

9 - Baseline Survey for Sites Testing Employment Intervention

PROGRAMMING INSTRUCTIONS ANNOTATIONS/NOTES:

1. A SOLID LINE ACROSS THE PAGE INDICATES A NEW SCREEN WILL BE DISPLAYED ON THE SURVEY SCREEN - OTHERWISE, EACH QUESTION SHOULD BE DISPLAYED ON ITS OWN SCREEN
2. TEXT INSERTIONS ARE INDICATED BY []
3. SOURCE OF INSERTIONS WILL BE A WEB SERVICE DESIGNED TO RECEIVE SECURED INFORMATION FROM NFORM UNLESS INDICATED OTHERWISE. FIELDS TO BE SENT TO THE WEB SERVICE INCLUDE:
 21. Fortune Society - NYC
 22. Kanawha Institute for Social Research (KISRA) - Dunbar, WV
 23. Ohio Department of Job and Family Services - Passages, Inc. - Cleveland, OH
4. Program Sites:
 21. Fortune Society - NYC
 22. Kanawha Institute for Social Research (KISRA) - Dunbar, WV
 23. Ohio Department of Job and Family Services - Passages, Inc. - Cleveland, OH
5. Site Program Names (Inserts for A1):
 21. Parenting, Healthy relationship or Employment services received at Fortune Society
 22. West Virginia ReForm Initiative
 23. Jobs for Dads
6. **If the respondent advances by leaving an answer blank, they will be prompted with the following message "We are very interested in hearing about your experiences. As we mentioned at the start, however, you can choose not to answer specific questions." The same question will again appear, but with the choices "don't know" and "decline to answer" available.**

START SURVEY TIMER

INTRO2:

**BUILDING BRIDGES AND BONDS
ENROLLMENT SURVEY**

OMB Control No.: [0970-0485](#)
Expiration Date: [09/30/2019](#)

[\[BEGIN SURVEY USING AUDIO AND TEXT DISPLAY\]](#)

For your convenience, this survey has the ability to present question and answer choices using audio. Please select 1 to continue playing the audio or select 2 to turn the audio off. You will be given another opportunity to change your selection before the main part of the survey begins:

- 1 Continue with Audio
- 2 Turn Audio off

INTRO2INTRO3:

Thank you for your help with this important study. The survey asks questions about your employment, financial well-being, parenting and co-parenting relationships, involvement with the criminal justice system, and child support. It also asks your thoughts and opinions about how to handle various situations. Your participation in this survey is voluntary. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer. Your name will not be included in any written reports and your answers will be kept private to the extent permitted by law. This survey will take about 30 minutes to complete. [So you can see where you are in the survey, a progress bar at the top of the screen will show you how much of the survey you have completed.](#)

THE PAPERWORK REDUCTION ACT OF 1995

This collection of information is voluntary and will be used to learn about the effects of parenting and employment services for fathers. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is ~~0970-04850970-0XXX~~ and the expiration date is ~~09/3009/20196XX/XX/XXXX~~. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Erika Lundquist; 16 E 34th St, MDRC, 19th Floor, New York, NY 10016; (212) 340-8605; Attn: OMB-PRA (~~0970-0485XXXX-XXXX~~).

Before we begin, please verify your identity.

S1.

Is this your name?

[Fathurname]

1 Yes

2 No [SKIP TO FAIL_SCREENERS]

S2.

Is this your date of birth?

[FathersDOB]

1 Yes [SKIP TO CONTINUE]

2 No

FAIL_SCREENERS

IF S1=2 OR S2=2, DISPLAY:

Thank you for taking the time to answer these questions. The information you provided does not match our records. Please show this screen to the staff member who was just helping you.

CONTINUE

Thank you for confirming this information.

A few instructions before you begin...

- To respond to a question, select the best answer and then hit the "NEXT" button. If you do not want to answer a question, you can hit "NEXT" without selecting an answer and you will be given the option of declining to answer.
- If you have questions or need help at any time during the survey, please let the staff member who has been helping you know.

Finally, before we begin the survey, this is your last chance to change whether the audio is used during the survey. Please select whichever option is most comfortable for you. Whatever option you choose determines how the survey will behave from now until the end of the survey.

1 Continue with Audio **ON**

2 Continue with Audio **OFF**

Let's begin the survey.

MARK SECTION A START TIME

Module A: Service Receipt and Participation

[DO NOT DISPLAY “DON’T KNOW” AND “DECLINE TO ANSWER” OPTIONS WHEN QUESTION IS INITIALLY PRESENTED. IF THE RESPONDENT SELECTS “NEXT” WITHOUT ANSWERING, DISPLAY THE QUESTION AGAIN WITH “DON’T KNOW” AND “DECLINE TO ANSWER” OPTIONS INCLUDED AND PLAY AUDIO FILE WHICH INCLUDES THESE IN THE ANSWER SET]

A1. In the last 12 months, have you participated in [SITE PROGRAM NAME IF SITE CODE = 21, INSERT “Parenting, Healthy relationship or Employment services received at Fortune Society”, IF =22, INSERT “West Virginia ReForm Initiative”, IF = 23, INSERT “Jobs for Dads”], or another program that offered services related to employment, parenting, communicating with your child or children’s other parent or legal guardian, or helping you relate well to other people?

- 1 Yes
- 2 No [SKIP TO A3]
- 7 Don’t Know [SKIP TO A3]
- 8 Decline to Answer [SKIP TO A3]

A2. What specific types of support did you receive? [Select all that apply]

- 1 Support to find or keep a job
- 2 Help to develop or improve your parenting skills
- 3 Help to improve your relationship with your child or children’s other parent or guardian
- 4 Help relating well to other people
- 7 Don’t Know
- 8 Decline to Answer

A3. In the last 12 months, have you participated in any program to learn how patterns of thinking can affect your behavior or the choices you make? Sometimes these services are called cognitive-behavioral services.

- 1 Yes
- 2 No [SKIP TO A6A8]
- 7 Don’t Know [SKIP TO A6A8]
- 8 Decline to Answer [SKIP TO A6A8]

A4. Can you tell me the name of this program or programs? Mark all that apply. Was it...

- 1 Thinking for a Change [SKIP TO A5]
- 2 Reasoning and Rehabilitation [SKIP TO A5]
- 3 Moral Reconciliation Therapy [SKIP TO A5]
- 4 Aggression Replacement Training [SKIP TO A5]
- 5 Interpersonal Problem Solving [SKIP TO A5]
- 6 Cognitive Interventions Program [SKIP TO A5]
- 7 Courage to Change [SKIP TO A5]
- 8 Something else
- 97 Don't Know [SKIP TO A5]
- 98 Decline to Answer [SKIP TO A5]

A4a. What was the name of the program?

Please type the name of the program in the box.

NAME OF PROGRAM

- 7 Don't Know
- 8 Decline to Answer

A5. About how many cognitive-behavioral service sessions did you participate in?

- 1 1 - 5 sessions
- 2 6 - 10 sessions
- 3 11 - 15 sessions
- 4 16 or more sessions
- 7 Don't Know
- 8 Decline to Answer

A6. Did you complete a cognitive-behavioral program?

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

A7. Did you participate in any of these sessions while you were in jail or prison?

- 1 Yes
- 2 No
- 3 I have never been in jail or prison
- 7 Don't Know
- 8 Decline to Answer

A8. How interested are you in participating in services related to parenting your child or children in the next 12 months?

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 7 Don't Know
- 8 Decline to Answer

A9. How interested are you in participating in services related to obtaining or keeping employment in the next 12 months?

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 7 Don't Know
- 8 Decline to Answer

A10. How interested are you in participating in services related to healthy relationships with a partner or spouse in the next 12 months?

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested
- 7 Don't Know
- 8 Decline to Answer

MARK SECTION B START TIME

Module B: Employment

B1. Do you currently have a job? This includes permanent full-time or part-time jobs, or temporary, transitional or seasonal jobs.

