

**DRAFT**

OMB #: 0970-0151  
Expiration Date: X/XX/2018

**MATHEMATICA**  
Policy Research

**American Indian and  
Alaska Native Head Start  
Family and Child  
Experiences Survey**

*Head Start AI/AN Spring 2016  
Parent Survey*



**American Indian and  
Alaska Native**

*family and child experiences survey*

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 valid OMB control number for this information collection is 0970-0151 which expires XX/XX/2018. The time required to complete this collection of information is estimated to average 30 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: Lizabeth Malone.

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# DRAFT

## SCREENER

PREVIOUS INTERVIEW BOX  
 IF FALL 2015 CONTINUE AT SC1  
 IF SPRING 2016 AND NO PREVIOUS INTERVIEW: CONTINUE AT SC1  
 IF SPRING 2016 AND PREVIOUS INTERVIEW: CONTINUE AT SC0.

SPRING 2015 AND PREVIOUS INTERVIEW COMPLETED  
 FILL RESPONDENT'S NAME FROM LAST SURVEY

- SC0. In the fall we completed an interview with [PRE-FILL WITH NAME OF LAST RESPONDENT]. Is that you?**
- Yes.....1
  - No.....0
  - NO RESPONSE.....M

ALL  
 FILL CHILD'S NAME FROM PRELOAD  
 IF SC0 = 1, FILL **still**

- SC1. The person most responsible for [CHILD]'s care should complete this survey. Are you [still] that person?**
- Yes.....1 GO TO SC1a
  - No.....0 GO TO GetNameIntro
  - NO RESPONSE.....M GO TO GetNameIntro

SC1 = 1

- SC1a. Do you live in the same household as [CHILD]?**
- Yes.....1 GO TO SKIP BOX SC0d
  - No.....0 GO TO GetNameIntro
  - NO RESPONSE.....M GO TO GetNameIntro

# DRAFT

SC1 OR SC1A = 0 OR M  
 IF SC1a = 0 OR M, FILL **Among the people that live with [CHILD], please**  
 ELSE, FILL **Please**

**GetNameIntro.** [Among the people that live with [CHILD], please/Please] enter the name, address, and phone number of the person most responsible for [CHILD]'s care.

First Name:

Middle Initial:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

( ) TELEPHONE

NO RESPONSE.....M GO TO END

PROGRAMMER NOTE  
 IF SC1=0, M OR SC1a = 0, M TERMINATE SURVEY AFTER  
 GETNAMEINTRO.

SKIP BOX SC0d  
 IF CHILD IS HEAD START (BASED ON PRELOAD), GO TO SC2b\_2.  
 ELSE, GO TO SC2c\_2.

CHILD IS HEAD START (BASED ON PRELOAD)

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

- Yes.....1 GO TO INT2
- No.....0
- NO RESPONSE.....M

# DRAFT

SMS DESIGNATION FOR CHILD = UNKNOWN OR SC2B\_2 = 0 OR M

**SC2c\_2. What grade or year of school is [CHILD] attending?** (Click here for definitions of response options.)

- Head Start.....1 GO TO INT2
  - Kindergarten.....2 END
  - Transitional Kindergarten (Before Kindergarten).....3 END
  - Pre-first Grade (After Kindergarten).....4 END
  - First Grade.....5 END
  - Un-graded or Home Schooled.....6 SC2C\_2new
  - Special Education.....7 END
  - Nursery/Preschool/Prekindergarten.....8 END
  - Something else (SPECIFY).....99
- Specify
- Not enrolled in school.....11 END
  - NO RESPONSE.....M END

**PROGRAMMER: CREATE A HELP SCREEN (TO POP UP IN A SEPARATE WINDOW) 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.

SC2C\_2 = 99

**SC2c\_2Specify. Please enter the grade your child is in.**

- GRADE
- (RANGE NUMBER RANGE)
- NO RESPONSE.....M

# DRAFT

SC2C\_2=6

**SC2C\_2new. What grade would [CHILD] be in if [he/she/he or she] were attending a school with regular grades?**

- Head Start.....1 GO TO INT2
- Kindergarten.....2 SC2c\_2Exit
- Transitional Kindergarten (Before Kindergarten).....3 SC2c\_2Exit
- Pre-first Grade (After Kindergarten).....4 SC2c\_2Exit
- First Grade.....5 SC2c\_2Exit
- Special Education.....7 SC2c\_2Exit
- Nursery/Preschool/Prekindergarten.....8 SC2c\_2Exit
- NO RESPONSE.....M END

(SC2C\_2 = 2-9 OR M) OR (SC2C\_2NEW = 2-9 OR M)

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

SC2B\_2=1 OR SC2C\_2=1 OR SC2C\_2NEW=1

IF PREVIOUS INTERVIEW WITH THIS RESPONDENT, FILL **As you may remember, the**  
ELSE, FILL **The**

IF CHILD'S PRELOADED GENDER = M, FILL **his**;  
IF CHILD'S PRELOADED GENDER = F, FILL **her**;  
IF NO PREVIOUS INTERVIEW, FILL **his or her**

**INT2. Thank you for filling out this survey. [As you may remember, the/The] purpose of this study is to learn more about families in the Head Start Program. [(IF SPRING 2016 AND NO PREVIOUS INTERVIEW) When we spoke to parents from [CHILD]'s Head Start program last fall we were unable to interview you.]**

**We also want to learn more about the program [CHILD] attends. This will help us 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.**

**Your answers to the survey questions are 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. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals. If you are uncomfortable answering any questions, you may skip them and move on to the next question.**

**Your participation is completely voluntary. If you choose not to fill out this survey, it will not affect you or your child's participation in the Head Start Program or any of the services that you or your child receives. Your answers are very important, so please be as accurate as possible. Occasionally, you may be asked a question that does not apply to you or that you may not want to answer. If that happens, you can move on to the next question.**

# DRAFT

IF FALL 2015: GO TO MODE-1  
IF SPRING 2016: GO TO C2

SPRING 2016
FILL CHILD'S NAME FROM PRELOAD.
FILL PROGRAM/CENTER NAME FROM PRELOAD.
FILL PROGRAM/CENTER CITY AND STATE FROM PRELOAD.
IF CHILD'S PRELOADED GENDER = M, FILL <b>he</b> ; IF CHILD'S PRELOADED GENDER = F, FILL <b>she</b> ; IF NO PREVIOUS INTERVIEW, FILL <b>he or she</b>

- C2. Is [CHILD] still enrolled in [PROGRAM/CENTER NAME] in [CITY AND STATE] or has [he/she/he or she] stopped going to that program?**
- Yes, [CHILD] is still going to same program.....1 GO TO MODE-1
  - No, [CHILD] stopped going to that Head Start program.....0 GO TO C9B

C2 = 2
FILL CHILD'S NAME FROM PRELOAD.
FILL PROGRAM/CENTER NAME FROM PRELOAD.

**C9b. When did [CHILD] stop going to [PROGRAM]?**

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
MONTH DAY YEAR

BOX C17  
TERMINATE THE INTERVIEW (GO TO C17\_exit) IF C2=2

C2 = 2
FILL CHILD'S NAME FROM PRELOAD;

**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.**

NO RESPONSE.....M

# DRAFT

ALL

**MODE-1.** After completing this online survey you will receive a gift card to thank you for your help. This survey will take about 30 minutes.

ALL

**SC3\_intro.** We would like to make sure we have your name recorded correctly.

BOX SC3a  
IF PRELOADED NAME NE EMPTY, GO TO SC3. PRELOAD RESPONDENT  
FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME FROM DATABASE.  
ELSE, IF PRELOADED NAME = EMPTY, GO TO SC3a.

PRELOADED NAME NE EMPTY

**SC3.** Is the correct spelling of your name below?

[DISPLAY PRELOADED FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME]

- Yes, my name is spelled correctly.....1 GO TO SC7
- This is my name, but it is misspelled.....2
- No, this is not my name.....3
- NO RESPONSE.....M

SC3 = 2, 3, M OR PRELOADED NAME = EMPTY

**SC3a.** Please enter the correct spelling of your name.

First Name:

Middle Initial:

Last Name:

NO RESPONSE.....M

SC3 = 3, M

**SC3b.** What is your telephone number?

PROGRAMMER: INSERT PHONE MASK

- Do not have a telephone number.....1
- NO RESPONSE.....M

# DRAFT

SC3 = 3, M

**SC3c. What is your email address?**

- Do not have email.....0
- NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW OR BIRTH DATE IS MISSING

**SC7. What is your birth date?**

(FIELD DESCRIPTION)

MM/DD/YYYY

(RANGE DATE RANGE)

NO RESPONSE.....M

PREVIOUS INTERVIEW WITH THIS RESPONDENT AND BIRTH DATE NE M

FILL RESPONDENT'S DOB FROM PREVIOUS INTERVIEW

**SC7a. Now, we would like to confirm your birth date. Is your birth date [MM/DD/YYYY]?**

- Yes.....1
- No.....2

SC7A = 2

**SC7b. What is your birth date? Please enter it below.**

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|  
MONTH DAY YEAR

(RANGE 1923-1998)

FALL 2015 OR NO PREVIOUS INTERVIEW

**SC8. Now, we would like to make sure we have the correct spelling of your child's name. Is the information below correct?**

First Name: [FILL]

Middle Name/Initial: [FILL]

Last Name: [FILL]

- Yes.....1 GO TO SC9
- No.....0
- NO RESPONSE.....M



# DRAFT

SC8 = 2

**SC8a. What is the correct spelling of your child's name? Please enter it below.**

First Name:

Middle Initial:

Last Name:

NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW OR SC9 NOT COLLECTED IN PREVIOUS ROUND

**SC9. What is your relationship to [CHILD]? (Click here for definitions of response options.)**

- 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/step sister..... 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
- NO RESPONSE..... M

# DRAFT

PROGRAMMER: MAKE TEXT AVAILABLE ON HELP SCREEN THAT OPENS IN SEPARATE WINDOW:

Biological 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.

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

Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.

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

Step Mother: The female other than the child's mother who is married to the child's father.

Step Father: The male other than the child's father who is married to the child's mother.

Foster Parent (Female): The female with whom the child is placed temporarily, usually through a social service agency and/or a court.

Foster Parent (Male): The male with whom the child is placed temporarily, usually through a social service agency and/or a court.

Parent's Partner (Female): 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.

Parent's Partner (Male): 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.

# DRAFT

SC9 = 23, 24, 27, OR 28

## SC9\_1. How are you related to [CHILD]?

(CLICK HERE FOR DEFINITIONS OF RESPONSE OPTIONS.)

