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

THEMATICA
CY Research

FACES 20142018

Experiences in Head Start

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		
MANUAL DIAL	02	→follow cati MODULE
QUICK EXIT	03 —	J
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 \longrightarrow GO TO SampMemb
[NAME] COMES TO THE PHONE	2 → GO TO SampMemb
[NAME] ASKS WHAT THE CALL IS ABO	UT.3 → GO TO WHATABOUT
[NAME] NOT AVAILABLE	4 → GO TO SampMemb
[NAME] HAS MOVED	5 → GO TO KNOWWHERE
[NAME] DOES NOT SPEAK ENGLISH	6 → GO TO LANG
NEVER HEARD OF [NAME]/WRONG NUDIFFERENT RESPONDENT	
HUNG UP DURING INTRODUCTION	8 → GO TO TERMINATE INTERVIEW

SampMemb. [(IF Hello=2 OR WhatAbout=2) Hello, my name is] [(IF MakeDialPhone≠4) I'm calling about [CHILD] and her/his experiences with Head Start]. We would like to interview you about [CHILD]'s experiences in Head Start and other things related to (his/her) Head Start experience. Is this [(If MakeDialPhone=4) still] a good time to talk?]
YES, CONTINUE1 → GO TO RespondentConfirm
NOT A GOOD TIME2 → MAKE APPOINTMENT
HUNG UP DURING INTRODUCTION3 → TERMINATE INTERVIEW
SUPERVISOR REVIEW4 → TERMINATE INTERVIEW
REFUSEDr → GO TO EXIT TAB, THEN TERMINATE INTERVIEV
{IF Hello=3} WhatAbout [(IF MakeDialPhone≠4) I'm calling about a study we are conducting I (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 → GO TO SampMemb
[NAME] COMES TO THE PHONE2 → GO TO SampMemb
[NAME] CURRENTLY UNAVAILABLE 3 → GO TO SampMemb
[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 REVIEW8 → TERMINATE INTERVIEW
{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.

SPAI	NISH1 ·	→ GO TO THANKS INTERVIEWER
OTHER L	ANGUAGE (SPECIFY)6	→ GO TO OtherLang
{IF LANG=6} OtherLang IF POSSIBL STRING[15] → GO TO	LE, RECORD LANGUAGE SPOKEN THANKS	
-	out=4 AND KnowWhere=1} ase have (his/her) telephone number?	
YES.	1 -	→ GO TO GETPHONE
NO	0 ·	→ GO TO NewAddr
	out=4 AND KnowWhere=1} ase have (his/her) address?	
YES.	1 -	→ GO TO GETADDRESS
NO	0	→ GO TO Thanks
{Hello=5,6,7 OR WhatAk Thanks: Thank you for	oout=3,4,5} your time. TERMINATE INTERVIEW	
	ONFIRM WHETHER THE PERSON WITH IF YOU ARE NOT CERTAIN, ASK "Are you	
YES, PER	RSON IS [NAME]1	→ GO TO PREVIOUS INTERVIEW BOX
NO, PER	SON 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 Respondentify=4 (NOT LISTED), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: "IN CASE ____ [FILL CASE ID NUMBER] ACTUAL RESPONDENT DOES NOT MATCH POTENTIAL RESPONDENTS IDENTIFIED IN SMS. NEW ID MUST BE ASSIGNED" SEND THIS MESSAGE TO XXX.

[Parent1]1 →	GO TO PREVIOUS
	INTERVIEW BOX
[Parent2]2	INTERVIEW BOX
[Parent3]3 →	GO TO PREVIOUS
	INTERVIEW BOX
NOT LISTED4 →	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 SC0.

{IF SPRING 2015}

SC0. In the fall we completed an interview with [PRE-FILL WITH NAME OF LAST RESPONDENT]. Is that you?

	YES, SAME RESPONDENT1 →	GO TO SC2
NO,	, DIFFERENT RESPONDENT0 →	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?

/ES	1 → GO TO SC1a
NO	0 —
DON'T KNOW	d → GO TO SC2a
REFUSED	

{IF FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC1=1} SC1a. **Do you live in the same household as [CHILD]?**



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

SC2. Last fall we interviewed you as the person who is most responsible for [CHILD]'s care. Are you still the person who is most responsible for [CHILD]'s care?

YES	1 → GO TO SC2x
NO	0
DON'T KNOW	d \longrightarrow 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]?



{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?

SMS) AND "OTHER." PROGRAMMER - SC2a=4 (NOT LISTED), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: "IN CASE ____ [FILL CASE ID NUMBER] INDIVIDUAL IDENTIFIED AS PERSON MOST RESPONSIBLE FOR CHILD'S CARE DOES NOT MATCH POTENTIAL RESPONDENTS IDENTIFIED IN SMS. NEW ID MUST BE ASSIGNED" SEND THIS MESSAGE TO XXX. [Parent1].....1 → GO TO SC2b [Parent2]...... 2 GO TO SC2b [Parent3].....3 → GO TO SC2b NOT LISTED......4 → GO TO GetNameIntro {IF OTHER} GetNameIntro. "[(IF SC1a OR SC2x=0, d, r) Among the people that live with [CHILD],] Please tell me the name of the person most responsible for [CHILD]'s care." ENTER 1 TO CONTINUE....... 1 → GO TO GETNAME (LABEL = Most responsible person) DON'T KNOW.....d -→EXIT INTERVIEW REFUSE.....r {PROGRAMMER NOTE: SC2b SHOULD NOT BE ASKED IF THE PERSON STATES HE/SHE DOES NOT LIVE WITH THE CHILD (I.E., IF SC1a OR SC2x ARE ASKED AND=0). IF SC1a OR SC2x ARE ASKED AND=0, THEN GO STRAIGHT TO SC2c} {IF SC1 OR SC2 = 0, d, r} IS [PERSON IDENTIFIED IN SC2a OR GETNAME] there and can I speak to SC2b. (him/her)? [NAME] COMES TO PHONE......1 → GO TO SC2b 2 NEED TO CALL BACK......2 → GO TO CallBack [NAME] DOES NOT LIVE HERE...... 3 → GO TO SC2c DON'T KNOW......d →EXIT INTERVIEW