- 1 Yes [SKIP TO B3]
- 2 No
- 7 Don't Know
- 8 Decline to Answer

B2. Just to be sure, have you done any work in the past 2 weeks for pay? This could be any work that was paid for in cash, or work done in exchange for meals, clothing, a place to live, or something else. It could be on-the-books or off-the-books work, self-employment, temporary work, work as a day laborer, or working side jobs.

- 1 Yes
- 2 No [SKIP TO B20]
- 7 Don't Know [SKIP TO B20]
- 8 Decline to Answer [SKIP TO B20]

B3. How many jobs do you currently have? This includes permanent full-time or part-time jobs, temporary, transitional, or seasonal jobs, any other work that was paid for in cash, or work done in exchange for meals, clothing, a place to live, or something else.

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

- _____ (RANGE: 1- 10)
- 97 Don't Know
 - 98 Decline to Answer

B4. IF NUMBER OF JOBS IN B3 = 1, SKIP TO B7

Thinking of all your current jobs, how many hours did you usually work per week in the last month? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth.

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

- _____ (RANGE: 1 to 80)
- 97 Don't Know
 - 98 Decline to Answer

B5.How much did you earn from all of these jobs in the last week? Please include regular pay, tips, commissions, and overtime pay. If you were not paid money, but instead you did work in exchange for meals, clothing, a place to live, or something else, click on the circle next to the 96. Do not enter any amount in the box.

\$ _____ , _____ . _____

AMOUNT (RANGE: .01-to 99,999.94) [SKIP TO B6]

99999.96 Work done in exchange for meals, clothing, a place to live, or something else
[SKIP TO B7]

99999.97 Don't Know

99999.98 Decline to Answer

B5a. In the last week, did you earn ...

1 \$1 to \$99

2 \$100 to \$249

3 \$250 to \$499

4 \$500 to \$749

5 \$750 to \$999

6 \$1,000 or more

7 Don't Know [SKIP TO B7]

8 Decline to Answer [SKIP TO B7]

B6. Was that...

1 before taxes, or

2 after taxes

7 Don't Know

8 Decline to Answer

B7. IF B3 >1 OR B3 = DON'T KNOW, DECLINE TO ANSWER, READ/DISPLAY VERSION 1. ELSE READ/DISPLAY VERSION 2.

VERSION 1: Now please think about the job where you worked the most hours in the past 2 weeks. What is the name of this employer? We will not contact your employer.

Please type name of employer in the box, or select 96 if you are self employed

VERSION 2: What is your employer's name? We will not contact your employer. Please type name of employer in the box, or select 96 if you are self employed

NAME OF EMPLOYER

96 Self-Employed I am self employed

97 Don't Know

98 Decline to Answer-

B8. IF B3 = DON'T KNOW, DECLINE TO ANSWER, READ/DISPLAY VERSION 1. ELSE READ/DISPLAY VERSION 2.

VERSION 1: I'd like to ask you some questions about the job that you worked at for the most hours in the last two weeks. When did this job start? Please provide the month and year for when the job started.

VERSION 2: I'd like to ask you some questions about that job. When did this job start? Please provide the month and year for when the job started.

IF RESPONDENT ENTERS A MONTH AND YEAR, SKIP TO B9.

IF RESPONDENT DOES NOT ENTER A MONTH BUT DOES ENTER A YEAR, GO TO B8a.

IF RESPONDENT ENTERS A MONTH BUT NO YEAR, SKIP TO B9.

IF RESPONDENT DOES NOT ENTER A MONTH OR A YEAR, DISPLAY "DON'T KNOW" AND "DECLINE TO ANSWER" OPTIONS.

_____ MM (RANGE: 1-12)
_____ YYYY (RANGE: 1950-current year)
97/9997 Don't Know
98/9998 Decline to Answer

B8a. Did you start this job in winter, spring, summer or fall of [INSERT YEAR FROM B8] {that year}?

13 Winter
14 Spring
15 Summer
16 Fall
97 Don't Know
98 Decline to Answer

B9. Which of the following best describes this work? Is it...

1 a permanent job [SKIP TO B9b]
2 a temporary, transitional, or seasonal job that is not permanent [SKIP TO B9b]
3 a series of day labor or odd jobs (work where you have to find new jobs on a regular basis in order to get paid), or [SKIP TO B9b]
4 something else
7 Don't Know [SKIP TO B9b]
8 Decline to Answer [SKIP TO B9b]

B9a. Please describe what type of work this is in your own words [in the box below](#).

TYPE OF JOB
7 Don't Know
8 Decline to Answer

B9b. SKIP IF B7 = 96.

AreFor the work you have been talking about, would you describe yourself as self-employed or do you own it work done for your own business?

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

B10. Are taxes deducted from your pay for this job?

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

B11. Is this job...

- 1 full-time work (which means 35 hours or more per week)
- 2 part time work (which means less than 35 hours per week)
- 3 work where the hours vary substantially from week to week
- 7 Don't Know
- 8 Decline to Answer

B12. In the last month, how many hours did you usually work per week at this job? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth. Please do not include weeks in which you missed work because of illness or vacation. If you have worked for less than one month, please think of the hours in the weeks you have worked so far.

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

- _____
- NUMBER OF HOURS (RANGE: 1 to 80)
- 97 Don't Know
 - 98 Decline to Answer

B13. How are you paid for this work? Is it...

- 1 by check or direct deposit [SKIP TO B14]
- 2 in cash [SKIP TO B14]
- 3 done in exchange for meals, or clothing, or a place to live, or [SKIP TO B14]
- 4 in some other way
- 7 Don't Know [SKIP TO B14]
- 8 Decline to Answer [SKIP TO B14]

B13a. Please describe how you are paid for this work: [in the box below](#)

HOW PAID FOR WORK

- 7 Don't Know
- 8 Decline to Answer

B14. Which of the following best describes your employer? Your employer is the company, program or individual who hired you to do this work and who pays you for this work. Please mark all that apply. Is your employer...

- 1 a staffing or temp agency [SKIP TO B15]
- 2 an employment or fatherhood program [SKIP TO B15]
- 3 the company or individual the work is being done for [SKIP TO B15]
- 4 someone else
- 7 Don't Know [SKIP TO B15]
- 8 Decline to Answer [SKIP TO B15]

B14a. Please describe the type of employer you have in your own words: [in the box below](#)

DESCRIPTION OF EMPLOYER

- 7 Don't Know
- 8 Decline to Answer

B15. How did you get this job? Did you...

- 1 apply for a job at a company or program that you work for, [SKIP TO B16]
- 2 apply for work at a staffing or temp agency, [SKIP TO B16]
- 3 show up to a location where people come to look for workers that can help with a particular job, or [SKIP TO B16]
- 4 do something else?
- 7 Don't Know [SKIP TO B16]
- 8 Decline to Answer [SKIP TO B16]

B15a. Please describe how you got this job in your own words: [in the box below](#)

HOW YOU GOT JOB

- 7 Don't Know
- 8 Decline to Answer

B16. SKIP TO B18 IF B13 = 3 OR 4.

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

Record your answer in the box below.

\$ ____ , ____ . ____
AMOUNT (RANGE: .01-to 99,999.94) [SKIP TO B17]
99999.97 Don't Know
99999.98 Decline to Answer

B16a. In the last week, did you earn ...

- 1 \$1 to \$99
- 2 \$100 to \$249
- 3 \$250 to \$499
- 4 \$500 to \$749
- 5 \$750 to \$999
- 6 \$1,000 or more
- 7 Don't Know [SKIP TO B18]
- 8 Decline to Answer [SKIP TO B18]

B17. Was that ...

- 1 before taxes, or
- 2 after taxes
- 7 Don't Know
- 8 Decline to Answer

B18. Some employers offer health insurance for their employees, but sometimes workers don't participate or receive health coverage due to cost or other reasons. For this job, would you say:

- 1 no health insurance is available
- 2 health insurance is available, but you don't participate, or
- 3 you are covered by health insurance made available by your employer
- 7 Don't Know
- 8 Decline to Answer

B19. Which of the following other benefits are available to you on your job?

B19a. Does your job offer sick days with full pay?

