**ATTACHMENT C:**

**18-MONTH FOLLOW-UP SURVEY INSTRUMENT**

**YOUNG PARENTS DEMONSTRATION PROGRAM (YPDP)**

 **18-MONTH FOLLOW-UP SURVEY**

SAMPLE PRELOAD VARIABLES:

* PROGRAM NAME

[INTRO]

RDD Introduction

INTRO1. Hello, my name is [FILL NAME] and I am calling from Abt SRBI, a survey research company. May I speak to [NAME OF PARTICIPANT]?

We sent you a letter recently about our evaluation of the Young Parents Demonstration (YPD) and we’re calling today to follow up. You’ll remember you agreed to talk to us about this research project. We’d like to ask you about your experiences with [AGENCY or PROGRAM NAME].

1 CONTINUE 🡪 [GOTO B1]

2 NEW RESP COMES TO PHONE 🡪 [REPEAT INTRO1]

3 SCHEDULE APPOINTMENT: 🡪 [NOTE IN APPT COMMENTS]

4 DO NOT WISH TO PARTICIPATE 🡪 [CODE AS SOFT REFUSAL]

Cell Phone Introduction

INTRO2. Hello, my name is [FILL NAME] and I am calling from Abt SRBI. I KNOW THAT I MAY BE CALLING ON YOUR CELL PHONE RIGHT NOW. If you are currently driving, we will call you back at another time.

A2. Are you currently driving?

 1 NO, NOT DRIVING 🡪 [GOTO INTRO2.2]

2 YES, CURRENTLY DRIVING/NOT AVAILABLE 🡪 [SCHEDULE CALLBACK]

 8 DK 🡪 [THANK AND END]

 9 REFUSED 🡪 [THANK AND END]

INTRO2.1 Am I speaking with [NAME OF PARTICIPANT]?

 1 YES 🡪 [GOTO INTRO2.2]

2 NO 🡪 [GO TO INTRO2.1.1]

 8 DK 🡪 [GO TO INTRO2.1.1]

 9 REFUSED 🡪 [GO TO INTRO2.1.1]

INTRO2.1.1 May I speak with [NAME OF PARTICIPANT]?

1. AVAILABLE 🡪 [GOTO INTRO2.2]

INTRO2.2. We sent you a letter recently about our evaluation of the Young Parents Demonstration (YPD) and we’re calling today to follow up. You’ll remember you agreed to talk to us about this research project. We’d like to ask you about your experiences with [PROGRAM NAME].

**INFORMED CONSENT**

B1. Our letter explained the purpose of the study. I will review that information now so you understand the survey, and what you will be asked. This survey is completely voluntary. We keep all your information and answers private to the maximum allowed by the law– your name will never be associated with anything you say. We will not identify you in any reports written about this study. You can skip any question that you do not want to answer, and you can choose to end the interview at any time.

This study is funded by the U.S. Department of Labor to learn how different services work for young parents and the information we collect will be used to improve the services offered to young parents. We will ask you about the services you received and your experience with [CATI PRELOAD: INSERT PROGRAM NAME]. At the end of the interview we will verify your address so we can send you $25 for your participation. The interview takes about 20 minutes to complete over the telephone.

B2. Can we begin?

 1 CONTINUE 🡪 [GOTO QUESTION 1]

3 SCHEDULE APPOINTMENT: ENGLISH 🡪 [NOTE IN APPT COMMENTS]

4 SCHEDULE APPOINTMENT: SPANISH 🡪 [NOTE IN APPT COMMENTS]

 5 DO NOT WISH TO PARTICIPATE 🡪 [CODE AS SOFT REFUSAL]

G1. (DO NOT READ: Record respondent gender)

1 Male

2 Female

**OMB No.: 1205-0494 OMB Expiration Date: 5/31/15 Estimated Average Response Time: 20 Minutes** *According to the Paperwork Reduction Act of 1995, persons are not required to respond to this collection of information unless it displays a currently valid OMB control number and expiration date. Responding to this questionnaire is voluntary. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Employment and Training Administration, Office of Policy Development and Research, Room N5641, Attention: Michelle Ennis, 200 Constitution Avenue, NW, Washington, D.C. 20210.* ***Do NOT send the completed questionnaire to this address.***

**Service Receipt**

1. I’m going to quickly ask you about some services, school, classes or training you might have participated in through any program in the past 18 months. You just have to answer yes or no and then tell me how useful you thought it was.