PROGRAMMER - IF SPRING 2015 DISPLAY Fall 2014 PI R, PARENTS 2 AND 3 (FROM

REFUSED.....r _

SC2c. Can I ha	ve (his/her) address and telephone number	?
	ER 1 TO CONTINUE1	(LABEL = Most responsible address)
	DON'T KNOWd	FYIT INTERVIEW
	REFUSEr	*EXIT INTERVIEW
GET	ADDRESS	→ GO TO GETPHONE (LABEL = Most responsible phone)
	GETPHONE	→ EXIT INTERVIEW
	HER CHILD IS A HEAD START CASE FROM S KNOWN', THEN GO TO SC2c_2/SC2c.	SMS. IF SMS DESIGNATION
SC2b_2.Accol correct?	rding to our records [CHILD] is still attendin	g Head Start. Is that
	YES1	→ GO TO INT2
	NO0	
	DON'T KNOWd	
	REFUSEDr	

{SC2b_2=0,d,r} {SMS DESIGNATION FOR CHILD=UNKNOWN} SC2c 2. What grade or year of school is (CHILD) attending?

HEAD START1 →	GO TO INT2
KINDERGARTEN2 →	GO TO SC2c_2Exit TO TERMINATE INTERVIEW
TRANSITIONAL KINDERGARTEN	
(BEFORE K)	SC2c_2Exit TO TERMINATE INTERVIEW
PREFIRST GRADE (AFTER K)4 →	SC2c_2Exit TO TERMINATE INTERVIEW
FIRST GRADE5 →	SC2c_2Exit TO TERMINATE INTERVIEW
UNGRADED OR HOME SCHOOLED6 →	GO TO SC2c_2new
SPECIAL EDUCATION7 →	SC2c_2Exit TO TERMINATE INTERVIEW
NURSERY/PRESCHOOL8	SC2c_2Exit TO TERMINATE INTERVIEW
PREKINDERGARTEN9 →	SC2c_2Exit TO TERMINATE INTERVIEW
SOMETHING ELSE (SPECIFY)10	
NOT ENROLLED IN SCHOOL11	1
DON'T KNOWd	→TERMINATE INTERVIEW (Go TO
REFUSEDr —	_

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 **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 INTERVIEW** NURSERY/PRESCHOOL.....8 SC2c 2Exit TO TERMINATE **INTERVIEW** PREKINDERGARTEN......9 → SC2c 2Exit TO TERMINATE **INTERVIEW** DON'T KNOW......d →TERMINATE INTERVIEW REFUSED.....r

PROGRAMMER: IF SC2c_2/SC2c_2new=2,3,4,5,6, 7, 8,9,d,r IF SPRING 2015), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: "IN CASE ____ [FILL CASE ID NUMBER] CHILD IS NOT ATTENDING HEAD START." SEND THIS MESSAGE TO XXX.

{IF (SPRING 2015 AND SC2c_2=2,3,4,5,6, 7, 8,9,d,r)/SC2c_2new=2,3,4,5,6, 7, 8,9,d,r)}} SC2c_2Exit. This spring we are only looking at children attending Head Start. I do not have any more questions for you now, but thank you for your time.

INT2. [(IF SC2b=1) Hello, my name is _____. We would like to interview you about [CHILD]'s experiences in Head Start and other things related to (his/her) Head Start experience.] Thank you for agreeing to talk with me. [(IF PREVIOUS INTERVIEW WITH THIS RESPONDENT) As you may remember,] The purpose of this study is to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. [(IF SPRING 2015 AND NO PREVIOUS INTERVIEW) [(IF SPRING 2015 and no previous interview) When we spoke to parents from [CHILD]'s Head Start program last fall we were unable to interview you.]

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

Everything we talk about today will be kept private to the extent permitted by law. Neither your name nor [CHILD]'s name will be attached to any of the information you give us. If you have any questions at any time during this interview, please feel free to ask them.

I will ask you questions and type in your answers. You may stop me at any time and you may ask me to go back to earlier questions to change your answers. There are no right or wrong answers to these questions. No one from the Head Start Program will see or hear your answers. We will only report the results for groups. We will never report details that identify you, your child, or your child's Head Start program.

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

FACES 2014 OMB SCREEN

To be added as a help screen where INT2 text appears.

Screen note should be HELP: CTRL-F1 FOR OMB NUMBER

An agency may not conduct or sponsor, and a person is not

required to respond to a collection of information, unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0970-0151 and it expires xx/xx/2017.

Do you have any questions before we begin?