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

B19b. Does your job offer paid vacation?

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

B19c. Does your job offer paid holidays?

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

B19d. Does your job offer dental benefits, including any offered at a cost to you?

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

B19e. Does your job offer a retirement or 401K plan?

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

B19f. Does your job offer tuition reimbursement?

- | | |
|---------------------|---------------|
| 1 Yes | [SKIP TO B35] |
| 2 No | [SKIP TO B35] |
| 7 Don't Know | [SKIP TO B35] |
| 8 Decline to Answer | [SKIP TO B35] |

B20. Have you ever had a job or done any work for pay?

- | | |
|---------------------|---------------|
| 1 Yes | |
| 2 No | [SKIP TO B37] |
| 7 Don't Know | [SKIP TO B37] |
| 8 Decline to Answer | [SKIP TO B37] |

B21. I'd like to ask you some questions about the job that ended most recently. When did this job end?

Please select Month and Year in the boxes below.

IF RESPONDENT ENTERS A MONTH AND YEAR, SKIP TO B22.

IF RESPONDENT DOES NOT ENTER A MONTH BUT DOES ENTER A YEAR, GO TO B21a.

IF RESPONDENT ENTERS A MONTH BUT NO YEAR ASSUME YEAR IS MOST RECENT YEAR WHERE THAT MONTH HAS PASSED, SKIP TO B22.

IF RESPONDENT DOES NOT ENTER A MONTH OR A YEAR, DISPLAY "DON'T KNOW" AND "DECLINE TO ANSWER" OPTIONS.

_____ MM (RANGE: 1-12)
_____ YYYY (RANGE: 1950-current year)
97/9997 Don't Know [\[SKIP TO B21a\]](#)
98/9998 Decline to Answer [\[SKIP TO B22\]](#)

B21a. Did this job end in winter, spring, summer or fall of [INSERT YEAR FROM B21]/{that year}?

13 Winter
14 Spring
15 Summer
16 Fall
97 Don't Know
98 Decline to Answer

B22. When did this job start? Please provide the month and year for when the job started in the boxes below.

IF RESPONDENT ENTERS A MONTH AND YEAR, SKIP TO B22b3.

IF RESPONDENT DOES NOT ENTER A MONTH BUT DOES ENTER A YEAR, GO TO B22a.

IF RESPONDENT ENTERS A MONTH BUT NO YEAR, ASSUME YEAR IS MOST RECENT YEAR WHERE THAT MONTH HAS PASSED, SKIP TO B22b3.

IF RESPONDENT DOES NOT ENTER A MONTH OR A YEAR, DISPLAY "DON'T KNOW" AND "DECLINE TO ANSWER" OPTIONS.

_____ MM (RANGE: 1-12)
_____ YYYY (RANGE: 1950-current year)
97/9997 Don't Know [\[SKIP TO B22a\]](#)
98/9998 Decline to Answer [\[SKIP TO B23\]](#)

B22a. Did you start this job in winter, spring, summer or fall of [INSERT YEAR FROM B22]/{that year}?

13 Winter
14 Spring
15 Summer
16 Fall
97 Don't Know
98 Decline to Answer

B22b. [COMPARE MONTH/YEAR FOR B21 TO MONTH/YEAR FOR B22. IF (B21 IS 97/9997 OR 98/9998) OR (B22 IS 97/9997 OR 98/9998), SKIP TO B23. IF B21 IS EARLIER THAN B22, CONTINUE TO QUESTION TEXT, ELSE SKIP TO B23.] The job start date that you entered is after the job end date you gave in the previous question. Please select from the following options for what you would like to do:

- 1 Change the job end date [SKIP TO B21, CLEAR PREVIOUS B21 RESPONSE]
- 2 Change job start date [RETURN TO B22]
- 3 Don't Know [CONTINUE TO B23]
- 4 Decline to answer [CONTINUE TO B23]

B23. What was the name of your employer? We will not contact your employer.

Please type name of employer in the box below, or select 96 if you are self employed

NAME OF EMPLOYER
96 Self Employed | was self employed
97 Don't Know
98 Decline to Answer

B24. Which of the following best describes this work? Was it...

- 1 a permanent job [SKIP TO B24b]
- 2 a temporary, transitional, or seasonal job that was not permanent [SKIP TO B24b]
- 3 a series of day labor or odd jobs (work where you had to find new jobs on a regular basis in order to get paid), or [SKIP TO B24b]
- 4 something else
- 7 Don't Know [SKIP TO B24b]
- 8 Decline to Answer [SKIP TO B24b]

B24a. Please describe what type of work this was in your own words: in the box below

TYPE OF JOB
7 Don't Know
8 Decline to Answer _____

B24b. SKIP IF B23 = 96.

Were~~For the work~~ you have been talking about, would you describe yourself as self-employed or ~~did you own~~ is it work done for your own business?

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

B25. Were taxes deducted from your pay for this job?

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

B26. Was this job...

- 1 full-time work (which means 35 hours or more per week)
- 2 part time work (which means less than 35 hours per week)
- 3 work where the hours varied substantially from week to week
- 7 Don't Know
- 8 Decline to Answer

B27. In the last month you worked at this job, how many hours per week did you usually work at this job? Please consider all hours, including any extra hours, overtime, work you did at home, and so forth. Please do not include weeks in which you missed work because of illness or vacation. If you worked at this job for less than a month, please think of the hours per week when you were there.

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF HOURS (RANGE: 1 to 80)
97 Don't Know
98 Decline to Answer

B28. How were you paid for this work? Was it...

- 1 by check or direct deposit [SKIP TO B29]
- 2 in cash [SKIP TO B29]
- 3 done in exchange for meals, or clothing, or a place to live, or [SKIP TO B29]
- 4 in some other way
- 7 Don't Know [SKIP TO B29]
- 8 Decline to Answer [SKIP TO B29]

B28a. Please describe how you were paid for this work in the box below.

HOW PAID FOR WORK
7 Don't Know
8 Decline to Answer

B29. Which of the following best describes your employer? Your employer is the company, program or individual who hired you to do this work and who paid you for this work. Please mark all that apply. Was your employer...

- 1 a staffing or temp agency [SKIP TO B30]
- 2 an employment or fatherhood program [SKIP TO B30]
- 3 the company or individual the work was being done for [SKIP TO B30]
- 4 someone else
- 7 Don't Know [SKIP TO B30]
- 8 Decline to Answer [SKIP TO B30]

B29a. Please describe the type of employer you had in your own words [in the box below](#).

DESCRIPTION OF EMPLOYER

- 7 Don't Know
- 8 Decline to Answer

B30. How did you get this job? Did you...

- 1 apply for a job at a company or program that you work for, [SKIP TO B31]
- 2 apply for work at a staffing or temp agency, [SKIP TO B31]
- 3 show up to a location where people come to look for workers that can help with a particular job, or [SKIP TO B31]
- 4 do something else?
- 7 Don't Know [SKIP TO B31]
- 8 Decline to Answer [SKIP TO B31]

B30a. Please describe how you got this job in your own words: [in the box below](#)

HOW YOU GOT JOB

- 7 Don't Know
- 8 Decline to Answer

B31. SKIP TO B33 IF B28 = 3 OR 4.

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

[Record your answer in the box below.](#)

- \$ _____ , _____ . _____
AMOUNT (RANGE: .01-to 99,999.94) [SKIP TO B32]
- 99999.97 Don't Know
 - 99999.98 Decline to Answer

B31a. In the last week you worked there, did you earn ...

- 1 \$1 to \$99
- 2 \$100 to \$249
- 3 \$250 to \$499
- 4 \$500 to \$749
- 5 \$750 to \$999
- 6 \$1,000 or more
- 7 Don't Know [SKIP TO B33]
- 8 Decline to Answer [SKIP TO B33]

B32. Was that ...

- 1 before taxes, or
- 2 after taxes?
- 7 Don't Know
- 8 Decline to Answer

B33. Some employers offer health insurance for their employees, but sometimes workers don't participate or receive health coverage due to cost or other reasons. For this job, would you say:

- 1 no health insurance was available
- 2 health insurance was available, but you didn't participate, or
- 3 you were covered by health insurance made available by your employer
- 7 Don't Know
- 8 Decline to Answer

B34. Which of the following other benefits were available to you on your job?

