN

STRING[15] GO TO THANKS

{IF Hello=5 OR WhatAbout=4 AND KnowWhere=1}

NewPhone. **May I please have (his/her) telephone number?**

YES 1 GO TO GETPHONE

NO 0 GO TO NewAddr

{IF Hello=5 OR WhatAbout=4 AND KnowWhere=1}

NewAddr. **May I please have (his/her) address?**

YES 1 GO TO GETADDRESS

NO 0 GO TO Thanks

{Hello=5,6,7 OR WhatAbout=3,4,5}

Thanks: **Thank you for your time.** TERMINATE INTERVIEW

{IF SampMemb=1}

RespondentConfirm. CONFIRM WHETHER THE PERSON WITH WHOM YOU ARE SPEAKING IS [NAME]. IF YOU ARE NOT CERTAIN, ASK “Are you [NAME]?”

YES, PERSON IS [NAME] 1 GO TO PREVIOUS INTERVIEW BOX

NO, PERSON IS NOT [NAME] 0 IF FALL 2014 OR NO PREVIOUS INTERVIEW GO TO Thanks. IF SPRING 2015 GO TO RespondentIdentify.

{IF RespondentConfirm=0}

RespondentIdentify. IDENTIFY THE PERSON WITH WHOM YOU ARE SPEAKING. IF YOU ARE NOT CERTAIN, SAY “Can you please tell me your name?”

PROGRAMMER – IF SPRING 2015 DISPLAY MOST RECENT PARENT INTERVIEW RESPONDENT, PARENTS 2 AND 3 (FROM SMS) AND “OTHER.”

PROGRAMMER – IF RespondentIdentify=4 (NOT LISTED), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: “IN CASE \_\_\_\_ [FILL CASE ID NUMBER] ACTUAL RESPONDENT DOES NOT MATCH POTENTIAL RESPONDENTS IDENTIFIED IN SMS. NEW ID MUST BE ASSIGNED” SEND THIS MESSAGE TO XXX.

[Parent1] 1 GO TO PREVIOUS INTERVIEW BOX

[Parent2] 2 GO TO PREVIOUS INTERVIEW BOX

[Parent3] 3 GO TO PREVIOUS INTERVIEW BOX

NOT LISTED 4 GO TO PREVIOUS INTERVIEW BOX

|  |
| --- |
| PREVIOUS INTERVIEW BOXIF FALL 2014 CONTINUE AT SC1IF SPRING 2015 AND NO PREVIOUS INTERVIEW WITH THIS RESPONDENT: CONTINUE AT SC1IF SPRING 2015 AND PREVIOUS INTERVIEW WITH RESPONDENT: CONTINUE AT SC0. |

{IF SPRING 2015}

SC0. **In the fall 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 SC1

{if FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT}

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

YES 1 GO TO SC1a

NO 0

GO TO SC2a

DON’T KNOW d

REFUSED r

{if FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT and sc1=1}

SC1a. Do you live in the same household as [CHILD]?

YES 1 IF FALL 2014, GO TO INT2; ELSE GO TO SC2b\_2

NO 0

GO TO SC2a

DON’T KNOW d

REFUSED r

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC0=1}

SC2. **Last fall 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 SC2x

NO 0

GO TO SC2a

DON’T KNOW d

REFUSED r

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC0=1 AND SC2=1}

SC2x. **Do you live in the same household as [CHILD]?**

YES 1 GO TO SC2b\_2

NO 0

GO TO SC2a

DON’T KNOW d

REFUSED r

{IF SC1, SC1a, SC2, OR SC2x = 0, d, r}

SC2a. **Among the people that live with [CHILD], who is most responsible for [CHILD]’s care?**

[Parent2] 2 GO TO SC2b

[Parent3] 3 GO TO SC2b

NOT LISTED 4 GO TO GetNameIntro

PROGRAMMER – IF SPRING 2015 DISPLAY Fall 2014 PI R, PARENTS 2 AND 3 (FROM SMS) AND “OTHER.”

PROGRAMMER – SC2a=4 (NOT LISTED), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: “IN CASE \_\_\_\_ [FILL CASE ID NUMBER] INDIVIDUAL IDENTIFIED AS PERSON MOST RESPONSIBLE FOR CHILD’S CARE DOES NOT MATCH POTENTIAL RESPONDENTS IDENTIFIED IN SMS. NEW ID MUST BE ASSIGNED” SEND THIS MESSAGE TO XXX.

[Parent1] 1 GO TO SC2b

[Parent2] 2 GO TO SC2b

[Parent3] 3 GO TO SC2b

NOT LISTED 4 GO TO GetNameIntro

{IF OTHER}

GetNameIntro. “[(IF SC1a OR SC2x=0, d, r) **Among the people that live with [CHILD],] Please tell me the name of the person most responsible for [CHILD]’s care.”**

ENTER 1 TO CONTINUE 1 GO TO GETNAME (LABEL = Most responsible person)

DON’T KNOW d

EXIT INTERVIEW

REFUSE r

{PROGRAMMER NOTE: SC2b SHOULD NOT BE ASKED IF THE PERSON STATES HE/SHE DOES NOT LIVE WITH THE CHILD (I.E., IF SC1a OR SC2x ARE ASKED AND=0). IF SC1a OR SC2x ARE ASKED AND=0, THEN GO STRAIGHT TO SC2c}

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

SC2b. **Is [PERSON IDENTIFIED IN SC2a OR GETNAME] there and can I speak to (him/her)?**

[NAME] COMES TO PHONE 1 GO TO SC2b\_2

NEED TO CALL BACK 2 GO TO CallBack

[NAME] DOES NOT LIVE HERE 3 GO TO SC2c

DON’T KNOW d

EXIT INTERVIEW

REFUSED r

SC2c. **Can I have (his/her) address and telephone number?**

ENTER 1 TO CONTINUE 1 GO TO GETADDRESS (LABEL = Most responsible address)

DON’T KNOW d

EXIT INTERVIEW

REFUSE r

GETADDRESS GO TO GETPHONE (LABEL = Most responsible phone)

GETPHONE EXIT INTERVIEW

PRELOAD WHETHER CHILD IS A HEAD START CASE FROM SMS. IF SMS DESIGNATION FOR CHILD IS ‘UNKNOWN’, THEN GO TO SC2c\_2/SC2c.