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

VER - 1 VERIFY STATUS

{VERIFY STATUS MODULE}

C2. Is [CHILD] still enrolled in [PROGRAM/CENTER NAME] in [CITY AND STATE] or has (he/she) stopped going to that program?

	STILL GOING TO THE SAME HEAD START PROGRAM	1 →	GO TO MODE-1 OR IN
	STOPPED GOING TO THAT HEAD START PROGRAM	2—	PERSON SCHEDULER
	DON'T KNOW		→ GO TO C9B
IF C2 = 2, d, C9B. Whe r	, r} n did [CHILD] stop going to [PROGRAI	M]?	
	/ _ / _ _ MONTH DAY YEAR		

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 CA ⁻ 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.		
	CONTINUE1 → GO TO SC3		
	ore we get started, I would like to make sure we have your name recorded rectly.		
	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: RE	AD NAME TO RESPONDENT AND VERIFY SPELLING		
	NAME CORRECT1 → GO TO SC4		
	NAME INCORRECT2		
	OR FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT} I have the correct spelling of your name?		
	FIRST NAME:		
	MIDDLE INITIAL:		
	LAST NAME:		

DON'T KNOW......d

REFUSED.....r

b by any other name besides [NAME OF RESPONDENT]?
YES1
NO0
DON'T KNOWd → GO TO SC7
REFUSEDr
give me that name?
YES1
NO0
DON'T KNOWd
REFUSEDr
C5 = 1} AME
FIRST NAME:
MIDDLE INITIAL:
LAST NAME:
R NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE
_ / _ / _ ONTH DAY YEAR
DON'T KNOWd
REFUSEDr

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

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
RESPONDEN	GH SC11 ONLY IF FALL 2014 OR NO PREVIOUS INTERVIEW WITH THIS T, OTHERWISE GO TO VERSION BOX A} would like to make sure we have [CHILD]'s name recorded correctly.
NOTE: READ	NAME TO RESPONDENT AND VERIFY SPELLING
FIRST NAME: MIDDLE NAM LAST NAME:	Ē/INITIAL: [FILL]
	BOX SC8a PRELOAD CHILD'S FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME FROM DATABASE
	NAME CORRECT
{IF SC8 = 2} SC8a. May I h	nave the correct spelling of [CHILD]'s name?
	FIRST NAME:
	MIDDLE INITIAL:
	LAST NAME:
	DON'T KNOWd
	REFUSEDr

SC9. What is your relationship to [CHILD]?

	<u>(</u>	CODE ONLY ONE
	BIOLOGICAL MOTHER	11
	BIOLOGICAL FATHER	12
	ADOPTIVE MOTHER	13
	ADOPTIVE FATHER	14
	STEPMOTHER	15
	STEPFATHER	16
	GRANDMOTHER	17
	GRANDFATHER	18
	GREAT GRANDMOTHER	19
	GREAT GRANDFATHER	20
	SISTER/STEPSISTER	21
	BROTHER/STEPBROTHER	22
	OTHER RELATIVE OR IN-LAW (FEMALE))23
	OTHER RELATIVE OR IN-LAW (MALE)	24
	FOSTER PARENT (FEMALE)	25
	FOSTER PARENT (MALE)	26
	OTHER NON-RELATIVE (FEMALE)	27
	OTHER NON-RELATIVE (MALE)	28
	PARENT'S PARTNER (FEMALE)	29
	PARENT'S PARTNER (MALE)	30
	DON'T KNOW	d
	REFUSED	r
INTERVIEW} {IF SC9 = 12, 14-3		
SCya. What is the	e first name of [CHILD]'s biological moth	ei f
FIRST	NAME	
	DON'T KNOW	d
	REFUSED	r

 $\{IF SC9 = 11, 13, 15-30, d, r\}$ SC9b. What is the first name of [CHILD]'s biological father? FIRST NAME DON'T KNOW......d REFUSED.....r $\{IF SC9 = 17-30, d, r\}$ SC10. Are you [CHILD]'s legal guardian? YES......1 → GO TO VERSION BOX A NO......0 DON'T KNOW......d REFUSED.....r $\{IF SC10 = 0, d, r\}$ SC11. Who is [CHILD]'s legal guardian? NAME_____ ADDRESS_____ CITY____ STATE: |__|_| (AREA CODE) DON'T KNOW......d REFUSED.....r

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?
GIRL1
BOY2
DON'T KNOWd
REFUSEDr
{FALL 2014 OR NO PREVIOUS INTERVIEW OR BIRTHDAY = MISSING} A2. What is [CHILD]'s birth date?
/ _ / _ _ MONTH DAY YEAR
DON'T KNOWd
REFUSEDr
{FALL 2014 OR NO PREVIOUS INTERVIEW, CONTINUE, ELSE GO TO B1} A3. Is [CHILD] of Spanish, Hispanic, or Latino origin?
YES1
NO0 —
DON'T KNOWd → GO TO AS
REFUSED r

