OMB #: 0970-0151 Expiration Date: X/XX/201



Head Start Core Parent Survey

Fall 2014 - Spring 2015

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 —	1
MANUAL DIAL	02	→follow cati MODULE
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	Г.З →	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 NUM DIFFERENT RESPONDENT		GO TO	THANKS
HUNG UP DURING INTRODUCTION	8 →	GO TO	

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 →	
		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] AVAILABLE1 \rightarrow GO TO SampMemb
[NAME] COMES TO THE PHONE2 \rightarrow GO TO SampMemb
[NAME] CURRENTLY UNAVAILABLE
[NAME] MOVED4 → GO TO KnowWhere
[NAME] DOES NOT SPEAK ENGLISH5 → GO TO LANG
NEVER HEARD OF [NAME]/WRONG NUMBER/ DIFFERENT RESPONDENT6 → GO TO THANKS
[(CATI) HUNG UP DURING INTRODUCTION]7 → TERMINATE INTERVIEW
SUPERVISORY REVIEW

{IF Hello=5 OR WhatAbout=3} KnowWhere: **Do you or anyone there know how we can reach [NAME]?**

YES1 -	GO TO NewPhone
NO0→	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.

{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 \rightarrow 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	L 🛶	GO TO PREVIOUS
	_	INTERVIEW BOX
[Parent2]2	2 →	
	_	INTERVIEW BOX
[Parent3]	3 →	GO TO PREVIOUS
NOT LISTED	4	GO TO PREVIOUS INTERVIEW BOX

PREVIOUS INTERVIEW BOX

IF FALL 2014 CONTINUE AT SC1

IF SPRING 2015 AND NO PREVIOUS INTERVIEW WITH THIS RESPONDENT: CONTINUE AT SC1

IF SPRING 2015 AND PREVIOUS INTERVIEW WITH RESPONDENT: CONTINUE AT SCO.

{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
DON'T KNOW	\rightarrow GO TO SC2a
	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
DON'T KNOW	d \rightarrow GO TO SC2a
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	
DON'T KNOW	\rightarrow GO TO SC2a
REFUSED	r]

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC0=1 AND SC2=1} SC2x. Do you live in the same household as [CHILD]?

YES1 →	GO TO SC2b_2
NO0 —	
DON'T KNOWd	\rightarrow GO TO SC2a
REFUSEDr —	J

{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 LISTED4	-	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 → 0	GO TO SC2b
[Parent2]2 - 0	GO TO SC2b
[Parent3]3 → 0	GO TO SC2b
NOT LISTED	GO TO GetNameIntro

{IF OTHER}

GetNameIntro.

tro. "[(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 CONTINUE1	 GO TO GETNAME
	(LABEL = Most
	responsible person)
DON'T KNOWd	 7
REFUSEr	 →EXIT INTERVIEW

{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	
DON'T KNOW REFUSED	
REFUSED	rEXIT INTERVIEW

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

ENTER 1 TO CONTINUE1	→ GO TO GETADDRESS (LABEL = Most responsible address)
DON'T KNOWd REFUSEr	→EXIT INTERVIEW
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.

 $\rm SC2b_2.\underline{According}$ 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
(BEFORE K)	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
DON'T KNOW	d →TERMINATE INTERVIEW (Go TO
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 REFUSED	\rightarrow TERMINATE INTERVIEW

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

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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 PROGRAM1 →	GO TO MODE-1 OR IN PERSON SCHEDULER
STOPPED GOING TO THAT HEAD START PROGRAM2 —	1
DON'T KNOWd	→ GO TO C9B
REFUSEDr —	

{IF C2 = 2, d, r}
C9B. When did [CHILD] stop going to [PROGRAM]?

/ / _ MONTH DAY	
DON'T KNOW	d
REFUSED	r

BOX C17

TERMINATE 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.

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

BOX SC3a FOR 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

{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 KNOWd
REFUSEDr

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

YES	.1	
NO		
DON'T KNOW	.d	→ GO TO SC7
REFUSED	.r	

{IF SC4 = 1}

SC5. Can you give me that name?

