

10 - 6 month Follow-up Survey for Sites Testing Parenting Intervention

**BUILDING BRIDGES AND BONDS
6-MONTH FOLLOW-UP SURVEY**

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CAPI PROGRAM ONLY:

[INTERVIEWER: DO NOT READ]

P1: HOW IS THE SURVEY BEING ADMINISTERED:

1. BY PHONE [SKIP TO INTRO]
2. IN-PERSON - NON-INCARCERATED [SKIP TO INTRO]
3. IN-PERSON - INCARCERATED

P2: IF INCARCERATED, HOW WAS THE DATA COLLECTED:

1. CELLPHONE CALL TO PHONE CENTER
2. CAPI SURVEY CONDUCTED ON LAPTOP
3. PAPER SURVEY

Hello. My name is _____. I am here/calling from Abt SRBI on behalf of the Building Bridges and Bonds study. Could I please speak with _____?

INTERVIEWER: IF NECESSARY, READ: “(RESPONDENT) has agreed to help with a study on fatherhood programs in (CATI: INSERT SITE LOCATION).

INTERVIEWER: IF FIRST PERSON WAS NOT REPENDENT AND NOW TALKING TO RESPONDENT, READ: “Hello. My name is _____. I am here/calling from Abt SRBI. I’m contacting/calling you about the Building Bridges and Bonds study you joined about 6-9 months ago.”

Thank you for taking the time to speak with me today.

I am conducting interviews with people who agreed to be in a study about a program called Just Beginning offered at [SITE PROGRAM NAME]. The study is called Building Bridges and Bonds or B3 for short. It is funded by the U.S. Department of Health and Human Services and my company, Abt SRBI, is conducting this survey. You may have received a letter recently about the B3 study.

You entered the study in [RA Month, RA Year]. Your participation in this study will help policy-makers better understand how to help people deal with parenting and find and keep jobs. This interview will include questions about your parenting and co-parenting relationships, child support, employment, and financial well-being.

This interview should only take about 40 minutes. *[IF P1=3: SKIP THIS SENTENCE] [FOR CAPI VERSION: I]* We will mail or e-mail *[IF P1=2; give]* you a \$35 gift card *[IF P1=2; money order]* as a “thank you” for completing the interview.

Before we begin, I'd like to confirm that I am speaking with the correct person.

S1.

In order to do so, could you please give me your date of birth?

_____	MONTH	RANGE 1-12
_____	DAY	RANGE 1-31
_____	YEAR	RANGE 1930-2005

PROGRAMMER: VALIDATE AGAINST DOB FROM SAMPLE. IF DOB CONFIRMED, SET DOBCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET DOBCONF=2.

S2.

Again, to confirm that I am speaking with the correct person, could you please give me the last four digits of your social security number?

PROGRAMMER: VALIDATE LAST 4 SSN FROM SAMPLE. IF SSN4 CONFIRMED, SET SSNCONF = 1 AND SKIP TO INFORMED CONSENT, ELSE SET SSNCONF = 2.

FAIL_SCREENER

IF DOBCONF=2 and SSNCONF =2, SAY:

Thank you for taking the time to answer these questions. The information you provided does not match our records. I will need to check with my supervisor to determine how to resolve this issue. If we are able to do so, I will give you a call back."

INFORMED CONSENT

Thank you for confirming this information with me.

Before we begin the survey, I would like to assure you that all of your responses on this survey will be kept private to the extent permitted by the law; the research staff has been trained in protecting private information and your name will not appear in any written reports we produce. All of the study results will be reported for groups of individuals; no results will be analyzed or reported for individuals.

Your responses to these questions are also completely voluntary. That means you may choose not to answer any question, or you may stop the interview if you wish, but we hope you don't. Your responses to these questions will in no way affect your participation in the [PROGRAM NAME] program or affect your receipt of any kinds of public benefits or services.

According to the Paperwork Reduction Act, public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 xxxx-xxxx and it expires xx/xx/xxxx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Erika Lundquist; 16 E 34th St, MDRC, 19th Floor, New York, NY 10016; (212) 340-8605; Attn: OMB-PRA (XXXX-XXXX).

[FOR CAPI: ELIMINATE THE FOLLOWING SENTENCE ABOUT MONITORING] And finally, this interview might be monitored or recorded for quality control purposes. Do I have your consent to continue?

- 1 YES
- 2 NO [READ TERMINATION SCRIPT]

PRIVACY1

IF P1=3, SKIP TO PRIVACY3; ELSE:

[IF INTERVIEW IS WITH INCARCERATED RESPONDENT SKIP TO PRIVACY 3]

[IF INTERVIEW OVER THE PHONE]:

Thank you. Before we start with the main survey, I want to ask an additional question to ensure we properly keep you response private.

Are you currently living in a work release center or half-way house?

- 1 YES – IN A WORK RELEASE CENTER OR HALFWAY HOUSE
- 2 NO [SKIP TO PRIVACY3]
- 7 DK [SKIP TO PRIVACY3]
- 8 REF [SKIP TO PRIVACY3]

[IF INTERVIEW IN PERSON AND RESPONDENT NOT INCARCERATED]:

INTERVIEWER: ARE YOU CURRENTLY SPEAKING TO RESPONDENT ON SITE IN A WORK RELEASE CENTER OR HALFWAY HOUSE?

- 1 YES – IN A WORK RELEASE CENTER OR HALFWAY HOUSE
- 2 NO [SKIP TO PRIVACY3]
- 7 DK [SKIP TO PRIVACY3]
- 8 REF [SKIP TO PRIVACY3]

PRIVACY2

We want to make sure that you are in a place where you can answer questions without concerns of risk and that no one with authority over you is influencing your decision to participate in this survey. We also want to make sure that your conversation is not being monitored by anybody with authority over

you. If at any point you feel uncomfortable telling me information, just let me know and we will stop the interview.

**INTERVIEWER: IF RESPONDENT IS HESITANT ABOUT PROCEEDING, TRY TO UNDERSTAND AND ADDRESS HIS/HER CONCERN.
STOP INTERVIEW AND SCHEDULE CALLBACK IF APPROPRIATE.
REMEMBER TO LEAVE HELPFUL NOTES FOR NEXT INTERVIEWER.**

- 1 CONTINUE
- 2 STOP INTERVIEW [ASSIGN DISPOSTION TO RECONTACT]

PRIVACY3

Okay then.

[If P1 = 3/In-Person Incarcerated Interview then add:] Before we begin, some of the questions in this survey may not be applicable given your current living situation. Please do your best to answer the questions.

[FOR ALL RESPONDENTS]: Let's begin the survey.

- 1 [SKIP TO SECTION A]

TERMINATION SCRIPT

Thank you for taking the time to speak with me today. I'm sorry that you aren't able to participate in our study. If you change your mind and decide you would like to participate, please call XXX-XXX-XXXX.

Module A: Service Receipt and Participation

Aside from any services you received at [B3 program] or [name of its formal partners], we would like to learn about other services you received in your community. Please do not include services from [B3 program] or [name of its formal partners] in your responses.

A1. Excluding help from [B3 program] or [name of its formal partners], since [RA month, RA year] have you received help from any other program that developed or improved your parenting skills?

- 1 YES
- 2 NO [SKIP TO A2]
- 7 DON'T KNOW [SKIP TO A2]
- 8 REFUSED [SKIP TO A2]

A1a. Can you name the providers that helped you?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A1b. How many times did you receive help to develop or improve your parenting skills since [RA month, RA year]?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A1c. Was the help you received at this program delivered more often in a workshop/group setting or one-on-one with a case manager or other staff?

- 1 Workshop/group setting
- 2 One-on-one with case manager or other staff
- 7 DON'T KNOW
- 8 REFUSED

A1d. Did you complete this program?

- 1 YES

- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

A2. Excluding any help that you got from [B3 program] or [names of its formal partners], since [RA month, RA year] did you and your child or children participate in programs or services together that were supposed to help you improve your father/child relationship?

