

Expiration Date: 9/30/2019

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

Expiration Date: 9/30/2019

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

Expiration Date: 9/30/2019

OMB Control No.: 0970-0485

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CAPI PROGRAM ONLY:

[INTERVIEWER: DO NOT READ]

P1: HOW IS THE SURVEY BEING ADMINISTERED:

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

P2: IF INCARCERATED, HOW WAS THE DATA COLLECTED:

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

Hello. My name is _____. I am here/calling from Abt SRBI on behalf of the Building Bridges and Bonds study or B3. Could I please speak with _____?

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

INTERVIEWER: IF FIRST PERSON WAS NOT RESPONDENT AND NOW TALKING TO RESPONDENT, READ:

“Hello. My name is _____. I am here/calling from Abt SRBI. I’m contacting/calling you about the Building Bridges and Bonds or B3 study you joined about 6-9 months ago.”

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

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

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

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

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

S1.

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

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

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

S2.

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

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

FAIL_SCREENER

IF DOBCONF=2 and SSNCONF =2, SAY:

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

INFORMED CONSENT

Thank you for confirming this information with me.

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

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

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According to the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 0970-0485 and it expires 9/30/2019. Please 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 (0970-0485).

And finally, this interview might be monitored or recorded for quality control purposes. Do I have your consent to continue?

- 1 YES (GO TO PRIVACY1)
- 2 NO [

May I ask if you are declining to consent because you are concerned about the possibility of being recorded, or is it because you do not want to participate in the interview?

- 1 Don't want to be recorded [CONTINUE TO RECORDING ISSUE]
- 2 Don't want to do the interview [SKIP TO TERMINATION SCRIPT]

RECORDING ISSUE: I understand your concern. I can turn the recorder off and we can continue with the interview. Would that be satisfactory?

- 1 Yes [DISABLE RECORDER & CONTINUE TO PRIVACY 1]
- 2 No [SKIP TO TERMINATION SCRIPT]

PRIVACY1

IF P1=3, SKIP TO PRIVACY3; ELSE:

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

[IF INTERVIEW OVER THE PHONE]:

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

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

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

[IF INTERVIEW IN PERSON AND RESPONDENT NOT INCARCERATED]:

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

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

PRIVACY2

We want to make sure that you are in a place where you can answer questions without concerns of risk and that no one with authority over you is influencing your decision to participate in this survey. We also want to make sure that your conversation is not being monitored by anybody with authority over you. If at any point you feel uncomfortable telling me information, just let me know and we will stop the interview.

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

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

PRIVACY3

Okay then.

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

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

- 1 [SKIP TO SECTION A]

TERMINATION SCRIPT

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

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Module A: Service Receipt and Participation

We would like to learn about services you received in your community. Please include services from [B3 program] or other service providers in your responses.

A1. Since [RA month, RA year] have you received help from any program to develop or improve your parenting skills?

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

A1a. Was the help you received to develop or improve your parenting skills delivered MOST OFTEN in a workshop/group setting or one-on-one with a case manager or other staff?

- 1 WORKSHOP/GROUP SETTING
- 2 ONE-ON-ONE WITH CASE MANAGER OR OTHER STAFF
- 7 DON'T KNOW
- 8 REFUSED

A1b. How many weeks did you participate in these parenting services since [RA month, RA year]?

IF NEEDED: This help could be from workshops or one-on-one conversations with program staff.

-
- Number of weeks
 - 97 DON'T KNOW
 - 98 REFUSED

A1c. During those weeks, how many hours a week did you usually spend receiving these parenting services?

INTERVIEWER IF NECESSARY: your best estimates are fine.

INTERVIEWER: ROUND UP IF NEEDED.

-
- Numer of hours/week (Range: 1-99)

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997 DON'T NOW

998 REFUSED

A2. How often did your child or children participate in these parenting services with you?

1 Always or almost always

2 Often

3 Sometimes

4 Rarely

5 Never

7 DON'T KNOW

A3. Since [RA month, RA year] did you receive assistance from any program to help you to improve your communication and relationship with a spouse, co-parent, or romantic partner? These are sometimes called "healthy relationship" services.