YES1	
NO0	
DON'T KNOWd	
REFUSEDr	

{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?

/		<u> / </u>		.
MONTH	DAY	Ì	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

|__|_|/|__|_|/|__|_|_| 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 SC8a PRELOAD 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

CODE ONLY ONE

BIOLOGICAL MOTHER11
BIOLOGICAL FATHER12
ADOPTIVE MOTHER13
ADOPTIVE FATHER14
STEPMOTHER15
STEPFATHER16
GRANDMOTHER17
GRANDFATHER18
GREAT GRANDMOTHER19
GREAT GRANDFATHER20
SISTER/STEPSISTER21
BROTHER/STEPBROTHER22
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)
DON'T KNOWd
REFUSEDr

{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 KNOWd	
REFUSEDr	

{IF SC9 = 11, 13, 15-30, d, r} SC9b. What is the first name of [CHILD]'s biological father?

FIRST NAME	
DON'T KNOWd	
REFUSEDr	

{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:	
- - - _ (AREA CODE)	_ TELEPHONE
DON'T KNOW REFUSED	

A. ABOUT YOUR CHILD

VERSION BOX A

ASK 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		
DON'T KNOW REFUSED	.d	→ GO TO A5
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, or3
Some other Spanish/Hispanic/ Latino group? (SPECIFY)4
DON'T KNOWd
REFUSEDr

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

CODE ALL THAT APPLY

WHITE11
BLACK OR AFRICAN AMERICAN12
AMERICAN INDIAN OR ALASKA NATIVE13
ASIAN INDIAN14
CHINESE15
FILIPINO16
JAPANESE17
KOREAN
VIETNAMESE19
OTHER ASIAN (FOR EXAMPLE, HMONG, LAOTIAN, THAI, PAKISTANI, CAMBODIAN,
AND SO ON)20
NATIVE HAWAIIAN21
GUAMANIAN OR CHAMORRO22
SAMOAN23
OTHER PACIFIC ISLANDER (SPECIFY – FOR EXAMPLE, FIJIAN, TONGAN,
AND SO ON)24
ANOTHER RACE (SPECIFY)25
DON'T KNOWd
REFUSEDr

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

USA	059 🔶 GO TO A8
MEXICO	
GUATEMALA	
CUBA	
DOMINICAN REPUBLIC	
INDIA	
CHINA	
PHILIPPINES	
JAPAN	
KOREA	
VIETNAM	247
GUAM	066
SAMOA	
ANOTHER COUNTRY (SPECIFY)	600

DON'T KNOW	ł
REFUSEDr	

{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 KNOWd
REFUSEDr

{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		
DON'T KNOW	.d	\rightarrow GO TO SECTION B
REFUSED	.r	J

{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 ——	ו
DON'T KNOW	d	→Go to b5
REFUSED	r —	J

{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 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			

{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 or1	•
Adoptive mother?2	
DON'T KNOWd	
REFUSEDr	

{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 or1
Adoptive father?2
DON'T KNOWd
REFUSEDr

{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 "partnerlike" 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 "partnerlike" 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 \neq 11,13 AND B5`X'=1) [CHILD]'S mother's age / (IF SC9 \neq 12, 14 AND B5`X'=2) [CHILD]'S father's age / (IF SC9 \neq 15 AND B5`X'=3) [CHILD]'s stepmother's age / (IF SC9 \neq 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 B8

ONLY 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	B4b. PARTNER/SPOUSE STATUS	B5. RELATIONSHIP
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}

YES1 →	GO TO B9
NO0 →	GO TO B3 AND ENTER RESPONDENT'S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO B9
DON'T KNOWd	
REFUSEDr	

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] ...