- 1 YES
- 2 NO [SKIP TO A3]
- 7 DON'T KNOW [SKIP TO A3]
- 8 REFUSED [SKIP TO A3]

A2a. Can you name the providers that offered these services?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A2b. How many times did you participate in these services with your child or children since [RA month, RA year]?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A2c. Was this program or service more often in a workshop/group setting or one-on-one with a case manager or other staff?

- 1 Workshop/ Group setting
- 2 One-on-one with a case manager
- 7 DON'T KNOW
- 8 REFUSED

A2d. Did you complete this program?

- 1 YES
- 2 NO
- 7 DON'T KNOW

8 REFUSED

A3. Excluding any help from [B3 program] or [name of its formal partners], since [RA month, RA year] did you receive assistance from any other program to help you to improve your communication and relationship with your child or children's other parent or legal guardian?

- 1 YES
- 2 NO [SKIP TO A4]
- 7 DON'T KNOW [SKIP TO A4]
- 8 REFUSED [SKIP TO A4]

A3a. Can you name the providers that helped you?

VERBATIM
97 DON'T KNOW
98 REFUSED

A3b. How many times did you receive help to improve your communication and relationship with your child or children's other parent or legal guardian since [RA month, RA year]?

VERBATIM
97 DON'T KNOW
98 REFUSED

A3c. Was the assistance you received from this program more often in a workshop/group setting or one-on-one with a case manager or other staff?

- 1 Workshop/group setting
- 2 One-on-one with case manager or other staff
- 7 DON'T KNOW
- 8 REFUSED

A3d. Did you complete this program?

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

A4. Excluding help from [B3 program] or [name of its formal partners], since [RA month, RA year], did you receive assistance from any other program to find or keep a job, or help you deal with problems that interfered with your ability to work?

PROBES: this could include help preparing a resume, filling out a job application, preparing for a job interview, deciding what jobs to look for, looking for jobs, help with transportation, or help obtaining work clothes or supplies.

- 1 YES
- 2 NO [SKIP TO A5]
- 7 DON'T KNOW [SKIP TO A5]
- 8 REFUSED [SKIP TO A5]

A4a. Can you name the providers that helped you?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A4b. How many times did you receive help to get or keep a job since [RA month, RA year]?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A4c. Was the help you received to find or keep a job more often delivered in a workshop/group setting or one-on-one with a case manager or other staff?

- 1 Workshop/ group setting
- 2 One-on-one with a case manager or other staff
- 7 DON'T KNOW
- 8 REFUSED

A4d. Did you complete this program?

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

A5. Excluding help from [B3 program] or [name of its formal partners], since [RA month, RA year] did you receive assistance from any other program to help with substance abuse?

PROBES can be used if needed: this could include, detoxification, outpatient substance abuse treatment, medicinal treatment such as methadone, residential treatment, or self-help groups such as Alcoholics Anonymous or Narcotics Anonymous.

- 1 YES
- 2 NO [SKIP TO A6]
- 7 DON'T KNOW [SKIP TO A6]
- 8 REFUSED [SKIP TO A6]

A5a. Can you name the providers that helped you?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A5b. How many times did you receive substance abuse services since [RA month, RA year]?

-
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A5c. Was the substance abuse service more often delivered in a workshop/group setting or one-on-one with a case manager or other staff member?

- 1 Workshop/group setting
- 2 One-on-one with case manager or other staff member
- 7 DON'T KNOW
- 8 REFUSED

A5d. Did you complete this program?

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

A6. Excluding help from [B3 program] or [name of its formal partners], since [RA month, RA year] did you participate in any other program to learn how patterns of thinking can affect your behavior or the choices you make?

PROBES can be used if needed: Sometimes this is called cognitive-behavioral services.

- 1 YES
- 2 NO [SKIP TO A7]
- 7 DON'T KNOW [SKIP TO A7]
- 8 REFUSED [SKIP TO A7]

A6a. Can you tell me the name of this service? Was it...

- 1 Thinking for a Change
- 2 Reasoning and Rehabilitation
- 3 Moral Reconciliation Therapy
- 4 Aggression Replacement Training
- 5 Interpersonal Problem Solving
- 6 Cognitive Interventions Program
- 7. Courage to Change
- 8 Other (SPECIFY _____)
- 97 DON'T KNOW
- 98 REFUSED

A6b. Did you participate in this service while in jail or prison?

- 1 YES
- 2 NO
- 3 I have never been to jail or prison
- 7 DON'T KNOW
- 8 REFUSED

A6c. How many times did you receive this service since [RA month, RA year]?

- _____
- VERBATIM
 - 97 DON'T KNOW
 - 98 REFUSED

A6d. Was this service more often delivered in a workshop/group setting or one-on-one with a case manager or other staff member?

- 1 Workshop/group setting

- 2 One-on-one with case manager or other staff member
- 7 DON'T KNOW
- 8 REFUSED

A6e. Did you complete this program?

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

Now, I want to ask you about your overall experiences with the [B3 organization].

A7. Are you still receiving support from [B3 organization]?

- 1 YES [SKIP TO A8a]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

A7a. What was the main reason you stopped going to [B3 organization]? Was it that,

- 1 The program was finished
- 2 I got what I needed before the program was finished
- 3 I did not like the program or service
- 4 I did not learn anything new
- 5 I had other commitments
- 6 Transportation or coordination issues
- 7 Got a job
- 8 Other (SPECIFY _____)
- 97 DON'T KNOW
- 98 REFUSED

A7b. How often are you still in touch with staff at [B3 organization]?

- 1 Every day or almost every day
- 2 3 or 4 times per week
- 3 1 or 2 times per week
- 4 2 or 3 times in the past month
- 5 Once in the past month
- 6 Less than once a month
- 7 Not at all
- 97 DON'T KNOW
- 98 REFUSED

- 4 Fair
- 5 Poor
- 7 DON'T KNOW
- 8 REFUSED

IF RANDOM ASSIGNMENT = PROGRAM GROUP THEN GO TO A9A; IF RANDOM ASSIGNMENT = CONTROL GROUP THEN GO TO B1A.

A9a. While you were involved in the [Just Beginning] program, how often did you use the skills were you learning between the program sessions?

- 1 Every day or almost every day
- 2 At least once a week
- 3 At least once a month
- 4 Less than once a month
- 5 Never
- 7 DON'T KNOW
- 8 REFUSED

A9b. Nowadays, how often do you use the skills or strategies you learned in the [Just Beginning] program sessions?

- 1 Every day
- 2 Once a week
- 3 Once a month
- 4 Less than once a month
- 5 Never
- 7 DON'T KNOW
- 8 REFUSED

Module B: Household and family structure

The next questions ask about your biological and adopted children you told us about a few months ago.

[BASELINE SURVEY RESPONSES TO B1A, B1B, B1C, B1D, AND B1E WILL BE FILLED IN WHERE IT SAYS #KIDS0T2, #KIDS3T4, #KIDS5T9, #KIDS10T17, #KIDS18PLUS]

B1a.1. [IF #KIDS0T2 > 0 THEN ASK B1A1. IF #KIDS0T2 = 0 THEN SKIP TO B1B1]

A few months ago, you told us you had [#KIDS0T2] (child/children) between 0 and 2 years old. (Does this child/Do any of these children) live with you at least half of the time?

- 1 YES
- [SKIP TO B1b1]

2 NO
7 DON'T KNOW
8 REFUSED

B1a.2. Did you see (this child/any of these children) in the past 30 days?

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

B1b.1. [IF #KIDS3T4 > 0 THEN ASK B1B1. IF #KIDS3T4 = 0 THEN SKIP TO B1C1]

A few months ago, you told us you had [#KIDS3T4] (child/children) between 3 and 4 years old. (Does this child/Do any of these children) live with you at least half of the time?

- 1 YES [SKIP TO B1c1]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

B1b.2 Did you see (this child/any of these children) in the past 30 days?

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

B1c.1. [IF #KIDS5T9 > 0 THEN ASK B1C1. IF #KIDS5T9 = 0 THEN SKIP TO B1D1]

A few months ago, you told us you had [#KIDS5T9] (child/children) between 5 and 9 years old. (Does this child/Do any of these children) live with you at least half of the time?