SC2b\_2. **According to our records [CHILD] is still attending Head Start. Is that correct?**

YES 1 GO TO INT2

NO 0

DON’T KNOW d

REFUSED r

{SC2b\_2=0,d,r} {SMS DESIGNATION FOR CHILD=UNKNOWN}

SC2c\_2. **What grade or year of school is (CHILD) attending?**

HEAD START 1 GO TO INT2

KINDERGARTEN 2 GO TO SC2c\_2Exit TO TERMINATE INTERVIEW

TRANSITIONAL KINDERGARTEN

(BEFORE K) 3 SC2c\_2Exit TO TERMINATE INTERVIEW

PREFIRST GRADE (AFTER K) 4 SC2c\_2Exit TO TERMINATE INTERVIEW

FIRST GRADE 5 SC2c\_2Exit TO TERMINATE INTERVIEW

UNGRADED OR HOME SCHOOLED 6 GO TO SC2c\_2new

SPECIAL EDUCATION 7 SC2c\_2Exit TO TERMINATE INTERVIEW

NURSERY/PRESCHOOL 8 SC2c\_2Exit TO TERMINATE INTERVIEW

PREKINDERGARTEN 9 SC2c\_2Exit TO TERMINATE INTERVIEW

SOMETHING ELSE (SPECIFY) 10

NOT ENROLLED IN SCHOOL 11

TERMINATE INTERVIEW (Go TO sc2c\_2Exit)

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.

{IF SC2c\_2=10}

SC2c\_2Specify “**Please tell me what grade your child is in”**

STRING [50]

{IF SC2c\_2=6}

SC2c\_2new. **What grade would (CHILD) be in if (he/she) were attending a school with regular grades?**

HEAD START 1 GO TO INT2

KINDERGARTEN 2 GO TO SC2c\_2Exit TO TERMINATE INTERVIEW

TRANSITIONAL KINDERGARTEN

(BEFORE K) 3 SC2c\_2Exit TO TERMINATE INTERVIEW

PREFIRST GRADE (AFTER K) 4 SC2c\_2Exit TO TERMINATE INTERVIEW

FIRST GRADE 5 SC2c\_2Exit TO TERMINATE INTERVIEW

UNGRADED OR HOME SCHOOLED 6 SC2c\_2Exit TO TERMINATE INTERVIEW

SPECIAL EDUCATION 7 SC2c\_2Exit TO TERMINATE INTERVIEW

NURSERY/PRESCHOOL 8 SC2c\_2Exit TO TERMINATE INTERVIEW

PREKINDERGARTEN 9 SC2c\_2Exit TO TERMINATE INTERVIEW

DON’T KNOW d

TERMINATE INTERVIEW

REFUSED r

PROGRAMMER: IF SC2c\_2/SC2c\_2new=2,3,4,5,6, 7, 8,9,d,r IF SPRING 2015), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: “IN CASE \_\_\_\_ [FILL CASE ID NUMBER] CHILD IS NOT ATTENDING HEAD START.” SEND THIS MESSAGE TO XXX.

{IF (SPRING 2015 AND SC2c\_2=2,3,4,5,6, 7, 8,9,d,r)/SC2c\_2new=2,3,4,5,6, 7, 8,9,d,r)}}

SC2c\_2Exit. **This spring we are only looking at children attending Head Start. I do not have any more questions for you now, but thank you for your time.**

INT2. **[**(IF SC2b=1) **Hello, my name is \_\_\_\_\_\_\_. We would like to interview you about [CHILD]’s experiences in Head Start and other things related to (his/her) Head Start experience.] 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 2015 AND NO PREVIOUS INTERVIEW) **[(**IF SPRING 2015 and no previous interview) **When we spoke to parents from [CHILD]’s Head Start program last fall we were unable to interview you.]**

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 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 will be kept private to the extent permitted by law. Neither your name nor [CHILD]’s name will be attached to any of the information you give us. 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 Program will see or hear your answers. We will only report the results for groups. We will never report details that identify you, your child, or your child’s Head Start program.**

**Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child’s participation in the Head Start Program. The things you tell me are very important, so please answer as best as you can. Occasionally, I may have to ask a question that does not apply to you or may seem sensitive in nature. You may choose not to answer these questions. If that happens, just tell me and I will move on to the next question.**

|  |
| --- |
| **FACES 2014 OMB SCREEN**To be added as a help screen where INT2 text appears.Screen note should be HELP: CTRL-F1 FOR OMB NUMBER**An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0970-0151 and it expires xx/xx/2017.** |

 **Do you have any questions before we begin?**

|  |
| --- |
| **IF FALL 2014: GO TO MODE-1****IF SPRING 2015: GO TO C2** |

|  |
| --- |
| **VER – 1****VERIFY STATUS** |

{VERIFY STATUS MODULE}

C2. **Is [CHILD] still enrolled in [PROGRAM/CENTER NAME] in [CITY AND STATE] 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

GO TO C9B

DON’T KNOW d

REFUSED r

{IF C2 = 2, d, r}

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

 | | | / | | | / | | | | |

 MONTH DAY YEAR

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX C17TERMINATE THE INTERVIEW (GO TO C17\_exit) IF C2=2,d,r |

**C17\_exit. This spring we are only looking at children attending the Head Start program [CHILD] attended as of [MONTH AND YEAR OF LAST INTERVIEW]. I do not have any more questions for you now, but thank you for your time.**

{IF CATI}

MODE-1. **After completing the interview by telephone you will receive a gift card to thank you for your help. This interview will take about 20 minutes.**

CONTINUE 1 GO TO SC3

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

|  |
| --- |
| BOX SC3aFOR FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, GO TO SC3a.FOR SPRING 2015 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 OR FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT}

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

GO TO SC7

DON’T KNOW d

REFUSED r

{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 2014 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 SC7aPRELOAD 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 SC11 ONLY IF FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, OTHERWISE GO TO VERSION BOX A}

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

NOTE: READ NAME TO RESPONDENT AND VERIFY SPELLING

FIRST NAME: [FILL]

MIDDLE NAME/INITIAL: [FILL]

LAST NAME: [FILL]

|  |
| --- |
| BOX SC8aPRELOAD CHILD’S FIRST NAME, MIDDLE NAME/INITIAL,LAST NAME FROM DATABASE |

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

{PROGRAMMER NOTE: HIDE SC9a and SC9b IF ANSWERED IN ANY PREVIOUS INTERVIEW}

{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?