Select one only

- Girlfriend or female partner of [CHILD]'s parent/guardian.....1
- Boyfriend or male partner of [CHILD]'s parent/guardian.....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
- NO RESPONSE.....M

PROGRAMMER: HELP SCREEN SHOULD OPEN IN A SECOND WINDOW.

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

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

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

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

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

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

Other Non-relative: If one of the codes for non-relative above does not better describe the relationship of the person to the child, and there is no family relationship through blood, marriage, adoption, or partnership (i.e., living together as married), use this code.

FALL 2015 OR NO PREVIOUS INTERVIEW AND SC9 = 12, 15-30, M AND SC9A NOT ANSWERED IN PREVIOUS INTERVIEW

## SC9a. What is the first name of [CHILD]'s biological mother?

FIRST NAME

(STRING (NUM))

NO RESPONSE.....M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND SC9 = 11, 15-30, M AND SC9B NOT ANSWERED IN PREVIOUS INTERVIEW

**SC9b. What is the first name of [CHILD]'s biological father?**

FIRST NAME

(STRING (NUM))

NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW AND SC9 = 17-30, M

**SC10. Are you [CHILD]'s legal guardian?**

Yes.....1 GO TO VERSION BOX A

No.....0

NO RESPONSE.....M

SC10 = 0 OR M

**SC11. Please enter the name, address, and phone number of [CHILD]'s legal guardian.**

First Name:

Middle Initial:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

TELEPHONE

NO RESPONSE.....M

# DRAFT

**A. ABOUT YOUR CHILD**

PROGRAMMER VERSION BOX A

ASK A1-A8 THE FIRST TIME THE FAMILY IS INTERVIEWED (FALL 2015 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 2015 OR NO PREVIOUS INTERVIEW OR GENDER = M

- A1. Is [CHILD] a boy or a girl?**
- Girl.....1
  - Boy.....2
  - NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW OR IF BIRTHDAY = M

- A2. What is [CHILD]'s birth date?**
- BIRTH DATE  
MM/DD/YYYY
- NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW

- A3. Is [CHILD] of Spanish, Hispanic, or Latino origin?**
- Yes.....1
  - No.....0
  - NO RESPONSE.....M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

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

Select all that apply

- White.....11 GO TO A6
  - Black or African American.....12 GO TO A6
  - American Indian or Alaska Native.....13
  - Asian.....27 GO TO A6
  - Native Hawaiian, or other Pacific Islander.....26 GO TO A6
  - Another race (SPECIFY).....25 GO TO A6
- Specify
- NO RESPONSE.....M

IF A5=13

**A5a. Is [CHILD] currently enrolled in an American Indian or Alaska Native tribe?**

Select one only

- Yes, enrolled (SPECIFY).....2
  - No, but have applied and awaiting approval.....1
  - No, not enrolled.....0
- NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW

**A6. Please enter the country [CHILD] was born in.**

Select one only

- USA.....059
  - Canada.....301
  - Mexico.....303
  - Another country (SPECIFY).....600
- Specify
- NO RESPONSE.....M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

**A8. Did [CHILD] participate in Early Head Start?**

**Early Head Start is a program designed to provide services to enhance development of children from birth to three years of age.**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

# DRAFT

**B. ABOUT HOUSEHOLD**

**FALL 2015 AND SPRING 2016**

**ALL**

- 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.

**B3. Please list the first names of all the other people who normally live in your household. Please do not include anyone staying there temporarily who usually lives somewhere else.**

**B3.  
FIRST NAME**

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

f. \_\_\_\_\_

g. \_\_\_\_\_

h. \_\_\_\_\_

i. \_\_\_\_\_

j. \_\_\_\_\_

k. \_\_\_\_\_



# DRAFT

ALL

**B4. Please list the ages and relationships to [CHILD] of all the other people who normally live in your household. Please do not include anyone staying there temporarily who usually lives somewhere else.**

*If a child is less than one year old, please enter "0" for the age.*

AGE

NO RESPONSE.....M

PROGRAMMER 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

SEE BOX  
B4 GT OR = 18

**B5. What is [NAME]'s relationship to [CHILD]? (Click here for definitions of response options.)**

*Select one only*

- Biological or adoptive mother.....1
- Biological or adoptive father.....2
- Stepmother.....3
- Stepfather.....4
- Grandmother.....5
- Grandfather.....6
- Great grandmother.....7
- Great grandfather.....8
- Sister/step sister.....9
- Brother/stepbrother.....10
- Other relative or in-law (female).....11
- Other relative or in-law (male).....12
- Foster parent (female).....13
- Foster parent (male).....14
- Other non-relative (female).....15
- Other non-relative (male).....16
- Parent's partner (female).....17
- Parent's partner (male).....18
- NO RESPONSE.....M

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# DRAFT

PROGRAMMER: MAKE TEXT AVAILABLE ON HELP SCREEN THAT OPENS IN SEPARATE WINDOW:

Biological 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.

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

Adoptive Mother: The female who has taken the child into her own family by legal process to raise as her own child.

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

Step Mother: The female other than the child's mother who is married to the child's father.

Step Father: The male other than the child's father who is married to the child's mother.

Foster Parent (Female): The female with whom the child is placed temporarily, usually through a social service agency and/or a court.

Foster Parent (Male): The male with whom the child is placed temporarily, usually through a social service agency and/or a court.

Parent's Partner (Female): 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.

Parent's Partner (Male): 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.

B5 = 1

**B5a1. [Are you/Is [NAME]] [CHILD]'s ...**

(CLICK HERE FOR DEFINITIONS OF BIOLOGICAL OR BIRTH MOTHER AND ADOPTIVE MOTHER.)

PROGRAMMER: HELP SCREEN SHOULD POP UP IN A SEPARATE WINDOW.

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
- NO RESPONSE.....M

# DRAFT

B5 = 2

**B5a2. [Are you/Is [NAME]] [CHILD]'s ...**

(Click here for definitions of biological or birth father and adoptive father.)

PROGRAMMER: HELP SCREEN SHOULD POP UP IN A SEPARATE WINDOW.  
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
- NO RESPONSE.....M

B5 = 15 or 16

**B5a3. How is [NAME FROM B3] related to [CHILD]?**

(CLICK HERE FOR DEFINITIONS OF RESPONSE OPTIONS.)

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

- Select one only
- Girlfriend or female partner of [CHILD]'s parent/guardian.....1
  - Boyfriend or male partner of [CHILD]'s parent/guardian.....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
  - NO RESPONSE.....M

# DRAFT

PROGRAMMER 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. _____	<input type="text"/>		<input type="text"/>
b. _____	<input type="text"/>		<input type="text"/>
c. _____	<input type="text"/>		<input type="text"/>
d. _____	<input type="text"/>		<input type="text"/>
e. _____	<input type="text"/>		<input type="text"/>
f. _____	<input type="text"/>		<input type="text"/>
g. _____	<input type="text"/>		<input type="text"/>
h. _____	<input type="text"/>		<input type="text"/>
i. _____	<input type="text"/>		<input type="text"/>
j. _____	<input type="text"/>		<input type="text"/>
k. _____	<input type="text"/>		<input type="text"/>

SEE BOX

**MoreHH. Is there anyone else in your household? Have we missed anyone who usually lives here who is temporarily away from home for work or military duty or living in a dorm at school, or any babies or small children?**

- Yes.....1 GO TO B3
- No.....0
- NO RESPONSE.....M

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

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

# DRAFT

HOUSEHOLD MEMBERS OTHER THAN RESPONDENT AND FOCAL CHILD ARE LISTED

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

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

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).

IF FALL 2015 OR NO PREVIOUS INTERVIEW AND

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 ANY OTHER HH MEMBER WITH RELATIONSHIP 01, 02, 03, 04

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

*Select one only*

- married,..... 1
- in a registered domestic partnership or civil union,.....5
- divorced.....2
- separated,.....3
- not married, or.....4
- living with a partner in a committed relationship?.....6
- NO RESPONSE..... M

B9 = 2, 3, 4, M

**B10. Which of the following statements best describes your current relationship with [(FATHER/MOTHER/YOUR SIGNIFICANT OTHER) NAME]? Would you say...**

*Select one only*

- we are romantically involved on a steady basis,.....1
- we are involved in an on-again and off-again relationship,.....2
- we are just friends, or.....3
- we are not in any kind of relationship?.....4
- NO RESPONSE..... M

D. ACTIVITIES WITH YOUR CHILD

ALL

D1. The next questions are about you and [CHILD] at home.

How many times have you or someone in your family read to [CHILD] in the past week?

Note: By family, we mean the people living together in your household.

Would you say...

- not at all,.....1
- once or twice,.....2
- three or more times, but not every day, or.....3
- every day?.....4
- NO RESPONSE.....M

# DRAFT

ALL

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

**The following activities can be done in your native language or in English.**

	<i>Select one per row</i>	
	Yes	No
a. Told [him/her/him or her] a story?	1 <input type="radio"/>	0 <input type="radio"/>
b. Taught [him/her/him or her] letters, words, or numbers?	1 <input type="radio"/>	0 <input type="radio"/>
c. Taught [him/her/him or her] songs or music, including traditional or ceremonial songs?	1 <input type="radio"/>	0 <input type="radio"/>
d. Worked on arts and crafts (such as painting or jewelry making) with [him/her/him or her]?	1 <input type="radio"/>	0 <input type="radio"/>
e. Played with toys or games indoors?	1 <input type="radio"/>	0 <input type="radio"/>
f. Danced, played a game, sport, or exercised together?	1 <input type="radio"/>	0 <input type="radio"/>
g. Took [him/her/him or her] along while doing errands like going to the post office, store, tribal center or office, doctor, or to check on elderly family members?	1 <input type="radio"/>	0 <input type="radio"/>
h. Involved [him/her/him or her] in household chores like cooking, cleaning or picking up after him/herself, setting the table, caring for animals such as pets or livestock, or helping with planting or chopping wood?	1 <input type="radio"/>	0 <input type="radio"/>
i. Talked about what happened in Head Start?	1 <input type="radio"/>	0 <input type="radio"/>
j. Talked about TV programs or videos?	1 <input type="radio"/>	0 <input type="radio"/>
k. Played counting games like singing songs with numbers or reading books with numbers with [him/her/him or her]?	1 <input type="radio"/>	0 <input type="radio"/>
l. Played a board game or a card game with [him/her/him or her]?	1 <input type="radio"/>	0 <input type="radio"/>
m. Played with blocks with [him/her/him or her]?	1 <input type="radio"/>	0 <input type="radio"/>
n. Counted different things with [him/her/him or her], like twigs, stones, grapes, or stars?	1 <input type="radio"/>	0 <input type="radio"/>



# DRAFT

D3A = 1 TOLD STORIES IN PAST WEEK

**D3a1. How many times have you or someone in your family told stories to [CHILD] in the past week? Would you say...**

- once or twice..... 2
- three or more times, but not every day, or..... 3
- every day?..... 4
- NO RESPONSE..... M