{IF A3 A4.	•	e of these best describes [CHILD]'s Spanis u say	sh, Hispanic, or
	NOTE: IF	MORE THAN ONE, CODE AS OTHER	
		Mexican, Mexican American, Chicano,	1
		Puerto Rican,	
		Cuban, or	3
		Some other Spanish/Hispanic/ Latino group? (SPECIFY)	4
		DON'T KNOW	_ d
		REFUSED	r
A5.	What is [0	CHILD]'s race? You may name more than o	one if you like.
			THAT APPLY
		WHITE	11
		BLACK OR AFRICAN AMERICAN	12
		AMERICAN INDIAN OR ALASKA NATIVE	13
		ASIAN INDIAN	14
		CHINESE	15
		FILIPINO	16
		JAPANESE	17
		KOREAN	18
		VIETNAMESE	19
		OTHER ASIAN (FOR EXAMPLE, HMONG, LAOTIAN, THAI, PAKISTANI, CAMBODIAN AND SO ON)	
		NATIVE HAWAIIAN	
		GUAMANIAN OR CHAMORRO	
		SAMOAN	
		OTHER PACIFIC ISLANDER (SPECIFY – FOR EXAMPLE, FIJIAN, TONGAN, AND SO ON)	24
		ANOTHER RACE (SPECIFY)	 25
		DON'T KNOW	
		REFUSED	r

Latino origin?

A6.	Please tel	me what country [CHILD] was born in.
		USA059 → GO TO A8
		MEXICO303
		GUATEMALA313
		CUBA327
		DOMINICAN REPUBLIC329
		INDIA210
		CHINA207
		PHILIPPINES233
		JAPAN215
		KOREA217
		VIETNAM247
		GUAM066
		SAMOA527
		ANOTHER COUNTRY (SPECIFY)600
		DON'T KNOWd
		REFUSEDr
{IF A6 A7.		327, 329, 210, 207, 233, 215, 217, 247, 066, 527, 600, d, r} y years has [CHILD] lived in the United States?
		NUMBER
		DON'T KNOWd
		REFUSEDr
{IF Fa A8.	2014} Did [CHIL I	D] 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.
		YES1
		NO0
		DON'T KNOWd → GO TO SECTION B
		REFUSEDr

•	IF A8 = 1} was (he/she) in Ea	urly 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		
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 or	1
Adoptive mother?	2
DON'T KNOW	d
REFUSED	r

 $\{IF B5 = 2\}$

B5a2. {Are you/Is {NAME}} {CHILD}'s ...

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

HELP SCREEN:

Biological or Birth Father: Child's male biological parent. This could also apply to a father who used a surrogate mother to have his biological child.

Adoptive Father: The male who has taken the child into his own family by legal process to raise as his own child.

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

Biological or birth father or	1
Adoptive father?	2
DON'T KNOW	C
REFUSED	r

 $\{IF B5 = 15 \text{ or } 16\}$

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

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR GIRLFRIEND OR

FEMALE PARTNER OF CHILD'S PARENT/GUARDIAN, BOYFRIEND OR MALE PARTNER OF CHILD'S PARENT/GUARDIAN, FEMALE GUARDIAN, MALE GUARDIAN, DAUGHTER/SON OF CHILD'S PARENT'S PARTNER, OTHER RELATIVE. AND OTHER NON-RELATIVE.

HELP SCREEN:

Girlfriend or Female Partner of CHILD's Parent/Guardian: The female who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Boyfriend or Male Partner of CHILD's Parent/Guardian: The male who has a "partner-like" relationship with one of the child's parents or guardians. "Living as married" is another way of describing the relationship.

Female Guardian: The female legally placed in charge of the affairs of the child.

Male Guardian: The male legally placed in charge of the affairs of the child.

Daughter/son of CHILD's Parent's Partner: The child of the person who has a "partner-like" relationship with one of the child's parents or guardians.

Other Relative of CHILD's Parent's Partner: Some other relative of the person who has a "partner-like" relationship with one of the child's parents or quardians.

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 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		<u> </u>	
j		<u> </u>	
k	_ _		_ _

{PROGRAMMI HH".}	ER NOTE: IN HOUSEHO	OLD GRID, COLUMN NAME	FOR MoreHH IS "MORE		
	Is there anyone else in y	your household?			
	YES	1 -	→ GO TO B3		
	NO	0			
	DON'T KNOW	d			
	REFUSED	r			
HOU:	SEHOLD (MOREHH=YES	RTS THERE IS SOMEONE S/1), OPEN ITEM B3 AT TH ABOUT HOUSEHOLD MEN	IE NEXT AVAILABLE ROW		
{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.}					
	for yourself at the start o	just told me about match of our interview. Can you			
{PROGRAMMI	ER NOTE: LOAD NAMES	S OF ALL ADULTS IN THE	HOUSEHOLD}		
	YES	1 -	→ GO TO B9		
	NO	0 -	→ GO TO B3 AND ENTER RESPONDENT'S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO B9		
	DON'T KNOW	d			
	REFUSED	r			
NO B6 TO B8	THIS VERSION				

{IF PRE-LOADED RELATIONSHIP TO CHILD IS ONE OF THESE: BIO/ADOPTIVE MOTHER, BIO/ADOPTIVE FATHER, STEP-MOTHER/FATHER OR IF SC9=11, 12, 13, 14, 15, 16 AND B5a-k CONTAINS 01, 02, 03, 04}

{IF FALL 2014 OR NO PREVIOUS INTERVIEW}

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

	CODE ONE ONLY
mai	ried,1 ———
civi	in a registered domestic partnership or I union,5 Go to D1
	divorced,2
	separated, or3
	not married?4
	DON'T KNOWd
	REFUSEDr
{IF B9 = 2, 3, 4, d, {IF FALL 2014 OR B10. Which of t	I3, 14, 15, 16 AND B5a-k CONTAINS 01, 02, 03, 04} r} NO PREVIOUS INTERVIEW} he following statements best describes your current relationship with 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 KNOWd			
	REFUSEDr			
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 KNOW......d

REFUSED.....r

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

(READ EACH ITEM BELOW)

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

NO D4 THIS VERSION

VERSION BOX 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.