- 1 YES [SKIP TO B1d1]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

B1c.2. Did you see (this child/any of these children) in the past 30 days?

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

B1d.1. [IF #KIDS10T17 > 0 THEN ASK B1D1. IF #KIDS10T17 = 0 THEN SKIP TO B1E1]

A few months ago, you told us you had [#KIDS10T17] (child/children) between 10 and 17 years old.
(Does this child/Do any of these children) live with you at least half of the time?

- 1 YES [SKIP TO B1e1]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

B1d.2. Did you see (this child/any of these children) in the past 30 days?

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

B1e.1 [IF #KIDS18PLUS > 0 THEN ASK B1E1. IF #KIDS18PLUS = 0 THEN SKIP TO B2]

A few months ago, you told us you had [#KIDS18PLUS] (child/children) 18 years of age or older. (Does this child/Do any of these children) live with you at least half of the time?

- 1 YES [SKIP TO B2]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

B1e.2 Did you see (this child/any of these children) in the past 30 days?

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

B2. What is your current marital status?

- 1 Married living together [SKIP TO B5]
- 2 Separated
- 3 Never married
- 4 Divorced
- 5 Widowed
- 7 DON'T KNOW
- 8 REFUSED

B3. What is your current partner status?

- 1 No current partner [SKIP TO C1]
- 2 Dating
- 3 In a committed relationship but not engaged or married
- 4 Engaged to be married
- 7 DON'T KNOW
- 8 REFUSED

B4. Do you live with your partner...?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 None of the time
- 7 DON'T KNOW
- 8 REFUSED

B5. Does your spouse or partner have any children that are not your biological children?

- 1 YES
- 2 NO [SKIP TO C1]
- 7 DON'T KNOW [SKIP TO C1]
- 8 REFUSED [SKIP TO C1]

B6. Are you a father figure to any of your spouse or partner's children?

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

Module C: Father/Child Contact

A few months ago, you indicated that you had a child [AGE] years old named [NAME OF CHILD]. We would like to ask you some questions about your relationship with [NAME OF CHILD].

[IF CHILD IS DECEASED, INTERVIEWER SAYS: "I am so sorry for your loss." THEN IF #KIDS>1, SKIP TO J1; OR IF #KIDS = 1, SKIP TO K1]

C1. Do you live with [NAME OF CHILD]'s mother?

- 1 Yes
- 2 No
- 7 Don't Know
- 8 Decline to Answer

C2. Does [NAME OF CHILD] live with you all or most of the time?

- 1 YES [SKIP TO D1]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

C3. Who does [NAME OF CHILD] usually live with?

- 1 Biological mother
- 2 Grandparent(s)
- 3 Other relative(s)
- 4 Friend
- 5 Foster care
- 6 Adoptive parent
- 97 DON'T KNOW
- 98 REFUSED

C4. How long does it usually take for you to get from your home to [NAME OF CHILD]'s home?

- 1 Less than 10 minutes
- 2 10-19 minutes
- 3 20-39 minutes
- 4 40 -59 minutes
- 5 1 to 2 hours
- 6 More than 2 hours
- 7 I have never been to my child's home
- 7 DON'T KNOW
- 8 REFUSED

C5. In the past 30 days, how often did you talk on the phone; send letters, cards or texts, use FaceTime, Facebook, or other social media with [NAME OF CHILD]?

- 1 Every day or almost every day
- 2 3 or 4 times per week
- 3 1 or 2 times per week
- 4 2 or 3 times in the past month
- 5 Once in the past month
- 6 Not at all
- 7 DON'T KNOW
- 8 REFUSED

C6. When did you last see [NAME OF CHILD] in person?

- 1 Within the last week
- 2 Between 7 – 14 days ago
- 3 Between 15 – 29 days ago
- 4 1 – 2 months ago [SKIP TO C8]
- 5 3 – 6 months ago [SKIP TO C8]
- 6 More than 6 months ago [SKIP TO C8]
- 7 DON'T KNOW
- 8 REFUSED

C7. In the past 30 days, how often did you see [NAME OF CHILD] in person?

- 1 Every day or almost every day
- 2 3 or 4 times per week
- 3 1 or 2 times per week
- 4 2 or 3 times in the past month
- 5 Once in the past month
- 6 Not at all
- 7 DON'T KNOW
- 8 REFUSED

C8. In the past 30 days, how often did [NAME OF CHILD] spend the night with you?

- 1 Every day or almost every day
- 2 3 or 4 times per week
- 3 1 or 2 times per week
- 4 2 or 3 times in the past month
- 5 Once in the past month
- 6 Not at all

97 DON'T KNOW
98 REFUSED

C9. Has your legal paternity been established? That is, did you sign any document that identifies you as the legal father of [NAME OF CHILD] or has the court ruled that you are the father?

1 Yes, legal paternity
2 NO
7 DON'T KNOW
8 REFUSED

C10. Do you have shared custody of [NAME OF CHILD]?

1 YES
2 NO
7 DON'T KNOW
8 REFUSED

C10a. Do you have an agreement with the mother or guardian of [NAME OF CHILD] about spending time with [NAME OF CHILD]?

1 Yes, we have a legal document
2 Yes, we have a written agreement that is not court-ordered
3 Yes, we have a verbal understanding
4 No, we have no parenting agreement
7 DON'T KNOW
8 REFUSED

[IF C4 = 7 THEN SKIP TO C12]

C11. When you spend time with [NAME OF CHILD], how often are you at the home where [NAME OF CHILD] usually lives?

1 Always or almost always
2 Often
3 Sometimes
4 Rarely
5 Never
97 DON'T KNOW
98 REFUSED

[IF C1 = 1 THEN SKIP TO C13]

C12. If you have a new spouse or partner that is not [NAME OF CHILD]'s mother, how encouraging or discouraging is your spouse or partner of your involvement with [NAME OF CHILD]?

- 1 Very discouraging
- 2 Somewhat discouraging
- 3 Neutral
- 4 Somewhat encouraging
- 5 Very encouraging
- 0 I do not have a new spouse or partner
- 97 DON'T KNOW
- 98 REFUSED

C13. In general, how satisfied are you with the amount of time you spend with [NAME OF CHILD]?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not satisfied
- 97 DON'T KNOW
- 98 REFUSED

Now we are going to list some things that can make it hard for fathers to spend time with their children. Thinking about the past month, please let me know how often you think each of the following statements applied to you.

		Often	Sometimes	Never	Does not apply	DON'T KNOW	REFUSED
C14a	In the past month, my work or school schedule made it hard for me to spend time with [NAME OF CHILD]	1	2	3	9	7	8
C14b	In the past month, car problems or lack of transportation made it hard for me to spend time with [NAME OF CHILD]	1	2	3	9	7	8
C14c	In the past month, not having a stable place to live made it hard for me to spend time with [NAME OF CHILD]	1	2	3	9	7	8
C14d	[IF C1=1 THEN SKIP TO C14e] In the past month, it was hard to spend time with [NAME OF CHILD] because their mother's spouse or boyfriend did not want me around.	1	2	3	9	7	8
C14e	A court order or legal restriction makes it hard for me to spend time with [NAME OF CHILD]	1	2	3	9	7	8

Module D: Father Engagement

[IF (C5 = 4, 5, or 6) THEN INTERVIEWER WILL ASK: “Just to confirm, have you seen [NAME OF CHILD] in person in the last 30 days?” IF FATHER ANSWERS “NO” THEN SKIP TO E1]

The next questions ask how often you did certain activities with [NAME OF CHILD] in the past 30 days. Some of these activities may fit better with a child of their age than others. If any of them don’t make sense to you, that’s fine, you can just say that you don’t do them at all.

In the past 30 days, how often did you (READ ITEM)? Was it more than once a day, about once a day, a few times a week, a few times a month, rarely, or not at all?