<u>(</u>	CODE ONE ONLY
married,	1
in a registered domestic partners civil union,	•
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, or3
we are not in any kind of relationship?4
DON'T KNOWd
REFUSEDr

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 <u>read</u> to [CHILD] in the past <u>week</u>? 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 CHILD0
DON'T KNOWd
REFUSEDr

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

E

(READ EACH ITEM BELOW)

		YES	NO	DON'T KNOW	REFUSED
a.	told (him/her) a story?	. 1	0	d	r
	taught (him/her) letters, words, or numbers?	. 1	0	d	r
с.	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
	played a game, sport, or exercised together?	. 1	0	d	r
-	took (him/her) along while doing errands like going to the post office, the bank, or the store?	. 1	0	d	r
	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
,	played counting games like singing songs with numbers or reading books with numbers with (him/her)?	. 1	0	d	r
	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 D1

IF 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 KNOWd	
REFUSEDr	

NO D6 THIS VERSION

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

YES	1	
NO	0 —	1
DON'T KNOW	d	\rightarrow GO TO SECTION H
REFUSED	r	J

{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, SWA HAUSA, YORUBA, LAAL, SHABO, AFRIKAA AWING, BARGU, TUMBUKU, TESO, AND	
DAHALO)	.30
NATIVE AMERICAN OR ALASKAN LANGUAGE	.31
A FILIPINO LANGUAGE	.32
OTHER (SPECIFY)	.21
DON'T KNOW	.a

REFUSED.....r

NO D9 THIS VERSION

${IF D7 = 1}$ D10. What language do you usually speak to [CHILD] at home?

CODE ONLY ONE

FRENCH11		
SPANISH12		
CAMBODIAN (KHMER)13		
CHINESE14		
HAITIAN CREOLE15		
HMONG16		
JAPANESE17		
KOREAN18		
VIETNAMESE19		
ARABIC20		
AFRICAN LANGUAGE (E.G., SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRIKAANS, AWING, BARGU, TUMBUKU, TESO, AND DAHALO)		
NATIVE AMERICAN OR ALASKAN		
LANGUAGE		
A FILIPINO LANGUAGE32		
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 KNOWd
REFUSEDr

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	k
REFUSEDr	

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 KNOWd
REFUSEDr

VERSION BOX I1

IF SPRING 2015 CONTINUE,

ELSE GO TO VERSION BOX J

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 . . .

	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 I10 = 2,3,4 OR 5} I1p. 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 KNO W	REFUS ED
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
I.	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

${IF I2n = 1}$

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

(SPECIFY) _____

J. ABOUT CHILD'S MOTHER

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 2014, 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 <u>NOT</u> BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 12, 14...30) AND FALL 2014, OR

NO PREVIOUS INTERVIEW, GO TO J8, ELSE GO TO BOX J16a

FALL 2014 OR NO PREVIOUS INTERVIEW: IF [CHILD]'S MOTHER NOT IN HOUSEHOLD AND {B5a_k =2_18,d,r}, ASK J1

SPRING 2015: 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 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 DECEASED11	
	[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 JAIL17	
	[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 HOMELESS25	
	NO EXPLANATION GIVEN20	
	SOMETHING ELSE (SPECIFY)21	
	DIVORCED/SEPARATED22	
	MOTHER AND [CHILD] CURRENTLY LIVE	
106	SETHER	GO TO B3 AND ENTER RESPONDENT'S
		INFORMATION INTO
		HOUSEHOLD
		ROSTER, THEN GO TO VERSION BOX J2
	DON'T KNOWd	
	REFUSEDr	

BOX J2A IF J1 = 11, GO TO J8 ASK 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]?

YES1
NO0
DON'T KNOWd
REFUSEDr

VERSION BOX J3 IF FIRST INTERVIEW, GO TO J8 IF 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. $[(IF J1 = 11) I am sorry to hear about [CHILD]'s mother passing.] Now I would like to ask you a few questions about [(IF J1 =11) her / (IF J1 <math>\neq$ 11) [CHILD]'s mother].