Did you participate in…? [READ LIST]

1. Adult basic education classes, that is, classes for improving your basic reading and math skills, or GED classes, that is, classes to help you prepare for the GED test?
	1. Yes
	2. No
2. DON’T KNOW
3. REFUSED
4. Classes to prepare for a regular high school diploma?
	1. Yes
	2. No
5. DON’T KNOW
6. REFUSED
7. College courses for credit toward a college degree? This would include courses at community, two-year, and four-year colleges. Please do not count recreational classes like exercise or hobbies, courses preparing for the GED, or other kinds of courses that don't provide credit toward a college degree.
	1. Yes
	2. No
8. DON’T KNOW
9. REFUSED
10. Any other vocational courses or training for a specific job, trade, or occupation [other than the college courses for credit you just mentioned]? [Please don't include on-the-job training or unpaid work experience.]
	1. Yes
	2. No
11. DON’T KNOW
12. REFUSED
13. Special government programs, such as a welfare program, that gave you an UNPAID JOB so that you could get some experience working?
	1. Yes
	2. No
14. DON’T KNOW
15. REFUSED
16. A job in which, for a specific period of time, a portion of your wages was paid for by a program or agency—a summer youth job, for example?
	1. Yes
	2. No
17. DON’T KNOW
18. REFUSED
19. ON-THE-JOB TRAINING (OJT) -- a paid job with private employer in which you received informal training while you were working and a portion of your wages was paid for by a program or agency
	1. Yes
	2. No
20. DON’T KNOW
21. REFUSED
22. Parenting services or any parenting classes?
	1. Yes
	2. No
23. DON’T KNOW
24. REFUSED
25. Classes or workshop on preparing resumes and job applications, or calling employers? This activity is sometimes called "job club" “job readiness workshops” or "job search assistance."
	1. Yes
	2. No
26. DON’T KNOW
27. REFUSED
28. Independent job searches, in which you looked for a job on your own? You may have had to report back to a case manager or staff member or provide them with a list of employers you contacted.
	1. Yes
	2. No
29. DON’T KNOW
30. REFUSED
31. ESL classes, that is English as a Second Language?
	1. Yes
	2. No
32. DON’T KNOW
33. REFUSED
34. Some other educational or training activities or employment programs
	1. Yes (specify) ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. No
35. DON’T KNOW
36. REFUSED
37. Please rate the helpfulness of each of the services you received as excellent, very good, good, fair, or poor. How would you rate the [INSERT EACH SERVICE =1 IN Q1]…?

1 Excellent

2 Very good

3 Good

4 Fair

5 Poor

8 DON’T KNOW

9 REFUSED

**Mentoring Services**

[IF X=X (TREATMENT GROUP) THEN ASK 3A. IF X=X (CONTROL GROUP) THEN ASK 3B.]

3. A. In the PAST 18 MONTHS, have you worked one-on-one regularly with a mentor, staff member, or counselor from [INSERT PROGRAM NAME]? Please do NOT include regular meetings with a case manager.

* 1. Yes
	2. No [GO TO Q11]

8 DON’T KNOW [GO TO Q11]

9 REFUSED [GO TO Q11]

1. B. In the PAST 18 MONTHS, have you worked one-on-one regularly with a mentor, staff member, or counselor from any program? Please do NOT include any regular meetings with a case manager.
	1. Yes
	2. No [GO TO Q11]

8 DON’T KNOW [GO TO Q11]

9 REFUSED [GO TO Q11]

1. [IF Q3=1] On average, how long, in minutes, was each meeting with this mentor, staff member, or counselor? Please provide your best estimate. [IF NECESSARY: Please do NOT include meetings with a case manager.]

\_\_\_\_\_ Minutes

[RANGE=1-999]

1. When did you first start meeting with a mentor, staff member, or counselor? Please tell me the month and year you began meeting with this person. [IF NECESSARY: Please do NOT include meetings with a case manager.]

\_\_\_\_\_\_\_\_ Month

[Range= 1-12, 98, 99]

\_\_\_\_\_\_\_\_ Year

[Range=1980-2012, 8888, 9999]

1. When was the last time you met with the mentor, staff member, or counselor? Please tell me the month and year you last met with this person. [IF NECESSARY: Please do NOT include meetings with a case manager.]