		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D1.	Sing songs with [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D2.	Dance with [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D3.	Read stories to [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D4.	Tell stories to [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D5.	Talk to [NAME OF CHILD] about the things that they looked at, grabbed, or pointed to?	1	2	3	4	5	6	7	8
D6.	Hug or show physical affection to [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D7.	Praise [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D8.	Soothe [NAME OF CHILD] if they were crying?	1	2	3	4	5	6	7	8
D9.	Tell [NAME OF CHILD] you loved	1	2	3	4	5	6	7	8

	them?								
		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D10.	Try to get [NAME OF CHILD] to smile or laugh?	1	2	3	4	5	6	7	8
D11.	Take [NAME OF CHILD] for a ride on your shoulders or back?	1	2	3	4	5	6	7	8
D12.	Carry [NAME OF CHILD] in your arms or hold them in your lap?	1	2	3	4	5	6	7	8
D13.	Play together with [NAME OF CHILD] with toys?	1	2	3	4	5	6	7	8
D14.	Take [NAME OF CHILD] with you to visit relatives?		2	3	4	5	6	7	8
D15.	Take [NAME OF CHILD] shopping with you?		2	3	4	5	6	7	8
D16.	Go to a restaurant or out to eat with [NAME OF CHILD]?		2	3	4	5	6	7	8

		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D17.	Take [NAME OF CHILD] to play with other children?	1	2	3	4	5	6	7	8
D18.	Put [NAME OF CHILD] to bed?	1	2	3	4	5	6	7	8
D19.	Give [NAME OF CHILD] a bath?	1	2	3	4	5	6	7	8
D20.	Roll a ball, toss a ball, or play games with a ball with [NAME OF CHILD]	1	2	3	4	5	6	7	8
D21.	Go for a walk with [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D22.	Bounce [NAME OF CHILD] up and down on your knee?	1	2	3	4	5	6	7	8
D23.	Stay home to care for [NAME OF CHILD] when (he/she) was ill?	1	2	3	4	5	6	7	8
D24.	Help get [NAME OF CHILD] dressed?	1	2	3	4	5	6	7	8
D25.	Change [NAME OF CHILD]'s diaper, or help (him/her) use the toilet?	1	2	3	4	5	6	7	8
D26.	Prepare meals or bottles for [NAME OF CHILD]?	1	2	3	4	5	6	7	8
D27.	Assist [NAME OF CHILD] with eating or give (him/her) a bottle?	1	2	3	4	5	6	7	8

		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D28.	Get up with [NAME OF CHILD] when (he/she) woke up during the night?	1	2	3	4	5	6	7	8
D29.	Play outside in the yard, a park, or a playground with [NAME OF CHILD]?	1	2	3	4	5	6	7	8

D30. Do you agree or disagree with this statement: There is not much point talking to [NAME OF CHILD]/{my child}, because they are too young to understand me.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
- 7 Don't Know
- 8 Decline to Answer

Module E: Discipline and Parenting Skills

[IF C5 = 5 or 6 THEN INTERVIEWER WILL ASK: "Just to confirm, have you seen [NAME OF CHILD] in person in the last 3 months?" IF FATHER ANSWERS "NO" THEN SKIP TO F1]

Children often do things that are wrong, disobey, or make their parents angry. In the past 3 months, we would like to know what you have done when [NAME OF CHILD] did something wrong or made you upset or angry.

(First), in the past 3 months, how many times did you (READ ITEM)? Was it once in the past 3 months, twice, 3-5 times, 6-10 times, 11-20 times, more than 20 times, or this never happened in the past 3 months?

		Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 times	never	DON'T KNOW	REFUSED
E1.	Explain to [NAME OF CHILD] why something (he/she) did was wrong.	1	2	3	4	5	6	0	7	8
E2.	Put [NAME OF CHILD] in "time out" or send [NAME OF CHILD] to (his/her) room.	1	2	3	4	5	6	0	7	8
E3.	Give (him/her) something else to do instead of what (he/she) was doing.	1	2	3	4	5	6	0	7	8
E4.	Shout, yell, or scream at [NAME OF CHILD].	1	2	3	4	5	6	0	7	8
E5.	Spank [NAME OF CHILD] on the bottom with your bare hand	1	2	3	4	5	6	0	7	8
E6.	Swear or curse at [NAME OF CHILD]	1	2	3	4	5	6	0	7	8

		Once	Twice	3-5 Times	6-10 Times	11-20 Times	More than 20 times	never	DON'T KNOW	REFUSED
E7.	Threaten to spank or hit [NAME OF CHILD] but did not actually do it	1	2	3	4	5	6	0	7	8
E8.	Slap [NAME OF CHILD] on the hand, arm, or leg	1	2	3	4	5	6	0	7	8
E9.	Take away privileges from [NAME OF CHILD]	1	2	3	4	5	6	0	7	8

E10. In the past 3 months, did you ever hit (him/her) on the bottom with something like a belt, hairbrush, a stick or some other hard object?

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

Module F: Father/Child Relationship Quality

In this next section, I am going to ask some more questions about your current relationship with [NAME OF CHILD].

F1. Do you feel that your relationship with [NAME OF CHILD] is...

- 1 Very good
- 2 Somewhat good
- 3 Not too good
- 97 DON'T KNOW
- 98 REFUSED

		Always or almost always	Often	Sometimes	Rarely	Never	DON'T KNOW	REFUSED
F2	How often do you feel disappointed with [NAME OF CHILD]?	1	2	3	4	5	7	8
F3	How often do you wish that [NAME OF CHILD] was different?	1	2	3	4	5	7	8
F4	How often do you feel proud of [NAME OF CHILD]?	1	2	3	4	5	7	8
F5	How often do you feel angry or irritated with [NAME OF CHILD]?	1	2	3	4	5	7	8
F6	How often do you accept [NAME OF CHILD] the way they are?	1	2	3	4	5	7	8
F7	How often does being a father to [NAME OF CHILD] bring you joy?	1	2	3	4	5	7	8

The next statements ask you your feelings about being a parent to [NAME OF CHILD]. Your first reaction should be your answer. For each statement, please indicate how much you agree or disagree with the statement.

		Strongly agree	Agree	Not Sure	Disagree	Strongly disagree	DON'T KNOW	REFUSED
F8.	My child rarely does things for me that make me feel good	1	2	3	4	5	7	8
F9.	Most times I feel that my child does not like me and does not want to be close to me	1	2	3	4	5	7	8
F10.	My child smiles at me much less than I expected	1	2	3	4	5	7	8
F11.	When I do things for my child I get the feeling that my efforts are not appreciated very much	1	2	3	4	5	7	8
F12.	When playing, my child doesn't often giggle or laugh	1	2	3	4	5	7	8
F13.	My child doesn't seem to learn as quickly as most children	1	2	3	4	5	7	8
F14.	My child doesn't seem to smile as much as most children	1	2	3	4	5	7	8
F15.	My child is not able to do as much as I expected	1	2	3	4	5	7	8
F16.	It takes a long time and it is very hard for my child to get used to new things	1	2	3	4	5	7	8
F17.	I expected to have closer and warmer feelings for my child than I do and this bothers me	1	2	3	4	5	7	8
F18.	Sometimes my child does things that bother me just to be mean	1	2	3	4	5	7	8

Module G: Parenting Efficacy

The following statements are about how you think about yourself as a father. Please think about [NAME OF CHILD] when answering these questions and let me know how often each of the following statements applies to you.

		Always or almost always	Often	Sometimes	Rarely	Never	DON'T KNOW	REFUSED
G1	I am good at helping [NAME OF CHILD] when he/she is upset or distressed.	1	2	3	4	5	7	8
G2	I am good at knowing what activity [NAME OF CHILD] enjoys.	1	2	3	4	5	7	8
G3	I am good at getting [NAME OF CHILD] to have fun with me.	1	2	3	4	5	7	8
G4	I am good at providing for [NAME OF CHILD]'s financial needs.	1	2	3	4	5	7	8
G5	I am good at providing diapers, milk, or other needed items for [NAME OF CHILD]	1	2	3	4	5	7	8
G6	I am good at getting [NAME OF CHILD] to understand what I want him/her to do.	1	2	3	4	5	7	8
G7	I am good at following through with my promises to [NAME OF CHILD].	1	2	3	4	5	7	8
G8	I am good at understanding what [NAME OF CHILD] wants or needs.	1	2	3	4	5	7	8

G9. I feel that I am:

- 1 not very good at being a parent
- 2 a person who has some trouble being a parent
- 3 an average parent
- 4 a better than average parent
- 5 a very good parent
- 7 DON'T KNOW
- 8 REFUSED

G10. How much influence do you have in making major decisions for [NAME OF CHILD]/{your child} about things like when they go to the doctor, what religion they practice, or who will take care of them? Do you have...