What (is/was) her birth date?

|__|__| / |___| / |___| __|__| MONTH DAY YEAR

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

BOX J9 IF 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 —	Г
DON'T KNOW REFUSED	.d	→ GO TO J12
REFUSED	.r	J

{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 KNOWd				
REFUSEDr				

{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 AMERICA	AN12
AMERICAN INDIAN OR ALASK	A NATIVE13
ASIAN INDIAN	14
CHINESE	15
FILIPINO	16
JAPANESE	17
KOREAN	
VIETNAMESE	19
OTHER ASIAN (FOR EXAMPLE LAOTIAN, THAI, PAKISTANI, C AND SO ON)	AMBODIAN,
NATIVE HAWAIIAN	21
GUAMANIAN OR CHAMORRO	22
SAMOAN	23
OTHER PACIFIC ISLANDER (S EXAMPLE, FIJIAN, TONGAN, A	
ANOTHER RACE (SPECIFY)	25

DON'T KNOWd
REFUSEDr

{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	
GUATEMALA	
CUBA	
DOMINICAN REPUBLIC	
INDIA	210
CHINA	207
PHILIPPINES	233
JAPAN	215
KOREA	217
VIETNAM	
GUAM	066
SAMOA	
OTHER (SPECIFY)	600
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 = 12-25, 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 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 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 . . .

1
5→Go to j16a
2
3
4
d
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, or3
they are not in any kind of relationship?4
DON'T KNOWd
REFUSEDr

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 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	
DISABLED/UNABLE TO WORK	$\dots 3 \longrightarrow GO TO J24$
DON'T KNOW	d
REFUSED	

 $\{IF B5a-k = 1\}$

{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.

YES1
NO0
DON'T KNOWd
REFUSEDr

${IF B5a-k = 1}$

{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 selfemployment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?

YES	1	
NO		
DON'T KNOW	d	\rightarrow GO TO VERSION BOX J1
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 KNOWd	
REFUSEDr	

VERSION BOX J1 IF 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 GRADE1
9TH TO 11TH GRADE2
12TH GRADE BUT NO DIPLOMA
HIGH SCHOOL DIPLOMA/EQUIVALENT4
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA5
VOC/TECH DIPLOMA AFTER HIGH SCHOOL 6
SOME COLLEGE BUT NO DEGREE7
ASSOCIATE'S DEGREE8
BACHELOR'S DEGREE9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE10
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 KNOWd
REFUSEDr

K. ABOUT CHILD'S FATHER

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 2014 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 2014 OR NO PREVIOUS INTERVIEW, GO TO K8, ELSE GO TO BOX K16A

FALL 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 K1

SPRING 2015: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO VERSION BOX K2

SPRING 2015: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS IN HOUSEHOLD AT PREVIOUS INTERVIEW GO TO K1

IF ANY PREVIOUS INTERVIEW AND 'NEEDFATHERDOB=1', GO TO K8

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 TH	HAT APPLY
[CHILD]'S FATHER IS DECEASED11 [CHILD]'S FATHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM) (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	12
PROBLEM AND COULD NOT TAKE CARE OF [CHILD]	24
(HER/HIS) FATHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL17 [CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) FATHER SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) FATHER ANY MORE19 [CHILD]'S FAMILY IS HOMELESS25 NO EXPLANATION GIVEN20	18
SOMETHING ELSE (SPECIFY)21	
DIVORCED/SEPARATED	GO TO B3 AND ENTER RESPONDENT'S INFORMATION

INTO HOUSEHOLD
ROSTER, THEN GO
TO VERSION BOX
K1

DON'T KNOWd	
REFUSEDr	

BOX K2a

IF FIRST INTERVIEW, GO TO K8

IF 'NEEDFATHERDOB'=1, GO TO K8

ASK K2 THROUGH K7C IF FATHER NOT IN HH (FALL 2014 AND SPRING 2015), ELSE GO 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]?

YES1
NO0
DON'T KNOWd
REFUSEDr

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], or3
a friend of the family?4
DON'T KNOWd
REFUSEDr

{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?**

YES1	
NO0	
DON'T KNOWd	I
REFUSEDr	

VERSION BOX K2

IF ANY PREVIOUS INTERVIEW AND 'NEEDFATHERDOB=1', GO TO K8

IF 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 KNOWd	
REFUSEDr	

NO K9 TO K12 THIS VERSION

BOX K9 IF PREVIOUS INTERVIEW, GO TO BOX K16a 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".