PROGRAMMER VERSION BOX D1  
IF FALL 2015 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT CONTINUE, ELSE GO TO SECTION E

FALL 2015 OR NO PREVIOUS INTERVIEW

**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. (Your best estimate is fine.)**

NUMBER  
NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

**D5a. In the past month, has [CHILD] done the following with someone in your community (outside of your family)?**

	<i>Select one per row</i>	
	Yes	No
a. Listened to Elders tell stories?	1 <input type="radio"/>	0 <input type="radio"/>
b. Participated in traditional ways, including carving, harvesting, collecting, hunting, and fishing?	1 <input type="radio"/>	0 <input type="radio"/>
c. Danced, sang, or drummed at a pow-wow or other community cultural activity?	1 <input type="radio"/>	0 <input type="radio"/>
d. Worked on traditional arts and crafts, such as beading, blanket weaving, or making jewelry, a basket, a painting, or pow-wow regalia?	1 <input type="radio"/>	0 <input type="radio"/>
e. Participated in traditional ceremonies?	1 <input type="radio"/>	0 <input type="radio"/>
f. Played American Indian or Alaska Native games?	1 <input type="radio"/>	0 <input type="radio"/>

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

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

- Yes..... 1
- No..... 0 GO TO D10a
- NO RESPONSE..... M GO TO D10a

FALL 2015 OR NO PREVIOUS INTERVIEW

**D8. What other languages are spoken in your home?**

*Select all that apply*

- Your tribal language (SPECIFY)..... 33  
Specify
- Languages of other tribes (SPECIFY)..... 34  
Specify
- French..... 11
- Spanish..... 12
- Another language (SPECIFY)..... 21  
Specify
- NO RESPONSE..... M

D7 = 1

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

*Select one only*

- Your tribal language (SPECIFY)..... 33  
Specify
- Languages of other tribes (SPECIFY)..... 34  
Specify
- French..... 11
- Spanish..... 12
- Another language (SPECIFY)..... 21  
Specify
- NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

**D10a. Please indicate how often you did each of the things below in the past month.**

	SELECT ONE PER ROW				
	VERY OFTEN	OFTEN	SOME-TIMES	RARELY	NEVER
a. I spoke our tribal language with my [child/children].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I made sure my [child/children] heard our tribal language spoken by others.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I encouraged my [child/children] to learn our tribal language (for example, take classes in school).	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I used our tribal language in prayers or songs with my [child/children].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I used our tribal language in everyday life with my [child/children].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I spoke our tribal language with other adults when my [child was/children were] around.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

FALL 2015 OR NO PREVIOUS INTERVIEW

**D10a1. How important is it for you that your [child learns/children learn] your tribal language?**

*Select one only*

- Very important..... 1
- Somewhat important..... 2
- Not at all important..... 3
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

**D10b. What languages are spoken at your child's Head Start center?**

*Select all that apply*

- English..... 25
- Your tribal language..... 33
- Languages of other tribes..... 34
- French..... 11
- Spanish..... 12
- Another language (SPECIFY)..... 21

Specify

**DRAFT**

NO RESPONSE.....M

# DRAFT

D7 = 1 AND D10 = 11-21, 30, 31, 32, M

**D19. How often is there someone in [CHILD]'s Head Start classroom available to talk to [him/her/him or her] in [FILL FROM D8]? Would you say it is...**

*Select one only*

- always.....1
- sometimes, or.....2
- never?.....3
- NO RESPONSE.....M

## E. CHILD'S ACTIVITIES

SPRING 2016 ONLY

The next questions are about some of [CHILD]'s activities.

**E4.** We are interested in how much time [CHILD] spends doing activities. About how much time does [CHILD] spend doing each of the activities below on a typical weekday? Would you say more than 2 hours, 1 to 2 hours, less than one hour, or [he/she/he or she] never spends time on that on a typical weekday?

*Select one per row*

	More than two hours	One to two hours	Less than one hour	Never
a. watching programs on TV	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
b. watching a video or DVD on the TV or computer/laptop/iPad/tablet	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
e. playing video games like X-Box, PlayStation, Wii or GameBoy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
g. using a computer/laptop, Smartphone, iPad, or other tablet for playing games	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
h. using a computer/laptop, Smartphone, iPad, or other tablet for something other than videos or games	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>

H. HOUSEHOLD ROUTINES

FALL 2015 OR NO PREVIOUS INTERVIEW

H1. The next questions are about routines in your household.

In a typical week, about how many days does at least some of the family eat the evening meal together?

If it changes each week, please think about a typical week.

[ ] NUMBER

NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW

H8. When is [CHILD]'s regular bedtime?

We are interested in what time [he/she/he or she] usually goes to bed, not what time [he/she/he or she] actually falls asleep.

If your child's bedtime is after midnight, please enter 11:59PM.

[ ] HH:MM ○ AM ○ PM

○ [CHILD] does not have a usual bedtime.....98 GO TO H10

NO RESPONSE.....M

H8 NE 98

H9. How many times in the last week, Monday through Friday, was [CHILD] put to bed at that time?

[ ] NUMBER

NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW

H10. About what time does [CHILD] usually wake up on a weekday?

We are interested in what time [he/she] wakes up on an average weekday,

[ ] HH:MM ○ AM ○ PM

○ [CHILD] does not wake up at a usual time.....98

NO RESPONSE.....M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

**H11. During a typical night, about how many times does [CHILD] wake up and need someone to help [him/her/him or her] settle back to sleep?**

NUMBER

NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW

**H11b. About how many nights in the last week (Sunday to Saturday) would you say [CHILD] brushed (his/her/his or her) teeth before bed?**

NUMBER

NO RESPONSE.....M



## J. ABOUT CHILD'S MOTHER

### PROGRAMMER 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 2015, 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 NOT BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 12, 14...30) AND FALL 2015, OR NO PREVIOUS INTERVIEW, GO TO J8, ELSE GO TO BOX J16a

FALL 2015 OR NO PREVIOUS INTERVIEW: IF [CHILD]'s MOTHER NOT IN HOUSEHOLD AND {B5a\_k =2\_18,M}, ASK J1

SPRING 2016: 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.

# DRAFT

The next questions are about (you/[CHILD]'s mother).

SEE BOX  
B5a – k NE 1

**J1. There are many reasons for children not living with their parents. Please select why [CHILD] is not living with [her/his/his or her] mother.**

Select all that apply

- [Her/His/His or her] mother is deceased..... 11
  - [Her/His/His or her] mother did not have enough money to raise [her/him/him or her]..... 12
  - [Her/His/His or her] mother got too sick to take care of [her/him/him or her]..... 13
  - [Her/His/His or her] mother had a drinking problem and could not take care of [her/him/him or her]..... 14
  - [Her/His/His or her] mother had a drug problem and could not take care of [her/him/him or her]..... 15
  - [Her/His/His or her] mother is in a residential treatment program for substance abuse and could not bring [her/him/him or her]..... 24
  - [Her/His/His or her] mother had a mental or emotional problem and could not take care of [her/him/him or her]..... 16
  - [Her/His/His or her] mother was in trouble with the law or had to go to jail..... 17
  - [She/He/He or she] was neglected or abused while living with [her/his/his or her] mother..... 18
  - Someone at the child welfare office said [she/he/he or she] could not live with (his/her) mother any more..... 19
  - [Her/His/His or her] family is homeless..... 25
  - [Her/His/His or her] parents are divorced/separated..... 22
  - Something else (SPECIFY)..... 21
- Specify
- NO RESPONSE..... M

B5a-k = 2-18, M AND J1 = 12-25, M

**J7a. Is there anyone else who is like a mother to [CHILD]?**

- Yes..... 1
- No..... 0 GO TO BOX J3
- NO RESPONSE..... M GO TO BOX J3

# DRAFT

B5a-k = 2-18, M AND J1 = 12-25, M  
J7a = 1

## J7b. Who is this person? Is she . . .

Select one only

- you,..... 1
  - your spouse or partner,..... 2
  - a relative of [CHILD],..... 3
  - a friend of the family,..... 4
  - or someone else (SPECIFY)?..... 99
- Specify  (STRING (NUM))
- NO RESPONSE..... M

VERSION BOX J3  
IF FIRST INTERVIEW, GO TO J8  
IF ANY PREVIOUS INTERVIEW AND J1 ≠ 11, SKIP TO J15,  
ELSE GO TO BOX J16a

IF SC9 OR RESPONDENT FLAG =12, 14...30

## J8. [We are sorry to learn about [CHILD]'s mother passing.] The next few questions are about [her/[CHILD]'s mother].

What (is/was) her birth date?

MM/DD/YYYY

NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

## J10. [Are you/Is she/Was she] of Spanish, Hispanic, or Latino origin?

- Yes..... 1
- No..... 0 GO TO J12
- NO RESPONSE..... M GO TO J12

**DRAFT**

FALL 2015 OR NO PREVIOUS INTERVIEW

**J12. What [is/was] [your/her] race? You may choose more than one if you like.**

Select all that apply

- White..... 11 GO TO J13
  - Black or African American..... 12 GO TO J13
  - American Indian or Alaska Native..... 13
  - Asian..... 27 GO TO J13
  - Native Hawaiian, or other Pacific Islander..... 26 GO TO J13
  - Another race (SPECIFY)..... 25 GO TO J13
- Specify
- NO RESPONSE..... M

IF J12 = 13

**J12a. [Are you currently/Is she currently/Was she] enrolled in an American Indian or Alaska Native tribe?**

Select one only

- Yes, enrolled (SPECIFY)..... 2
- Specify
- No, but have applied and awaiting approval..... 1
  - No, not enrolled..... 0
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

**J13. In what country [were you/was she] born?**

Select one only

- USA..... 059
  - Canada..... 301
  - Mexico..... 303
  - Another country (SPECIFY)..... 600
- Specify
- NO RESPONSE..... M

PROGRAMMER SKIP BOX J14a  
IF SC9 NE 11 (NOT BIOLOGICAL MOTHER) AND SC9 NE 12 (NOT BIOLOGICAL FATHER) AND J1 NE 11 (MOTHER NOT DECEASED), CONTINUE.  
OTHERWISE, GO TO BOX J16A

SEE BOX  
FALL 2015 OR NO PREVIOUS INTERVIEW AND  
(IF SC9 OR RESPONDENT FLAG = 13-30, M) (R IS NOT BIO PARENT)

**J15. The next questions are about [CHILD]'s biological parents...**

**Are they...**

*Select one only*

- married,.....1 GO TO J17
- in a registered domestic partnership or civil union,.....5 GO TO J17
- divorced,.....2
- separated,.....3
- not married, or.....4
- living with a partner in a committed relationship?.....6
- NO RESPONSE.....M

J15 = 2, 3, 4, M

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

*Select one only*

- 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
- NO RESPONSE.....M

PROGRAMMER SKIP 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,M}, GO TO VERSION BOX J33

DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a-k = 1

J17. During the past week, did [you/[CHILD]'s mother] work at a job for pay or income, including self employment (that is, the past 7 days)?