- 1 No influence
- 2 Some influence
- 3 A great deal of influence
- 7 Don't Know
- 8 Decline to Answer

Module H: Father Commitment to Child

Please answer each of the upcoming questions by indicating how strongly you agree or disagree with the idea expressed.

		Strongly agree	Agree	Disagree	Strongly disagree	DON'T KNOW	REFUSED
H1.	My relationship with [NAME OF CHILD] is more important than anything else in my life.	1	2	3	4	7	8
H2.	Being the father of [NAME OF CHILD] is a big part of who I am.	1	2	3	4	7	8
H3.	I will always want to be meaningfully involved in [NAME OF CHILD'S] life.	1	2	3	4	7	8
H4.	Sometimes other interests and responsibilities of mine have to come before my relationship with [NAME OF CHILD].	1	2	3	4	7	8
H5.	I can see myself losing interest in [NAME OF CHILD] a few years from now.	1	2	3	4	7	8
H6.	Not being a part of my child's life would be one of the worst things that could happen to me	1	2	3	4	7	8

H8. Sometimes things come up that get in the way of plans to spend time with children. How often do you have to cancel plans with [NAME OF CHILD]?

- 1 Always or almost always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 DON'T KNOW
- 8 REFUSED

I have a few more questions about your relationship with [NAME OF CHILD].

		A great deal	Somewhat	A little bit	Not at all	DON'T KNOW	REFUSED
H9.	If you were not able to see [NAME OF CHILD] for the next month, how much would you miss (him/her)?	1	2	3	4	7	8
H10.	How much influence do you think you have on [NAME OF CHILD]'s life right now?	1	2	3	4	7	8
H11.	How much influence do you think you will have on [NAME OF CHILD]'s life over the long-term?	1	2	3	4	7	8

Module I: Co-Parenting Relationship Quality

I1. [IF C1=No, DON'T KNOW, or REFUSED THEN SKIP TO I2]

Now we are going to ask some questions about your relationship with [NAME OF CHILD]'s mother. Can you tell me the name of [NAME OF CHILD]'s mother?

NAME OF MOTHER/GUARDIAN [SKIP TO I3]

I2. Now we are going to ask some questions about your relationship with [NAME OF CHILD]'s mother or legal guardian. Can you tell me the name of [NAME OF CHILD]'s mother or the legal guardian who usually takes care of [NAME OF CHILD]? [IF CLARIFICATION IS NEEDED, INTERVIEWER MAY SAY, "By legal guardian I mean the person who is usually responsible for taking care of [NAME OF CHILD]."]

NAME OF MOTHER/GUARDIAN

I2a. What is [NAME OF MOTHER/GUARDIAN]'s relationship to [NAME OF CHILD]?

- 1 mother
- 2 grandmother
- 3 grandfather
- 4 aunt
- 5 uncle
- 6 other relative
- 7 foster parent
- 8 other (SPECIFY _____)
- 97 DON'T KNOW
- 98 REFUSED

[THE RESPONSE to I1 OR I2 WILL BE ENTERED INTO THE "[NAME OF MOTHER/GUARDIAN]" FIELD AND FILLED IN WHENEVER THE SURVEY REFERENCES "[NAME OF MOTHER/GUARDIAN]"]

Please think about [NAME OF MOTHER/GUARDIAN] when answering these questions and let us know if you strongly agree, agree, disagree, or strongly disagree with each of the following statements.

		Strongly Agree	Agree	Disagree	Strongly Disagree	DON'T KNOW	REFUSED
13.	[NAME OF MOTHER/GUARDIAN] tells me I am doing a good job or otherwise lets me know I am being a good father.	1	2	3	4	7	8
14.	[NAME OF MOTHER/GUARDIAN] makes negative comments, jokes, or sarcastic comments about the way I am as a parent.	1	2	3	4	7	8
15.	[NAME OF MOTHER/GUARDIAN] contradicts the decisions I make about [NAME OF CHILD].	1	2	3	4	7	8
16.	[NAME OF MOTHER/GUARDIAN] turns to other people to parent [NAME OF CHILD] even though I am an engaged father.	1	2	3	4	7	8
17.	[NAME OF MOTHER/GUARDIAN] undermines me as a father.	1	2	3	4	7	8
18.	[NAME OF MOTHER/GUARDIAN] makes it hard for me to spend time with [NAME OF CHILD].	1	2	3	4	7	8
19.	[NAME OF MOTHER/GUARDIAN] makes it hard for me to talk with [NAME OF CHILD].	1	2	3	4	7	8

		Strongly Agree	Agree	Disagree	Strongly Disagree	DON'T KNOW	REFUSED
I10.	[NAME OF MOTHER/GUARDIAN] and I have conflicts about scheduling time or activities with [NAME OF CHILD].	1	2	3	4	7	8
I11.	[NAME OF MOTHER/GUARDIAN] and I are a good parenting team.	1	2	3	4	7	8
I12.	[NAME OF MOTHER/GUARDIAN] and I argue about who should make decisions about [NAME OF CHILD].	1	2	3	4	7	8
I13.	[NAME OF MOTHER/GUARDIAN] and I try to manage the amount of conflict we have about [NAME OF CHILD].	1	2	3	4	7	8
I14.	[NAME OF MOTHER/GUARDIAN] and I make threats to each other when we can't get along in our roles as parents.	1	2	3	4	7	8
I15.	[NAME OF MOTHER/GUARDIAN] and I are able to resolve conflicts or arguments over [NAME OF CHILD].	1	2	3	4	7	8

Module J: Child Support

J1. Are you required by a court or state agency to pay child support for any children?

- 1 YES
- 2 NO [SKIP TO J9]
- 7 DON'T KNOW [SKIP TO J9]
- 8 REFUSED [SKIP TO J9]

J2. How many children are you required to pay child support for? Include any children for whom you are required to pay arrears or make back payments.

- _____ (RANGE = 1-20)
NUMBER OF CHILDREN
96 MORE THAN 20
97 DON'T KNOW
98 REFUSED

J3. What is the total amount you are required to pay through the child support system?

IF NEEDED: This is the total for all of your children.
INTERVIEWER: ROUND TO NEAREST DOLLAR

- \$ _____ , _____ _____
AMOUNT PAID (RANGE 1 to 9995)
9996 \$9,996 or more
9997 DON'T KNOW [SKIP TO J5]
9998 REFUSED [SKIP TO J5]

J4. Is that...

- 1 per week,
- 2 every other week,
- 3 per month, or
- 4 some other time period? (SPECIFY)
- 7 DON'T KNOW
- 8 REFUSED

J5. Last month, did you pay the full amount of the payment ordered by the court or state agency?

- 1 YES [SKIP TO J7]
- 2 NO

7 DON'T KNOW
8 REFUSED

J6. How much child support did you actually pay through the child support system last month?

\$ _____ , _____ _____
AMOUNT PAID (RANGE 1 to 9995)
0000 \$0 or None
9996 \$9,996 or more
9997 DON'T KNOW
9998 REFUSED

J7. How much back child support do you owe?

1 None
2 less than \$1,000
3 \$1,000 to \$4,999
4 \$5,000 to \$9,999
5 \$10,000 to \$14,999
6 \$15,000 or more
7 DON'T KNOW
8 REFUSED

J8. Since [RA month, RA year], has the state decreased the child support debt that you owe, or did a program or agency try to help you decrease your child support payments or debt?