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

REFUSED r

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

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

YES 1 GO TO VERSION BOX A

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

|  |
| --- |
| **A. ABOUT YOUR CHILD** |

|  |
| --- |
| VERSION BOX AASK A1-A9 THE FIRST TIME THE FAMILY IS INTERVIEWED (FALL 2014 OR NO PREVIOUS INTERVIEW). IF PREVIOUS INTERVIEW, CHECK MISSING FLAGS:IF GENDER IS MISSING, ASK A1, THEN GO TO B1.IF BIRTH DATE IS MISSING OR CONFLICTS, ASK A2, THEN GO TO B1.IF GENDER IS MISSING AND BIRTH DATE IS MISSING OR CONFLICTS, ASK A1 AND A2, THEN GO TO B1. |

{FALL 2014 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 2014 OR NO PREVIOUS INTERVIEW OR BIRTHDAY = MISSING}

A2. **What is [CHILD]’s birth date?**

 | | | / | | | / | | | | |

 MONTH DAY YEAR

DON’T KNOW d

REFUSED r

{FALL 2014 OR NO PREVIOUS INTERVIEW, CONTINUE, ELSE GO TO B1}

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

YES 1

NO 0

GO TO A5

DON’T KNOW d

REFUSED r

{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

OTHER ASIAN (FOR EXAMPLE, HMONG,

LAOTIAN, THAI, PAKISTANI, CAMBODIAN,

AND SO ON) 20

NATIVE HAWAIIAN 21

GUAMANIAN OR CHAMORRO 22

SAMOAN 23

OTHER PACIFIC ISLANDER (SPECIFY –

FOR EXAMPLE, FIJIAN, TONGAN,

AND SO ON) 24

ANOTHER RACE (SPECIFY) 25

DON’T KNOW d

REFUSED r

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

USA 059 GO TO A8

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

ANOTHER COUNTRY (SPECIFY) 600

DON’T KNOW d

REFUSED r

{IF A6 = 303, 313, 327, 329, 210, 207, 233, 215, 217, 247, 066, 527, 600, d, r}

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

| | | NUMBER

DON’T KNOW d

REFUSED r

{IF Fall 2014}

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

GO TO SECTION B

DON’T KNOW d

REFUSED r

{IF Fall 2014 and IF A8 = 1}

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

| | | YEARS | | | MONTHS

DON’T KNOW d

REFUSED r

|  |
| --- |
| **B. ABOUT HOUSEHOLD** |

{PROGRAMMER NOTE: THE FOLLOWING POINTS PROVIDE AN OVERVIEW OF HOW THE HOUSEHOLD GRID GENERALLY OPERATES:

1. THE GRID now OPERATES identically FOR FIRST AND LATER ADMINISTRATIONS.

2. THE FIRST ROW IS ALWAYS FOR THE FOCUS CHILD. THE DATA ARE IMPUTED FROM THE SCREENER.

3. AT BOTH ADMINISTRATIONS, INTERVIEWERS WILL ASK FOR AND ENTER INFORMATION ABOUT ALL HOUSEHOLD MEMBERS OTHER THAN A FEW PIECES OF PRELOADED INFORMATION ABOUT THE CHILD AND RESPONDENT.

INTERVIEWER NOTE:

NOTE: BE SURE THAT THE RESPONDENT IS INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS.

NOTE: CONFIRM LIST OF HOUSEHOLD MEMBERS AND THEIR RELATIONSHIPS TO [CHILD] WITH RESPONDENT.

NOTE: IF ANY CHANGE IS NEEDED TO THE HOUSEHOLD MEMBERS OR THEIR RELATIONSHIPS TO [CHILD], PRESS 0 TO ENTER THE HH ROSTER.

NOTE: CORRECT RELATIONSHIP CODES OR ADD OR DELETE HH MEMBERS ON THE NEXT SCREENS.

{HOUSEHOLD GRID BEGINS HERE}

{PROGRAMMER NOTE: B3, B4, B5, AND MoreHH ARE COLUMNS IN THE HOUSEHOLD GRID.}

NO B1, B2 THIS VERSION

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B3 IS “FIRST NAME”}

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: **Please tell me who else lives here.**

note: record all names.

note: if you would like to remove this person from the table type “xxx” in this field.

{SOFT EDIT: IF NAME MATCHES RESPONDENT, CONFIRM WHO IS BEING DISCUSSED.}

[SOFT B3] NAME REPORTED MATCHES RESPONDENT’S NAME

**Just to clarify, are we talking about you, or someone else?**

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B4 IS “AGE”}

B4. **How old is [NAME FROM B3]?**

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

|  |
| --- |
| **BOX B4a****IF B4 = CHILD, FILL CHILD’S NAME FROM SC8 (PRELOADED), CALCULATE AND FILL AGE FROM A2 IF FIRST TIME CHILD IS RECORDED IN HH GRID OR SHOW (PRELOADED);****IF B4 = RESPONDENT, CALCULATE AND FILL AGE FROM SC7 IF FIRST TIME RESPONDENT IS RECORDED IN HH GRID OR SHOW (PRELOADED) IF RESPONDENT ALREADY IN GRID, FILL RELATIONSHIP FROM SC9** |

B4a**.** **Do you have a spouse or partner who lives in this household?**

YES 1

NO 0

Go to b5

DON’T KNOW d

REFUSED r

{IF B4a = 1}

B4b. **Who in the household is your spouse or partner?**

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

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

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B5 IS “RELATIONSHIP”}

{IF B4> or = 18}

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

|  |
| --- |
| BOX B5aRELATIONSHIP CODES: |
| 01=BIO/ADOPTIVE MOTHER02=BIO/ADOPTIVE FATHER03=STEPMOTHER04=STEPFATHER05=GRANDMOTHER06=GRANDFATHER07=GREAT GRANDMOTHER08=GREAT GRANDFATHER09=SISTER/STEPSISTER10=BROTHER/STEPBROTHER | 11=OTHER RELATIVE OR IN‑LAW (FEMALE)12=OTHER RELATIVE OR IN‑LAW (MALE)13=FOSTER PARENT (FEMALE)14=FOSTER PARENT (MALE)15=OTHER NON-RELATIVE (FEMALE)16=OTHER NON-RELATIVE (MALE)17=PARENT’S PARTNER (FEMALE)18=PARENT’S PARTNER (MALE)d=DON’T KNOW/DIDN’T RESPONDr=REFUSED |