20a. \_\_\_\_\_\_\_\_ Month

[Range= 1-12, 97, 98]

20b. \_\_\_\_\_\_\_\_ Year

[Range=2012-2013, 9997, 9998]

1. In the past 18 months, on average, how often would you say you had any type of contact, with this mentor, staff member, or counselor? [IF NECESSARY: Please do NOT include contact with a case manager.] (READ LIST)
	1. Several times per day
	2. Daily, including weekends
	3. 4-6 times per week
	4. 2-3 times per week
	5. Once a week
	6. 2-3 times per month
	7. Once a month
	8. Less often than once a month

98 DON’T KNOW

99 REFUSED

1. Did you ever get help from this mentor, staff member, or counselor with…? [IF NECESSARY: Please do NOT include help received from a case manager.] (READ LIST)
	1. Never
	2. Once or twice
	3. 3-5 times
	4. More than 5 times

8 DON’T KNOW

9 REFUSED

1. Finding or paying for child care arrangements
2. Finding or paying for transportation to work or child care
3. Getting Food Stamps (SNAP) or Medicaid/SCHIP
4. A financial emergency (such as possible eviction or if your car broke down, etc.)
5. Enrolling in education or training activities or programs
6. Looking for a job
7. Addressing a personal problem that made it hard for you to find a job or go to school
8. Finding a better job while you were working
9. Dealing with problems or issues at school (such as tutoring or getting supplies)
10. Dealing with problems on your job (such as conflicts with your supervisor or co-workers, etc.)
11. Finding a new job if you lost your job
12. Discussing your career goals
13. Needs related to your child, including your child’s health
14. Help being a better parent
15. Other services (Specify)
16. Overall, how satisfied were you with your experience working one-on-one with the mentor, staff member, or counselor? [IF NECESSARY: Please do NOT include working with a case manager.] (READ LIST)
	1. Very satisfied
	2. Somewhat satisfied
	3. Neither satisfied nor dissatisfied
	4. Somewhat dissatisfied
	5. Very dissatisfied
17. DON’T KNOW
18. REFUSED
19. How close do you feel to that mentor, staff member, or counselor?  [IF NECESSARY: Please do NOT include your case manager.] (READ LIST)
	1. Very close
	2. Somewhat close
	3. Not very close
	4. Not close at all

8 DON’T KNOW

9 REFUSED

1. In the past 18 months, have you met with your mentor in a group setting?
	1. Yes
	2. No [GO TO Q13]

8 DON’T KNOW [GO TO Q13]

9 REFUSED [GO TO Q13]

1. How helpful have these group mentoring sessions been for you?
	1. Very helpful
	2. Somewhat helpful
	3. Not helpful

8 DON’T KNOW

9 REFUSED

**Educational Attainment Since Random Assignment**

1. What is the highest grade or year of regular school that you have completed?

**INTERVIEWER**, IF THE SAMPLE MEMBER ANSWERS “GED,” ASK: Before you received your GED, what was the highest grade of school you completed?

\_\_\_ \_\_\_ (RANGE 00 – 12)

14. AA/AS OR ASSOCIATE DEGREE

16. BA/BS DEGREE

18. MA OR MASTERS

20. DOCTORATE

#  98 DON’T KNOW

 99 REFUSED

# Do you have any type of trade license or training certificate?

 I**NTERVIEWER**: IF MORE THAN ONE, ENTER MOST RECENT.

**CATI:**  FOR ALL DATES, USE ‘97’ FOR DON’T KNOW MONTH AND ‘9997’ FOR DON’T KNOW YEAR. USE ‘98’ FOR REFUSED MONTH AND ‘9998’ FOR REFUSED YEAR.

14a. When did you receive it?

 \_\_\_\_\_ / \_\_\_\_\_

 MM YYYY

 1 YES

 2 NO (GO TO 16)

 8 DON’T KNOW (GO TO 16)

9 REFUSED (GO TO 16)

1. What type of license or certificate is it? (PROBE: What type of trade or work does it qualify you to do?)

OPEN-ENDED RESPONSE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Gave response

8 DON’T KNOW

9 REFUSED

[SKIP IF Q13=12]

1. Do you have a GED certificate?

 1 YES

16a. When did you receive it?