Select one only

- Yes..... 1 GO TO J21
No, [I am/[CHILD]'s mother is] retired.....2 GO TO J24
No, [I am/[CHILD]'s mother is] disabled and unable to work.....3 GO TO J24
No (for reason other than retirement or disability).....0
NO RESPONSE.....M GO TO J24

B5a-k = 1 AND J17=0

J18. [Were you/Was she] on leave or vacation from a job for the past week (that is, the past 7 days)?

- Yes..... 1
No..... 0
NO RESPONSE..... M

B5a-k = 1 AND J17=0

J19. [Have you/Has she] actively been looking for work in the past four weeks?

- Yes..... 1
No..... 0
NO RESPONSE..... M

B5a-k = 1 AND J17=0

J20. Did [you/[CHILD]'s mother] work at a job for pay or income, including self-employment, [in the last 12 months/since [MONTH AND YEAR OF LAST INTERVIEW]]?

- Yes..... 1
No..... 0 GO TO J24
NO RESPONSE..... M GO TO J24

B5a-k = 1 AND (J17=1 OR J20=1)

J21. About how many total hours per week [do you/did you/does she/did she] usually work for pay or income, counting all jobs? If hours vary, please enter the average hours per week.

(Your best estimate is fine.)

Input box for hours

HOURS

- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a-k = 1

**J24. What is the highest grade or year of school that [you/she] completed?**

*Select one only*

- 8th grade or lower..... 1
- 9th to 11th grade..... 2
- 12th grade but no diploma..... 3
- High school diploma or equivalent..... 4
- Vocational/technical program after high school but no vocational/technical diploma..... 5
- Vocational/technical diploma after high school..... 6
- Some college but no degree..... 7
- Associate's degree..... 8
- Bachelor's degree..... 9
- Graduate or professional school but no degree..... 10
- Master's degree (MA, MS)..... 11
- Doctorate degree (Ph.D, EdD)..... 12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.)..... 13
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a-k = 1

**J26. ((Are you/ls she) now attending or enrolled) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

# DRAFT

B5a-k = 1 AND J26 = 1

**J27. (Are you/Is she) currently taking courses full-time or part-time?**

Select one only

- Full-time..... 1
- Part-time..... 2
- Not currently taking..... 0
- NO RESPONSE..... M

B5a-k = 1 AND J26 = 0, M

**J28. (Are you/Is she) currently participating in a job-training or on-the-job-training program?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**ALL SPRING 2016**

B5a-k = 1

**J29. (Have you/Has she) received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M



# DRAFT

<b>ALL SPRING 2016</b>
B5a-k = 1 AND J29 = 1

**J30. What kind of certificate, diploma, or degree (did you/did she) receive?**

*Select one only*

- Trade license or certificate.....1
- GED certificate or equivalent.....2
- High School diploma.....3
- Associate's degree.....4
- Child Development Associate (CDA).....5
- Bachelor's degree.....6
- Graduate degree.....7
- Other (SPECIFY).....8

Specify

NO RESPONSE.....M

**J33 BOX**

IF FALL 2015 OR NO PREVIOUS INTERVIEW AND  
IF CHILD'S BIOLOGICAL MOTHER DOES NOT LIVE IN THE HOUSEHOLD AND MOTHER  
NOT DECEASED (J DNE 11), GO TO J33.  
ELSE GO TO SECTION K.

FALL 2015 OR NO PREVIOUS INTERVIEW AND B5a-k NE 1
--

**J33. The next questions are about how far away [CHILD]'s mother lives and the amount of contact she has with [him/her/him or her].**

**How many minutes away does [CHILD]'s mother live from [him/her/him or her]?**

*Select one only*

- 10 minutes or less.....1
- 11 to 30 minutes.....2
- 31 to 59 minutes.....3
- 1 to 2 hours.....4
- More than 2 hours.....5

NO RESPONSE.....M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5A-K NE 1

**J35. How long has it been since she last saw [CHILD]?**

**If she saw [CHILD] today, enter 1 Day.**

**Enter number:**

NUM

(RANGE 0-100)

- Days..... 1
- Months..... 2
- Years..... 3
- Mother has never seen [CHILD]..... 4
- NO RESPONSE..... M

**J35 BOX**

IF FALL 2015 OR NO PREVIOUS INTERVIEW AND  
IF LENGTH OF TIME SINCE BIOLOGICAL MOTHER SAW CHILD IS LESS THAN OR EQUAL  
TO 3 MONTHS/90 DAYS, GO TO J36.  
ELSE IF LENGTH OF TIME SINCE BIOLOGICAL MOTHER SAW CHILD IS GREATER THAN 3  
MONTHS/90 DAYS, GO TO J36 BOX.  
ELSE IF J35 = M, GO TO J39.

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF J35 ≤ 3 MONTHS
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD
IF PRELOADED GENDER = FEMALE OR A1 = 1, FILL <b>her</b> IF PRELOADED GENDER = MALE OR A1 = 2, FILL <b>him</b> ELSE, FILL <b>him or her</b>
TIME FRAME MONTH: Current date minus 3 months/90 days

**J36. In the last 3 months, that is since [TIME FRAME MONTH], on how many days has [CHILD]'s mother seen [him/her]?**

Your best guess is fine.

NUMBER OF DAYS

(RANGE 0-100)

NO RESPONSE.....M

**SOFT CHECK: IF J36=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the continue button.**

<b>J36 BOX</b>
IF FALL 2015 OR NO PREVIOUS INTERVIEW AND IF LENGTH OF TIME SINCE BIOLOGICAL MOTHER SAW CHILD IS GREATER THAN ONE MONTH/30 DAYS, GO TO J37. ELSE, GO TO J39.

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF J36 > 1 MONTH/30 DAYS OR J35 > 3 MONTHS/90 DAYS
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD
FILL <b>MORE RECENTLY</b> IF J35 DNE 0.

**J37. Why hasn't she seen [CHILD] [more recently]? Is it because...**

Select one only

- You do not want her to see [CHILD],.....1 GO TO J43
- She does not want to see [CHILD], or.....2 GO TO J43
- She has been unable to see [CHILD]?.....3
- NO RESPONSE.....M

DRAFT

J37 = 3
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD

J38. Why has she been unable to see [CHILD]? Is it because....

Select one only

- She lives too far away,..... 1
  - She is sick or disabled,..... 2
  - She is in the military,..... 3
  - She is in jail or prison, or..... 4
  - Some other reason? (SPECIFY)..... 99
- Specify  (STRING 50)
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF J35 = M
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD

J39. In the last 3 months, how often have you been in touch with [CHILD]'s mother, either by phone, letter, or other means? Is it...

Select one only

- Every day or almost every day,..... 1
  - Several times a week,..... 2
  - About once a week,..... 3
  - Two or three times a month,..... 4
  - About once a month, or..... 5
  - Less often?..... 6
- NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF B5A-K NE 1
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD

**J43. Mothers who do not live with their children sometimes help out with them in other ways. Please indicate whether [CHILD]'s mother has done these things often, sometimes, or never. How often has she done any of the following for [CHILD]?**

PROGRAMMER: DISPLAY AS GRID AND CODE ONE PER ROW

*Select one per row*

	Often	Sometimes	Never
a. Bought clothes, toys, or presents for [CHILD]?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Paid for [CHILD]'s medical insurance, doctor bills, or medicines?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Helped pay for [CHILD]'s child care expenses?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Given you extra money to help out, not including child support?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF B5A-K NE 1
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD

**J44. Thinking about child support, do you have a legal agreement, an informal agreement, or no arrangement at all with [CHILD]'s mother?**

*Select one only*

- Legal..... 1
- Informal..... 2
- No arrangement..... 3
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF B5A-K NE 1
---

**J45. Do you receive child support from the mother on a regular basis?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
IF B5A-K NE 1

- J46. Do you receive financial support from the mother's family?**
- Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

K. ABOUT CHILD'S FATHER

PROGRAMMER 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 2015 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 2015 OR NO PREVIOUS INTERVIEW, GO TO K8, ELSE GO TO BOX K16A

FALL 2015 OR NO PREVIOUS INTERVIEW: IF [CHILD]'s BIRTH OR ADOPTIVE FATHER NOT IN HOUSEHOLD {B5A-K = 1,3-18,M}, ASK K1.  
SPRING 2016: IF FATHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD LEFT HOUSEHOLD, ASK K1

SPRING 2016: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO VERSION BOX K2

SPRING 2016: 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.

# DRAFT

The next questions are about [CHILD]'s father.

SEE BOX  
FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a – k = 1, 3 – 18, M

**K1. There are many reasons for children not living with their fathers. Please enter why [CHILD] is not living with [her/his/his or her] father.**

*Select all that apply*

- [Her/His/His or her] father is deceased.....11
  - [Her/His/His or her] father did not have enough money to raise [her/him/him or her].....12
  - [Her/His/His or her] father got too sick to take care of [her/him/him or her].....13
  - [Her/His/His or her] father had a drinking problem and could not take care of [her/him/him or her].....14
  - [Her/His/His or her] father had a drug problem and could not take care of [her/him/him or her].....15
  - [Her/His/His or her] father is in a residential treatment program for substance abuse and could not bring [her/him/him or her].....24
  - [Her/His/His or her] father had a mental or emotional problem and could not take care of [her/him/him or her].....16
  - [Her/His/His or her] father was in trouble with the law or had to go to jail.....17
  - [He/She/He or she] was neglected or abused while living with [her/his/his or her] father.....18
  - Someone at the child welfare office said [he/she/he or she] could not live with [his/her/his or her] father any more.....19
  - [Her/His/His or her] family is homeless.....25
  - [Her/His/His or her] parents are divorced/separated.....22
  - Father left/did not want child.....23
  - Something else (SPECIFY).....21
- Specify
- NO RESPONSE.....M



# DRAFT

PROGRAMMER SKIP BOX K2a  
ASK K7A THROUGH K7B IF FATHER NOT IN HH, ELSE GO TO  
VERSION BOX K2  
IF 'NeedFatherDOB'=1, GO TO K8

SEE BOX K2a AND  
B5a-k = 1, 3 – 18, M AND K1 = 12-25, M

- K7a. Is there anyone else who is like a father to [CHILD]?**
- Yes.....1
  - No.....0
  - NO RESPONSE.....M

SEE BOX K2a AND  
B5a-k = 1, 3 – 18, M AND K1 = 12-25, M AND K7a=1

- K7b. Who is this person? Is he...**
- Select one only*
- [IF SC9 = 12, 14, 16, 18, 20, 22, 24, 26, 28, 30 (R IS MALE)] you,.....1
  - your spouse or partner,.....2
  - a relative of [CHILD],.....3
  - a friend of the family,.....4
  - or someone else (SPECIFY)?.....99
- Specify:
- NO RESPONSE.....M

PROGRAMMER VERSION BOX K2  
IF ANY PREVIOUS INTERVIEW AND 'NEEDFATHERDOB=1', GO TO  
K8  
IF ANY PREVIOUS INTERVIEW, SKIP TO BOX K16a, ELSE  
CONTINUE

# DRAFT

SEE BOX K2  
SC9 OR RESPONDENT FLAG = 11, 13, 15-30, M

**K8. [We are sorry to learn about [CHILD]'s father passing. The next few questions are about him/The next questions are about [CHILD]'s father].**

**What [is/ was] his birth date?**

MM/DD/YYYY

NO RESPONSE..... M

PROGRAMMER SKIP 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, M], FILL "[CHILD]'s FATHER".