{IF B5 = 1}

B5a1. **{Are you/Is {NAME}} {CHILD}’s ...**

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR BIOLOGICAL OR BIRTH MOTHER AND ADOPTIVE MOTHER.

|  |
| --- |
| HELP SCREEN:**Biological or Birth Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child.** **Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.** |

NOTE: IF THE RESPONDENT STATES SOMETHING OTHER THAN BIOLOGICAL, BIRTH, OR ADOPTIVE MOTHER GO BACK TO B5 AND UPDATE RELATIONSHIP.

**Biological or birth mother or** 1

**Adoptive mother?** 2

DON’T KNOW d

REFUSED r

{IF B5 = 2}

B5a2**. {Are you/Is {NAME}} {CHILD}’s ...**

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR BIOLOGICAL OR BIRTH FATHER AND ADOPTIVE FATHER.

|  |
| --- |
| HELP SCREEN:**Biological or Birth Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.****Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child.**  |

NOTE: IF THE RESPONDENT STATES SOMETHING OTHER THAN BIOLOGICAL, BIRTH, OR ADOPTIVE FATHER GO BACK TO B5 AND UPDATE RELATIONSHIP

**Biological or birth father or** 1

**Adoptive father?** 2

DON’T KNOW d

REFUSED r

{IF B5 = 15 or 16}

B5a3. CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE.

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR GIRLFRIEND OR FEMALE PARTNER OF CHILD’S PARENT/GUARDIAN, BOYFRIEND OR MALE PARTNER OF CHILD’S PARENT/GUARDIAN, FEMALE GUARDIAN, MALE GUARDIAN, DAUGHTER/SON of CHILD’S PARENT’S PARTNER, OTHER RELATIVE, AND OTHER NON-RELATIVE.

|  |
| --- |
| HELP SCREEN:**Girlfriend or Female Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.** **Boyfriend or Male Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.****Female Guardian: The female legally placed in charge of the affairs of the child.** **Male Guardian: The male legally placed in charge of the affairs of the child.** **Daughter/son of CHILD's Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.** **Other Relative of CHILD's Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or guardians.** **Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.**  |

GIRLFRIEND OR FEMALE PARTNER OF {CHILD’S} PARENT/GUARDIAN 1

BOYFRIEND OR MALE PARTNER OF {CHILD’S} PARENT/ 2

FEMALE GUARDIAN 3

MALE GUARDIAN 4

DAUGHTER/SON OF {CHILD}'S PARENT'S PARTNER 5

OTHER RELATIVE OF {CHILD}'S PARENT'S PARTNER 6

DON’T KNOW d

REFUSED r

{PROGRAMMER NOTE: THE FOLLOWING SOFT EDIT INDICATES THAT IF THE REPORTED AGE FOR ANY BIO/ADOPTIVE MOTHER OR FATHER, STEPMOTHER, OR STEPFATHER IS LESS THAN 18, WE SHOULD CONFIRM THE AGE}

{IF B5`X’=1, 2, 3, 4 AND B4`X’<18 FOR ALL X=1-15}

|  |
| --- |
| [SOFT B5a-k] AGE REPORTED FOR A BIOLOGICAL OR ADOPTIVE PARENT OR STEPPARENT MAY BE TOO LOW**I may have mistyped something. I have entered [B4`X’] as [(**IF SC9=11,13 AND B5A-K=1 OR SC9=12, 14 AND B5A-K=2 OR SC9=15 AND B5A-K=3 OR IF SC9=16 AND B5A-K=4) **your**/ (IF SC9≠11,13 AND B5`X’=1) **[CHILD]’S mother’s age** / (IF SC9≠12, 14 AND B5`X’=2) **[CHILD]’S father’s age /** (IF SC9≠15 AND B5`X’=3) **[CHILD]’s stepmother’s age** / (IF SC9≠16 AND B5`X’=4) **[CHILD]’s stepfather’s age].****Is that correct?** |

{PROGRAMMER NOTE: THE FOLLOWING SOFT EDIT INDICATES THAT THERE CAN BE NO MORE THAN TWO PARENTS (BIO/ADOPTIVE, STEP) REGARDLESS OF GENDER IN ANY HOUSEHOLD. PLEASE LOAD NAMES AND RELATIONSHIPS FOR ALL B5a-k=1,2,3,4 TO SHOW TO RESPONDENT}

{IF MORE THAN 2 OF B5a-k=1, 2, 3, OR 4}

|  |
| --- |
| [SOFT B5a-k] CERTAIN RELATIONSHIP CODES MAY BE INCORRECT**I may have mistyped something. I have entered that [CHILD] has more than two parents living in the household.**NOTE: READ RESPONDENT LIST OF HOUSEHOLD MEMBERS THAT HAVE BEEN IDENTIFIED AS BIOLOGICAL OR ADOPTIVE PARENTS OR STEPPARENTS.**Are all of these people a biological, adoptive, or stepparent to [CHILD]?**NOTE: IF RESPONDENT INDICATES THAT ANY OF THESE PEOPLE ARE NOT A BIOLOGICAL, ADOPTIVE, OR STEPPARENT TO THE CHILD, CORRECT RELATIONSHIP CODES. ELSE CONTINUE. |

{PROGRAMMER NOTE: THE FOLLOWING SOFT EDIT CONFIRMS RELATIONSHIP CODES IF A RESPONDENT REPORTS MORE THAN ONE MOTHER (BIO/ADOPTIVE, STEP) OR MORE THAN ONE FATHER (BIO/ADOPTIVE, STEP) IN ANY HOUSEHOLD. PLEASE LOAD NAMES AND RELATIONSHIPS FOR ALL B5a-k=1,2,3,4 TO SHOW TO RESPONDENT}