 \_\_\_\_\_ / \_\_\_\_\_

 MM YYYY

 2 NO

 8 DON’T KNOW

9 REFUSED

1. Do you have a high school diploma?

 1 YES

17a. When did you receive it?

 \_\_\_\_\_ / \_\_\_\_\_

 MM YYYY

 2 NO

 8 DON’T KNOW

9 REFUSED

1. Did you attend school in the past 18 months?

1 Yes [GO TO Q19]

2 No [GO TO Q20]

8 DON’T KNOW [GO TO Q21]

9 REFUSED [GO TO Q21]

1. How much did your participation in [PROGRAM NAME or any other program] have to do with your decision to attend school, in the past 18 months? Would you say it affected your decision…?
	1. Very much
	2. Somewhat
	3. Not very much
	4. Not at all
2. DON’T KNOW
3. REFUSED

[SKIP TO Q21]

1. Which of the following are reasons why you have not attended school or college in the past 18 months? [INTERVIEWER READ EACH RESPONSE AND CODE ALL THAT APPLY]

1 Ill, or disabled and unable to attend school

2 Lack of child care

3 Lack transportation to get to/ from school

4 Do not have time because of job/ work

5 School/ courses/ program of study not available

6 No interest

7 No need for additional education or training

8 Could not get into school of choice

9 Insufficient money available to attend

10 Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

98 DON’T KNOW

99 REFUSED

**Employment and Earnings**

1. Are you currently working for pay at a job or business?

1 Yes [GO TO Q27]

2 No

8 DON’T KNOW [GO TO Q27]

9 REFUSED [GO TO Q27]

1. [IF Q21=2] Do you currently do any temporary, part-time, or seasonal work?

1 Yes [GO TO Q27]

2 No

8 DON’T KNOW [GO TO Q27]

9 REFUSED [GO TO Q27]

22a. [IF Q22 = 2] Have you worked for pay at a job or business at all in the PAST 18 MONTHS?

1 Yes

2 No

8 DON’T KNOW

9 REFUSED

1. When is the last time you worked for pay at a job or business? [IF NECESSARY: Please tell me the month and year of the last time you worked for pay at a job or business.]

1 January

2 February

3 March

4 April

5 May

6 June

7 July

8 August

9 September

10 October

11 November

12 December

98 DON’T KNOW

99 REFUSED

Q23YEAR. ENTER YEAR\_\_\_\_\_\_

[RANGE: 1980-2013 9998, 9999]

1. What is the main reason you are not currently working for pay at a job or business? [READ LIST]

1 Ill, or disabled and unable to work

2 Retired

3 Taking care of home or family

4 Going to school

5 Could not find work

6 Doing something else (Specify)

8 DON’T KNOW

9 REFUSED

1. During the last 4 weeks, have you been actively looking for work?

1 Yes [GO TO Q27]

2 No

8 DON’T KNOW

9 REFUSED

1. Last week, could you have started a job if offered one, or returned to work if recalled? [INTERVIEWER: IF NO ASK “Was it because of your own temporary illness or another reason?”]

1 Yes, could have gone to work

2 No, because of own temporary illness

3 No, because of all other reasons (in school, etc.)

8 DON’T KNOW

9 REFUSED

[IF Q22a = 1 (YES) CONTINUE, ELSE SKIP TO Q37]

1. In the past 18 months, this is, from [MONTH YEAR (18 MONTHS AGO)] to today, how many weeks did you work even for a few hours? Include paid vacation and sick leave as work. If you’d like to tell me in months, that’s fine too.

\_\_\_\_\_\_ Weeks

[RANGE= 01-78, 98, 99 IF R CAN ONLY ANSWER IN MONTHS THEN GO TO Q27MON]

Q27MON. ENTER NUMBER OF MONTHS WORKED

\_\_\_\_\_\_ Months

[RANGE= 01-18, 98, 99]

[CALCULATE WEEKS]

Q27YEAR. Then you worked about [INSERT WEEKS] weeks. Is that correct?

1 Yes

2 No [GO TO Q27 AND OBTAIN ESTIMATE]

8 DON’T KNOW

9 REFUSED

1. In the past 18 months, for how many employers did you work? If more than one at the same time, only count it as one employer.