	TROBE. Tour best estimate is inter	
	NUMBER	
	DON'T KNOWd REFUSEDr	
NO D	S THIS VERSION	
D7.	Is any language other than English spoken in your home?	
	YES1	
	NO0	
	DON'T KNOWd	→ GO TO SECTION H
	REFUSEDr	

 $\{IF D7 = 1\}$

D8. What other languages are spoken in your home?

PROBE: Any other languages?

CODE ALL THAT APPLY FRENCH......11 SPANISH......12 CAMBODIAN (KHMER)......13 CHINESE......14 HAITIAN CREOLE.....15 HMONG......16 JAPANESE......17 KOREAN......18 VIETNAMESE......19 ARABIC......20 AFRICAN LANGUAGE (E.G., SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRIKAANS, AWING, BARGU, TUMBUKU, TESO, AND DAHALO)......30 NATIVE AMERICAN OR ALASKAN LANGUAGE......31 A FILIPINO LANGUAGE......32 OTHER (SPECIFY).....21 DON'T KNOW......d REFUSED.....r

NO D9 THIS VERSION

 $\{IF D7 = 1\}$

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

<u>COI</u>	<u>DE ONLY ONE</u>
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, S HAUSA, YORUBA, LAAL, SHABO, AFRI AWING, BARGU, TUMBUKU, TESO, AN DAHALO)	KAANS, ID
NATIVE AMERICAN OR ALASKAN	
LANGUAGE	31
A FILIPINO LANGUAGE	32
OTHER (SPECIFY)	21
ENGLISH	25 →GO TO VERSION BOX H
DON'T KNOW	d
REFUSED	r

NO D11-D13 THIS VERSION

{IF FALL 2014 OR NO PREVIOUS INTERVIEW} {IF D7 = 1 AND D10 = 11-21, 30, 31} D14. If you read to [CHILD], what language do you usually use?

NO SECTIONS E, F, G THIS VERSION

H. HOUSEHOLD ROUTINES

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

H1.		I week, please tell me the number of days at least some of the family rening meal together.
	PROBE: IF	VARIES, 'On average, how many days'?
	<u> </u>	NUMBER
		DON'T KNOWd REFUSEDr
NO H	2 TO H7 THI	S VERSION
H8.	When is [C	CHILD]'s regular bedtime?
		We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep.
	NOTE: EN	ITER "98" FOR NO USUAL TIME
	NOTE: IF	VARIES, PROBE: On an average night?
	NOTE: IF	BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59
	<u> </u>	: P.M.
		NO USUAL TIME
H9.	How many at that time	times in the last week, Monday through Friday, was [CHILD] put to bece?
		NUMBER
		DON'T KNOWd REFUSEDr

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 TIME98 DON'T KNOWd 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

I. PARENT INVOLVEMENT WITH HEAD START

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?d. helped with field trips or	1	2	3	4	5	d	r
other special events?	1	2	3	4	5	d	r
e. attended Head Start social events such as bazaars or fairs for children and families?	1	2	3	4	5	d	r
f. attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?	1	2	3	4	5	d	r
g. attended parent-teacher conferences?	1	2	3	4	5	d	r
h. visited with a Head Start staff member in your home?.	1	2	3	4	5	d	r
k. participated in Policy Council?	1	2	3	4	5	d	r
q. participated in Parent Committee or other Head Start planning groups?	1	2	3	4	5	d	r
m.prepared or distributed newsletters, fliers, or Head Start materials?	1	2	3	4	5	d	r

n. participated in fundraising							
activities?	1	2	3	4	5	d	r
o. participated in any other							
Head Start activities?	1	2	3	4	5	d	r

{IF I1o = 2,3,4 OR 5} I1p. What other activities?

(SPECIFY) _____

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?

					DON' T	
		YES	NO	N/A	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
l.	You have concern for your safety while getting to Head Start?	1	0	n/a	d	r
m.	You need more support from your spouse or partner?	1	0	n/a	d	r
p.	The opportunities Head Start provides are not of interest to you?	1	0	n/a	d	r
n.	Has anything else kept you from participating in Head Start activities?	1	0	n/a	d	r

{IF I2n	= 1}
I2o.	What kept you from participating in Head Start activities?
	(SPECIFY)

J. ABOUT CHILD'S MOTHER

VERSION BOX 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 $\underline{\text{NOT}}$ 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 DECEASED......11 [CHILD]'S MOTHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM).....12 (HER/HIS) MOTHER GOT TOO SICK TO TAKE CARE OF [CHILD]......13 (HER/HIS) MOTHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD]......14 (HER/HIS) MOTHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD] 15 (HER/HIS) MOTHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD]. .24 (HER/HIS) MOTHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD]......16 (HER/HIS) MOTHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL......17 [CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) MOTHER.. 18 SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) MOTHER ANY MORE. 19 [CHILD]'S FAMILY IS HOMELESS......25 NO EXPLANATION GIVEN......20 SOMETHING ELSE (SPECIFY).....21 DIVORCED/SEPARATED.....22 MOTHER AND [CHILD] CURRENTLY LIVE TOGETHER......26 → GO TO B3 AND ENTER **RESPONDENT'S INFORMATION INTO HOUSEHOLD** ROSTER. THEN GO TO VERSION BOX J2 DON'T KNOW......d