1 YES

2 NO [SKIP TO A4]

7 DON'T KNOW [SKIP TO A4]

8 REFUSED [SKIP TO A4]

A3a. Were the healthy relationship services MOST OFTEN delivered in a workshop/group setting or one-on-one with a case manager or other staff?

1 WORKSHOP/GROUP SETTING

2 ONE-ON-ONE WITH CASE MANAGER OR OTHER STAFF

7 DON'T KNOW

8 REFUSED

A3b. How many weeks did you participate in healthy relationship services since [RA month, RA year]?

IF NEEDED: This help could be from workshops or one-on-one conversations with program staff.

Number of weeks

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97 DON'T KNOW

98 REFUSED

A3c. During those weeks, how many hours a week did you usually spend receiving these services?

INTERVIEWER IF NECESSARY: your best estimates are fine.

INTERVIEWER: ROUND UP IF NEEDED.

Numer of hours/week (Range: 1-99)

997 DON'T NOW

998 REFUSED

A3d. How often did your spouse, co-parent, or romantic partner participate in these healthy relationship services with you?

1 always or almost always

2 often

3 sometimes

4 rarely

5 never

8 DON'T KNOW

9 REFUSED

A4. Since [RA month, RA year], did you receive help to find or keep a job from a case manager, counselor, or another service provider in your community?

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

1 YES

2 NO [SKIP TO A5]

7 DON'T KNOW [SKIP TO A5]

8 REFUSED [SKIP TO A5]

A4a. Was the help you received to find or keep a job MOST OFTEN delivered in a workshop/group setting or one-on-one with a case manager or other staff?

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- 1 WORKSHOP/ GROUP SETTING
- 2 ONE-ON-ONE WITH A CASE MANAGER OR OTHER STAFF
- 7 DON'T KNOW
- 8 REFUSED

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

IF NEEDED: This help could be from workshops or one-on-one conversations with program staff.

Number of weeks
97 DON'T KNOW
98 REFUSED

A4c. During those weeks, how many hours a week did you usually spend receiving these services?

INTERVIEWER IF NECESSARY: your best estimates are fine.

INTERVIEWER: ROUND UP IF NEEDED.

Nuner of hours/week (Range: 1-99)

997 DON'T KNOW
998 REFUSED

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

A5. Are you still receiving support from [B3 organization]?

- 1 YES [SKIP TO A5b]
- 2 NO
- 3 I NEVER RECEIVED SUPPORT FROM [B3 ORGANIZATION] [SKIP TO B1]
- 7 DON'T KNOW
- 8 REFUSED

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A5a. What was the main reason you stopped going to [B3 organization]? Was it that,

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

A5b. How often are you still in touch with staff at [B3 organization]?

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

A5c. How often are you in touch with other fathers from [B3 organization]?

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

These next questions are about your overall experiences with [B3 organization]

A6. Thinking back on all the support and services you have received from [B3 organization], how helpful have the services been to you on a scale from 1 – 5 where 1 is not very helpful and 5 is very helpful?

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A7. Nowadays, how often do you use the skills you learned from [B3 organization]?

1 Every day or almost every day

2 At least once a week

3 At least once a month

4 Less than once a month, or

5 never

7 DON'T KNOW

8 REFUSED

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Module B: Household and family structure

The next questions ask about your children and relationships.

B1. How many children do you have?

Number of children
97 Don't Know
98 Decline to Answer

[CREATE VARIABLE FROM B1 RESPONSE CALLED #KIDS. IF B1 IS 97, 98 OR MISSING, #KIDS=97. IF #KIDS IS = 1, THEN SKIP TO B4.]

B2. How many of your kids have you seen in person in the last 30 days?

Number of children
97 Don't Know
98 Decline to Answer

B3. How many of your kids live with you all or part of the time?

Number of children
97 Don't Know
98 Decline to Answer

B4. What is your current relationship status?

- 1 I don't have a current partner [SKIP TO B6]
- 2 I'm currently dating
- 3 I'm in a committed relationship
- 4 I'm engaged to be married
- 5 I'm married
- 7 DON'T KNOW
- 8 REFUSED

B5. Do you live with your spouse or partner...?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time, or

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- 4 None of the time
- 7 DON'T KNOW
- 8 REFUSED

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

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

B6. Which of the following best describes your relationship to [FOCALCHILDNAME]?