B34a. Did your job offer sick days with full pay?

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

B34b. Did your job offer paid vacation?

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

B34c. Did your job offer paid holidays?

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

B34d. Did your job offer dental benefits, including any offered at a cost to you?

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

B34e. Did your job offer a retirement or 401K plan?

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

B34f. Did your job offer tuition reimbursement?

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

B35. In total, how much did you work in the last three years?

- 1 did not work
- 2 less than 6 months
- 3 7-12 months
- 4 13-24 months
- 5 more than 24 months
- 7 Don't Know
- 8 Decline to Answer

B36. Have you ever worked for the same employer for 6 or more months?

- 1 Yes
- 2 No [SKIP TO B37]
- 7 Don't Know [SKIP TO B37]
- 8 Decline to Answer [SKIP TO B37]

B36a. Were you working at this job within the last year?

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

B37. Are you currently looking for a job?

- 1 Yes
- 2 No [SKIP TO B39]
- 7 Don't Know [SKIP TO B39]
- 8 Decline to Answer [SKIP TO B39]

B38. How long have you been looking for a job? Would you say:

- 1 Less than a week [SKIP TO C1]
- 2 More than a week, but less than a month; [SKIP TO C1]
- 3 Between a month and six months [SKIP TO C1]
- 4 Longer than six months [SKIP TO C1]
- 7 Don't Know [SKIP TO C1]
- 8 Decline to Answer [SKIP TO C1]

B39. Why aren't you looking for a job? Please mark all that apply.

- 1 You own a business [SKIP TO C1]
- 2 You already have a job [SKIP TO C1]
- 3 You're on vacation [SKIP TO C1]
- 4 Due to illness [SKIP TO C1]
- 5 Due to a temporary layoff [SKIP TO C1]
- 6 You're in school or a training program [SKIP TO C1]
- 7 You're disabled [SKIP TO C1]
- 8 You don't want to or need to work [SKIP TO C1]
- 9 You believe no work is available [SKIP TO C1]
- 10 You have transportation problems [SKIP TO C1]
- 11 You have legal issues [SKIP TO C1]
- 12 It doesn't pay to work [SKIP TO C1]
- 13 You just found a job [SKIP TO C1]
- 14 Some other reason
- 97 Don't Know [SKIP TO C1]
- 98 Decline to Answer [SKIP TO C1]

B39a. Please describe the reason you are not looking for a job [in the box below](#).

WHY NOT LOOKING FOR JOB

- 7 Don't Know
- 8 Decline to Answer

MARK SECTION C START TIME

Module C: Criminal justice

The next few questions ask about your involvement with the criminal justice system.

C1. Have you ever been convicted of a crime? Please consider both juvenile and adult convictions.

- 1 Yes
- 2 No [SKIP TO C4]
- 7 Don't Know
- 8 Decline to Answer

C2. Have you ever been convicted of a felony?

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

C3. Have you ever been incarcerated in state or federal prison?

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

C4. Have you ever been incarcerated in a local or county jail?

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

C5. IF C3 = 1 or C4 = 1:

When were you last released from prison or jail?

Please enter month and year in the box below.

IF RESPONDENT ENTERS A MONTH AND YEAR, SKIP TO C6.

IF RESPONDENT DOES NOT ENTER A MONTH BUT DOES ENTER A YEAR, GO TO C5a.

IF RESPONDENT ENTERS A MONTH BUT NO YEAR, SKIP TO C6.

IF RESPONDENT DOES NOT ENTER A MONTH OR A YEAR, DISPLAY "DON'T KNOW" AND "DECLINE TO ANSWER" OPTIONS.

- _____ MM (RANGE: 1-12)
- _____ YYYY (RANGE: 1950-current year)
- 97/9997 Don't Know
- 98/9998 Decline to Answer

[CREATE VARIABLE THAT CALCULATES DAYS SINCE RELEASE CALLED #DAYS_SINCE_RELEASE. ASSUME THE RELEASE WAS ON THE LAST DAY OF THE MONTH. IF 97/9997 OR 98/9998 SELECTED, #DAYS_SINCE_RELEASE SHOULD BE BLANK (MISSING). IF NO YEAR GIVEN, ASSUME THE MOST RECENT OCCURANCE OF THE GIVEN MONTH.]

C5a. Were you released in winter, spring, summer or fall of [INSERT YEAR FROM C5]/[that year]?

- 13 Winter
- 14 Spring
- 15 Summer
- 16 Fall
- 97 Don't Know
- 98 Decline to Answer

[CALCULATE DAYS SINCE RELEASE CALLED #DAYS_SINCE_RELEASE. USE THE LAST DAY OF THE FOLLOWING MONTHS FOR CALCULATION: WINTER=JANUARY (01), SPRING=APRIL (04), SUMMER=JULY (07) AND FALL=OCTOBER (10). IF 97 OR 98 SELECTED, #DAYS_SINCE_RELEASE SHOULD BE BLANK (MISSING).]

C6. IF C3 = 1 **AND/OR** C4 = 1:

Was your most recent release from prison or from a local or county jail?

- 1 Prison
- 2 Local or county jail
- 7 Don't Know
- 8 Decline to Answer

C7. IF C3 = 1 or C4 = 1, ELSE SKIP TO C8:

What is the total amount of time that you have spent in jail or prison? Don't include time spent in halfway houses or work release centers. Is it...

- 1 Less than 1 month
- 2 1-11 months
- 3 1-3 years
- 4 4-9 years
- 5 10 or more years
- 7 Don't Know
- 8 Decline to Answer

C8. IF C1 = 1:

Are you currently on community supervision, such as parole or probation?

- 1 Yes
- 2 No [SKIP TO C10]
- 7 Don't Know [SKIP TO C10]
- 8 Decline to Answer [SKIP TO C10]

C9. IF C8 = 1:
Is it...

- | | |
|--|---------------|
| 1 Parole | [SKIP TO C10] |
| 2 Probation | [SKIP TO C10] |
| 3 Some other type of community supervision | |
| 7 Don't Know | [SKIP TO C10] |
| 8 Decline to Answer | [SKIP TO C10] |

C9a. Please describe what type of community supervision you are currently on [in the box below](#).

TYPE OF SUPERVISION
7 Don't Know
8 Decline to Answer

C10. IF C1 = 1:

How old were you the first time you were convicted of a crime? Please consider both juvenile and adult convictions.

[Please choose an answer from the numbers listed in the box below when you click on the down arrow.](#)

AGE OF FIRST CONVICTION (RANGE: 1 - 95)
97 Don't Know
98 Decline to Answer

MARK SECTION D START TIME

Module D: Income and Well-being

[IF #DAYS_SINCE_RELEASE < 90 AND NOT MISSING, SKIP TO MODULE E.]

Now I would like to ask you some questions about your income and challenges people sometimes face. When considering your income, please think about income from work, unemployment insurance, disability insurance, public assistance, or any other source of income you have.

D1. Would you say that your income...

- 1 stays the same each month
- 2 varies a little month by month
- 3 varies a lot month by month
- 7 Don't Know
- 8 Decline to Answer

D2. In the last 3 months, for about how many months did you have no income?

- 1 Zero months
- 2 One or two months
- 3 Three months
- 7 Don't Know
- 8 Decline to Answer

D3. In the last 3 months, about how many months did you run out of money between paychecks, or before the end of the month?

- 1 Zero months [SKIP TO E1]
- 2 One or two months
- 3 Three months
- 7 Don't Know
- 8 Decline to Answer

D4. What was the main reason why you ran out of money? Please select one answer.