REFUSED.....r

BOX 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]? YES......1 NO......0 DON'T KNOW......d REFUSED.....r **VERSION BOX J3** IF FIRST INTERVIEW, GO TO J8 IF ANY PREVIOUS INTERVIEW AND J1 ≠ 11, SKIP TO J15, ELSE GO TO BOX J16a NO J3 TO J7 THIS VERSION {IF SC9 OR RESPONDENT FLAG =12, 14...30} [(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 \neq 11) [CHILD]'s mother]. What (is/was) her birth date? DON'T KNOW......d REFUSED.....r BOX J9 IF THE RESPONDENT IS [CHILD]'s BIRTH MOTHER {SC9 = 11},

NO J9 IN THIS VERSION

FILL "you."

IF SOMEONE ELSE {SC9 = 12-30, d, r}, FILL '[CHILD]'s mother."

	14 OR NO PREVIOUS INTERVIEV are you/Is she/Was she) of Spanis		origin?
	YES	1	
	NO	0 -	\neg
	DON'T KNOW	d	→ GO TO J12
	REFUSED	r –	
{FALL 20: {IF J10=1	14 OR NO PREVIOUS INTERVIEV	V}	
J11. W	hich one of these best describe(igin? Would you say	s/d) (your/her) Spanish	n, Hispanic, or Latino
NO	OTE: IF MORE THAN ONE, CODE	E AS OTHER	
	Mexican, Mexican Ame	rican, Chicano,1	
	Puerto Rican,	2	
	Cuban, or	3	
	another Spanish/Hispan Latino group? (SPECIF		
	DON'T KNOW	d	
	REFUSED	r	

{FALL 2014 OR NO PREVIOUS INTERVIEW} J12. What (is/was) (your/her) race? You may name more than one if you like.

CODE ALL THAT APPLY

WHITE	.11
BLACK OR AFRICAN AMERICAN	.12
AMERICAN INDIAN OR ALASKA NATIVE	.13
ASIAN INDIAN	.14
CHINESE	.15
FILIPINO	.16
JAPANESE	.17
KOREAN	.18
VIETNAMESE	.19
OTHER ASIAN (FOR EXAMPLE, HMONG, LAOTIAN, THAI, PAKISTANI, CAMBODIAN, AND SO ON)	
NATIVE HAWAIIAN	.21
GUAMANIAN OR CHAMORRO	.22
SAMOAN	.23
OTHER PACIFIC ISLANDER (SPECIFY – FEXAMPLE, FIJIAN, TONGAN, AND SO ON)	
ANOTHER RACE (SPECIFY)	- .25
DON'T KNOW	- .d
REFUSED	.r

{FALL 2014 OR NO PREVIOUS INTERVIEW}

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

CODE ONLY ONE

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

BOX 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

${J1 = 12-25}$	OR NO PREVIOUS INTERVIEW} d, r AND J13 = 066-600, d, r} many years (have you/has she) live(d) in the United States?
	_ NUMBER
	DON'T KNOWd REFUSEDr
	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 OR {IF FALL 20: J15. The	L, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03,04} RESPONDENT FLAG = 13-30, d, r} 14 OR NO PREVIOUS INTERVIEW} next questions are about [CHILD]'s parents or guardians. they
7.10	married,1
	in a registered domestic partnership or civil union,5 Go to j16a
	divorced,2
	separated, or3
	not married?4
	DON'T KNOWd
	REFUSEDr

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03, 04} {IF J15 = 2, 3, 4, d, r}

{IF FALL 2014 OR NO PREVIOUS INTERVIEW}

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

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

BOX J16a

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

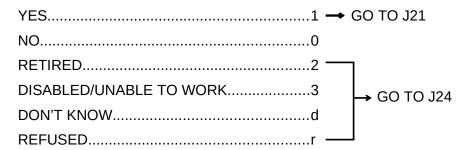
IF SOMEONE ELSE {SC9 = 12, 14-30} AND MOTHER IS LIVING IN HOUSEHOLD

 $\{B5a-k = 1\}$, 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?



{IF B5 {IF J1 J18.	ia-k = 1} 7 = 0} (Were you/Was she) on leave or vacation from a job for the past week?
	NOTE: PAST WEEK: PAST 7 DAYS.
	YES
{IF B5 {IF J1 J19.	ia-k = 1} 7 = 0} (Have you/Has she) actively been looking for work in the past four weeks?
	YES1
	NO0
	DON'T KNOWd REFUSEDr
{IF B5 {IF J1 J20.	ia-k = 1} 7 = 0} 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]}?
	YES1
	NO0
	DON'T KNOWd → GO TO VERSION BOX J1
•	ia-k = 1} 7 = 1 OR J20 = 1} 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

•	$a-k=1$ } 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 DIPLOMA3
	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

REFUSED.....r

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.

CODE ALL THAT APPLY

PROBE: Are there any other reasons?