{IF MORE THAN 1 OF B5a-k=1,3 OR MORE THAN 1 OF B5a-k=2,4}

|  |
| --- |
| [SOFT B5a-k] CERTAIN RELATIONSHIP CODES MAY BE INCORRECT**I may have mistyped something. I have entered that [CHILD] has** [(IF MORE THAN 1 OF B5a-k=1,3) **more than one mother/** (MORE THAN 1 OF B5a-k=2,4) **more than one father**] **living in the household.**NOTE: READ RESPONDENT LIST OF HOUSEHOLD MEMBERS THAT HAVE BEEN IDENTIFIED AS BIOLOGICAL, ADOPTIVE, OR STEPMOTHERS OR BIOLOGICAL, ADOPTIVE, OR STEPFATHERS.**Are all of these people [**(IF MORE THAN 1 OF B5a-k=1,3) **mothers/**(MORE THAN 1 OF B5a‑k=2,4) **fathers] to [CHILD]?**NOTE: IF RESPONDENT INDICATES THAT ANY OF THESE PEOPLE ARE NOT A BIOLOGICAL, ADOPTIVE, OR STEPPARENT TO THE CHILD, CORRECT RELATIONSHIP CODES. ELSE CONTINUE. |

|  |
| --- |
| BOX B8ONLY ASK RELATIONSHIP (B5) IF B4 IS 18 OR OLDER. DO NOT ASK RESPONDENT TO SPECIFY RELATIONSHIPS FOR CHILDREN UNDER 18. |

|  |  |  |  |
| --- | --- | --- | --- |
| B3.FIRST NAME | B4.AGE |  | B5.RELATIONSHIP |
| B4b. PARTNER/SPOUSE STATUS |
| a.  | | | | | | | | | | | |
| b.  | | | | | | | | | | | |
| c.  | | | | | | | | | | | |
| d.  | | | | | | | | | | | |
| e.  | | | | | | | | | | | |
| f.  | | | | | | | | | | | |
| g.  | | | | | | | | | | | |
| h.  | | | | | | | | | | | |
| i.  | | | | | | | | | | | |
| j.  | | | | | | | | | | | |
| k.  | | | | | | | | | | | |

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR MoreHH IS “MORE HH”.}

MoreHH. **Is there anyone else in your household?**

YES 1 GO TO B3

NO 0

DON’T KNOW d

REFUSED r

NOTE: IF THE RESPONDENT REPORTS THERE IS SOMEONE ELSE IN THE HOUSEHOLD (MoreHH=YES/1), OPEN ITEM B3 AT THE NEXT AVAILABLE ROW TO RECORD INFORMATION ABOUT HOUSEHOLD MEMBER.

{PROGRAMMER NOTE: NEED TO COMPARE NAMES IN B3a-k TO PRELOADED NAME IF SC3=1, TO NAME REPORTED IN SC3a IF SC3=2, AND IN BOTH CASES TO ANY ALTERNATIVE NAME REPORTED IN SC6. NameCheck SHOULD BE ASKED IF B3a-k IS NOT EQUAL TO ANY OF THESE RESPONSES.}

NameCheck. **None of the names you just told me about match the spelling of the name you gave me for yourself at the start of our interview. Can you confirm that one of the people in this list is you?**

{PROGRAMMER NOTE: LOAD NAMES OF ALL ADULTS IN THE HOUSEHOLD}

YES 1 GO TO B9

NO 0 GO TO B3 AND ENTER RESPONDENT’S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO B9

DON’T KNOW d

REFUSED r

NO B6 TO B8 THIS VERSION

{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 B5a-k CONTAINS 01, 02, 03, 04}

{IF FALL 2014 OR NO PREVIOUS INTERVIEW}

B9. **Are you and [INSERT (FATHER/MOTHER/YOUR SIGNIFICANT OTHER) NAME] . . .**

 CODE ONE ONLY

**married,** 1

Go to D1

**in a registered domestic partnership or civil union,** 5

**divorced,** 2

**separated, or** 3

**not married?** 4

DON’T KNOW d

REFUSED r

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03, 04}

{IF B9 = 2, 3, 4, d, r}

{IF FALL 2014 OR NO PREVIOUS INTERVIEW}

B10. **Which of the following statements best describes your current relationship with [INSERT (FATHER/MOTHER/YOUR SIGNIFICANT OTHER) 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

NO SECTION C THIS VERSION

|  |
| --- |
| **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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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?**  | 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 with (him/her)?**  | 1 | 0 | d | r |
| l. **played a board game or a card game with (him/her)?**  | 1 | 0 | d | r |
| m. **played with blocks with (him/her)?**  | 1 | 0 | d | r |
| n. **counted different things with (him/her)?**  | 1 | 0 | d | r |

NO D4 THIS VERSION

|  |
| --- |
| VERSION BOX D1IF FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT CONTINUE, ELSE GO TO SECTION H |

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

NO D6 THIS VERSION

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

YES 1

NO 0

GO TO SECTION H

DON’T KNOW d

REFUSED r

{IF D7 = 1}

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

AFRICAN LANGUAGE (E.G., SOMALI, SWAHILI,

HAUSA, YORUBA, LAAL, SHABO, AFRIKAANS,

AWING, BARGU, TUMBUKU, TESO, AND

DAHALO) 30

NATIVE AMERICAN OR ALASKAN

LANGUAGE 31

A FILIPINO LANGUAGE 32

OTHER (SPECIFY) 21

DON’T KNOW d

REFUSED r

NO D9 THIS VERSION

{IF D7 = 1}

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

AFRICAN LANGUAGE (E.G., SOMALI, SWAHILI,

HAUSA, YORUBA, LAAL, SHABO, AFRIKAANS,

AWING, BARGU, TUMBUKU, TESO, AND

DAHALO) 30

NATIVE AMERICAN OR ALASKAN

LANGUAGE 31

A FILIPINO LANGUAGE 32

OTHER (SPECIFY) 21

ENGLISH 25 GO TO VERSION BOX H

DON’T KNOW d

REFUSED r

NO D11-D13 THIS VERSION

{IF FALL 2014 OR NO PREVIOUS INTERVIEW} {IF D7 = 1 AND D10 = 11-21, 30, 31}

D14. **If you read to [CHILD], what language do you usually use?**

 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

NO SECTIONS E, F, G THIS VERSION

|  |
| --- |
| **H. HOUSEHOLD ROUTINES** |

**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

NO H2 TO H7 THIS VERSION

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

|  |
| --- |
| **I. PARENT INVOLVEMENT WITH HEAD START** |

|  |
| --- |
| VERSION BOX I1IF SPRING 2015 CONTINUE,ELSE GO TO VERSION BOX J |

I1. **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 . . .**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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?**  | 1 | 2 | 3 | 4 | 5 | d | r |
| 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}