- 1 You were unemployed [SKIP TO E1]
- 2 You couldn't get enough hours of work from your employer [SKIP TO E1]
- 3 You had a reduction or termination of benefits (like Unemployment Insurance or disability) [SKIP TO E1]
- 4 You had a large bill or other expense to pay [SKIP TO E1]
- 5 You helped a family member or friend [SKIP TO E1]
- 6 Some other reason
- 7 Don't Know [SKIP TO E1]
- 8 Decline to Answer [SKIP TO E1]

D4a. Please describe the reason you ran out of money in your own words.

[You may enter your response in the box.](#)

WHY RAN OUT OF MONEY

- 7 Don't Know
- 8 Decline to Answer

MARK SECTION E START TIME

Module E: Cognitive and Behavioral

Below are a number of statements that describe traits and tendencies that people have. For each statement, please indicate how often the statement applies to you. Some of these questions are tricky to answer; please just do your best.

E1. I finish what I set out to do by the end of the day.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E2. I am good at guessing how long it takes to do something.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E3. I am on time for appointments and activities.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E4. I have a clear plan in mind for what I need to do each day.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E5. I focus on the most important things when I have a lot to do.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E6. I break big tasks down into smaller tasks and set deadlines to get everything done.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E7. I listen before I draw conclusions.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E8. I think before I speak.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E9. I get all the facts before I take action.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E10. I do what I am supposed to do, even if I get frustrated.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E11. I keep my cool, even if my feelings are hurt.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E12. Even in frustrating or annoying situations, I can control my temper.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E13. I can review a past situation to see how I could improve in the future.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E14. I know when I am doing a good job.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E15. I easily recognize when a job is a good match for my skills.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E16. I stay focused on what I am doing.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E17. I keep working until the job is done.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E18. If I am interrupted, I find it easy to get back on track and complete what I started.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E19. I am driven to meet my goals.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E20. I give up short-term pleasures to work on long-term goals.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E21. I set goals and I perform to my best ability.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E22. I have a good memory for facts, dates and details.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E23. I am very good at remembering the things I am supposed to do.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E24. I set reminders to get things done.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

The next couple of questions are about substance use.

E25. In the last month, how often did you have problems getting a job, showing up to work, or keeping a job because of your alcohol or drug use?

- 1 ~~Never~~Often
- 2 Rarely
- ~~3~~ Sometimes
- ~~3~~ Rarely
- 4 ~~Often~~Never
- 7 Don't Know
- 8 Decline to Answer

E26. In the last month, how often did you have problems getting along with family or friends because of your alcohol or drug use?

- ~~1~~ ~~Never~~Often
- 2 Rarely
- ~~3~~ Sometimes
- ~~3~~ Rarely
- 4 ~~Often~~Never
- 7 Don't Know
- 8 Decline to Answer

There are many things that can cause stress in your life such as loss of a job, problems at work, problems with the law, conflicts with your child or co-parent, conflicts with your landlord or people you live with, or something else. The next set of questions ask what you've been doing to cope with a problem you have faced recently. Please think about a recent stressful situation you experienced and tell us how much you did each of these things.

E27. Did you think about a plan for what you could do to change the situation?

- 1 I didn't do this at all
- 2 I did this a little bit
- 3 I did this a lot
- 7 Don't Know
- 8 Decline to Answer

E28. Did you get help or advice from other people about what to do?

- 1 I didn't do this at all
- 2 I did this a little bit
- 3 I did this a lot
- 7 Don't Know
- 8 Decline to Answer

E29. Did you try to see the situation in a different way , to make it seem more positive?

- 1 I didn't do this at all
- 2 I did this a little bit
- 3 I did this a lot
- 7 Don't Know
- 8 Decline to Answer

E30. Did you think about a strategy or steps to take about the situation?

- 1 I didn't do this at all
- 2 I did this a little bit
- 3 I did this a lot
- 7 Don't Know
- 8 Decline to Answer

E31. Did you get comfort and understanding from someone about the situation?

- 1 I didn't do this at all
- 2 I did this a little bit
- 3 I did this a lot
- 7 Don't Know
- 8 Decline to Answer

E32. Did you blame others for what happened?

- 1 I didn't do this at all
- 2 I did this a little bit
- 3 I did this a lot
- 7 Don't Know
- 8 Decline to Answer

The next set of statements describe different ways people act and think. For each statement, try to think about how often the statement is true for you.

E37. I consider how my actions will affect others.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E38. I plan ahead.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E39. I think about what may happen as a result of my actions.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E40. It is hard for me to make decisions.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E41. I think of several different ways to solve a problem.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E42. I analyze problems by looking at all the choices.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E43. I make decisions without thinking about consequences.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E44. I make good decisions.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E45. I think about what causes my current problems.

- 1 Rarely
- 2 Sometimes
- 3 Often
- 7 Don't Know
- 8 Decline to Answer

E46. How would you rate the amount of control you have over your work or your ability to find work these days?

- 1 No control at all
- 2 Very little control
- 3 Some control
- 4 A lot of control
- 7 Don't Know
- 8 Decline to Answer

E47. How would you rate the amount of control you have over your financial situation these days?

- 1 No control at all
- 2 Very little control
- 3 Some control
- 4 A lot of control
- 7 Don't Know
- 8 Decline to Answer

MARK SECTION F START TIME

Module F: Child Support

The next questions ask how many children you have in different age groups. When answering, please include all of your biological and adopted children.

[DISPLAY DROP DOWN MENU WITH OPTIONS 0 THROUGH 10 FOR QUESTIONS F1A, F1B, F1C, F1D]

F1a. How many children do you have between 0 and 4 years of age?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF CHILDREN

97 Don't Know

98 Decline to Answer

F1b. How many children do you have between 5 and 9 years of age?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF CHILDREN

97 Don't Know

98 Decline to Answer

F1c. How many children do you have between 10 and 17 years of age?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF CHILDREN

97 Don't Know

98 Decline to Answer

F1d. How many children do you have aged 18 years or older?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF CHILDREN _____

97 Don't Know

98 Decline to Answer

[CREATE VARIABLE THAT ADDS UP RESPONSES FOR F1A THROUGH F1C CALLED #MINORKIDS: IF (F1A, F1B AND F1C=0), #MINORKIDS=0, IF F1A, F1B, AND F1C ALL ARE (97, 98 OR MISSING) OR (AT LEAST ONE VALUE FROM F1A, F1B OR F1C ARE (97,98 OR MISSING) AND ALL OTHER VALUES ARE 0), #MINORKIDS =97. CREATE VARIABLE THAT ADDS UP RESPONSES FOR F1A THROUGH F1D CALLED #KIDS. IF F1A, F1B, F1C, AND F1D ALL ARE (0,97, 98 OR MISSING), #KIDS=97.]

The next few questions are about support you provide for your children. As a reminder, none of your responses from this survey will be shared with program staff or government agencies.

F1F2a. Are you required by a court or state agency to pay child support for any children?

- 1 Yes
- 2 No [SKIP TO F10]
- 7 Don't Know [SKIP TO F10]
- 8 Decline to Answer [SKIP TO F10]

F2[IF #KIDS IS = 1, THEN SKIP TO F3.]

F2b. How many children are you required to pay child support for? Include any children for whom you are required to pay arrears or make back payments.

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF CHILDREN (RANGE = 1-DISPLAY DROP DOWN MENU WITH OPTIONS 0 TO #KIDS; IF #KIDS=97, DROP DOWN SHOULD DISPLAY 0 TO 20)

97 Don't Know

98 Decline to Answer

F3. What is the amount of your regularly scheduled required payment through the child support system?

Please record the amount paid in the box.

\$ ____ , ____ ____ . ____ ____

AMOUNT OWED (RANGE: 1 to 9,999.95)

9999.97 Don't Know [SKIP TO F5]

9999.98 Decline to Answer [SKIP TO F5]

F4. Is that...

- 1 per week [SKIP TO F5]
- 2 every other week [SKIP TO F5]
- 3 per month, or [SKIP TO F5]
- 4 some other time period
- 7 Don't Know [SKIP TO F5]
- 8 Decline to Answer [SKIP TO F5]

F4a. Please describe what the time period is for the amount you mentioned.

You may enter your response in the box.