1 One

2 Two

3 Three or more

8 DON’T KNOW

9 REFUSED

1. In the past 18 months, in the weeks worked, how many hours did you usually work each week?

\_\_\_\_\_\_ Hours

[RANGE= 1-97, 98, 99]

1. In the past 18 months did you do any work that you would describe as …? [INTERVIEWER: READ LIST AND SELECT ALL THAT APPLY] [CATI – Options 5,8,9 single response]

1 Part-time

2 Temporary work through a temp agency, odd jobs or day labor

3 Temporary work such as odd jobs or day labor

4 Work that is “off the books,” or

5. None of these

8 DON’T KNOW

9 REFUSED

1. Please describe the kind of work you are (were) doing in your current or most recent job. [FOR EXAMPLE: nurse, secretary, cashier, and certified nursing assistant…]

[OPEN END]

* + 1. Gave response
1. DON’T KNOW
2. REFUSED
3. In your current job, what is the easiest way for you to report your total earnings BEFORE taxes or other deductions: hourly, weekly, annually, or on some other basis?
	* 1. Hourly
		2. Weekly
		3. Bi-weekly
		4. Twice monthly
		5. Monthly
		6. Annually
		7. Other (SPECIFY)
4. DON’T KNOW
5. REFUSED
6. In your current or most recent job, what is/ was your regular [FILL] rate of pay, including tips and commissions before taxes? [FILL BASED ON Q32; IF Q32=Annually THEN INSERT “annual”.]

Does this include tips and commissions?

(DO NOT PROBE REFUSALS. PROBE ONLY DON’T KNOW.)

\_\_\_\_\_\_ Dollars

[RANGE: 1-999999, 999998= DK, 999999=REF]

* + 1. Gave response
1. DON’T KNOW
2. REFUSED
3. ENTER CENTS PER HOUR

\_\_\_\_\_\_ Cents

[RANGE=0-99, 998, 999]

1. In the past 18 months, that is, from [MONTH YEAR (18 MONTHS AGO) to today, what were your total earnings, including wages, salary, commissions, bonuses, and tips from all jobs. Please give us your best estimate. [IF NECESSARY: Please report total amount before deductions for taxes, bonds, dues, or other deductions.]

\_\_\_\_\_\_ Dollars

[RANGE: 1-99996, 99997= REF, 99998=DK]

* + 1. Gave response
1. DON’T KNOW
2. REFUSED
3. ENTER CENTS

\_\_\_\_\_\_ Cents

[RANGE=0-99, 998, 999]

* + 1. Gave response
1. DON’T KNOW
2. REFUSED
3. In your current or most recent job, through your employer are (were) you eligible for any of the following benefits? By eligible we mean the benefit is (was) available, even if you have decided to not receive it or have not needed it.
	1. YES
	2. NO
4. DON’T KNOW
5. REFUSED

RANDOMIZE:

1. Paid vacation
2. Health insurance (Please select YES even if you pay for part of your health insurance cost.)
3. Sick leave
4. Retirement benefits (Please select YES even if your employer contributes less than 100%.)
5. Paid holidays

**Receipt of Cash Assistance**

1. In the past 18 months, even for one month, did you receive any CASH assistance from a state or county welfare program?

(IF NECESSARY: Include cash payments from: welfare or welfare-to-work programs, state programs, Temporary Assistance for Needy Families program (TANF) [INSERT NAME OF STATE’S TANF PROGRAM IF DIFFERENT THAN TANF], or General Assistance/Emergency Assistance program.)

Do not include here food stamps/Supplemental Nutrition Assistance Program (SNAP) benefits, SSI, energy assistance, WIC, School meals, or transportation, childcare, rental, or education assistance.

1 Yes

2 No [GO TO Q40]

1. DON’T KNOW [GO TO Q40]
2. REFUSED [GO TO Q40]
3. [IF Q37=1] From what type of program did you receive the CASH assistance? Was it a welfare or welfare-to-work program, General Assistance, Emergency Assistance, or some other program? (ENTER ALL THAT APPLY)

PROBE: Any other program?