FALL 2015 OR NO PREVIOUS INTERVIEW

**K10. [Are you/Is he/Was he] of Spanish, Hispanic, or Latino origin?**

- Yes..... 1
- No..... 0 GO TO K12
- NO RESPONSE..... M GO TO K12

FALL 2015 OR NO PREVIOUS INTERVIEW

**K12. What [is/was] [your/his] race? You may choose more than one if you like.**

*Select all that apply*

- White..... 11 GO TO K13
- Black or African American..... 12 GO TO K13
- American Indian or Alaska Native..... 13
- Asian..... 27 GO TO K13
- Native Hawaiian, or other Pacific Islander..... 26 GO TO K13
- Another race (SPECIFY)..... 25 GO TO K13

Specify

NO RESPONSE..... M

# DRAFT

K12 = 13

## K12b. [Are you currently/Is he currently/Was he] enrolled in an American Indian or Alaska Native tribe?

Select one only

Yes, enrolled.....2

Specify

No, but have applied and awaiting approval.....1

No, not enrolled.....0

NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW

## K13. In what country [were you/was he] born?

Select one only

USA.....059 GO TO BOX K13a

Canada.....301

Mexico.....303

Another country (SPECIFY).....600

Specify

NO RESPONSE.....M

PROGRAMMER SKIP 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, M AND K1 = 12-25, M] CONTINUE.  
IF SOMEONE ELSE AND BIRTH FATHER IS DECEASED, [K1 = 11],  
GO TO SECTION L.

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
K1 = 12-25, M AND K13 = 066-600, M

## K14. How many years [have you/has he] lived in the United States? (Your best estimate is fine.)

YEARS

NO RESPONSE.....M

PROGRAMMER SKIP BOX =K16a  
IF FATHER IS NOT LIVING IN HOUSEHOLD [B5a-k =1, 3-18, M],  
GO TO VERSION BOX K33.

# DRAFT

SEE BOX  
FALL 2015 OR NO PREVIOUS INTERVIEW AND B5A-K=2

**K17. During the past week, did [you/[CHILD]'s father] work at a job for pay or income, including self employment (that is, the past 7 days)?**

*Select one only*

- Yes..... 1 GO TO K21
- No, [I am/[CHILD]'s father is] retired.....2 GO TO K24
- No, [I am/[CHILD]'s father is] disabled and unable to work.....3 GO TO K24
- No (for reason other than retirement or disability).....0
- NO RESPONSE.....M GO TO K24

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a-k = 2 AND K17=0

**K18. [Were you/Was he] on leave or vacation from a job for the past week (that is, the past 7 days)?**

- Yes..... 1
- No..... 0
- NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a-k = 2 AND K17=0

**K19. [Have you/Has he] actively been looking for work in the past four weeks?**

- Yes..... 1
- No..... 0
- NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a-k = 2 AND K17=0

**K20. Did [you/[CHILD]'s father] work at a job for pay or income, including self-employment, [in the last 12 months/since [MONTH AND YEAR OF LAST INTERVIEW]]?**

- Yes..... 1
- No..... 0 GO TO VERSION BOX K3
- NO RESPONSE.....M GO TO VERSION BOX K3

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND

B5a-k = 2 AND (K17=1 OR K20=1)

**K21. About how many total hours per week [do you/did you/does he/did he] usually work for pay or income, counting all jobs? If hours vary, please enter the average hours per week. (Your best estimate is fine.)**

HOURS

NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW AND

B5a-k = 2

**K24. What is the highest grade or year of school that [you/he] completed?**

*Select one only*

- 8th grade or lower.....1
- 9th to 11th grade.....2
- 12th grade but no diploma.....3
- High school diploma/equivalent.....4
- Vocational/technical program after high school but no vocational/technical diploma.....5
- Vocational/technical diploma after high school.....6
- Some college but no degree.....7
- Associate's degree.....8
- Bachelor's degree.....9
- Graduate or professional school but no degree.....10
- Master's degree (MA, MS).....11
- Doctorate degree (Ph.D, EdD).....12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.).....13
- NO RESPONSE.....M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND

B5a-k = 2

**K26. ((Are you/Is he) now attending or enrolled) in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

B5a-k = 2 AND K26 = 1

**K27. (Are you/Is he) currently taking courses full-time or part-time?**

*Select one only*

- Full-time..... 1
- Part-time..... 2
- Not currently taking..... 0
- NO RESPONSE..... M

B5a-k = 2 AND K26 = 0, M

**K28. (Are you/Is he) currently participating in a job-training or on-the-job-training program?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL SPRING 2016

B5a-k = 2

**K29. (Have you/Has he) received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH OF LAST INTERVIEW]}?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

# DRAFT

ALL SPRING 2016
B5a-k = 2 AND K29 = 1

**K30. What kind of certificate, diploma, or degree (did you/did he) receive?**

*Select one only*

- Trade license or certificate.....1
  - GED certificate or equivalent.....2
  - High School diploma.....3
  - Associate's degree.....4
  - Child Development Associate (CDA).....5
  - Bachelor's degree.....6
  - Graduate degree.....7
  - Other (SPECIFY).....8
- Specify
- NO RESPONSE.....M

# DRAFT

**K33 BOX**  
IF FALL 2015 OR NO PREVIOUS INTERVIEW AND  
IF CHILD'S BIOLOGICAL FATHER DOES NOT LIVE IN THE HOUSEHOLD AND FATHER NOT  
DECEASED (K1 DNE 11), GO TO K33.  
ELSE GO TO SECTION L.

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5a-k NE 2

---

FILL CHILD'S NAME FROM SC8a;  
IF SC8a IS EMPTY, FILL FROM PRELOAD

---

IF PRELOADED GENDER = FEMALE OR A1 = 1, FILL **her**  
IF PRELOADED GENDER = MALE OR A1 = 2, FILL **him**  
ELSE, FILL **him or her**

**K33. The next questions are about how far away [CHILD]'s father lives and the amount of contact he has with [him/her/him or her].**

**How many minutes away does [CHILD]'s father live from [him/her/him or her]?**

*Select one only*

- 10 minutes or less..... 1
- 11 to 30 minutes..... 2
- 31 to 59 minutes..... 3
- 1 to 2 hours..... 4
- More than 2 hours..... 5
- NO RESPONSE..... M



# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND B5A-K NE 2
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD

**K35. How long has it been since he last saw [CHILD]?**

If he saw [CHILD] today, enter 1 Day.

Enter number:

NUM

(RANGE 0-100)

- Days..... 1
- Months..... 2
- Years..... 3
- Father has never seen [CHILD]..... 4
- NO RESPONSE..... M

<p><b>K35 BOX</b></p> <p>IF FALL 2015 OR NO PREVIOUS INTERVIEW AND IF LENGTH OF TIME SINCE BIOLOGICAL FATHER SAW CHILD IS LESS THAN OR EQUAL TO 3 MONTHS, GO TO K36.</p> <p>ELSE IF LENGTH OF TIME SINCE BIOLOGICAL FATHER SAW CHILD IS GREATER THAN 3 MONTHS, GO TO K36 BOX.</p> <p>ELSE IF K35 = M, GO TO K39.</p>
--

# DRAFT

IF FALL 2015 OR NO PREVIOUS INTERVIEW AND IF K35 ≤ 3 MONTHS
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD
TIME FRAME MONTH: CURRENT DATE MINUS 3 MONTHS/90 DAYS

**K36. In the last 3 months, that is since [TIME FRAME MONTH], on how many days has [CHILD]'s father seen [him/her]?**

**Your best guess is fine.**

NUMBER OF DAYS

(RANGE 0-100)

NO RESPONSE.....M

<b>K36 BOX</b>
FALL 2015 OR NO PREVIOUS INTERVIEW AND IF LENGTH OF TIME SINCE BIOLOGICAL FATHER SAW CHILD IS GREATER THAN ONE MONTH, GO TO K37. ELSE, GO TO K39.

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF K36 > 1 MONTH/30 DAYS OR K35 > 3 MONTHS/90 DAYS
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD
FILL MORE RECENTLY IF K35 DNE 0.

**K37. Why hasn't he seen [CHILD] [more recently]? Is it because...**

*Select one only*

- You do not want him to see [CHILD],.....1 GO TO K43
- He does not want to see [CHILD], or.....2 GO TO K43
- He has been unable to see [CHILD]?.....3
- NO RESPONSE.....M

K37 = 3
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD

**K38. Why has he been unable to see [CHILD]? Is it because....**

Select one only

- He lives too far away,..... 1
  - He is sick or disabled,..... 2
  - He is in the military,..... 3
  - He is in jail or prison, or..... 4
  - Some other reason? (SPECIFY)..... 99
- Specify  (STRING 50)
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW AND IF K35 = M
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD

**K39. In the last 3 months, how often have you been in touch with [CHILD]'s father, either by phone, letter, or other means? Is it...**

Select one only

- Every day or almost every day,..... 1
  - Several times a week,..... 2
  - About once a week,..... 3
  - Two or three times a month,..... 4
  - About once a month, or..... 5
  - Less often?..... 6
- NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND B5A-K NE 2
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD

**K43. Fathers who do not live with their children sometimes help out with them in other ways. Please indicate whether [CHILD]'s father has done these things often, sometimes, or never. How often has he done any of the following for [CHILD]?**

PROGRAMMER: DISPLAY AS GRID AND CODE ONE PER ROW

*Select one per row*

	Often	Sometimes	Never
a. Bought clothes, toys, or presents for [CHILD]?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Paid for [CHILD]'s medical insurance, doctor bills, or medicines?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Helped pay for [CHILD]'s child care expenses?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Given you extra money to help out, not including child support?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

FALL 2015 OR NO PREVIOUS INTERVIEW AND B5A-K NE 2
FILL CHILD'S NAME FROM SC8A; IF SC8A IS EMPTY, FILL FROM PRELOAD

**K44. Thinking about child support, do you have a legal agreement, an informal agreement, or no arrangement at all with [CHILD]'s father?**

*Select one only*

- Legal..... 1
- Informal..... 2
- No arrangement..... 3
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW AND B5A-K NE 2
--

**K45. Do you receive child support from the father on a regular basis?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
B5A-K NE 2

**K46. Do you receive financial support from the father's family?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

L. ABOUT RESPONDENT

PROGRAMMER VERSION BOX L
IF RESPONDENT IS [CHILD]'S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER {SC9 = 11-14}, GO TO SECTION M.
IF FALL 2015 OR NO PRIOR INTERVIEW WITH THIS RESPONDENT AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER {SC9=15-30, M} CONTINUE, ELSE GO TO L17.