I1p. **What other activities?**

(SPECIFY)

I2. **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}

I2o. **What kept you from participating in Head Start activities?**

 (SPECIFY)

|  |
| --- |
| **J. ABOUT CHILD’S MOTHER** |

|  |
| --- |
| VERSION BOX J2IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 11 OR 13) AND FALL 2014, ORNO PREVIOUS INTERVIEW, GO TO BOX J9, ELSE GO TO BOX J16aIF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 12, 14…30) AND FALL 2014, ORNO PREVIOUS INTERVIEW, GO TO J8, ELSE GO TO BOX J16aFALL 2014 OR NO PREVIOUS INTERVIEW: IF [CHILD]’s MOTHER NOT IN HOUSEHOLD AND {B5a\_k =2\_18,d,r}, ASK J1SPRING 2015: IF MOTHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD IN DIFFERENT HOUSEHOLD, ASK J1IF BIOLOGICAL OR ADOPTIVE MOTHER IS NOT IN HOUSEHOLD, AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO VERSION BOX J3 |

|  |
| --- |
| IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX J14a. |

{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

MOTHER AND [CHILD] CURRENTLY LIVE

TOGETHER 26 GO TO B3 AND ENTER RESPONDENT’S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO VERSION BOX J2

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J2aIF J1 = 11, GO TO J8ASK J2 ONLY IF MOTHER WAS NOT IN HH IN PREVIOUS ROUND AND MOTHER NOT IN HH THIS ROUND, ELSE GO TO VERSION BOX J3 |

{IF B5a-k = 2-18, d, r AND J1 = 12-25, 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

|  |
| --- |
| VERSION BOX J3IF FIRST INTERVIEW, GO TO J8IF ANY PREVIOUS INTERVIEW AND J1 ≠ 11, SKIP TO J15,ELSE GO TO BOX J16a |

NO J3 TO J7 THIS VERSION

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

J8. [(IF J1 = 11) **I am sorry to hear about [CHILD]’s mother passing.] Now I would like to ask you a few questions about [**(IF J1 =11) **her** / (IF J1 ≠11) **[CHILD]’s mother].**

 **What (is/was) her birth date?**

 | | | / | | | / | | | | |

 MONTH DAY YEAR

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J9IF THE RESPONDENT IS [CHILD]’s BIRTH MOTHER {SC9 = 11}, FILL “you.”IF SOMEONE ELSE {SC9 = 12-30, d, r}, FILL ‘[CHILD]’s mother.” |

NO J9 IN THIS VERSION

{FALL 2014 OR NO PREVIOUS INTERVIEW}

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

YES 1

NO 0

GO TO J12

DON’T KNOW d

REFUSED r

{FALL 2014 OR NO PREVIOUS INTERVIEW}

{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

{FALL 2014 OR NO PREVIOUS INTERVIEW}

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

OTHER ASIAN (FOR EXAMPLE, HMONG,

LAOTIAN, THAI, PAKISTANI, CAMBODIAN,

AND SO ON) 20

NATIVE HAWAIIAN 21

GUAMANIAN OR CHAMORRO 22

SAMOAN 23

OTHER PACIFIC ISLANDER (SPECIFY – FOR

EXAMPLE, FIJIAN, TONGAN, AND SO ON) 24

ANOTHER RACE (SPECIFY) 25

DON’T KNOW d

REFUSED r

{FALL 2014 OR NO PREVIOUS INTERVIEW}

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

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J13aIF 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 = 12‑25, d, r}, CONTINUE.IF SOMEONE ELSE AND BIRTH MOTHER IS DECEASED {J1 = 11}, GO TO VERSION BOX K |

{FALL 2014 OR NO PREVIOUS INTERVIEW}

{J1 = 12-25, d, r AND J13 = 066-600, d, r}

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

 | | | NUMBER

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX J14aIF 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 B5a-k CONTAINS 01, 02, 03,04}

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

{IF FALL 2014 OR NO PREVIOUS INTERVIEW}

J15. **The next questions are about [CHILD]’s parents or guardians.**

 **Are they . . .**

**married,** 1

Go to j16a

**in a registered domestic partnership or civil union,** 5

**divorced,** 2

**separated, or** 3

**not married?** 4

DON’T KNOW d

REFUSED r

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03, 04}

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

{IF FALL 2014 OR NO PREVIOUS INTERVIEW}

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 J16aIF 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 K1 |

{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

GO TO VERSION BOX J1

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

|  |
| --- |
| VERSION BOX J1IF FIRST TIME FAMILY IS INTERVIEWED, ASK J24.ELSE GO TO SECTION K. |

NO J22-J23 THIS VERSION

{IF B5a-k = 1}

J24. **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

|  |
| --- |
| **K. ABOUT CHILD’S FATHER** |

|  |
| --- |
| VERSION BOX K1IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE FATHER (SC9 = 12 OR 14) AND FALL 2014 OR NO PREVIOUS INTERVIEW,GO TO BOX K9, ELSE GO TO BOX K16aIF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE FATHER(SC9 = 11, 13, 15…30)) AND FALL 2014 OR NO PREVIOUS INTERVIEW, GO TO K8, ELSE GO TO BOX K16AFALL 2014 OR NO PREVIOUS INTERVIEW: IF [CHILD]’s BIRTH OR ADOPTIVE FATHER NOT IN HOUSEHOLD {B5A-K = 1,3-18,d,r}, ASK K1.SPRING 2015: IF FATHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD LEFT HOUSEHOLD, ASK K1SPRING 2015: IF BIOLOGICAL OR ADOPTIVE FATHER NOT INHOUSEHOLD AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW,GO TO VERSION BOX K2SPRING 2015: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS IN HOUSEHOLD AT PREVIOUS INTERVIEWGO TO K1IF ANY PREVIOUS INTERVIEW AND ‘NEEDFATHERDOB=1’,GO TO K8IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVEARE 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