-
- PERIOD OF TIME
- 7 Don't Know
 - 8 Decline to Answer

F5. Last month, did you pay the full amount of the payment ordered by the court or state agency?

- 1 Yes [SKIP TO F7]
- 2 No
- 7 Don't Know
- 8 Decline to Answer

F6. How much child support did you actually pay through the child support system last month?

Please record the amount paid in the box.

- \$ ____ , ____ ____ . ____ ____
- AMOUNT PAID (RANGE: 0 to 9,999.95)
- 9999.97 Don't Know
 - 9999.98 Decline to Answer

F7. How much back child support do you owe?

- 1 None
- 2 less than \$1,000
- 3 \$1,000 to \$4,999
- 4 \$5,000 to \$9,999
- 5 \$10,000 to \$14,999
- 6 \$15,000 or more
- 7 Don't Know
- 8 Decline to Answer

F8. In the past 6 months, has the state decreased the amount of back child support that you owe?

- 1 Yes
- 2 No
- 3 I did not owe any back child support in the past 6 months.
- 7 Don't Know
- 8 Decline to Answer

F9. In the past 6 months, did your regularly scheduled child support payment amount go up, stay the same, or go down?

- 1 Amount went up
- 2 Amount stayed the same
- 3 Amount went down
- 7 Don't Know
- 8 Decline to Answer

F10. Do you have any children, of any age, who don't live with you all of the time?

- 1 Yes
- 2 No [SKIP TO G1]
- 7 Don't Know [SKIP TO G1]
- 8 Decline to Answer [SKIP TO G1]

F11. Not counting any child support required by a court, in the past 30 days did you provide cash for any of your children that do not live with you all of the time?

- 1 Yes
- 2 No [SKIP TO F14]
- 7 Don't Know [SKIP TO F14]
- 8 Decline to Answer [SKIP TO F14]

F12. Not counting any child support required by a court, in the past 30 days, approximately how much cash did you provide?

Please record the amount of cash provided in the box.

\$ ____ , ____ ____ . ____ ____
CASH PROVIDED (RANGE: 0 to 9,999.95)
9999.97 Don't Know
9999.98 Decline to Answer

[IF #KIDS IS = 1, THEN SKIP TO F14.]

F13. How many children did this cover?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF CHILDREN (RANGE: 1-DISPLAY DROP DOWN MENU WITH OPTIONS 0 TO #KIDS; IF #KIDS=97, DROP DOWN SHOULD DISPLAY 0 TO 20)

97 Don't Know

98 Decline to Answer

F14. During the past month did you buy food for any of your children that do not live with you all of the time?

1 Yes

2 No

7 Don't Know

8 Decline to Answer

F15. During the past month did you purchase clothing or diapers for any of your children that do not live with you all of the time?

1 Yes

2 No

7 Don't Know

8 Decline to Answer

F16. During the past month did you pay for or provide child care or babysitting for any of your children that do not live with you all of the time?

1 Yes

2 No

7 Don't Know

8 Decline to Answer

F17. During the past month did you pay for medicine or health care for any of your children that do not live with you all of the time?

1 Yes

2 No

7 Don't Know

8 Decline to Answer

F18. During the past month did you help with bills or payments for any of your children that do not live with you all of the time?

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

F19. During the past month did you buy toys, books, or school supplies for any of your children that do not live with you all of the time?

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

F20. During the past month did you pay for or provide help with transportation to daycare, school, appointments, or other activities for any of your children that do not live with you all of the time?

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

MARK SECTION G START TIME

Module G: Parenting

~~The next questions ask how many children you have in different age groups. When answering, please include all of your biological and adopted children.~~

~~[DISPLAY DROP-DOWN MENU WITH OPTIONS 0 THROUGH 10 FOR QUESTIONS G1A, G1B, G1C, G1D]~~

~~**G1a.** How many children do you have between 0 and 4 years of age?~~

- ~~_____~~
- ~~_____ NUMBER OF CHILDREN~~
- ~~_____ 97 Don't Know~~
- ~~_____ 98 Decline to Answer~~

~~**G1b.** How many children do you have between 5 and 9 years of age?~~

- ~~_____~~
- ~~_____ NUMBER OF CHILDREN~~
- ~~_____ 97 Don't Know~~

_____ 98 Decline to Answer

G1c. How many children do you have between 10 and 17 years of age?

_____ NUMBER OF CHILDREN _____

_____ 97 Don't Know

_____ 98 Decline to Answer

G1d. How many children do you have aged 18 years or older?

_____ NUMBER OF CHILDREN _____

_____ 97 Don't Know

_____ 98 Decline to Answer

[CREATE VARIABLE THAT ADDS UP RESPONSES FOR G1A THROUGH G1C CALLED #MINORKIDS. CREATE VARIABLE THAT ADDS UP RESPONSES FOR G1A THROUGH G1D CALLED #KIDS.]

The next questions are about your biological and adopted children.

G2. How many of your kids have you seen in person in the last 30 days?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

[DISPLAY DROP DOWN MENU WITH OPTIONS 0 TO #KIDS; IF #KIDS=97, DROP DOWN SHOULD DISPLAY 0 TO 20]

_____ 97 Don't Know

_____ 98 Decline to Answer

G3. How many of your kids live with you all or part of the time?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

[DISPLAY DROP DOWN MENU WITH OPTIONS 0 TO #KIDS; IF #KIDS=97, DROP DOWN SHOULD DISPLAY 0 TO 20]

_____ 97 Don't Know

_____ 98 Decline to Answer

[IF #KIDS > 1, THEN GO TO G4. ELSE SKIP TO G6a.]

G4. Do all of these children have the same mother?

1 Yes [SKIP TO G6a]

2 No

7 Don't Know [SKIP TO G6a]

8 Decline to Answer

[SKIP TO G6a]

G5. How many different mothers do these children have?

Please choose an answer from the numbers listed in the box below when you click on the down arrow.

NUMBER OF MOTHERS [RANGE: 1 TO #KIDS; IF #KIDS=97, DROP DOWN SHOULD DISPLAY 0 TO 20]

97 Don't Know

98 Decline to Answer

[IF #MINORKIDS = 0, MARK SECTION G END TIMING. THEN SKIP TO END]

[IF #MINORKIDS > 1, THEN SKIP TO G6B]

G6a. What is the name of your child?

Please type your child's name in the box below.

NAME OF CHILD [SKIP TO G7]

7 Don't Know

8 Decline to Answer

G6a1. Please enter the initials of your child: in the box below. Giving the initials of your child will help the interviewer ask questions about the same child the next time we talk to you.

INITIALS OF CHILD [SKIP TO G7]

7 Don't Know [SKIP TO G7]

8 Decline to Answer [SKIP TO G7]

G6b. What is the name of your youngest child?

Please type your youngest child's name in the box below.

NAME OF YOUNGEST CHILD [SKIP TO G7]

7 Don't Know

8 Decline to Answer

G6b1. Please enter the initials of your youngest child: in the box below. Giving the initials of your child will help the interviewer ask questions about the same child the next time we talk to you.

INITIALS OF YOUNGEST CHILD

7 Don't Know

8 Decline to Answer

[IN THE REMAINDER OF THIS SECTION, THE NAME OF THE YOUNGEST CHILD WILL APPEAR ON THE SCREEN WHERE IT SAYS “[FOCALCHILDNAME]”, BUT THE PRE-RECORDED VOICE WILL SAY THE TEXT IN THE CURLY BRACKETS. IF THE RESPONDENT REFUSED TO GIVE THE NAME OF HIS CHILD ((G6A = 7 OR 8 AND G6A1 = 7 OR 8) OR (G6B = 7 OR 8 AND G6B1 = 7 OR 8) THEN THE TEXT IN THE CURLY BRACKETS SHOULD APPEAR ON THE SCREEN.]