FALL 2015 OR NO PREVIOUS INTERVIEW

L10. Are you of Spanish, Hispanic, or Latino origin?

- Yes..... 1
No..... 0 GO TO L12
NO RESPONSE..... M GO TO L12

FALL 2015 OR NO PREVIOUS INTERVIEW

L12. What is your race? You may choose more than one if you like.

Select all that apply

- White..... 11 GO TO L17
Black or African American..... 12 GO TO L17
American Indian or Alaska Native..... 13
Asian..... 26 GO TO L17
Native Hawaiian, or other Pacific Islander..... 26 GO TO L17
Another race (SPECIFY)..... 25 GO TO L17
Specify [ ]
NO RESPONSE..... M

IF L12 = 13

L12b. Are you currently enrolled in an American Indian or Alaska Native tribe?

- Yes, enrolled..... 2
Specify [ ]
No, but have applied and awaiting approval..... 1
No, not enrolled..... 0
NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
SC9 = 15-30, M

**L17. During the past week, did you work at a job for pay or income, including self-employment (that is, the past 7 days)?**

Select one only

- Yes..... 1 GO TO L21
- No, I am retired..... 2 GO TO L24
- No, I am disabled and unable to work..... 3 GO TO L24
- No (for reason other than retirement or disability)..... 0
- NO RESPONSE..... M GO TO L24

L17 = 0

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

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

L17 = 0

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

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

L17 = 0

**L20. Did you work at a job for pay or income, including self employment, [in the last 12 months/since [MONTH AND YEAR OF LAST INTERVIEW]]?**

- Yes..... 1
- No..... 0 GO TO L24
- NO RESPONSE..... M GO TO L24

L17 = 1 OR L20 = 1

**L21. About how many total hours per week [do you/did you] usually work for pay or income, counting all jobs? If hours vary, please enter the average hours per week. (Your best estimate is fine.)**

HOURS

- NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
 SC9 = 15-30, M

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

*Select one only*

- 8th grade or lower..... 1
- 9th to 11th grade..... 2
- 12th grade but no diploma..... 3
- High school diploma/equivalent..... 4
- Vocational/technical program after high school but no vocational/technical diploma..... 5
- Vocational/technical diploma after high school..... 6
- Some college but no degree..... 7
- Associate's degree..... 8
- Bachelor's degree..... 9
- Graduate or professional school but no degree..... 10
- Master's degree (MA, MS)..... 11
- Doctorate degree (Ph.D, EdD)..... 12
- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.)..... 13
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW  
 IF SC9 OR RESPONDENT FLAG = 15-30, M

**L26. Are you now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest? Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes?**

- Yes..... 1
- No..... 0 GO TO L28
- NO RESPONSE..... M GO TO L28

L26 = 1

**L27. Are you currently taking courses full-time or part-time?**

*Select one only*

- Full-time..... 1
- Part-time..... 2
- Not currently taking..... 3
- NO RESPONSE..... M



# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
SC9 = 15-30, M

**L28. Are you currently participating in a job-training or on-the-job-training program?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL SPRING 2016

SC9 = 15-30, M

**L29. Have you received a certificate, diploma, or degree {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

ALL SPRING 2016

L29 = 1

**L30. What kind of certificate, diploma, or degree did you receive?**

*Select one only*

- Trade license or certificate..... 1
- GED certificate or equivalent..... 2
- High School diploma..... 3
- Associate's degree..... 4
- Child Development Associate (CDA)..... 5
- Bachelor's degree..... 6
- Graduate degree..... 7
- Other (SPECIFY)..... 8

Specify

NO RESPONSE..... M

**M. INCOME AND HOUSING**

**ALL**

**M1. In the past six months, did you or anyone in your household receive any income or support from the following sources...**

*Select one per row*

	Yes	No
a. [FILL WITH STATE WELFARE NAME] or welfare?	1 <input type="radio"/>	2 <input type="radio"/>
b. Unemployment insurance?	1 <input type="radio"/>	2 <input type="radio"/>
c. Food Stamps or SNAP benefits?	1 <input type="radio"/>	2 <input type="radio"/>
d. WIC - Special Supplemental Food Program for Women, Infants, and Children?	1 <input type="radio"/>	2 <input type="radio"/>
e. Child support?	1 <input type="radio"/>	2 <input type="radio"/>
f. SSI or Social Security Retirement, Disability, or Survivor's benefits?	1 <input type="radio"/>	2 <input type="radio"/>
g. Payments for providing foster care, guardianship subsidies, or adoption assistance?	1 <input type="radio"/>	2 <input type="radio"/>
h. Energy assistance?	1 <input type="radio"/>	2 <input type="radio"/>

# DRAFT

<b>BOX M1a STATE WELFARE AGENCIES</b>			
<b>Alabama</b>	FA (Family Assistance Program)	<b>Nebraska</b>	Employment First
<b>Alaska</b>	ATAP (Alaska Temporary Assistance Program)	<b>Nevada</b>	TANF
<b>Arizona</b>	EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)	<b>New Hampshire</b>	FAP (Family Assistance Program), financial aid for work exempt families NHEP (New Hampshire Employment Program), financial aid for work-mandated families
<b>Arkansas</b>	TEA (Transitional Employment Assistance)	<b>New Jersey</b>	WFNJ (Work First New Jersey)
<b>California</b>	CALWORKS (California Work Opportunity and Responsibility for Kids)	<b>New Mexico</b>	NM Works
<b>Colorado</b>	Colorado Works	<b>New York</b>	FA (Family Assistance Program), SNA (Safety Net Assistance)
<b>Connecticut</b>	JOBS FIRST	<b>North Carolina</b>	Work First
<b>Delaware</b>	ABC (A Better Chance)	<b>North Dakota</b>	TEEM (Training, Employment, Education Management)
<b>District of Columbia</b>	TANF	<b>Ohio</b>	OWF (Ohio Works First)
<b>Florida</b>	Welfare Transition Program	<b>Oklahoma</b>	TANF
<b>Georgia</b>	TANF	<b>Oregon</b>	JOBS (Job Opportunities and Basic Skills)
<b>Hawaii</b>	TANF	<b>Pennsylvania</b>	Pennsylvania TANF
<b>Idaho</b>	Temporary Assistance For Families in Idaho	<b>Rhode Island</b>	FIP (Family Independence Program)
<b>Illinois</b>	TANF	<b>South Carolina</b>	Family Independence
<b>Indiana</b>	TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program)	<b>South Dakota</b>	TANF
<b>Iowa</b>	FIP (Family Investment Program)	<b>Tennessee</b>	Families First
<b>Kansas</b>	Kansas Works	<b>Texas</b>	Texas Works (Department of Human Services), cash assistance Choices (Texas Workforce Commission, TANF work program)
<b>Kentucky</b>	K-TAP (Kentucky Transitional Assistance Program)	<b>Utah</b>	FEP (Family Employment Program)
<b>Louisiana</b>	FITAP (Family Independence Temporary Assistance Program) cash assistance STEP (Strategies to Empower People)	<b>Vermont</b>	ANFC (Aid to Families with Needy Children), cash assistance Reach Up, TANF work program
<b>Massachusetts</b>	TAFDC (Transitional Aid to Families with Dependent Children), cash assistance ESP (Employment Services Program), TANF work program	<b>Virginia</b>	VIEW (Virginia Initiative for Employment, Not Welfare)
<b>Michigan</b>	FIP (Family Independence Program)	<b>Washington</b>	WorkFirst
<b>Minnesota</b>	MFIP (Minnesota Family Investment Program)	<b>West Virginia</b>	West Virginia Works

# DRAFT

<b>Mississippi</b>	TANF	<b>Wisconsin</b>	W-2 (Wisconsin Works)
<b>Missouri</b>	Beyond Welfare	<b>Wyoming</b>	POWER (Personal Opportunities With Employment Responsibility)
<b>Montana</b>	FAIM (Families Achieving Independence in Montana)		

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

**M3\_amt.** 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 money from jobs and public assistance programs, as well as any other sources, such as rental income, interest, dividends, and tribal subsidies or per capita distributions.

\$X,XXX

NO RESPONSE..... M GO TO M4

M3 NE M

**M3\_per.** Is that income per hour, per day, per week, every two weeks, for a month, or for a year?

Select one only

- Per hour..... 1 GO TO M9
- Per day..... 2 GO TO M9
- Per week..... 3 GO TO M9
- Every two weeks..... 4 GO TO M9
- Month..... 5 GO TO M9
- Year..... 6 GO TO M9
- Other (SPECIFY)..... 7 GO TO M9

Specify

NO RESPONSE..... M

M3\_AMT= M

**M4. Was it...**

- \$25,000 or less, or..... 1
- more than \$25,000?..... 2 GO TO M6
- NO RESPONSE..... M GO TO M9

M4=1

**M5. Was it...**

Select one only

- \$5,000 or less,..... 1 GO TO M9
- \$5,001 to \$10,000,..... 2 GO TO M9
- \$10,001 to \$15,000,..... 3 GO TO M9
- \$15,001 to \$20,000, or..... 4 GO TO M9
- \$20,001 to \$25,000?..... 5 GO TO M9

NO RESPONSE..... M

# DRAFT

M4=2

**M6. Was it...**

Select one only

- \$25,001 to \$30,000,..... 6 GO TO M9
- \$30,001 to \$35,000,..... 7 GO TO M9
- \$35,001 to \$40,000,..... 8 GO TO M9
- \$40,001 to \$50,000,..... 9 GO TO M9
- \$50,001 to \$75,000, or..... 10 GO TO M9
- more than \$75,000?..... 11 GO TO M9
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

