



**Head Start Family and Child Experiences Survey 2019
(FACES 2019)**

Parent Survey

Fall 2019 - Spring 2020

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0151 which expires xx/xx/xxxx. The time required to complete this collection of information is estimated to average 25 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone.

SCREENER

Sample Info: PRELOAD FROM SMS AS INTERVIEWER NOTES

IF FALL 2019 OR NO PREVIOUS INTERVIEW BUT CONSENT HAS BEEN OBTAINED, DISPLAY INFORMATION FOR INDIVIDUAL WHO GAVE CONSENT: Respondent is [RESPONDENT NAME], [RELATIONSHIP TO CHILD], to [CHILD], consent given [DATE CONSENT FORM WAS SIGNED OR WHEN INDIVIDUAL WAS LOADED INTO SMS]

IF FALL 2019 OR NO PREVIOUS INTERVIEW AND CONSENT HAS NOT BEEN OBTAINED, DISPLAY: Respondent information is not yet available; consent has not been obtained. EXIT CASE AND DO NOT PROCEED TO SCREENER.

IF SPRING 2020 AND THERE IS A PREVIOUS INTERVIEW, DISPLAY RESPONDENT FOR MOST RECENT INTERVIEW: Respondent was [RESPONDENT NAME], [RELATIONSHIP TO CHILD] to [CHILD], conducted on [DATE OF MOST RECENT INTERVIEW].

MakeDialPhone

AUTO DIAL.....01	}	follow cati
MANUAL DIAL.....02		
QUICK EXIT.....03		MODULE
RESPONDENT CALLING IN.....04	→	GO TO Hello

{IF CATI AND MakeDialPhone = 1,2,4 }

Hello.

My name is _____ at Mathematica Policy Research. [(IF CATI AND MakeDialPhone = 4) **Thank you for calling in to complete the survey.**]

May I please speak with [NAME]?

Hello.

Mi nombre es _____ de Mathematica Policy Research. [(IF CATI AND MakeDialPhone = 4) **Gracias por llamar para completar la encuesta.**]

¿Por favor, puedo hablar con [NAME]?

{PROGRAMMER NOTE: IF NO PRIOR INTERVIEW, FILL WITH NAME ON CONSENT FORM; IF PRIOR INTERVIEW, FILL WITH NAME OF MOST RECENT RESPONDENT.}

[NAME] AVAILABLE.....1	→	GO TO SampMemb
[NAME] COMES TO THE PHONE.....2	→	GO TO SampMemb
[NAME] ASKS WHAT THE CALL IS ABOUT.....3	→	GO TO WHATABOUT
[NAME] NOT AVAILABLE.....4	→	GO TO SampMemb
[NAME] HAS MOVED.....5	→	GO TO KNOWWHERE
[NAME] DOES NOT SPEAK ENGLISH.....6	→	GO TO LANG
NEVER HEARD OF [NAME]/WRONG NUMBER/ DIFFERENT RESPONDENT.....7	→	GO TO THANKS
HUNG UP DURING INTRODUCTION.....8	→	GO TO TERMINATE INTERVIEW

SampMemb. [(IF Hello=2 OR WhatAbout=2) **Hello, my name is _____.**] [(IF MakeDialPhone≠4) **I'm calling about [CHILD] and her/his experiences with Head Start. We would like to interview you about [CHILD]'S experiences in Head Start and other things related to (his/her) Head Start experience. Is this [(If MakeDialPhone=4) still] a good time to talk?**]

SampMemb. [(IF Hello=2 OR WhatAbout=2) **Hola, mi nombre es _____.**][(IF MakeDialPhone≠4) **Estoy llamando acerca de [CHILD] y de sus experiencias en Head Start. Quisiéramos entrevistarle a usted acerca de las experiencias de [CHILD] en Head Start y de otras cosas relacionadas con su experiencia en Head Start. ¿Es ahora [(If MakeDialPhone=4) aún] una buena hora para hablar?**]

- YES, CONTINUE.....1 → GO TO RespondentConfirm
- NOT A GOOD TIME.....2 → MAKE APPOINTMENT
- HUNG UP DURING INTRODUCTION.....3 → TERMINATE INTERVIEW
- SUPERVISOR REVIEW.....4 → TERMINATE INTERVIEW
- REFUSED.....r → GO TO EXIT TAB, THEN TERMINATE INTERVIEW