DIVORCED/SEPARATED 22

FATHER LEFT/DID NOT WANT CHILD 23

FATHER AND [CHILD] CURRENTLY LIVE

TOGETHER 26 GO TO B3 AND ENTER RESPONDENT’S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO VERSION BOX K1

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX K2aIF FIRST INTERVIEW, GO TO K8IF ‘NEEDFATHERDOB’=1, GO TO K8ASK K2 THROUGH K7C IF FATHER NOT IN HH(FALL 2014 AND SPRING 2015), ELSEGO TO VERSION BOX K2 |

{IF B5a-k = 1, 3-18, d, r AND K1 = 12-25, 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

NO K3 TO K7 THIS VERSION

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}

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

YES 1

NO 0

DON’T KNOW d

REFUSED r

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, 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 B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, 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 K2IF ANY PREVIOUS INTERVIEW AND ‘NEEDFATHERDOB=1’, GO TO K8IF ANY PREVIOUS INTERVIEW, SKIP TO BOX K16a,ELSE CONTINUE |

K8. [(IF K1=11) **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 AND K1 ≠11) **Now I’m going to ask you some questions about [CHILD]’s father].**

 **What (is/(IF ‘FatherDeceased’=1) was) his birth date?**

 | | | / | | | / | | | | |

MONTH DAY YEAR

DON’T KNOW d

REFUSED r

NO K9 TO K12 THIS VERSION

|  |
| --- |
| BOX K9IF PREVIOUS INTERVIEW, GO TO BOX K16aIF 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”. |

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

DON’T KNOW d

REFUSED r

|  |
| --- |
| BOX K13aIF 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 = 12-25, d, r} CONTINUE.IF SOMEONE ELSE AND BIRTH FATHER IS DECEASED,{K1 = 11}, GO TO SECTION L. |

{K1 = 12-25, 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

|  |
| --- |
| BOX K16aIF THE RESPONDENT IS [CHILD]’s FATHER{SC9 = 12, 14}, FILL ‘you’.IF SOMEONE ELSE {SC9 = 11, 13, 15-30} AND FATHER IS LIVING IN HOUSEHOLD {B5a-k = 2},FILL “[CHILD]’s father.”IF FATHER IS NOT LIVING IN HOUSEHOLD{B5a-k =1, 3-18, d, r}, GO TO VERSION BOX L. |

NO K15 AND K16

{IF B5a-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 B5a-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 B5a-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 B5a-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

GO TO VERSION BOX K3

DON’T KNOW d

REFUSED r

{IF B5a-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

|  |
| --- |
| VERSION BOX K3IF FIRST TIME FAMILY IS INTERVIEWED, ASK K24,ELSE GO TO SECTION L. |

NO K22-K23 THIS VERSION

{IF B5a-k = 2}

K24. **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

|  |
| --- |
| **L. ABOUT RESPONDENT** |

|  |
| --- |
| VERSION BOX LIF RESPONDENT IS [CHILD]’S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER {SC9 = 11-14}, GO TO SECTION M.IF FALL 2014 OR NO PRIOR INTERVIEW WITH THIS RESPONDENT AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER {SC9=15-30, d, r} CONTINUE, ELSE GO TO L17. |

NO L1 TO L12

**My next questions are about you.**

{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

DON’T KNOW d

REFUSED r

{IF SC9 OR RESPONDENT FLAG = 15-30, d, 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 PREVIOUSLY INTERVIEWED, 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

GO TO L24

DISABLED/UNABLE TO WORK 3

DON’T KNOW d

REFUSED r

{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

GO TO L24

DON’T KNOW d

REFUSED r

{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

|  |
| --- |
| VERSION BOX L3IF FIRST TIME THIS RESPONDENT IS INTERVIEWED,ASK L24, ELSE GO TO SECTION M |

NO L22-L23 THIS VERSION

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

L24. **What is the highest grade or year of school that you completed?**

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

NOTE: If ‘college’, PROBE: **Did you 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

|  |
| --- |
| **M. INCOME AND HOUSING** |

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. **[FILL WITH State Welfare name from Box M1a] or welfare?**  | 1 | 0 | d | r |
| b. **Unemployment insurance?**  | 1 | 0 | d | r |
| c. **SNAP – Supplemental Nutrition Assistance Program?**  | 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) | **Montana** | FAIM (Families Achieving Independence in Montana) |
| **Alaska** | ATAP (Alaska Temporary Assistance Program) | **Nebraska** | Employment First |
| **Arizona** | EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility), TANF, cash assistance | **Nevada** | TANF |
| **Arkansas** | TEA (Transitional Employment Assistance) | **New Hampshire** | FAP (Family Assistance Program), financial aid for work exempt familiesNHEP (New Hampshire Employment Program), financial aid for work-mandated families |
| **California** | CALWORKS (California Work Opportunity and Responsibility for Kids) | **New Jersey** | WFNJ (Work First New Jersey) |
| **Colorado** | Colorado Works | **New Mexico** | NM Works |
| **Connecticut** | JOBS FIRST | **New York** | FA (Family Assistance Program), SNA (Safety Net Assistance) |
| **Delaware** | ABC (A Better Chance) | **North Carolina** | Work First |
| **District of Columbia** | TANF | **North Dakota** | TEEM (Training, Employment, Education Management) |
| **Florida** | Welfare Transition Program | **Ohio** | OWF (Ohio Works First) |
| **Georgia** | TANF | **Oklahoma** | TANF |
| **Hawaii** | TANF | **Oregon** | JOBS (Job Opportunities and Basic Skills) |
| **Idaho** | Temporary Assistance For Families in Idaho | **Pennsylvania** | Pennsylvania TANF |
| **Illinois** | TANF | **Rhode Island** | FIP (Family Independence Program) |
| **Indiana** | TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program | **South Carolina** | Family Independence |
| **Iowa** | FIP (Family Investment Program) | **South Dakota** | TANF |
| **Kansas** | Kansas Works | **Tennessee** | Families First |
| **Kentucky** | K-TAP (Kentucky Transitional Assistance Program) | **Texas** | Texas Works (Department of Human Services), cash assistanceChoices (Texas Workforce Commission, TANF work program |
| **Louisiana** | FITAP (Family Independence Temporary Assistance Program) cash assistanceSTEP (Strategies to Empower People) | **Utah** | FEP (Family Employment Program) |
| **Maine** | TANF, cash assistanceASPIRE (Additional Support for People in Retraining and Employment), TANF work program  | **Vermont** | ANFC (Aid to Families with Needy Children), cash assistanceReach Up, TANF work program |
| **Maryland** | FIP (Family Investment Program)  | **Virginia** | VIEW (Virginia Initiative for Employment, Not Welfare) |
| **Massachusetts** | TAFDC (Transitional Aid to Families with Dependent Children), cash assistanceESP (Employment Services Program), TANF work program | **Washington** | WorkFirst |
| **Michigan** | FIP (Family Independence Program) | **West Virginia** | West Virginia Works |
| **Minnesota** | MFIP (Minnesota Family Investment Program) | **Wisconsin** | W-2 (Wisconsin Works) |
| **Mississippi** | TANF | **Wyoming** | POWER (Personal Opportunities With Employment Responsibility) |
| **Missouri** | Beyond Welfare |  |  |