- 1 Biological father
- 2 Adoptive father
- 3 Step father
- 4 Foster parent
- 5 Father figure
- 6 Other (specify)
- 7 DON'T KNOW
- 8 REFUSED

B7. Were you present at the time of [FOCALCHILDNAME]'s birth?

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

B8. Have you been part of [FOCALCHILDNAME]'s life continuously since (his/her) birth?

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

B9. [SKIP IF BABY WAS 6 MONTHS OR YOUNGER AT BASELINE BECAUSE CAN DEFAULT TO LESS THAN 1 YEAR.] How long have you been a part of [FOCALCHILDNAME]'s life?

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- 1 For less than 1 year
- 2 For 1-2 years
- 3 For more than 2 years

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Module C: Father/Child Contact

C1. Do you live with [FOCALCHILDNAME]'s mother?

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

C2. Does [FOCALCHILDNAME] live with you all or most of the time?

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

C3. Who does [FOCALCHILDNAME] usually live with?

- 1 THEIR BIOLOGICAL MOTHER
- 2 THEIR GRANDPARENT(S)
- 3 WITH OTHER RELATIVE(S)
- 4 WITH A FRIEND
- 5 IN FOSTER CARE
- 6 WITH AN ADOPTIVE PARENT
- 7. OTHER (SPECIFY _____)
- 97 DON'T KNOW
- 98 REFUSED

C4. How many minutes does it usually take for you to get from your home to [FOCALCHILDNAME]'s home?

Number of minutes

- 966 I have never been to my child's home
- 977 DON'T KNOW
- 988 REFUSED

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

- 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, or
- 6 Not at all
- 7 DON'T KNOW
- 8 REFUSED
- 9 MY CHILD IS TOO YOUNG FOR THIS

C6. When did you last see [FOCALCHILDNAME] 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 C9]
- 5 3 – 6 months ago, or [SKIP TO C9]
- 6 More than 6 months ago [SKIP TO C9]
- 7 DON'T KNOW
- 8 REFUSED

C7. In the past 30 days, how often did you see [FOCALCHILDNAME] 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, or
- 6 Not at all
- 7 DON'T KNOW
- 8 REFUSED

C8. In the past 30 days, how many times did [FOCALCHILDNAME] spend the night with you?

Number of times [RANGE 0-30]

- 97 DON'T KNOW
- 98 REFUSED

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C9. When you spend time with [FOCALCHILDNAME], how often are you at the home where [FOCALCHILDNAME] usually lives?

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

[IF C1 = 1 THEN SKIP TO C14]. IF B4=1 (DON'T HAVE A CURRENT PARTNER), THEN SKIP TO C14.

C10. If you have a spouse or partner that is not [FOCALCHILDNAME]'s mother, how encouraging or discouraging is your spouse or partner of your involvement with [FOCALCHILDNAME]?

- 1 Very discouraging
- 2 Somewhat discouraging
- 3 Neutral
- 4 Somewhat encouraging, or
- 5 Very encouraging
- 0 I DO NOT HAVE A NEW SPOUSE OR PARTNER
- 7 DON'T KNOW
- 8 REFUSED

C11. In general, how satisfied are you with the amount of time you spend with [FOCALCHILDNAME]?

- 1 Very satisfied
- 2 Somewhat satisfied, or
- 3 Not satisfied
- 7 DON'T KNOW
- 8 REFUSED

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

		Often	Sometimes	Never	DOES NOT APPLY	DON'T KNOW	REFUSED
C12a	In the past month, my work or school schedule made it hard for me to spend time with [FOCALCHILDNAME]	1	2	3	9	7	8
C12b	In the past month, car problems or lack of transportation made it hard for me to spend time with [FOCALCHILDNAME]	1	2	3	9	7	8
C12c	In the past month, not having a stable place to live made it hard for me to spend time with [FOCALCHILDNAME]	1	2	3	9	7	8
C12d	[IF C2=1 THEN SKIP TO MODULE E] In the past month, it was hard to spend time with [FOCALCHILDNAME] because (his/her) mother's spouse or partner did not want me around.	1	2	3	9	7	8
C12e	In the past month, a court order or legal	1	2	3	9	7	8

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	restriction made it hard for me to spend time with [FOCALCHILDNAME]						
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Module D: Father Engagement

[IF (C6 = 4, 5, 6, 7, or 8) THEN INTERVIEWER WILL ASK: "Just to confirm, have you seen [FOCALCHILDNAME] in person in the last 30 days?" IF FATHER ANSWERS "NO" THEN SKIP TO D30]

The next questions ask how often you did certain activities with [FOCALCHILDNAME] in the past 30 days. If some of these activities don't make sense because [FOCALCHILDNAME] is too young or old for them, it's okay to say that you didn't do them at all.