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

	ODE ONET ONE
USA	059 → GO TO BOX K13a
MEXICO	
GUATEMALA	
CUBA	
DOMINICAN REPUBLIC	
INDIA	210
CHINA	207
PHILIPPINES	233
JAPAN	
KOREA	
VIETNAM	247
GUAM	066
SAMOA	527
OTHER (SPECIFY)	600

CODE ONLY ONE

DON'T KNOWd
REFUSEDr

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 = 12-25, 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 K16a

IF 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		
DISABLED/UNABLE TO WORK	3	GO TO K24
DON'T KNOW		
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]
DON'T KNOW	d	→ GO TO VERSION BOX K3
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 K3 IF 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?

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 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

CODE ONLY ONE

6

L. ABOUT RESPONDENT

VERSION BOX L

IF 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 C	DNE
USA	059 -	◆ GO TO L17
MEXICO		
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 KNOWd
REFUSEDr

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	
DISABLED/UNABLE TO WORK DON'T KNOW	3
DON'T KNOW	d → GO TO L24
REFUSED	r

 ${\rm [IF L17 = 0]}$

L18. Were you on leave or vacation from a job for the past week?

YES1
NO0
DON'T KNOWd
REFUSEDr

 $\{IF \ L17 = 0\}$

L19. Have you actively been looking for work in the past four weeks?

YES1
NO0
DON'T KNOWd
REFUSEDr

$\{IF \ L17 = 0\}$

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 —	1
DON'T KNOW	d	→ GO TO L24
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 L3

IF 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?

UP TO 8TH GRADE1
9TH TO 11TH GRADE2
12TH GRADE BUT NO DIPLOMA
HIGH SCHOOL DIPLOMA/EQUIVALENT4
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA5
VOC/TECH DIPLOMA AFTER HIGH SCHOOL
SOME COLLEGE BUT NO DEGREE7
ASSOCIATE'S DEGREE8
BACHELOR'S DEGREE9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE10
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 KNOWd
REFUSEDr

CODE ONLY ONE

6

M. INCOME AND HOUSING

		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

M1. In the <u>past six months</u>, did you or anyone in your household receive any income or support from {INSERT a-h}

	BOXI		
	STATE WELFAF	RE AGENCIE	S
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 families NHEP (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	Pennsylvani a	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 assistance Choices (Texas Workforce Commission, TANF work program
Louisiana	FITAP (Family Independence Temporary Assistance Program) cash assistance	Utah	FEP (Family Employment Program)
Maine	STEP (Strategies to Empower People) TANF, cash assistance ASPIRE (Additional Support for People in Retraining and Employment), TANF work program	Vermont	ANFC (Aid to Families with Needy Children), cash assistance Reach Up, TANF work program
Maryland	FIP (Family Investment Program)	Virginia	VIEW (Virginia Initiative for Employment, Not Welfare)
Massachuset ts	TAFDC (Transitional Aid to Families with Dependent Children), cash assistance ESP (Employment Services Program), TANF work program	Washington	WorkFirst
Michigan	FIP (Family Independence Program)	West Virginia	West Virginia Works
Minnesota	MFIP (Minnesota Family Investment	Wisconsin	W-2 (Wisconsin Works)

Mississippi	Program) TANF	Wyoming	POWER (Personal Opportunities With Employment Responsibility)
Missouri	Beyond Welfare		

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.

\$ <u> </u>], _ P	ER _ CO DE]
per hour,	1	
per day,	2	
per week,	3	
every two weeks,	4	→ GO TO SECTION N
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?	.2 → GO TO M6
DON'T KNOW	.d
DON'T KNOW REFUSED	$.r \longrightarrow GO TO SECTION N$

{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 P

IF 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?

YES1
NO0
DON'T KNOWd
REFUSEDr

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 <u>past week</u>. 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?