1 State Program/welfare/AFDC/TANF

2 General Assistance

3 Emergency Assistance/short-term cash assistance

4 Some other program (specify)

8 DON’T KNOW

9 REFUSED

1. How many months was CASH assistance received in the past 18 months?

\_\_\_\_\_\_\_ Months

[RANGE=1-18, 98, 99]

**Receipt of Food Stamps/Other Public Assistance**

1. Did you get food stamps, SNAP or a food stamp benefit card at any time in the past 18 months?

1 Yes

2 No

8 DON’T KNOW

9 REFUSED

1. In the past 18 months, were you worried about whether your food would run out before you got money (or food stamps) to buy more? Were you…?
	1. Often worried
	2. Sometimes worried
	3. Never worried

8 DON’T KNOW

9 REFUSED

1. In the past 18 months, did you or other family members ever cut the size of your meals or skip meals because there wasn't enough money for food?
	1. Yes
	2. No [GO TO Q44]

8 DON’T KNOW [GO TO Q44]

9 REFUSED [GO TO Q44]

1. [IF Q42=1] How often did this happen? Was it...
	1. Almost every month
	2. Some months but not every month, or
	3. Only 1 or 2 months?

8 DON’T KNOW

9 REFUSED

1. At any time in the past 18 months, were you covered by Medicaid or a similar state health program? [IF NECESSARY: Medicaid is the Government Assistance Program that pays for health care.]

1 Yes

2 No

8 DON’T KNOW

9 REFUSED

1. At any time in the past 18 months, were your children covered by Medicaid or a similar state program (SCHIP)? IF NECESSARY: Medicaid is the Government Assistance Program that pays for health care.

1 Yes

2 No

8 DON’T KNOW

9 REFUSED

1. In the past 18 months, did you receive any child care services or assistance paying for child care so you could go to work or school or training?

1 Yes

2 No

8 DON’T KNOW

9 REFUSED

1. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans? [INTERVIEWER READ EACH RESPONSE AND CODE ALL THAT APPLY]
2. Insurance through a current or former employer or union (of this person or another family member)
3. Insurance purchased directly from an insurance company (by this person or another family member)
4. Medicare, for people 65 and older, or people with certain disabilities
5. Medicaid, medical assistance, or any kind of government-assistance plan for those with low incomes or a disability
6. VA (including those who have ever used or enrolled for VA health care)
7. TRICARE or other military health care
8. Indian health service
9. None of these

98 DON’T KNOW

99 REFUSED

**Family Composition/Change**

1. Next I would like to ask you about everyone who lives with you half of the time or more. Please include people who are temporarily in a hospital or other institution. Please do NOT include people who are only in your home temporarily, and please do NOT include brothers or sisters who are away attending college or in the armed forces or who are temporarily home on vacation.

Including you, how many people currently live with you?

\_\_\_\_\_ People

[RANGE=1-11, 98, 99] (ENTER 11 FOR MORE THAN 10 PEOPLE)

1. [ASK IF G1=2] Have you given birth to any children in the past 18 months?
	1. Yes
	2. No
2. DON’T KNOW
3. REFUSED
4. [ASK IF G1=2] Are you pregnant or expecting a baby?

1. Yes

2. No

1. DON’T KNOW
2. REFUSED
3. [ASK IF G1=1] Have you fathered any children in the past 18 months?
4. Yes
5. No
6. DON’T KNOW
7. REFUSED
8. [ASK IF G1=1] Is your wife or girlfriend pregnant or expecting a baby by you (i.e., expectant parent)?

1. Yes

2. No

1. DON’T KNOW
2. REFUSED
3. [adapted from ACS] What is your marital status?

1 Now married

 2 Widowed

3 Divorced

4 Separated

5 Never married [SKIP TO Q55]

8 DON’T KNOW

9 REFUSED

1. [IF Q53=1, 2, 3, OR 4] In the past 18 months, did you get/become…? (INTERVIEWER READ ALL OPTIONS AND CHECK ALL THAT APPLY) [CATI – OPTIONS 5,8,9 SINGLE RESPONSE]
	1. Married
	2. Widowed
	3. Divorced
	4. Separated or
	5. None of these

8 DON’T KNOW

9 REFUSED

1. Are you currently living with your spouse or partner?

1 Yes

2 No

8 DON’T KNOW

9 REFUSED

1. Are you currently living with one or both of your parents?

1 Yes

2 No

8 DON’T KNOW

9 REFUSED

1. How many children do YOU have, living in your household? [IF NECESSARY: Please include only your biological children.]