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

		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D1.	Sing songs with [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D2.	Dance with [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D3.	Read stories to [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D4.	Tell stories to [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D5.	Talk to [FOCALCHILDNAME] about the things that (he/she) looked at, grabbed, or pointed to?	1	2	3	4	5	6	7	8
D6.	Hug or show physical affection to [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D7.	Praise [NAME OF CHILDFOCALCHIL	1	2	3	4	5	6	7	8

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DNAME]?									
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		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D8.	Soothe [NAME OF CHILDFOCALCHILDNAME] if (he/she) was crying?	1	2	3	4	5	6	7	8
D9.	Tell [FOCALCHILDNAME] you loved (him/her)?	1	2	3	4	5	6	7	8
D10.	Try to get [FOCALCHILDNAME] to smile or laugh?	1	2	3	4	5	6	7	8
D11.	Take [FOCALCHILDNAME] for a ride on your shoulders or back?	1	2	3	4	5	6	7	8
D12.	Carry [FOCALCHILDNAME] in your arms or hold (him/her) in your lap?	1	2	3	4	5	6	7	8
D13.	In the past 30 days, how often did you and [FOCALCHILDNAME] play together with toys?	1	2	3	4	5	6	7	8
D14.	In the past 30 days, how often did you take [FOCALCHILDNAME] with you to visit relatives?		2	3	4	5	6	7	8

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		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D15.	Take [FOCALCHILDNAME] shopping with you?	1	2	3	4	5	6	7	8
D16.	Go to a restaurant or out to eat with [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D17.	Take [FOCALCHILDNAME] to play with other children?	1	2	3	4	5	6	7	8
D18.	Put [FOCALCHILDNAME] to bed?	1	2	3	4	5	6	7	8
D19.	Give [FOCALCHILDNAME] a bath?	1	2	3	4	5	6	7	8
D20.	Roll a ball, toss a ball, or play games with a ball with [FOCALCHILDNAME]	1	2	3	4	5	6	7	8
D21.	Go for a walk with [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D22.	Bounce [FOCALCHILDNAME] up and down on your knee?	1	2	3	4	5	6	7	8
D23.	Stay home to care for [FOCALCHILDNAME] when (he/she) was	1	2	3	4	5	6	7	8

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sick?									
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		More than once a day	About once a day	A few times a week	A few times a month	Rarely	Not at all in the past month	DON'T KNOW	REFUSED
D24.	Help get [FOCALCHILDNAME] dressed?	1	2	3	4	5	6	7	8
D25.	Change [FOCALCHILDNAME]'s diaper, or help (him/her) use the toilet?	1	2	3	4	5	6	7	8
D26.	Prepare meals or bottles for [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8
D27.	Assist [FOCALCHILDNAME] with eating or give (him/her) a bottle?	1	2	3	4	5	6	7	8
D28.	Get up with [FOCALCHILDNAME] when (he/she) woke up during the night?	1	2	3	4	5	6	7	8
D29.	Play outside in the yard, a park, or a playground with [FOCALCHILDNAME]?	1	2	3	4	5	6	7	8

D30. Do you agree or disagree with this statement: There is not much point talking to [FOCALCHILDNAME], because he/she is too young to understand me.

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree

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7 DON'T KNOW

8 REFUSED

Module E: Discipline and Parenting Skills

[IF C6 = 5 or 6 THEN INTERVIEWER WILL ASK: "Just to confirm, have you seen [FOCALCHILDNAME] in person in the last 3 months?" IF FATHER ANSWERS "NO" THEN SKIP TO F1]

Children often do things that are wrong, disobey, or make their parents angry. In the past 3 months, we would like to know what you have done when [FOCALCHILDNAME] did something wrong or made you upset or angry. If any of these things don't make sense for a child of your age, that's fine, you can just say you "never" do them.