1 YES
2 NO
3 I did not owe any back child support since [RA month, RA year]
7 DON'T KNOW
8 REFUSED

J9. Not counting any child support required by a court, in the past 30 days did you provide cash for any of your children that do not live with you?

1 YES
2 NO [SKIP TO J12]
7 DON'T KNOW [SKIP TO J12]
8 REFUSED [SKIP TO J12]

J10. Not counting and child support required by court, in the past 30 days, approximately how much cash did you provide?

INTERVIEWER: ROUND TO NEAREST DOLLAR

\$ _____ , _____ _____
 AMOUNT (1 to 9995)
 0000 \$0 or none
 9996 \$9,996 or more
 9997 DON'T KNOW
 9998 REFUSED

J11. How many children did this cover?

_____ (RANGE =1-20)
 NUMBER OF CHILDREN
 96 More than 20
 97 DON'T KNOW
 98 REFUSED

J12. The next set of questions are about [NAME OF CHILD]. During the past month did you provide help with any of the following for [NAME OF CHILD]?

	YES	NO	DON'T KNOW	REFUSED
a. Buying food	1	2	7	8
b. Purchasing clothing or diapers	1	2	7	8
c. Paying for or providing child care or babysitting	1	2	7	8
d. Paying for medicine or health care	1	2	7	8
e. Helping with bills or payments	1	2	7	8
f. Buying toys, books, or school supplies	1	2	7	8
g. Paying for or providing transportation to daycare, school, appointments, or other activities	1	2	7	8

J13. [IF HAVE MORE THAN 1 CHILD]

Now, the next questions are about support you gave to any of your other children who do not live with you. Do not include [NAME OF CHILD] when answering this set of questions.

During the past month did you provide help with any of the following for any of your other children that do not live with you?

	YES	NO	DON'T KNOW	REFUSED
a. Buying food	1	2	7	8
b. Purchasing clothing or diapers	1	2	7	8
c. Paying for or providing child care or babysitting	1	2	7	8
d. Paying for medicine or health care	1	2	7	8
e. Helping with bills or payments	1	2	7	8
f. Buying toys, books, or school supplies	1	2	7	8
g. Paying for or providing transportation to daycare, school, appointments, or other activities	1	2	7	8

Module K: Employment

K1. How much you have worked since [RA month, RA Year]? Please include any work that was paid in cash, or done in exchange for meals, or clothing, a place to live, or something else. This could include on the books or off the books employment, self-employment, temporary work, work as a day laborer, or work at irregular, odd, or side jobs. Was it ...

- 1 all the time
- 2 most of the time
- 3 half the time
- 4 some of the time
- 5 seldom
- 6 never
- 7 DON'T KNOW
- 8 REFUSED

K2. Do you currently have a job?

- 1 YES [SKIP TO K4]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

K3. Just to be sure, have you done any work in the past 2 weeks for pay? Please include any work that was paid for in cash, or done in exchange for meals, or clothing, a place to live, or something else. This could include on the books or off the books employment, self-employment, temporary work, work as a day laborer, or work at irregular, odd, or side jobs.

- 1 YES
- 2 NO [SKIP TO K15]
- 7 DON'T KNOW [SKIP TO K15]
- 8 REFUSED [SKIP TO K15]

K4. How many jobs do you currently have?

INTERVIEWER: SELF-EMPLOYMENT OR TEMPORARY OR "TEMP" WORK IN THE SAME FIELD COUNTS AS ONE JOB. DAY LABORER WORK COUNTS AS ONE JOB.

-
- NUMBER OF JOBS (RANGE: 1- 10)
 - 96 MORE THAN 10
 - 97 DON'T KNOW
 - 98 REFUSED

K5. IF NUMBER OF JOBS IN K4 = 1, GO TO K8

Thinking now about all of the jobs that you're currently working, in the last month, how many hours per week have you usually worked at these jobs? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth.

INTERVIEWER: IF SCHEDULE IS IRREGULAR OR VARIES: How many hours did you work in the last week you worked at these jobs?

NUMBER OF HOURS (RANGE: 1 to 80)
96 OVER 80 HOURS PER WEEK
97 DON'T KNOW
98 REFUSED

K6.How much did you earn from these jobs in the last week? Please include tips, commissions, regular, and overtime pay.

\$ _____ , _____ . _____
AMOUNT (RANGE: .01-to 99,999.94) [SKIP TO K7]
99999.95 MORE THAN \$99,999.94
99999.96 WORK DONE IN EXCHANGE FOR MEALS, CLOTHING, A PLACE TO LIVE, OR SOMETHING
ELSE [SKIP TO K8]
99999.97 DON'T KNOW
99999.98 REFUSED

K6a. In the last week, did you earn ...

1 \$1 to \$99
2 \$100 to \$249
3 \$250 to \$499
4 \$500 to \$749
5 \$750 to \$999
6 \$1,000 or more
7 DON'T KNOW [SKIP TO K8]
8 REFUSED [SKIP TO K8]

K7. Was that...

1 before taxes, or
2 after taxes
7 DON'T KNOW
8 REFUSED

K8. IF K4 >1 OR K4 = DON'T KNOW, REFUSED, READ VERSION 1. ELSE READ VERSION 2.

VERSION 1: I'd like to ask you some questions about the job you worked at where you work the most hours in the last two weeks. When did this job start?

VERSION 2: I'd like to ask you some questions about your job. When did this job start?

INTERVIEWER PROBE FOR SEASON IF DON'T KNOW MONTH.

MM (RANGE: 1-12) / YYYY (RANGE: 1950-current year)

13 WINTER

14 SPRING

15 SUMMER

16 FALL

01/1950 BEFORE OR ON JANUARY 1950

97/9997 DON'T KNOW

98/9998 REFUSED

K9. Please mark all that apply. Which of the following best describes your usual weekly work schedule at your job during the last month? Did you work...

1 daytime shifts

2 evening shifts (6 P.M. - 11 P.M.)

3 night shifts (11 P.M.-7 A.M.)

4 weekends

5 an irregular schedule, that is one that changed from day to day or week to week

7 DON'T KNOW

8 REFUSED

K10. How far in advance do you usually know what days and hours you will need to work?

1 One week or less

2 Between 1 and 2 weeks

3 Between 2 and 3 weeks

4 Between 3 and 4 weeks

5 4 weeks or more

6 My work schedule doesn't usually change from week to week

7 DON'T KNOW

8 REFUSED

K11. In the last month, how many hours per week have you usually worked at this job? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth. Please do not include weeks in which you missed work because of illness or vacation.

NUMBER OF HOURS (RANGE: 1 to 80)
96 OVER 80 HOURS PER WEEK
97 DON'T KNOW
98 REFUSED

K12. How much did you earn from this job in the last week? Please include tips, commissions, regular, and overtime pay.

\$ _____ , _____ . _____
AMOUNT (RANGE: .01-to 99,999.94) [SKIP TO K14]
99999.96 WORK DONE IN EXCHANGE FOR MEALS, CLOTHING, A PLACE TO LIVE, OR SOMETHING
ELSE [SKIP TO K28]
99999.95 MORE THAN \$99,999.94
99999.97 DON'T KNOW
99999.98 REFUSED

K13. In the last week, did you earn ...

1 \$1 to \$99
2 \$100 to \$249
3 \$250 to \$499
4 \$500 to \$749
5 \$750 to \$999
6 \$1,000 or more
97 DON'T KNOW [SKIP TO K28]
98 REFUSED [SKIP TO K28]

K14. Was that...

1 before taxes, or [SKIP TO K28]
2 after taxes [SKIP TO K28]
7 DON'T KNOW [SKIP TO K28]
8 REFUSED [SKIP TO K28]

K15. IF K2 AND K3 = NO, DON'T KNOW, OR REFUSED

Did you work at any jobs since [RA month, RA Year]? Again, please include any work that was paid for in cash, or done in exchange for meals, or clothing, a place to live, or something else. This could include on the books or off the books employment, self-employment, temporary work, work as a day laborer, or work at irregular, odd, or side jobs.