CODE ALL TI	<u>HAT APPLY</u>
[CHILD]'S FATHER IS DECEASED11 [CHILD]'S FATHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM)	12
(HER/HIS) FATHER GOT TOO SICK TO TAKE CARE OF [CHILD]	24
COULD NOT TAKE CARE OF [CHILD]16 (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 GIVEN	18
DIVORCED/SEPARATED22 FATHER LEFT/DID NOT WANT CHILD23 FATHER AND [CHILD] CURRENTLY LIVE TOGETHER26	GO TO B3 AND ENTER RESPONDENT'S INFORMATION

INTO HOUSEHOLD ROSTER, THEN GO TO VERSION BOX K1

DON'T KNOW	d
REFUSED	r

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

•	18, d, r AND K1 = 12-25, d, r} _D]'s father ever live in the same	household with [CHILD]?
	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r
NO K3 TO K7 TH	IIS VERSION	
	- 18, d, r AND K1 = 12-25, d, r} nyone else who is like a father to	[CHILD]?
	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r
(IF K7a = 1)	- 18, d, r AND K1 = 12-25, d, r}	
	[IF R IS MALE, READ] you,	1
	your spouse or partner,	2
	a relative of [CHILD], or	3
	a friend of the family?	4
	DON'T KNOW	d
	DEELISED	r

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r} {IF K7b = 3, 4} K7c. **Does this (relative/friend of the family) live in your household?**

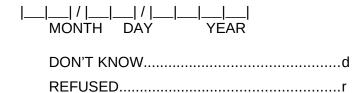
VERSION BOX K2

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 \neq 11) Now I'm going to ask you some questions about [CHILD]'s father].

What (is/(IF 'FatherDeceased'=1) was) his birth date?



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?

CODE ONLY ONE

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

BOX K13a

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

IF NOT BIRTH FATHER AND BIRTH FATHER IS ALIVE, $\{SC9 = 11, 13, 15 - 30, d, r \text{ AND K1} = 12-25, d, r\}$ CONTINUE. IF SOMEONE ELSE AND BIRTH FATHER IS DECEASED, $\{K1 = 11\}$, GO TO SECTION L.

 $\{K1 = 12-25, d, r \text{ AND } K13 = 066-600, d, r\}$

PROBE: Your best estimate is fine.

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

_	_ NUMBER	
DC	DN'T KNOW	d
RE	FUSED	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	2	\neg
DISABLED/UNABLE TO WORK	3	L GO TO K24
DON'T KNOW	d	
REFUSED	r —	

 $\{IF B5a-k = 2\}\{IF K17 = 0\}$

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

NOTE: PAST WEEK: PAST 7 DAYS

YES	
NO	C
DON'T KNOW	c
REFLISED	r

	= 2}{IF K17 = 0} ave you/Has he) actively been looking for work in the past four weeks?
	YES1
	NO0
	DON'T KNOWd
	REFUSEDr
K20. Die	= 2}{IF K17 = 0} d (you/[CHILD]'s father) work at a job for pay or income, including self aployment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) ace [MONTH AND YEAR OF LAST INTERVIEW]}?
	YES1
	NO0
	DON'T KNOWd → GO TO VERSION BOX K3
	REFUSEDr
K21. Ab	= 2}{IF K17 = 1 OR K20 = 1} out how many total hours per week (do you/did you/does he/did he) usually ork for pay or income, counting all jobs?
IF	HOURS VARY, AVERAGE HOURS PER WEEK.
PF	ROBE: Your best estimate is fine.
	NUMBER
	DON'T KNOWd
	REFUSEDr
	VERSION BOX K3
	IF FIRST TIME FAMILY IS INTERVIEWED, ASK K24, ELSE GO TO SECTION L.

$\{IF B5a-k = 2\}$

K24. What is the highest grade or year of school that (you/he) completed?

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

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

CODE ONLY ONE

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 ONE

USA	059 → GC	TO L17
MEXICO	303	
GUATEMALA	313	
CUBA	327	
DOMINICAN REPUBLIC	329	
INDIA	210	
CHINA	207	
PHILIPPINES	233	
JAPAN	215	
KOREA	217	
VIETNAM	247	
GUAM	066	
SAMOA	527	
OTHER (SPECIFY)	600	
DON'T KNOW	 d	
REFUSED	r	

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r} {IF L13 = 066, 527 or 600, d, r} L14. How many years have you lived in the United States?
NUMBER
DON'T 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
{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 L20.	Did yo	ou work at a job for pay or income, including self employment, {(IF NO IOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR AST INTERVIEW]}?		
		YES		
{IF L17 = 1 OR L20 = 1} L21. About how many total hours per week (do you/did you) usually work for pay income, counting all jobs?				
	IF HO	URS VARY, PROBE FOR AVERAGE HOURS PER WEEK.		
	PROB	BE: Your best estimate is fine.		
		NUMBER		
		DON'T KNOWd		
		REFUSEDr		
		VERSION BOX L3		

IF FIRST TIME THIS RESPONDENT IS INTERVIEWED, ASK L24, ELSE GO TO SECTION M

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

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

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

NOTE: If 'college', PROBE: Did you receive a degree? If yes, what type of degree?