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

		Onc e	Twic e	3-5 Time s	6-10 Time s	More than 10 times	neve r	DON' T KNO W	REFUSE D	N/A CHILD TOO YOUNG
E1.	Explain to [FOCALCHILDNAME] why something (he/she) did was wrong.	1	2	3	4	5	0	7	8	9
E2.	Put [FOCALCHILDNAME] in "time out" or send [FOCALCHILDNAME] to (his/her) room.	1	2	3	4	5	0	7	8	9
E3.	Give (him/her) something else to do instead of what (he/she) was doing.	1	2	3	4	5	0	7	8	9
E4.	Shout, yell, or scream at [FOCALCHILDNAME].	1	2	3	4	5	0	7	8	9

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		Once	Twice	3-5 Times	6-10 Times	More than 10 times	never	DON'T KNOW	REFUSED	N/A CHILD TOO YOUNG
E5.	Spank [FOCALCHILDNAME] on the bottom with your bare hand	1	2	3	4	5	0	7	8	9
E6.	Threaten to spank or hit [FOCALCHILDNAME] but did not actually do it	1	2	3	4	5	0	7	8	9
E7.	Slap [FOCALCHILDNAME] on the hand, arm, or leg	1	2	3	4	5	0	7	8	9

E8. In the past 3 months, did you ever hit (him/her) on the bottom with something like a belt, hairbrush, a stick or some other hard object?

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

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Module F: Father/Child Relationship Quality

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

F1. Do you feel that your relationship with [FOCALCHILDNAME] is...

- 1 Excellent
- 2 Very good
- 3 Somewhat good
- 4 Fair
- 5 Poor
- 7 DON'T KNOW
- 8 REFUSED

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

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

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

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		Strongly agree	Agree	Not Sure	Disagree	Strongly disagree	DON'T KNOW	REFUSED
F17.	I expected to have closer and warmer feelings for [FOCALCHILDNAME] than I do and this bothers me	1	2	3	4	5	7	8
F18.	Sometimes [FOCALCHILDNAME] does things that bother me just to be mean	1	2	3	4	5	7	8

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Module G: Parenting Efficacy

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

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

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G9. I feel that I am:

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

G10. How much influence do you have in making major decisions for [FOCALCHILDNAME] about things like when (he/she) goes to the doctor, what religion (he/she) practices, or who will take care of (him/her)? Do you have...

- 1 No influence
- 2 Some influence
- 3 A great deal of influence
- 7 DON'T KNOW
- 8 REFUSED

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Module H: Father Commitment to Child

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

		Strongly agree	Agree	Disagree	Strongly disagree	DON'T KNOW	REFUSED
H1a.	[If #KIDS = 1 OR 97 THEN ASK H1A; ELSE ASK H1B] My relationship with [FOCALCHILDNAME] is more important than anything else in my life.	1	2	3	4	7	8
H1b.	My relationships with my children are more important to me than anything else in my life.						
H2.	Being a father is a big part of who I am.	1	2	3	4	7	8
H3.	I will always want to be meaningfully involved in [FOCALCHILDNAME'S] life.	1	2	3	4	7	8
H4.	Sometimes other interests and responsibilities of mine have to come before my relationship with [FOCALCHILDNAME].	1	2	3	4	7	8
H5.	I can see myself losing interest in [FOCALCHILDNAME] a few years from now.	1	2	3	4	7	8
H6.	Not being a part of [FOCALCHILDNAME]'s life would be one of the worst things that could happen to me.	1	2	3	4	7	8

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H7. 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]?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never
- 7 DON'T KNOW
- 8 REFUSED

		A great deal	Some	A little	None	DON'T KNOW	REFUSED
H8.	If you were not able to see [FOCALCHILDNAME] for the next month, how much would you miss (him/her)?	1	2	3	4	7	8
H9.	How much influence do you think you have on [FOCALCHILDNAME]'s life right now?	1	2	3	4	7	8
H10.	How much influence do you think you will have on [FOCALCHILDNAME]'s life over the long-term?	1	2	3	4	7	8