[IF {{{G6A1 = 7 OR 8} OR {G6B1 = 7 OR 8}} AND #KIDS > 1 THEN READ: “[The next series of questions are about your relationship with your youngest child. Please think about your youngest child when answering these questions.](#)”

IF {{{G6A1 = 7 OR 8} OR {G6B1 = 7 OR 8}} AND #KIDS = 1 THEN READ: “[The next series of questions are about your relationship with your child.](#)”

ELSE READ: [The next series of questions are about your relationship with \[FOCALCHILDNAME\]/{your child that you just named}.](#)]

[IF AUDIO “ON” AND G6b OR G6b1 ARE NOT MISSING, THEN READ: [Throughout this series of questions, the pre-taped voice will not be saying the name of your child, but your child’s name will appear on the screen if you provided it.](#)]

G7. Is [FOCALCHILDNAME]/{your child} male or female?

- 1 Male
- 2 Female
- 7 Don’t Know
- 8 Decline to Answer

G8. How old is [FOCALCHILDNAME]/{your child}?

[Please choose an answer from the numbers listed in the box below when you click on the down arrow.](#)

AGE (RANGE 1-65) [\[IF AGE>17, MARK SECTION G END TIME, and DK or Decline to Answer are NOT selected THEN SKIP TO ADULT KIDS END\]](#)

- 97 Don’t Know
- 98 Decline to Answer

G8a. What is [FOCALCHILDNAME]/{your child}’s birth date?

[Please enter month, day and year using the boxes below.](#)

_____ Month (Range 1-12)
_____ Day (Range 1-31)
_____ Year (Range 1950-Current Year)

- 97 Don’t Know
- 98 Decline to Answer

[IF G8=97 OR 98, AND G8a HAS AT LEAST MONTH AND YEAR OF DOB PROVIDED CALCULATE CHILDAGE (USE 15 AS THE DAY IF NOT GIVEN) AND IF CHILDAGE>17, MARK SECTION G END TIME, THEN SKIP TO END]

ERROR CONDITIONS IN ADDITION TO TYPICAL NO ANSWER:

IF ONLY MONTH IS ENTERED, DISPLAY: Please select year or select Don't Know or Decline to Answer. [ADD DK & DTA TO DISPLAYED ANSWER CHOICES]

IF ONLY YEAR IS ENTERED, DISPLAY: Please select month or select Don't Know or Decline to Answer. [ADD DK & DTA TO DISPLAYED ANSWER CHOICES]

IF ONLY DAY IS ENTERED, DISPLAY: Please select month and year or select Don't Know or Decline to Answer. [ADD DK & DTA TO DISPLAYED ANSWER CHOICES]

IF ONLY MONTH AND YEAR ARE SELECTED, PROCEED TO G9

G9. Do you live with [FOCALCHILDNAME]'s/{your child's} mother?

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

G10. Does [FOCALCHILDNAME]/{your child} live with you all or most of the time?

- 1 Yes
- 2 No [SKIP TO G11]
- 7 Don't Know [SKIP TO G11]
- 8 Decline to Answer [SKIP TO G11]

G10a. What is the name of [FOCALCHILDNAME]/{your child}'s mother?

Please type the name of your child's mother in the box below.

NAME OF YOUNGEST CHILD'S MOTHER [SKIP TO G24]
7 Don't Know
8 Decline to Answer

G10a1. What are the initials of [FOCALCHILDNAME]/{your child}'s mother?

Please type the initials of your child's mother in the box below.

INITIALS OF YOUNGEST CHILD'S MOTHER [SKIP TO G24]
7 Don't Know [SKIP TO G24]

8 Decline to Answer

[SKIP TO G24]-

G11. Who does [FOCALCHILDNAME]/{your child} usually live with?

1 Biological mother

2 Grandparent(s) [SKIP TO G12b]

3 Other relative(s) [SKIP TO G12b]

4 Friend [SKIP TO G12b]

5 Foster care [SKIP TO G12b]

6 Adoptive parent [SKIP TO G12b]

7 Don't Know [SKIP TO G12b]

8 Decline to Answer [SKIP TO G12b]

G12a. What is the name of [FOCALCHILDNAME]/{your child}'s mother?

Please type the name of your child's mother in the box below.

NAME OF YOUNGEST CHILD'S MOTHER

[SKIP TO G13]

7 Don't Know

8 Decline to Answer

G12a1. What are the initials of [FOCALCHILDNAME]/{your child}'s mother?

Please type the initials of your child's mother in the box below.

INITIALS OF YOUNGEST CHILD'S MOTHER

[SKIP TO G13]

7 Don't Know

[SKIP TO G13]

8 Decline to Answer

[SKIP TO G13]

G12b. What is the name of [FOCALCHILDNAME]/{your child}'s legal guardian?

Please type the name of your child's legal guardian in the box below.

NAME OF YOUNGEST CHILD'S GUARDIAN

[SKIP TO G13]

7 Don't Know

8 Decline to Answer

G12b1. What are the initials of [FOCALCHILDNAME]/{your child}'s legal guardian?

Please type the initials of your child's legal guardian in the box below.

INITIALS OF YOUNGEST CHILD'S GUARDIAN

7 Don't Know

8 Decline to Answer

[IN THE REMAINDER OF THIS SECTION, THE MOTHER OR LEGAL GUARDIAN'S NAME WILL APPEAR ON THE SCREEN, BUT THE PRE-RECORDED VOICE WILL SAY THE TEXT IN THE CURLY BRACKETS {}. IF THE RESPONDENT REFUSED TO GIVE THE NAME OF THE MOTHER OR GUARDIAN ((G12a = 97 OR 98) AND

(G12a1 = 97 OR 98)) OR ((G12b = 97 OR 98) AND (G12b1 = 97 OR 98)) THEN THE TEXT IN CURLY BRACKETS SHOULD APPEAR ON THE SCREEN .]

G13. How long does it usually take for you to get to from your home to [FOCALCHILDNAME]/{your child}'s home?

- 1 Less than 10 minutes
- 2 10-19 minutes
- 3 20-39 minutes
- 4 40-59 minutes
- 5 1 to 2 hours
- 6 More than 2 hours
- 7 I have never been to my child's current home
- 97 Don't Know
- 98 Decline to Answer

G14. In the past 30 days, how often did you talk on the phone; send letters, cards or texts, use FaceTime, Facebook, or other social media with [FOCALCHILDNAME]/{your child}?

- 1 Every day or almost every day
- 2 3 or 4 times per week
- 3 1 or 2 times per week
- 4 2 or 3 times in the past month
- 5 Once in the past month
- 6 Not at all
- 7 [FOCALCHILDNAME]/{My child} is too young for this
- 97 Don't know
- 98 Decline to answer

G15. When did you last see [FOCALCHILDNAME]/{your child} in person?

- 1 Within the last week
- 2 Between 7 - 14 days ago
- 3 Between 15 - 29 days ago
- 4 1 - 2 months ago [SKIP TO G18]
- 5 3 - 6 months ago [SKIP TO G18]
- 6 More than 6 months ago [SKIP TO G18]
- 7 Don't Know
- 8 Decline to Answer

G16. In the past 30 days, how often did you see [FOCALCHILDNAME]/{your child} in person?

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

- 7 Don't know
- 8 Decline to answer

G17. In the past 30 days, how many times did [FOCALCHILDNAME]/{your child} spend the night with you?

- 1 Every day or almost every day
- 2 3 or 4 times per week
- 3 1 or 2 times per week
- 4 2 or 3 times in the past month
- 5 Once in the past month
- 6 Not at all
- 7 Don't know
- 8 Decline to answer

G18. Has your legal paternity been established? That is, did you sign any document that identifies you as the legal father of [FOCALCHILDNAME]/{your child} or has the court ruled that you are the father?

- 1 Yes, legal paternity
- 2 No
- 7 Don't know
- 8 Decline to Answer

G19. Do you have shared custody of [FOCALCHILDNAME]/{your child}?

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

G19a. Do you have an agreement with the mother or guardian of [FOCALCHILDNAME]/{your child} about spending time with [FOCALCHILDNAME]/{your child}?

- 1 Yes, we have a legal document
- 2 Yes, we have a written agreement that is not court-ordered
- 3 Yes, we have a verbal understanding
- 4 No, we have no parenting agreement
- 7 Don't Know
- 8 Decline to Answer

G20. IF G13 = 7, SKIP TO G21.