- 1 YES
- 2 NO [SKIP TO K28]
- 7 DON'T KNOW [SKIP TO K28]
- 8 REFUSED [SKIP TO K28]

K16. Since [RA month, RA Year], how many jobs have you had?

INTERVIEWER: SELF-EMPLOYMENT OR TEMPORARY OR "TEMP" WORK IN THE SAME FIELD COUNTS AS ONE JOB. DAY LABORER WORK COUNTS AS ONE JOB.

- _____
NUMBER OF JOBS (RANGE: 1- 20)
96 MORE THAN 20
97 DON'T KNOW
98 REFUSED

K17. Since [RA month, RA Year], what job did you work at for the most weeks? What is that employer's name?

INTERVIEWER INSTRUCTION:

IF NECESSARY: This is simply to help make later questions more clear. We will not contact your employer. If you would like, you can tell me your job title instead.

- _____
EMPLOYER'S NAME
96 SELF-EMPLOYED
97 DON'T KNOW
98 REFUSED

K18. How long did you work at that job?

- _____
LENGTH OF TIME AT JOB
97 DON'T KNOW
98 REFUSED

K19. Just to confirm, was that...

- 1 weeks
- 2 months, or
- 3 some other time period (SPECIFY_____)
- 7 DON'T KNOW
- 8 REFUSED

K20. When did this job end?

INTERVIEWER PROBE FOR SEASON IF DON'T KNOW MONTH.

INTERVIEWER INSTRUCTION: IF DATE IS BEFORE [RA MONTH, RA YEAR], ASK HIM IF THERE WAS A JOB HE WORKED AT AFTER THIS JOB. IF SO, GO BACK TO B37 AND ASK ABOUT THIS OTHER JOB.

-
- MM (RANGE: 1-12)/ YYYY (RANGE: 1950-current year)
 - 13 WINTER
 - 14 SPRING
 - 15 SUMMER
 - 16 FALL
 - 01/1950 BEFORE OR IN JANUARY 1950
 - 97/9997 DON'T KNOW
 - 98/9998 REFUSED

K21. When did this job start?

INTERVIEWER PROBE FOR SEASON IF DON'T KNOW MONTH.

-
- MM (RANGE: 1-12)/ YYYY (RANGE: 1950-current year)
 - 13 WINTER
 - 14 SPRING
 - 15 SUMMER
 - 16 FALL
 - 01/1950 BEFORE OR ON JANUARY 1950
 - 97/9997 DON'T KNOW
 - 98/9998 REFUSED

K22. Please mark all that apply. Which of the following best describes your usual weekly work schedule when you left this job? Did you work...

- 1 daytime shifts
- 2 evening shifts (6 P.M. - 11 P.M.)
- 3 night shifts (11 P.M.-7 A.M.)
- 4 weekends
- 5 an irregular schedule, that is one that changed from day to day or week to week

- 7 DON'T KNOW
- 8 REFUSED

K23. How far in advance did you usually know what days and hours you needed to work?

- 1 One week or less
- 2 Between 1 and 2 weeks
- 3 Between 2 and 3 weeks
- 4 Between 3 and 4 weeks
- 5 4 weeks or more
- 6 My work schedule doesn't usually change from week to week
- 7 DON'T KNOW
- 8 REFUSED

K24. In the last month you worked at this job, how many hours per week did you usually work at this job? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth. Please do not include weeks in which you missed work because of illness or vacation.

INTERVIEWER: IF SCHEDULE WAS IRREGULAR OR VARIED: How many hours did you work in the last week you worked at this job?

- _____ (RANGE: 1 to 80)
NUMBER OF HOURS
96 OVER 80 HOURS PER WEEK
97 DON'T KNOW
98 REFUSED

K25. How much did you earn from this job in the last week you worked at this job? Please include tips, commissions, regular, and overtime pay.

- \$ ____ , ____ . ____
AMOUNT (RANGE: .01-to 99,999.94) [SKIP TO K27]
99999.96 WORK DONE IN EXCHANGE FOR MEALS, CLOTHING, A PLACE TO LIVE, OR SOMETHING
ELSE [SKIP TO K28]
99999.95 MORE THAN \$99,999.94
99999.9 DON'T KNOW
99999.98 REFUSED

K26. In the last week you worked there, did you earn ...

- 1 \$1 to \$99
- 2 \$100 to \$249
- 3 \$250 to \$499
- 4 \$500 to \$749
- 5 \$750 to \$999
- 6 \$1,000 or more
- 7 DON'T KNOW [SKIP TO K28]

8 REFUSED

[SKIP TO K28]

K27. Was that...

- 1 before taxes, or
- 2 after taxes
- 7 DON'T KNOW
- 8 REFUSED

K28. In the last month, did you have any problems getting a job, showing up to work, or keeping a job because of alcohol or drug use?

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

K29. In the last month, did you have any problems getting along with family or friends because of alcohol or drug use?

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

Now I am going to ask you a few questions about your income and challenges people sometimes face.

K30. Would you say that your income...

- 1 stays about the same each month
- 2 varies a little month by month
- 3 varies a lot month by month
- 7 DON'T KNOW
- 8 REFUSED

K31. In the last 6 months, for about how many months did you have no income?

- 1 Zero months
- 2 One or two months
- 3 Three months or more
- 7 DON'T KNOW
- 8 REFUSED

K32. In the last 6 months, about how many months did you run out of money between paychecks, or before the end of the month?

- 1 Zero months [SKIP TO L1]
- 2 One or two months
- 3 Three months or more
- 7 DON'T KNOW
- 8 REFUSED

K33. What was the main reason why you ran out of money? Please select one answer.

- 1 You were unemployed
- 2 You couldn't get enough hours of work from your employer
- 3 You had a reduction or termination of benefits (like Unemployment Insurance or disability)
- 4 You had a large bill or other expense to pay
- 5 You helped a family member or friend
- 4 Some other reason (SPECIFY _____)
- 7 DON'T KNOW
- 8 REFUSED

Module L: Cognitive and Behavioral

Perceived Stress

Now, I'd like to talk about feelings you may have about how things are going.

In the last month, how often have you...

		Never	Almost Never	Sometimes	Fairly Often	Very Often	DON'T KNOW	REFUSED
L1.	...been upset because of something that happened unexpectedly?	1	2	3	4	5	7	8
L2.	...felt that you were unable to control the important things in your life?	1	2	3	4	5	7	8
L3.	...felt nervous and "stressed"?	1	2	3	4	5	7	8

		Never	Almost Never	Sometimes	Fairly Often	Very Often	DON'T KNOW	REFUSED
L4.	...felt confident about your ability to handle your personal problems?	1	2	3	4	5	7	8
L5.	...felt that things were going your way?	1	2	3	4	5	7	8
L6.	...found that you could not cope with all the things that you had to do?	1	2	3	4	5	7	8
L7.	...been able to control irritations in your life?	1	2	3	4	5	7	8
L8.	...felt that you were on top of things?	1	2	3	4	5	7	8
L9.	...been angered because of things that were outside of your control?	1	2	3	4	5	7	8
L10	...felt difficulties were piling up so high that you could not overcome them?	1	2	3	4	5	7	8

L11. How would you rate the amount of control you have over your work or your ability to find work these days? An answer of 1 means you have no control at all.

- 1 No control at all
- 2 Very little control
- 3 Some control
- 4 A lot of control
- 5 Total control
- 7 DON'T KNOW
- 8 REFUSED

L12. How would you rate the amount of control you have over your financial situation these days? An answer of 1 means you have no control at all.

- 1 No control at all
- 2 Very little control
- 3 Some control
- 4 A lot of control
- 5 Total control
- 7 DON'T KNOW
- 8 REFUSED

Module M: Respondent Contact Information

M1.

At this time we'd like to just confirm some information about you. The information we confirm now will help us be able to get back in touch with you if we need to in the future. [IF INTERVIEW OVER THE PHONE READ: It will also ensure that your incentive payment is sent to the correct address.]

I have your name listed as **[READ AND CONFIRM SPELLING OF [RESPONDENT NAME]]**. Is that correct?