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Module I: Co-Parenting Relationship Quality

I1. [IF FATHER DOES NOT LIVE WITH FOCAL CHILD (C2=NO, DON'T KNOW, or REFUSED), THEN SKIP TO I2]

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

NAME OF MOTHER/GUARDIAN [SKIP TO I3]

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

NAME OF MOTHER/GUARDIAN

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

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

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

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

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

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

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Module J: Child Support

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

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

- 1 YES
- 2 NO [SKIP TO J10]
- 7 DON'T KNOW [SKIP TO J10]
- 8 REFUSED [SKIP TO J10]

[IF #KIDS IS = 1, THEN SKIP TO J3.]

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

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

J3. What is the amount of your regularly scheduled required payment through the child support system?

IF NEEDED: This is the total for all of your children.

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

J4. Is that...

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

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

- 1 YES [SKIP TO J7]
- 2 NO
- 7 DON'T KNOW
- 8 REFUSED

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

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

J7. How much back child support do you owe?

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

J8. Since [RA month, RA year], has the state decreased the amount of back child support that you owe?

- 1 YES
- 2 NO
- 3 I DID NOT OWE ANY BACK CHILD SUPPORT SINCE [RA MONTH, RA YEAR]
- 7 DON'T KNOW
- 8 REFUSED

J9. Since [RA month, RA year], did your regularly scheduled child support payment amount go up, stay the same, or go down?

- 1 AMOUNT WENT UP

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- 2 AMOUNT STAYED THE SAME
- 3 AMOUNT WENT DOWN
- 7 DON'T KNOW
- 8 REFUSED

J10. CATI: IF C2=2 THEN SKIP TO J11

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

- 1 YES
- 2 NO [SKIP TO K1]
- 7 DON'T KNOW [SKIP TO K1]
- 8 REFUSED [SKIP TO K1]

J11. 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 J15]
- 7 DON'T KNOW [SKIP TO J15]
- 8 REFUSED [SKIP TO J15]

J12. Not counting any child support required by court, in the past 30 days, approximately how much cash did you provide?

INTERVIEWER: ROUND TO NEAREST DOLLAR

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

[IF #KIDS IS = 1, THEN SKIP TO J14.]

J13. How many children did this cover?

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

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J14. Excluding any cash that you have already reported providing. The next set of questions are about [FOCALCHILDNAME]. During the past month did you provide help with any of the following for [FOCALCHILDNAME]?

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

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J15. [IF HAVE MORE THAN #KIDS>1 CHILD]

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

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

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

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Module K: Employment

The next questions are about your employment history. Again, I would like to remind you that your answers will remain entirely confidential.

K1. Since [RA month, RA year], have you done any work for pay? Please include any part-time, full-time, or temporary jobs, as well as self-employment or your own business. Please do not include any unpaid jobs.

1 YES	
2 NO	[SKIP TO K2]
7 DON'T KNOW	[SKIP TO K2]
8 REFUSED	[SKIP TO K2]

K2. A lot of people have irregular, odd, or side jobs, or do extra work to make ends meet. Have you done any work like that for pay since [RA month, RA Year]?

IF NECESSARY: 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	[GO TO K6]
3	DON'T KNOW	[GO TO K6]
4	REFUSED	[GO TO K6]

K3. Since [RA month, RA Year], how many jobs have you had? Self-employment or temporary work in the same field or for the same employer counts as one job.

INTERVIEWER: DAY LABORER WORK COUNTS AS ONE JOB.

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

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K4. How much you have worked since [RA month, RA Year]? Was it ...

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

K5. Do you currently have a job? This includes permanent full-time or part-time jobs, or temporary, transitional or seasonal jobs.

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

Now I am going to ask you a few questions about your income.

K6. 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 REFUSED

K7. Since [RA month, RA Year], for about how many months did you have no income?

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

K8. Since [RA month, RA Year], about how many months did you run out of money between paychecks, or before the end of the month?

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[SKIP TO L1]

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

K9. What was the main reason why you ran out of money? Please tell me which of the following best describes the reason.

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

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Module L: Cognitive and Behavioral

Now, I'd like to talk about feelings you may have about how things are going. In the last month, how often have you...