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 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
I. You could not get "going"	1	2	3	4	d	r

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR UC-1 "SHAKE OFF THE BLUES."

NO SECTION V THIS VERSION

X. TRACKING INFORMATION

BOX X1a

PROGRAMMING INSTRUCTIONS: PRELOAD ALL INFORMATION FROM DATABASE

{IF SC2c 2=1}

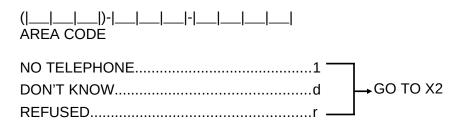
Thank you for your help. My next questions will be about how to contact you in case we have any questions.

 $\{ IF C2 = 1 \}$

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?

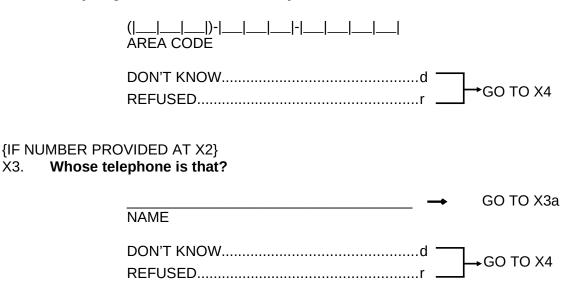


{IF NUMBER PROVIDED AT X1}

X1a. Whose name is that number listed under?



$\{IF X1 = d, r\}$ X2. Can you give me a number where you can be reached?



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

(_	_	_)- _	 _	. -	_	_	_		CELL PHON	ΙE
ARE	EA (COD	Ε								

(|__|_|)-|__|-|_|| OTHER AREA CODE

NO CELL PHONE OR OTHER1
DON'T KNOWd
REFUSEDr

X4. Please give me your full name and permanent address.

Name:_____

X3.

Address:

DON'T KNOWd
REFUSEDr

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?**

YES1
NO0
DON'T KNOWd
REFUSEDr

{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	
REFUSED	$r \longrightarrow GO TO SECTION Y$

X7b. How is this person related to you?

BIOLOGICAL MOTHER11
BIOLOGICAL FATHER12
ADOPTIVE MOTHER13
ADOPTIVE FATHER14
STEPMOTHER15
STEPFATHER16
GRANDMOTHER17
GRANDFATHER18
GREAT GRANDMOTHER19
GREAT GRANDFATHER20
SISTER/STEPSISTER21
BROTHER/STEPBROTHER22
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)
DON'T KNOWd
REFUSEDr

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	ł
REFUSEDr	

X8b. How is this person related to you?

BIOLOGICAL MOTHER11
BIOLOGICAL FATHER12
ADOPTIVE MOTHER13
ADOPTIVE FATHER14
STEPMOTHER15
STEPFATHER16
GRANDMOTHER17
GRANDFATHER18
GREAT GRANDMOTHER19
GREAT GRANDFATHER20
SISTER/STEPSISTER21
BROTHER/STEPBROTHER22
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)
DON'T KNOWd
REFUSEDr

X8c. What is that person's telephone number?

()- - - - - AREA CODE
DON'T KNOWd
REFUSEDr

NO X9 THIS VERSION

{If complete by phone}

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

YES1
NO0

{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 COMPUTER1
DID NOT HAVE ACCESS TO THE INTERNET2
THE SCREEN FROZE3
TOOK TOO LONG TO LOAD THE SURVEY4
GOT AN ERROR MESSAGE (SUCH AS "INVALID PASSWORD", THIS PAGE HAS EXPIRED", "THIS WEBSITE IS BUSY, PLEASE TRY AGAIN LATER")
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 WEB8
DO NOT SPEAK ENGLISH OR SPANISH9
PREFERENCE (WARY OF WEB)10
OTHER (SPECIFY)11

DON'T KNOWd	
REFUSEDr	

Y. INTERVIEWER RATINGS

Y1. Please rate the following qualities of the respondent, the interviewing situation, and the data:

The respondent (was/had) . . .

		HIG	ίΗ				LO	W	
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 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