**M9. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?**

Select one only

- Own or buying home or apartment..... 1
  - Rent (without public assistance)..... 2
  - Public or subsidized housing..... 3
  - Live with someone else (whether you pay rent or not)..... 5
  - Some other arrangement (SPECIFY)..... 99
- Specify  (STRING (NUM))
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

**M9a. How often are these statements true about your housing?  
Our housing is...**

SELECT ONE PER ROW

	NEVER TRUE	SOMETIMES TRUE	OFTEN TRUE	ALWAYS TRUE
a. Just the right size	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Crowded	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Needs major repairs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Old and aged	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Kept in good condition	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

**M9b. Does your home have adequate...**

SELECT ONE PER ROW

	YES	NO	DOES NOT APPLY – I DON'T HAVE THIS
a. Plumbing?	1 <input type="radio"/>	0 <input type="radio"/>	99 <input type="radio"/>
b. Heating?	1 <input type="radio"/>	0 <input type="radio"/>	99 <input type="radio"/>
c. Insulation?	1 <input type="radio"/>	0 <input type="radio"/>	99 <input type="radio"/>
d. Water?	1 <input type="radio"/>	0 <input type="radio"/>	99 <input type="radio"/>

FALL 2015 OR NO PREVIOUS INTERVIEW

**M10. People do different things when they are running out of money for food to make their food or food money go further. For each statement below, tell me if it was often true, sometimes true, or never true for [you/your household]. In the last 12 months...**

SELECT ONE PER ROW

	OFTEN TRUE	SOMETIMES TRUE	NEVER TRUE
a. The food that [I/we] bought just didn't last, and [I/we] didn't have money to get more	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. [I/We] couldn't afford to eat balanced meals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

FALL 2015 OR NO PREVIOUS INTERVIEW

**M11. In the last 12 months, did [you/you or other adults in your household] ever cut the size of your meals or skip meals because there wasn't enough money for food?**

- Yes..... 1
- No..... 0 GO TO M13
- NO RESPONSE..... M GO TO M13

M11=1

**M12. How often did this happen? Would you say...**

*Select one only*

- almost every month,..... 1
- some months, but not every month, or..... 2
- in only 1 or 2 months?..... 3
- NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

- M13. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?**
- Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

- M14. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**
- Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

- M15. Please think about how you feel about your family's economic situation. For each statement, indicate how much you agree or disagree.**

	SELECT ONE PER ROW				
	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE
a. My family has enough money to afford the kind of home we need.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. We have enough money to afford the kind of clothing we need.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. We have enough money to afford the kind of food we need.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. We have enough money to afford the kind of medical care we need.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. We have enough money to afford the kind of car/transportation we need.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

**M16. Think back over the past year. How much difficulty did you have with paying your bills each month? Would you say you had. . .**

*Select one only*

- a great deal of difficulty,..... 1
- quite a bit of difficulty,..... 2
- some difficulty,..... 3
- a little difficulty or,..... 4
- no difficulty at all?..... 5
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

**M17. Think again over the past 12 months. Generally, at the end of each month do you end up with...**

*Select one only*

- not enough to make ends meet,..... 1
- almost enough to make ends meet,..... 2
- just enough to make ends meet,..... 3
- some money left over, or..... 4
- more than enough money left over?..... 5
- NO RESPONSE..... M

N. CHILD CARE

ALL SPRING 2016

N1. The next questions are about all child care [CHILD] now receives on a regular basis in the morning before Head Start and in the afternoon after Head Start.

Is [CHILD] now attending a day care center, nursery school, preschool, or pre-kindergarten program on a regular basis before or after Head Start? Do not include Head Start programs, even if in the same building as [PROGRAM].

- Yes..... 1
No..... 0
NO RESPONSE..... M

ALL SPRING 2016

N6. Is [CHILD] now receiving care from a relative other than [you/ a parent] on a regular basis, in the morning before or in the afternoon after Head Start? For example, please include care from grandparents, brothers or sisters, or any other relative.

Do not include care by the child's father, even if he does not live with the child.

- Yes..... 1
No..... 0
NO RESPONSE..... M

ALL SPRING 2016

N13. Is [CHILD] now receiving care on a regular basis from anyone else (other than a relative) in a private home in the morning before Head Start or in the afternoon after Head Start?

- Yes..... 1
No..... 0
NO RESPONSE..... M

PROGRAMMER SKIP BOX N20a
IF N1, N6, OR N13 = 1, CONTINUE, ELSE GO TO SECTION P

N1 = 1 OR N6=1 OR N13 = 1

N20. Thinking of all the child care you use for [CHILD] before or after Head Start, how many days a week is [he/she/he or she] in child care before or after Head Start, on average?

[Input box] DAYS

(RANGE 0-7)

- NO RESPONSE..... M

# DRAFT

N1 = 1 OR N6 = 1 OR N13 = 1

N21. And, all together, how many hours a week is [CHILD] typically in care before or after Head Start?

HOURS

(RANGE 1-90)

NO RESPONSE.....M

P. CHILD HEALTH

ALL FALL 2015 AND SPRING 2016, EXCEPT WHERE NOTED

P1. The next questions are about [CHILD]’s health and health related issues.

Overall, would you say [CHILD]’s health is...

- excellent,..... 1
- very good,..... 2
- good,..... 3
- fair, or..... 4
- poor?..... 5
- NO RESPONSE..... M

FALL 2015 OR NO PREVIOUS INTERVIEW

P4a. Where does [CHILD] usually go if [she/he/he or she] is sick or you have concerns about [his/her/his or her] health?

Select one only

- A private doctor, private clinic, or HMO..... 1
- An outpatient clinic run by a hospital..... 2
- The emergency room at a hospital..... 3
- Public health department or community health center..... 4
- A migrant health clinic..... 5
- The Indian Health Service/Tribal Health Clinic or Hospital..... 6
- Someplace else (SPECIFY)..... 99

[Empty rectangular box for specifying 'Someplace else']

NO RESPONSE..... M

# DRAFT

FALL 2015 OR NO PREVIOUS INTERVIEW

**P5. Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?**

Select one only

- Doesn't get preventive care/There is no regular place.....0 GO TO P5a
- A private doctor, private clinic, or HMO.....1
- An outpatient clinic run by a hospital.....2
- The emergency room at a hospital.....3
- Public health department or community health center.....4
- A migrant health clinic.....5
- The Indian Health Service/Tribal Health Clinic or Hospital.....6
- Someplace else (SPECIFY).....7

Specify

NO RESPONSE.....M GO TO P5a

P5 = 1-7

**P5a1. Is that the same place [CHILD] usually goes when [he/she/he or she] is sick or you have concerns about [his/her] health?**

- Yes.....1
- No.....0
- NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW AND  
P5=0 OR M

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

- Yes.....1
- No.....0
- NO RESPONSE.....M

FALL 2015 OR NO PREVIOUS INTERVIEW

P7. When was the last time [CHILD] saw a doctor for a regular checkup? Was it . . .

Select one only

- 6 months ago or less,.....1
more than 6 months ago, but not more than 1 year ago,.....2
more than 1 year ago, but not more than 2 years ago,.....3
more than 2 years ago, or.....4
never?.....5
NO RESPONSE.....M

IF FALL INTERVIEW

P7a. Since [FALL INTERVIEW DATE], has [CHILD] seen a doctor for a regular checkup?

- Yes.....1
No.....0
NO RESPONSE.....M

P7 = 3, 4, 5 OR P7A = 0

P7\_1. What were the reasons that [CHILD] has not seen the doctor for a regular checkup recently?

Select all that apply

- Could not afford the cost.....1
Did not want to spend the money.....2
Insurance did not cover.....3
Doctor's office is too far away.....4
Doctor's office is not open at convenient times.....5
Another doctor recommended not doing it.....6
Afraid of or do not like doctors.....7
Unable to take time off from work.....8
Too busy.....9
I did not think anything serious was wrong.....10
Other reason (SPECIFY).....11

Specify [text box]

NO RESPONSE.....M

**DRAFT**

**FALL 2015 OR NO PREVIOUS INTERVIEW**

**P8. When was the last time [CHILD] saw a dentist for a regular checkup? Was it . . .**

*Select one only*

- 6 months ago or less,.....1
- more than 6 months ago, but not more than 1 year ago,.....2
- more than 1 year ago, but not more than 2 years ago,.....3
- more than 2 years ago, or.....4
- never?.....5
- NO RESPONSE.....M

**IF FALL INTERVIEW**

**P8a. Since [FALL INTERVIEW DATE], has [CHILD] seen a dentist for a regular checkup?**

- Yes.....1
- No.....0
- NO RESPONSE.....M

**P8 = 2, 3, 4, 5 OR P8A = 0**

**P8\_1. What were the reasons that [CHILD] has not seen the dentist recently?**

*Select all that apply.*

- Could not afford the cost.....1
- Did not want to spend the money.....2
- Insurance did not cover.....3
- Dental office is too far away.....4
- Dental office is not open at convenient times.....5
- Another dentist recommended not doing it.....6
- Afraid of or do not like dentists.....7
- Unable to take time off from work.....8
- Too busy.....9
- I did not think anything serious was wrong.....10
- Other reason (SPECIFY).....11

Specify

NO RESPONSE.....M

# DRAFT

ALL SPRING 2016

- P42. Has anyone ever suggested that you get [CHILD] evaluated for a possible special condition or need?**
- Yes..... 1
  - No..... 0 GO TO P42b
  - NO RESPONSE..... M GO TO P42b

P42=1

**P42a. What special condition or need?**

*Select all that apply*

- Behavior problem..... 1
- Emotional problem..... 2
- Attention problem..... 3
- Developmental delay..... 4
- Problem with use of arms or legs..... 5
- Speech problem..... 7
- Hearing problem..... 8
- Vision problem..... 9
- Something else (SPECIFY)..... 10

Specify

NO RESPONSE..... M

P42=1

**P42a\_1. Did you get [CHILD] evaluated for a possible special condition or need?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

P42b=1

**P42a\_2. Did you obtain a diagnosis?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M



P42c=1

P42a\_3. What was the diagnosis for [CHILD]'s special condition or need?

Select all that apply

- Behavior problem.....1
- Emotional problem.....2
- Attention problem.....3
- Developmental delay.....4
- Problem with use of arms or legs.....5
- Speech problem.....7
- Hearing problem.....8
- Vision problem.....9
- Something else (SPECIFY).....10

Specify

NO RESPONSE.....M

Q. FAMILY HEALTH

ALL SPRING 2016

The next set of questions are about health-related behaviors of people in your household.

Q5. First are questions about smoking.

In the last 30 days, did you smoke tobacco such as cigarettes or cigars?

Please do NOT include ceremonial smoking.

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

Q5=1

Q6. How many cigarettes or packs of cigarettes do you smoke on an average day?