		Never	Almost Never	Some times	Fairly Often	Very Often	DON'T KNOW	REFUSED
L1.	...been upset because of something that happened unexpectedly?	1	2	3	4	5	7	8
L2.	...felt that you were unable to control the important things in your life?	1	2	3	4	5	7	8
L3.	...felt nervous and "stressed"?	1	2	3	4	5	7	8
L4.	...felt confident about your ability to handle your personal problems?	1	2	3	4	5	7	8
L5.	...felt that things were going your way?	1	2	3	4	5	7	8
L6.	...found that you could not cope with all the things that you had to do?	1	2	3	4	5	7	8
L7.	...been able to control irritations in your life?	1	2	3	4	5	7	8
L8.	...felt that you were on top of things?	1	2	3	4	5	7	8
L9.	...been angered because of things that were outside of your control?	1	2	3	4	5	7	8
L10.	...felt difficulties were piling up so high that you could not overcome them?	1	2	3	4	5	7	8

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L11. How would you rate the amount of control you have over your work or your ability to find work these days? An answer of 1 means you have no control at all. An answer of 10 means you very much have control. You can choose any number from 1 to 10 to indicate various levels of control you have with your work situation.

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

L12. How would you rate the amount of control you have over your financial situation these days? An answer of 1 means you have no control at all. An answer of 5 means you very much have control. You can choose any number from 1 to 5 to indicate various levels of control you have with your financial situation.

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

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Module M: Respondent Contact Information

M1.

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

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

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

M2.

Could you please tell me how to spell your name?

M2a.

FIRST: What is your first name?

M2b.

MIDDLE: What is your middle name?

M2c.

LAST: What is your last name?

M2d.

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

M3.

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

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

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M3a. STREET: What is your current street address?

M3b. APT: What is the apartment number?

M3c. CITY: In what city do you live?

M3d. STATE: In what state do you live?

M3e. ZIP: What is your zip code?

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

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

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

STREET ADDRESS	APT OR UNIT #

M4b. In what city? _____
CITY

M4c. In what state? _____
STATE

M4d. What is the zip code? _____
ZIP

[IF INTERVIEW IS IN PERSON SKIP TO M6]

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

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

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M6.

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

(____) ____ - _____

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

M7.

Do you have a cell phone number?

- YES.....1
- NO.....2 (SKIP TO M8A)
- DON'T KNOW.....7 (SKIP TO M8A)
- REFUSED.....8 (SKIP TO M8A)

M7a.

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

(____) ____ - _____

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

M7b.

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

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

M7c.

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

- YES.....1

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

M8A.

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

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

M8Aa.

What is that phone number, starting with area code?

(____) _____ - _____

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

M8Ab.

What type of number is that?

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

M8B.

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

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

M8Ba.

What is that phone number, starting with area code?

(____) _____ - _____

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

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M8Bb.

What type of number is that?

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

M8C.

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

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

M8Ca.

What is that phone number, starting with area code?

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

M8Cb.

What type of number is that?

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

M9.

Do you have an email address?

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

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M9a.

What is your email address?

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

M10.

Do you have a Facebook Account?

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

M10A.

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

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

M10B.

What is your Facebook account name?_____

M11.

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

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

Expiration Date: 9/30/2019

REFUSED.....8

Expiration Date: 9/30/2019

[ASK M11A IF M11=1 and M6<>7, 8 and M7a<>2,7,8 and M8Aa<>2,7,8]

M11A.

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

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

END

CATI VERSION:

DO NOT READ: FIELD INTERVIEWER PRESENT

1 - YES

2 - NO

[SKIP TO ALT ENDING]

[CONTINUE]

CAPI VERSION:

IF RESPONDENT IS BEING INTERVIEWED IN PERSON AND HE IS NOT INCARCERATED (P1=2), SKIP TO CAPI IN-PERSON ENDING

IF RESPONDENT IS BEING INTERVIEWED IN PERSON AND HE IS INCARCERATED (P1=3), SKIP TO CAPI INCARCERATED ENDING

EXIT

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

Expiration Date: 9/30/2019

ALT ENDING:

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

CAPI IN-PERSON ENDING:

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

CAPI INCARCERATED ENDING:

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