\_\_\_\_\_ Children

[RANGE=0-11, 98, 99] (ENTER 11 FOR MORE THAN 10 PEOPLE)

1. Do you have any other children living elsewhere?

1 Yes

2 No [GO TO Q60]

8 DON’T KNOW [GO TO Q60]

9 REFUSED [GO TO Q60]

1. [IF Q58=1] How many?

\_\_\_\_\_\_ Children

[RANGE=1-10; 98,99]

1. In the past 18 months, have you RECEIVED any child support payments, for any of your children.

1 Yes

2 No [GO TO Q63]

8 DON’T KNOW [GO TO Q63]

9 REFUSED [GO TO Q63]

1. [IF Q60=1] For how many of the past 18 months have you received child support payments?

\_\_\_\_\_\_ Months

[RANGE=1-18; 98, 99]

1. When you received child support, about how much did you receive each month on average (for all children)?

\_\_\_\_\_\_ Dollars

[RANGE=1-9997; 99998, 99999]

1. In the past 18 months, did you PAY any child support payments?

1 Yes

2 No [GO TO Q66]

8 DON’T KNOW [GO TO Q66]

9 REFUSED [GO TO Q66]

1. [IF Q63=1] For how many of the past 18 months did you pay child support payments?

\_\_\_\_\_\_ Months

[RANGE=1-18; 97, 98]

1. When you paid child support, about how much did you pay each month (for all children)?

\_\_\_\_\_\_ Dollars

[RANGE=1-9999; 99997, 99998]

**Relationship/Engagement With Children**

[ASK Q66 IF Q57=1-11. If Q57=1 use “child/is” otherwise use “children/are”]

1. If you have (a child/children) living with you, how many days in the past week did you or any family member read stories or tell stories to your (child/children) who (is/are) living with you?

\_\_\_\_\_\_ Days

[RANGE=0-7; 98, 99]

 [ASK Q67 IF Q57=1-11. If Q57=1 use “child” otherwise use “children”]

1. If you have (a child/children) living with you , how often in the past month have you or any family member taken your (child/children) on any kind of outing, such as to the park, grocery store, a church, or a playground? Would you say...?
2. Once a month or less
3. About two or three times a month
4. Several times a week, or
5. About once a day

8 DON’T KNOW

9 REFUSED

 [ASK Q68 IF Q58=1 If Q59=1 use “child/this child” otherwise use “children/the YOUNGEST of these children”]

1. If you have (a child/children) living elsewhere , how many days in the past month did you see (this child/the YOUNGEST of these children) (not living with you)?

\_\_\_\_\_\_ Days

[RANGE=0-31; 98, 99]

 [ASK Q69 IF Q58=1 If Q59=1 use “child/this child” otherwise use “children/the YOUNGEST of these children”]]

1. If you have (a child/children) living elsewhere , how often in the past month have you taken (this child/the YOUNGEST these children) on any kind of outing, such as to the park, grocery store, a church, or a playground? Would you say...?
2. Once a month or less
3. About two or three times a month
4. Several times a week, or
5. About once a day

8 DON’T KNOW

9 REFUSED

**Housing and Housing Security**

1. Were you living in this house or apartment 18 months ago? [INTERVIEWER: IF NO ASK, “Were you living in a different house or apartment in the U.S. or outside the U.S.?”]

1 Yes, this house or apartment [GO TO Q72]

2 No, different house or apartment in U.S.

3 No, outside the U.S. [GO TO Q72]

8 DON’T KNOW [GO TO Q72]

9 REFUSED [GO TO Q72]

1. [IF Q70=2] Where did you live 18 months ago?

CITY\_1 18-months ago city \_\_\_\_\_\_

CITY\_2 Current city \_\_\_\_\_\_

ST\_1 18-months ago state \_\_\_\_\_\_

ST\_2 Current state \_\_\_\_\_\_

ZIP\_1 18-months ago zip \_\_\_\_\_\_

ZIP\_2 Current zip \_\_\_\_\_\_

1. What was your main reason for moving to this house or apartment? (INTERVIEWER DO NOT READ LIST. CODE ALL THAT APPLY.)

[NOTE: The answer categories are separated into the following groups:

FAMILY-RELATED REASONS 1-3

EMPLOYMENT-RELATED REASONS 4-7

HOUSING-RELATED REASONS 8-12

OTHER REASONS 13-17]