Enter "1" if you smoke less than one cigarette a day.

|\_|\_| NUMBER PER |\_| CODE

- CIGARETTES..... 1
- PACKS..... 2
- NO RESPONSE..... M

Q5=1

Q7a. Do you or other household members smoke anywhere inside the home?

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

# DRAFT

ALL SPRING 2016

**Q9. The next questions are about how frequently you drink alcoholic beverages. By a “drink” we mean either a bottle of beer, a wine cooler, a glass of wine, a shot of liquor, or a mixed drink. Remember, your answers will be kept private to the extent permitted by law. No one from Head Start will see or hear your answers.**

**During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say...**

- Less than once a week,.....1
- 1 or 2 days per week,.....2
- 3 or 4 days per week,.....3
- 5 or 6 days per week,.....4
- Every day, or.....5
- Never?.....0
- NO RESPONSE.....M

Q9=1,2,3,4,5

**Q10. On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks did you usually have?**

(Click here for an explanation on how to count the number of drinks.)

PROGRAMMER: INCLUDE FOLLOWING TEXT IN POP UP WINDOW:

HELP SCREEN:	
ALCOHOL EQUIVALENTS:	
Beer:	Hard Liquor:
1 12 oz. or 16 oz. bottle= 1 drink	1 highball = 1 drink
1 40 oz. bottle = 3 drinks	
1 case of beer = 24 drinks	1 shot glass = 1 drink
Wine:	1/2 pint of liquor = 6 drinks
1 4 oz. glass of wine = 1 drink	1 pint of liquor = 12 drinks
1 bottle of wine = 5 drinks	1 fifth of liquor = 20 drinks
1 liter of wine = 6 drinks	
1 wine cooler = 1 drink	1 quart of liquor = 24 drinks

NUMBER

NO RESPONSE.....M

# DRAFT

Q9=1,2,3,4,5
If R = Female, display "four" and "4". Else, display "five" and "5".

**Q10a. In the last 30 days, how many times did you drink {four/five} or more alcoholic drinks at one sitting?**

Enter "0" if you did not have {4/5} or more drinks at one sitting in the last month.

|\_|\_| NUMBER

NO RESPONSE.....M

ALL SPRING 2016
-----------------

**Q11. Is there [anyone/anyone else] in your household who drinks alcohol?**

Yes..... 1

No..... 0

NO RESPONSE.....M

ALL SPRING 2016
-----------------

**Q13. Is there anyone in your household who uses drugs or medicines without a doctor's prescription?**

Yes..... 1

No..... 0

NO RESPONSE.....M

Q13 = 1
---------

**Q21. During the LAST 30 DAYS have you used any medicines, like painkillers, stimulants, sedatives or tranquilizers, without a doctor's prescription, in greater amounts, or longer than prescribed?**

<b>HELP SCREEN:</b> Examples of medicines include prescription drugs such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, Xanax, or steroid pills or shots.
---

Yes..... 1

No..... 0

NO RESPONSE.....M

Q13=1

**Q14a. In the past 30 days, have you used drugs? Please include marijuana and inhalants.**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**HELP SCREEN:**

Examples of drugs may include:

- Marijuana (also called weed, pot, or grass) or hashish (also called hash)
- Synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)
- Cocaine, including all the different forms of cocaine such as powder, 'crack', 'free base', and coca paste
- Heroin (also called smack, junk, or China White)
- Methamphetamine (also called speed, crystal, crank, or ice)
- Inhalants or solvents, such as sniffing glue, or breathing the contents of aerosol spray cans, or inhaled any paints or sprays to get high
- Hallucinogens (LSD, PCP, or mushrooms)
- Club drugs (Ecstasy, also called MDMA)

R. HOME AND NEIGHBORHOOD CHARACTERISTICS

ALL SPRING 2016

The next questions are about situations that can be difficult for families. The questions ask about things that may have happened to you or others in your household over the past year. Please remember, all of your answers will be kept private to the extent permitted by law. No one from Head Start will see or hear your answers.

- R2. Have you ever been hit, kicked, punched, or otherwise hurt by someone within the past year?
  - Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

R2=1

- R3. How were they related to you?
 

*Select all that apply*

  - Current spouse..... 11
  - Former spouse..... 12
  - Current partner..... 13
  - Former partner..... 14
  - Father..... 15
  - Mother..... 16
  - Sister..... 17
  - Brother..... 18
  - Grandmother..... 19
  - Grandfather..... 20
  - Aunt..... 21
  - Uncle..... 22
  - Cousin..... 23
  - Other relative..... 24
  - Other person not related to you..... 25
  - NO RESPONSE..... M

# DRAFT

**ALL SPRING 2016**

- R4. In the past year, has [CHILD] ever been a witness to a violent crime?**
- Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

**ALL SPRING 2016**

- R5. In the past year, has [CHILD] ever been a witness to domestic violence?**
- (Click here for a definition of domestic violence.)

HELP SCREEN:  
 Domestic violence is any type of physical, mental or emotional abuse that happens between people who are married, in a romantic relationship, who are former partners or who are related by family. Examples of domestic violence include being beaten up, murder, kidnapping, rape, sexual assault and robbery.

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**ALL SPRING 2016**

- R6. In the past year, has [CHILD] ever been the victim of a violent crime?**
- Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

**ALL SPRING 2016**

- R7. In the past year, has [CHILD] ever been the victim of domestic violence?**
- (Click here for a definition of domestic violence.)

HELP SCREEN:  
 Domestic violence is any type of physical, mental or emotional abuse that happens between people who are married, in a romantic relationship, who are former partners or who are related by family. Examples of domestic violence include being beaten up, murder, kidnapping, rape, sexual assault and robbery.

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

# DRAFT

**ALL SPRING 2016**

- R8. Since [CHILD] was born, have you, another household member, [or has [CHILD]'s mother] [or has [CHILD]'s father] been arrested or charged with any crime by the police?**
- Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

**R8=1**

- R10. Did anyone spend time in jail because of this?**
- Yes..... 1
  - No..... 0
  - NO RESPONSE..... M

**ALL SPRING 2016**

**R14. The next questions are about your community, neighborhood, or area where you live.**

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. People around here are willing to help their neighbors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. The place where I live is too noisy or too polluted.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Roads in my community are often difficult or impossible to drive on	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I have to go too far to get things done, like shopping, banking, buying gas, or going to school or work.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



# DRAFT

ALL SPRING 2016

R15. The next questions are about problems you might see in the community, neighborhood, or area where you live.

	Not a problem	Somewhat of a problem	Big problem
a. Run-down houses or abandoned cars	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Crime	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Police not being available	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Public drunkenness/people being high or stoned in public	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Broken homes and family breakups.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Physical violence, abuse and neglect.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Alcohol and/or drug abuse.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Not enough good housing.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Not enough jobs in the community.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

## U. YOUR FEELINGS

ALL FALL 2015 AND SPRING 2016

**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.**

**Please select if you felt 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?**

(Click here for a definition of “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.

*Select one per row*

	Rarely or never	Some or a little	Occasionally or moderately	Most or all
a. Bothered by things that usually don't bother you	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. You did not feel like eating, your appetite was poor	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. You could not shake off the blues, even with help from your family and friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. You had trouble keeping your mind on what you were doing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Depressed	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. That everything you did was an effort	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Fearful	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Your sleep was restless	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. You talked less than usual	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Lonely	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Sad	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. You could not get “going”	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

V. Cultural Connections

ALL SPRING 2016

V1. For the next questions, think about your tribal group and indicate how much you agree or disagree with each sentence.

Select one per row.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
a. Being a part of my tribe or cultural group is important to me.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I think a lot about how my life has been affected by me being an American Indian / Alaska Native.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I have a lot of pride in my tribe or cultural group.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I speak or am learning to speak my tribal or cultural language.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I follow religious or spiritual beliefs that are based on traditional cultural beliefs.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I listen to, sing, or dance to traditional tribal music.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. I have a strong sense of belonging to my own tribe or cultural group.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. I have often talked to other people to learn about my tribe or culture.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. I feel good about my cultural and tribal background.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

# DRAFT

ALL SPRING 2016

V2. Please indicate how often you did each of the things below in the past month.

*Select one per row.*

	Very often	Often	Sometimes	Rarely	Never
a. I told my [child/children] tribal stories.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I took my [child/children] to tribal cultural events, like powwows or ceremonies.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I made traditional tribal food for my [child/children].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I listened to tribal music with my [child/children].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I taught my [child/children] about tribal values and traditions.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. I don't make a big deal about tribal ways with my [child/children].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

# DRAFT

**ALL SPRING 2016**

**V3. Please indicate how often you did each of the things below in the past month.**

*Select one per row.*

	Very often	Often	Sometimes	Rarely	Never
a. I told my [child/children] about the importance of family in tribal ways.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. I made sure my [child/children] spent time with family members, like grandmas, grandpas, aunts, uncles, and cousins.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. I relied on family members (grandmas, grandpas, aunts, uncles) to help me parent my [child/children].	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. I like to take care of my [child/children] myself, without a lot of other family getting involved.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. I made sure my [child/children] show respect for tribal elders.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**ALL SPRING 2016**

**V4. How many of your relatives or in-laws live in your community?**

- None.....0
- 1 or 2.....1
- 3-5.....2
- 6-9.....3
- 10 or more.....4
- No response.....M

**ALL SPRING 2016**

**V5. How many friends do you have in your community?**

- None.....0
- 1 or 2.....1
- 3-5.....2
- 6-9.....3
- 10 or more.....4
- No response.....M

# DRAFT

## X. TRACKING INFORMATION

ALL

**X1. [Thank you for your help. The next questions will be about how to contact you in case we have any questions.]**

[Thank you for your time. We will send you your thank-you gift card within the next 2 weeks. [We plan to interview you again in the spring and we need to know how to get in touch with you.]]

The next questions will be about how to contact you or people who will know how to find you.

First, what is your telephone number?

- Do not have a telephone number.....1 GO TO X2
- NO RESPONSE.....M GO TO X2

NUMBER PROVIDED AT X1

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

First Name:  GO TO X3a

Middle Initial:

Last Name:

X1 = M

**X2. Is there a number where you can be reached?**

- NO RESPONSE.....M GO TO X4

NUMBER PROVIDED AT X2

**X3. Whose telephone is that?**

First Name:  GO TO X3a

Middle Initial:

Last Name:

- NO RESPONSE.....M GO TO X4

# DRAFT

X3 NE M AND X2 NE M

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

CELL PHONE

OTHER

- No cell phone or other phone number.....1
- NO RESPONSE.....M

ALL

**X4. Please enter your full name and permanent address.**

First Name:

Middle Initial:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

NO RESPONSE.....M

**END. This completes the interview. Thank you for your participation in FACES.**