CODE ONLY ONE

UP TO 8TH GRADE1	
9TH TO 11TH GRADE2	
12TH GRADE BUT NO DIPLOMA3	
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	

M. INCOME AND HOUSING

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

	YES	NO	DON'T KNOW	REFUSED
a. [FILL WITH State Welfare name from Box M1a] or welfare?	1	0	d	r
b. Unemployment insurance?	1	0	d	r
c. SNAP – Supplemental Nutrition Assistance Program?	1	0	d	r
d. WIC - Special Supplemental Food Program for Women, Infants, and Children?	1	0	d	r
e. Child support?	1	0	d	r
f. SSI or Social Security Retirement, Disability, or Survivor's benefits?	1	0	d	r
g. Payments for providing foster care, guardianship subsidies, or adoption assistance?	1	0	d	r
h. Energy assistance?	1	0	d	r

BOX M1a					
	STATE WELFAR		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 Hawaii	TANF TANF	Oklahoma Oregon	TANF 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	Vermont	ANFC (Aid to Families with Needy Children), cash assistance		
	in Retraining and Employment), TANF work program		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		1 3

M3_amt and M3_per.

In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rental income, interest, and dividends.

\$ _ , PER	_ 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, or1—	◆ GO TO M5
more than \$25,000?2 —	◆ GO TO M6
DON'T KNOWd - REFUSEDr_	–
REFUSEDr _	→ 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	c
REFUSED	r

NO P2-P4 THIS VERSION

P4a. SEE FALL PARENT SUPPLEMENT

P5. SEE FALL PARENT SUPPLEMENT

P5a1. SEE FALL PARENT SUPPLEMENT

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

YES	1
NO	0
DON'T KNOW	d
REFLISED	r

NO P6-P8 THIS VERSION

P8a. SEE FALL PARENT SUPPLEMENT

NO SECTIONS Q, R, S, T THIS VERSION

U. YOUR FEELINGS

U1. The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers.

I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt or behaved this way during the <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?

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

HELP SCREEN:

Not being able to "shake off the blues" refers to feeling sad, unhappy, miserable, or down in the dumps for short periods. True clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for an extended period of time.

	RARELY OR NEVER	SOME 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

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?

(_ _)- _ - - - AREA CODE	
NO TELEPHONE) X2
ROVIDED AT X1} name is that number listed under?	
NAME	GO TO
DON'T KNOWd GO TO	X4

{IF X1 = d, r} X2. Can you	give me a number where you can be reached?
	(_ _)- _ - _ - _ AREA CODE
	DON'T KNOWd REFUSEDr GO TO X4
-	ROVIDED AT X2} elephone is that?
	NAME → GO TO X3a
	DON'T KNOWd ☐ →GO TO X4 REFUSEDr
X3a. Do you h	nave another phone number like a cell phone number?
	()- _ - _ _ CELL PHONE AREA CODE
	(_ _)- _ - _ _ OTHER AREA CODE
	NO CELL PHONE OR OTHERd DON'T KNOWd REFUSEDr
X4. Please g	ive me your full name and permanent address.
N	ame:
А	ddress:
_	DON'T KNOWd REFUSEDr
	IF C2 = 2, d, r – GO TO ENDING

X5.	17, K17, OR L17 = 1} OR {J17, K17, OR L17 = 0 AND J18, K18, OR L18 = 1} 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 KNOWd
	REFUSEDr
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 wil 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?
	REFUSEDr → GO TO SECTION Y

X7b. How is this person related to you?

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

X7c. What is that person's telephone number?

()- _ - AREA CODE	
DON'T KNOW	d
REFLISED	r

X8a. What is the name of a second person?

	DON'T KNOW	.d
	REFUSED	.r
X8b.	How is this person related to you?	
	BIOLOGICAL MOTHER	.11
	BIOLOGICAL FATHER	.12
	ADOPTIVE MOTHER	.13
	ADOPTIVE FATHER	.14
	STEPMOTHER	.15
	STEPFATHER	.16
	GRANDMOTHER	.17
	GRANDFATHER	.18
	GREAT GRANDMOTHER	.19
	GREAT GRANDFATHER	.20
	SISTER/STEPSISTER	.21
	BROTHER/STEPBROTHER	.22
	OTHER RELATIVE OR IN-LAW (FEMALE)	.23
	OTHER RELATIVE OR IN-LAW (MALE)	.24
	FOSTER PARENT (FEMALE)	.25
	FOSTER PARENT (MALE)	.26
	OTHER NON-RELATIVE (FEMALE)	.27
	OTHER NON-RELATIVE (MALE)	.28
	PARENT'S PARTNER (FEMALE)	.29
	PARENT'S PARTNER (MALE)	.30
	DON'T KNOW	.d
	REFUSED	.r

X8c.	What is that person's telephone number?
	(_ _)- _ - - - AREA CODE
	DON'T KNOWd REFUSEDr
NO X9	THIS VERSION
-	nplete by phone} Were you aware that you could have completed this survey on the Web?
	YES
{If X10 X11.	=1} 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")5
	THE SCREEN WAS TOO SMALL TO READ QUESTIONS (VISIBILITY ISSUE)6
	COULD NOT READ THE QUESTIONS (LITERACY ISSUE)7
	RECEIVED A PHONE CALL FIRST, BEFORE HAD CHANCE TO DO ON THE WEB8
	DO NOT SPEAK ENGLISH OR SPANISH9
	PREFERENCE (WARY OF WEB)10
	OTHER (SPECIFY)11

DON'T KNOW	d
REFUSED	r

Y. INTERVIEWER RATINGS

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

The respondent (was/had) . . .

		HIG	Н		LOW			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

	OODL
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	
DON'T KNOW	d
REFUSED	r