- YES, ALL CORRECT..... 1
- NO, CORRECT FIRST NAME..... 2
- NO, CORRECT MIDDLE NAME..... 3
- NO, CORRECT LAST NAME..... 4
- NO, CORRECT SUFFIX..... 5
- DON'T KNOW..... 7
- REFUSED..... 8

M2.

Could you please tell me how to spell your name?

M2a.

FIRST: What is your first name?

M2b.

MIDDLE: What is your middle name?

M2c.

LAST: What is your last name?

M2d.

SUFFIX: Is there anything after your last name, like Jr. or Sr.?

M3.

Our records show that your current address is **[RESPONDENT ADDRESS]**. Is this correct?

- YES, ALL OF THAT IS CORRECT..... 1
- NO-UPDATE STREET..... 2
- NO-UPDATE APARTMENT/UNIT..... 3
- NO-UPDATE CITY..... 4
- NO-UPDATE STATE..... 5
- NO-UPDATE ZIP..... 6
- DON'T KNOW..... 7
- REFUSED..... 8

M3a. STREET: What is your current street address?

M3b. APT: What is the apartment number?

M3c. CITY: In what city do you live?

M3d. STATE: In what state do you live?

M3e. ZIP: What is your zip code?

M4. Would you prefer that the \$35 gift card be sent to your current address or is there another address I should send it to?

- YES, SEND TO CURRENT ADDRESS [SKIP TO M5].....1
- NO, SEND TO DIFFERENT ADDRESS [ASK M4a through M4d].....2

M4a. What is the street address and apartment number you would like use to send the check to?

STREET ADDRESS	APT OR UNIT #

M4b. In what city? _____
CITY

M4c. In what state? _____
STATE

M4d. What is the zip code? _____
ZIP

[IF INTERVIEW IS IN PERSON SKIP TO M6]

M5. I called you at [RESPONDENT PHONE NUMBER]. Is this the best number to reach you at?

- YES.....1 [SKIP TO M7]
- NO.....2
- DON'T KNOW.....7 [SKIP TO M7]
- REFUSED.....8 [SKIP TO M7]

M6.

What is your home phone number, starting with area code?

(____) _____ - _____
DON'T KNOW.....7
REFUSED.....8

M7.

Do you have a cell phone number?

YES.....1
NO.....2 (SKIP TO M8)
DON'T KNOW.....7 (SKIP TO M8)
REFUSED.....8 (SKIP TO M8)

M7a.

What is your cell phone number, starting with area code?

(____) _____ - _____
DON'T KNOW.....7 (SKIP TO M8A)
REFUSED.....8 (SKIP TO M8A)

M7b.

Do we have your permission to contact you on your cell phone via text message?

YES.....1
[IF YES, INFORM THE R THAT STANDARD TEXT MESSAGING RATES APPLY AND "WE HOPE THE \$35 GIFT CARD WE'RE GIVING YOU WILL HELP PAY BACK ANY COSTS FOR RECEIVING TEXT MESSAGES."]
NO.....2 (SKIP TO M8A)
DON'T KNOW.....7 (SKIP TO M8A)
REFUSED.....8 (SKIP TO M8A)

M7c.

Do we have your permission to contact you on that number via automated text message?

YES.....1
NO.....2
DON'T KNOW.....7

REFUSED.....8

M8A.

Are there any other additional numbers we could use to reach you?

YES.....1
NO.....2 (SKIP TO M9)
DON'T KNOW.....7 (SKIP TO M9)
REFUSED.....8 (SKIP TO M9)

M8Aa.

What is that phone number, starting with area code?

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

M8Ab.

What type of number is that?

Work.....1
School.....2
Friend.....3
Relative.....4
Clergy.....5
Something else.....6
DON'T KNOW.....7
REFUSED.....8

M8B.

Are there any other additional numbers we could use to reach you?

YES.....1
NO.....2 (SKIP TO M9)
DON'T KNOW.....7 (SKIP TO M9)
REFUSED.....8 (SKIP TO M9)

M8Ba.

What is that phone number, starting with area code?

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

M8Bb.

What type of number is that?

- Work.....1
- School.....2
- Friend.....3
- Relative.....4
- Clergy.....5
- Something else.....6
- DON'T KNOW.....7
- REFUSED.....8

M8C.

Are there any other additional numbers we could use to reach you?

- YES.....1
- NO.....2 (SKIP TO M9)
- DON'T KNOW.....7 (SKIP TO M9)
- REFUSED.....8 (SKIP TO M9)

M8Ca.

What is that phone number, starting with area code?

- (____) _____ - _____
- DON'T KNOW.....7
 - REFUSED.....8

M8Cb.

What type of number is that?

- Work.....1
- School.....2
- Friend.....3
- Relative.....4
- Clergy.....5
- Something else.....6
- DON'T KNOW.....7
- REFUSED.....8

M9.

Do you have an email address?

- YES.....1
- NO.....2 (SKIP TO M10)
- DON'T KNOW.....7 (SKIP TO M10)
- REFUSED.....8 (SKIP TO M10)

M9a.

What is your email address?

_____@_____._____
DON'T KNOW.....7
REFUSED.....8

M10.

Do you have a Facebook Account?

YES.....1
NO.....2 (SKIP TO M11)
DON'T KNOW.....7 (SKIP TO M11)
REFUSED.....8 (SKIP TO M11)

M10A.

May we contact you at your Facebook account in the future?

YES.....1
NO.....2 (SKIP TO M11)
DON'T KNOW.....7 (SKIP TO M11)
REFUSED.....8 (SKIP TO M11)

M10B.

What is your Facebook account name?_____

M11.

What is the best way for me to reach you in the future? Would you prefer that I call you on the phone, send you a letter in the mail, send you an email, or should I call someone else?

PHONE.....1
LETTER.....2
EMAIL.....3
SOMEONE ELSE.....4
FACEBOOK ACCOUNT.....5
DON'T KNOW.....7
REFUSED.....8

[ASK M11A IF M11=1 and M6<>7, 8 and M7<>2,7,8 and M8_1<>2,7,8]

M11A.

What is the best phone number to call you at? Is it your home phone or your cell phone number, or [IF M8Ab=1,2,3,4,5,6: [INSERT M8Ab RESPONSE] number or [IF M8Bb=1,2,3,4,5,6: [INSERT M8Bb RESPONSE] number or [IF M8Cb=1,2,3,4,5,6 [INSERT M8Cb RESPONSE] number; IF M8Ab=6: LEAVE BLANK]?

HOME PHONE.....	1
CELL PHONE.....	2
WORK.....	3
SCHOOL.....	4
FRIEND.....	5
RELATIVE.....	6
CLERGY.....	7
SOMETHING ELSE.....	8
DON'T KNOW.....	97
REFUSED	98

END

CATI VERSION:

DO NOT READ: FIELD INTERVIEWER PRESENT

1 - YES

2 - NO

[SKIP TO ALT ENDING]

[CONTINUE]

CAPI VERSION:

IF RESPONDENT IS BEING INTERVIEWED IN PERSON (**P1=2**), SKIP TO CAPI IN-PERSON ENDING

IF RESPONDENT IS INCARCERATED, SKIP TO CAPI INCARCERATED ENDING

EXIT

Thank you very much for participating in this survey you will receive your \$35 gift card in about four to six weeks [CAPI: one to two weeks]. Thank you again and have a good day/evening.

ALT ENDING:

Thank you very much for participating in this survey. Please hand the phone back to the interviewer so I can confirm that we have completed the survey. The interviewer will then be able to give you your \$35 gift card. Thank you and have a good day/evening.

CAPI IN-PERSON ENDING:

Thank you very much for participating in this survey. Here is your \$35 money order as a “Thank you” for completing the interview. Have a good day/evening.

CAPI INCARCERATED ENDING:

Thank you very much for participating in this survey. [DESCRIBE THE PROTOCOL FOR HANDLING THE INCENTIVE BASED ON THE AGREED UPON METHOD OF COMPENSATION]