1 CHANGE IN MARITAL STATUS

2 TO ESTABLISH OWN HOUSEHOLD

3 OTHER FAMILY REASON

4 NEW JOB OR JOB TRANSFER

5 TO LOOK FOR WORK OR LOST JOB

6 TO BE CLOSER TO WORK/EASIER COMMUTE

7 OTHER JOB-RELATED REASON

8 WANTED TO OWN HOME, NOT RENT

9 WANTED NEW OR BETTER HOUSE/ APARTMENT

10 WANTED BETTER NEIGHBORHOOD/LESS CRIME

11 WANTED CHEAPER HOUSING

12 OTHER HOUSING REASON

13 TO ATTEND OR LEAVE COLLEGE

14 CHANGE OF CLIMATE

15 HEALTH REASONS

16 NATURAL DISASTER (HURRICANE, TORNADO, ETC.)

17 OTHER REASON (SPECIFY)

98 DON’T KNOW

99 REFUSED

1. During the last 18 months, was there a time when you (and your family) were not able to pay your mortgage, rent, or utility bills?
	1. Yes
	2. No [GO TO Q77]

8 DON’T KNOW [GO TO Q77]

9 REFUSED [GO TO Q77]

1. [IF Q73=1] Did you get any help when you were not able to pay the mortgage, rent, or utility bills?
	1. Yes
	2. No [GO TO Q77]

8 DON’T KNOW [GO TO Q77]

9 REFUSED [GO TO Q77]

1. [IF Q74=1] Who did you get help from? [CODE ALL THAT APPLY.]
	1. Family or friends
	2. Clergy (Minister, Priest, Rabbi)
	3. Bank, loan company, other commercial source
	4. Community program
	5. Government program
	6. Other (specify)

8 DON’T KNOW

9 REFUSED

1. During the last 18 months, did you or your children move in with other people even for a little while because you could not afford to pay your mortgage, rent or utility bills?
	1. Yes
	2. No

8 DON’T KNOW

9 REFUSED

**Family Income/Contact Information**

1. Which category represents the total combined income of all members of your FAMILY during the past 18 months?

This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of your family who are 15 years of age or older? [READ LIST]

* 1. Less than $5,000
	2. 5,000 to 7,499
	3. 7,500 to 9,999
	4. 10,000 to 12,499
	5. 12,500 to 14,999
	6. 15,000 to 19,999
	7. 20,000 to 24,999
	8. 25,000 to 29,999
	9. 30,000 to 34,999
	10. 35,000 to 39,999
	11. 40,000 to 49,999
	12. 50,000 to 59,999
	13. 60,000 to 74,999
	14. 75,000 to 99,999
	15. 100,000 to 149,000
	16. 150,000 or more
1. DON’T KNOW
2. REFUSED
3. So that we may send you your $25 check, may I please have your address?

1 [RESP GAVE MAILING ADDRESS] [SKIP TO Q80]

9 [VOL] [RESPONDENT DOESN’T WANT MONEY] [ASK Q79]

1. To help make sure that we can reach you for the follow-up interview, we want to make sure that we have your most up-to-date address. May I please have/verify your address so we can contact you in the future?
	* + 1. Gave Address

7. (VOL) Do not contact me for follow-up survey [SKIP TO END]

8. (VOL) DK/REF [SKIP TO Q81]

1. CATI: USE ADDRESS TEMPLATE FOR COLLECTING. PRE-FILL WITH ADDRESS FROM SAMPLE:

FULL NAME

ADDRESS

CITY

STATE

ZIP

1. May I please have a preferred phone number for contacting you in the future?
2. Gave number

7. (VOL) Do not contact me for follow-up survey [SKIP TO END]

9. (VOL) DK/REF (SKIP TO Q84)

1. Is that a landline or cell phone number?
2. Landline [SKIP TO Q84]
3. Cell Phone
4. Will you allow us to send you reminder text messages about the follow-up study?
5. Yes [IF YES, INFORM THE R THAT STANDARD TEXT MESSAGING RATES APPLY]
6. No

9. (VOL) DK/REF

1. May I please have an Email address?
2. GAVE EMAIL [CATI: CHECK FOR PROPER FOMATTING (must include @ .com, .org, .net, etc)]

9. (VOL) DK/REF

END

Those are all the questions I have for you today. Thank you very much for your participation in this important research study.