When you spend time with [FOCALCHILDNAME]/{your child}, how often are you at the home where [FOCALCHILDNAME]/{your child} usually lives?

- 1 Always or almost always
- 2 Often
- 3 Sometimes

- 4 Rarely
- 5 Never
- 7 Don't Know
- 8 Decline to Answer

[IF G9=YES, THEN SKIP TO G22]

G21. If you have a spouse or partner that is not [FOCALCHILDNAME]/{your child}'s mother, how encouraging or discouraging is your spouse or partner of your involvement with [FOCALCHILDNAME]/{your child}?

- 1 Very discouraging
- 2 Somewhat discouraging
- 3 Neutral
- 4 Somewhat encouraging
- 5 Very encouraging
- 0 I do not have a spouse or partner
- 7 Don't Know
- 8 Decline to Answer

G22. In general, how satisfied are you with the amount of time you spend with [FOCALCHILDNAME]/{your child}?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not satisfied
- 7 Don't Know
- 8 Decline to Answer

G23. The next questions list some things that can make it hard for fathers to spend time with their children. Thinking about the past month, please indicate how often you think each of the following statements applied to you.

G23a. In the past month, my work or school schedule made it hard for me to spend time with [FOCALCHILDNAME]/{my child}.

- 1 Often
- 2 Sometimes
- 3 Never
- 7 Don't Know
- 8 Decline to Answer

G23b. In the past month, car problems or lack of transportation made it hard for me to spend time with [FOCALCHILDNAME]/{my child}.

- 1 Often
- 2 Sometimes
- 3 Never
- 7 Don't Know

8 Decline to Answer

G23c. In the past month, not having a stable place to live made it hard for me to spend time with [FOCALCHILDNAME]/{my child}.

- 1 Often
- 2 Sometimes
- 3 Never
- 7 Don't Know
- 8 Decline to Answer

[IF G9 = YES, THEN SKIP TO G23E]

G23d. In the past month, it was hard to spend time with [FOCALCHILDNAME]'s/{My child's} because ~~their~~his or her mother's spouse or ~~boyfriend~~partner did not want me around.

- 1 Often
- 2 Sometimes
- 3 Never
- ~~9 Does not apply~~
- 9 [FOCAL CHILD NAME]'S/{my child's} mother does not have a spouse or partner
- 7 Don't Know
- 8 Decline to Answer

G23e. In the past month, a court order or legal restriction made it hard for me to spend time with [FOCALCHILDNAME]/{my child}.

- 1 Often
- 2 Sometimes
- 3 Never
- ~~9 Does not apply~~
- 9 There is no court order or legal restriction that makes it hard for me to spend time with [FOCAL CHILD NAME]/{my child}
- 7 Don't Know
- 8 Decline to Answer

G24. Do you feel that your relationship with [FOCALCHILDNAME]/{your child} is...

- 1 Very good
- 2 Somewhat good
- 3 Not too good
- 7 Don't Know
- 8 Decline to Answer

G25. How often do you feel disappointed with [FOCALCHILDNAME]/{your child}?

- 1 Always or almost always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't Know
- 8 Decline to Answer

G26. How often do you feel proud of [FOCALCHILDNAME]/{your child}?

- 1 Always or almost always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't Know
- 8 Decline to Answer

G27. How often do you feel angry or irritated with [FOCALCHILDNAME]/{your child}?

- 1 Always or almost always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 7 Don't Know
- 8 Decline to Answer

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

[If #KIDS = 1 OR (#KIDS=97 AND (G2=1, 97, 98 OR MISSING) AND (G3=1, 97, 98 OR MISSING)) THEN ASK G28a; ELSE IF #KIDS > 1 OR (#KIDS=97 AND ((G2>1 AND (G2<> 97 OR 98 OR MISSING)) OR (G3>1 AND (G3<> 97 OR 98 OR MISSING)))) THEN ASK G28b]

G28a. My relationship with [FOCALCHILDNAME]/{my child} is more important than anything else in my life.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
- 7 Don't Know

8 Decline to Answer

G28b. My relationships with my children are more important to me than anything else in my life.

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

G29. Being a father is a big part of who I am.

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

G30. I will always want to be meaningfully involved in [FOCALCHILDNAME]/{my child}'s life.

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

G31. Sometimes other interests and responsibilities of mine have to come before my relationship with [FOCALCHILDNAME]/{my child}.

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

G32. I can see myself losing interest in [FOCALCHILDNAME]/{my child} a few years from now.

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

G33. Not being a part of [FOCALCHILDNAME]/{my child}'s life would be one of the worst things that could happen to me.

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

G34. Sometimes things come up that get in the way of plans to spend time with children. How often do you have to cancel plans with [FOCALCHILDNAME]/{your child}?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 7 Don't Know
- 8 Decline to Answer

G35. If you were not able to see [FOCALCHILDNAME]/{your child} in the next month, how much would you ~~miss them~~ miss him or her?

- 1 A great deal
- 2 ~~Somewhat~~Some
- 3 A little ~~bit~~
- 4 ~~Not at all~~None
- 7 Don't Know
- 8 Decline to Answer

G36. How much influence do you think you have on [FOCALCHILDNAME]/{your child}'s life right now?

- 1 A great deal
- 2 ~~Somewhat~~Some
- 3 A little ~~bit~~
- 4 ~~Not at all~~None
- 7 Don't Know
- 8 Decline to Answer

G37. How much influence do you think you will have on [FOCALCHILDNAME]/{your child}'s life over the long-term?

- 1 A great deal
- 2 ~~Somewhat~~Some
- 3 A little ~~bit~~
- 4 ~~Not at all~~None
- 7 Don't Know

8 Decline to Answer

MARK SECTION G END TIME

MARK SECTION H START TIME

Module H: Co-parenting

You have reached the last section of the survey. Thank you for your time and patience. The next ~~set of~~ questions ~~is~~are about your relationship with [NAME OF MOTHER/GUARDIAN] /{your child's mother or guardian}. [IF AUDIO "ON" AND THERE IS A NON-MISSING VALUE FOR ANY OF THE FOLLOWING: G12a, G12a1, G12b, or G12b1, THEN READ: In these questions, this person's name will appear on the screen and the audio recording will refer to this person as "your child's mother or guardian".]

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

H1. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} tells me I am doing a good job or otherwise lets me know I am being a good father.

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

H2. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} makes negative comments, jokes, or sarcastic comments about the way I am as a parent.

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

H3. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} contradicts the decisions I make about [FOCALCHILDNAME]/{my child}.

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

H4. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} turns to other people to parent [FOCALCHILDNAME]/{my child} even though I am an engaged father.

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

H5. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} undermines me as a father.

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

H6. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} makes it hard for me to spend time with [FOCALCHILDNAME]/{my child}.

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

H7. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} makes it hard for me to talk with [FOCALCHILDNAME]/{my child}.

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

H8. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} and I have conflicts about scheduling time or activities with [FOCALCHILDNAME]/{my child}.

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

H9. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} and I are a good parenting team.

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

H10. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} and I argue about who should make decisions about [FOCALCHILDNAME]/{my child}.

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

H11. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} and I try to manage the amount of conflict we have about [FOCALCHILDNAME]/{my child}.

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

H12. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} and I make threats to each other when we can't get along in our roles as parents.

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

H13. [NAME OF MOTHER/GUARDIAN]/{My child's mother or guardian} and I are able to resolve conflicts or arguments over [FOCALCHILDNAME]/{my child}.

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

END

ADULT KID END

Thank you. Because your youngest child is an adult, we don't have any further questions for you about them.

EXIT

Thank you very much for participating in this survey. A staff member will give you your \$25 gift card today. Thank you again and have a good day.

Please let the staff know that you are finished with this survey.

MARK QUESTIONNAIRE END TIME

POST INTERVIEW

THE WEB SERVICE SHOULD TRANSMIT BACK TO NFORM THE NFORM ID NUMBER AND THAT THE STATUS FOR THIS INTERVIEW IS COMPLETE.