NO M2 THIS VERSION

M3\_amt and M3\_per.

**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

GO TO SECTION N

**per hour,** 1

**per day,** 2

**per week,** 3

**every two weeks,** 4

**month, or** 5

**year?** 6

OTHER (SPECIFY) 7

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?** 2GO TO M6

DON’T KNOW d

 GO TO SECTION N

REFUSED r

{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

NO M7-M9 THIS VERSION

M10-M17. SEE FALL PARENT SUPPLEMENT

NO SECTIONS N, O THIS VERSION

|  |
| --- |
| P. CHILD HEALTH |

|  |
| --- |
| VERSION BOX PIF FALL 2014 OR SPRING 2015, CONTINUE |

P1. **The next questions are about [CHILD]’s 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

NO P2-P4 THIS VERSION

P4a. SEE FALL PARENT SUPPLEMENT

P5. SEE FALL PARENT SUPPLEMENT

P5a1. SEE FALL PARENT SUPPLEMENT

P5a. **Does [CHILD] have a regular health care provider?**

YES 1

NO 0

DON’T KNOW d

REFUSED r

NO P6-P8 THIS VERSION

P8a. SEE FALL PARENT SUPPLEMENT

NO SECTIONS Q, R, S, T THIS VERSION

|  |
| --- |
| **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:Not being able to “shake off the blues” refers to feeling sad, unhappy, miserable, or down in the dumps for short periods. 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. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | RARELY OR NEVER | SOME ORA LITTLE | OCCASIONALLYOR 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 |

NO SECTION V THIS VERSION

|  |
| --- |
| **X. TRACKING INFORMATION** |

|  |
| --- |
| BOX X1aPROGRAMMING INSTRUCTIONS: PRELOAD ALL INFORMATION FROM DATABASE |

{IF SC2c\_2=1}

**Thank you for your help. My next questions will be about how to contact you in case we have any questions.**

{IF C2 = 1}

**Thank you for your time. We will send you your thank you gift card within the next 2 weeks. (IF FALL 2014: 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 2014 OR SPRING 2015): 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

GO TO X2

DON’T KNOW d

REFUSED r

{IF NUMBER PROVIDED AT X1}

X1a. **Whose name is that number listed under?**

GO TO X3a

NAME

DON’T KNOW d

GO TO X4

REFUSED r

{IF X1 = d, r}

X2. **Can you give me a number where you can be reached?**

(| | | |)-| | | |-| | | | |

AREA CODE

DON’T KNOW d

GO TO X4

REFUSED r

{IF NUMBER PROVIDED AT X2}

X3. **Whose telephone is that?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GO TO X3a

NAME

DON’T KNOW d

GO TO X4

REFUSED r

X3a. **Do you have another phone number like a cell phone number?**

(| | | |)-| | | |-| | | | | CELL PHONE

AREA CODE

(| | | |)-| | | |-| | | | | OTHER

AREA CODE

NO CELL PHONE OR OTHER 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 and telephone numbers of two people who do not live with you but who will know how to contact you a few months from now. This will help us contact you so we can follow up if we have any questions.**

 **What is the name of the first person who will know how we can reach you?**

DON’T KNOW d

GO TO SECTION Y

REFUSED r

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

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

X8c. **What is that person’s telephone number?**

(| | | |)-| | | |-| | | | |

AREA CODE

DON’T KNOW d

REFUSED r

NO X9 THIS VERSION

{If complete by phone}

X10**. Were you aware that you could have completed this survey on the Web?**

YES 1

NO 0

{If X10=1}

X11**. Why did you choose to complete the phone interview rather than complete the survey on the Web?**

 CODE ALL THAT APPLY

DID NOT HAVE ACCESS TO A COMPUTER 1

DID NOT HAVE ACCESS TO THE INTERNET 2

THE SCREEN FROZE 3

TOOK TOO LONG TO LOAD THE SURVEY 4

GOT AN ERROR MESSAGE (SUCH AS “INVALID PASSWORD”, THIS PAGE HAS EXPIRED”, “THIS WEBSITE IS BUSY, PLEASE TRY AGAIN LATER”) 5

THE SCREEN WAS TOO SMALL TO READ QUESTIONS (VISIBILITY ISSUE) 6

COULD NOT READ THE QUESTIONS

(LITERACY ISSUE) 7

RECEIVED A PHONE CALL FIRST, BEFORE HAD CHANCE TO DO ON THE WEB 8

DO NOT SPEAK ENGLISH OR SPANISH 9

PREFERENCE (WARY OF WEB) 10

OTHER (SPECIFY) 11

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 dataHigh quality data | 7 | 6 | 5 | 4 | 3 | 2 | 1 | Low quality data |

|  |
| --- |
| **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