{IF Hello=3}

WhatAbout[(IF MakeDialPhone≠4) **I'm calling about a study we are conducting / (IF MakeDialPhone=4) **We are conducting a study**] to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. [(IF MakeDialPhone≠4) **May I speak with [NAME]?**]**

{IF Hello=3}

WhatAbout[(MakeDialPhone≠4) **Estoy llamando acerca de un estudio que estamos conduciendo / (IF MakeDialPhone=4) **Estamos conduciendo un estudio**] para aprender más acerca de familias en el programa de Head Start, y de cómo Head Start proporciona diferentes tipos de servicios a niños y familias. [(IF MakeDialPhone≠4) **¿Puedo hablar con [NAME]?**]**

- [NAME] AVAILABLE.....1 → GO TO SampMemb
- [NAME] COMES TO THE PHONE.....2 → GO TO SampMemb
- [NAME] CURRENTLY UNAVAILABLE.....3 → GO TO SampMemb
- [NAME] MOVED.....4 → GO TO KnowWhere
- [NAME] DOES NOT SPEAK ENGLISH.....5 → GO TO LANG
- NEVER HEARD OF [NAME]/WRONG NUMBER/
DIFFERENT RESPONDENT.....6 → GO TO THANKS
- [(CATI) HUNG UP DURING INTRODUCTION]....7 → TERMINATE INTERVIEW
- SUPERVISORY REVIEW.....8 → TERMINATE INTERVIEW

{IF Hello=5 OR WhatAbout=3}

KnowWhere: **Do you or anyone there know how we can reach [NAME]?**

{IF Hello=5 OR WhatAbout=3}

KnowWhere: **¿Usted o alguna otra persona allí sabe cómo podemos ponernos en contacto con [NAME]?**

YES.....1 → GO TO NewPhone

NO.....0 → GO TO Thanks

{IF Hello=6 OR WhatAbout=5}

Lang. CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF POSSIBLE THEN END INTERVIEW

INTERVIEWER NOTE: IF LANGUAGE IS SPANISH, INTERVIEWER SHOULD CONTACT THEIR SUPERVISOR BEFORE PROCEEDING.

SPANISH.....1 → GO TO THANKS.

OTHER LANGUAGE (SPECIFY).....6 → GO TO OtherLang

{IF LANG=6}

OtherLang IF POSSIBLE, RECORD LANGUAGE SPOKEN STRING[15] → GO TO THANKS

{IF Hello=5 OR WhatAbout=4 AND KnowWhere=1}

NewPhone. **May I please have (his/her) telephone number?**

{IF Hello=5 OR WhatAbout=3 AND KnowWhere=1}

NewPhone. **¿Me puede dar su número de teléfono, por favor?**

YES.....1 → GO TO GETPHONE

NO.....0 → GO TO NewAddr

{IF Hello=5 OR WhatAbout=4 AND KnowWhere=1}

NewAddr. **May I please have (his/her) address?**

{IF Hello=5 OR WhatAbout=3 AND KnowWhere=1}

NewAddr. **¿Me puede dar su dirección, por favor?**

YES.....1 → GO TO GETADDRESS

NO.....0 → GO TO Thanks

{Hello=5,6,7 OR WhatAbout=3,4,5}
Thanks: **Thank you for your time.** TERMINATE INTERVIEW

{Hello=5,6,7 OR WhatAbout=3,4,5}
Thanks: **Gracias por su tiempo.** TERMINATE INTERVIEW

{IF SampMemb=1}
RespondentConfirm. CONFIRM WHETHER THE PERSON WITH WHOM YOU ARE SPEAKING IS [NAME]. IF YOU ARE NOT CERTAIN, ASK “**Are you [NAME]?**”

{IF SampMemb=1}
RespondentConfirm. CONFIRM WHETHER THE PERSON WITH WHOM YOU ARE SPEAKING IS [NAME]. IF YOU ARE NOT CERTAIN, ASK “**¿Es usted [NAME]?**”

- YES, PERSON IS [NAME].....1 → GO TO PREVIOUS INTERVIEW BOX
- NO, PERSON IS NOT [NAME].....0 → IF FALL 2019 OR NO PREVIOUS INTERVIEW GO TO Thanks. IF SPRING 2020 GO TO RespondentIdentify.

{IF RespondentConfirm=0}
RespondentIdentify. IDENTIFY THE PERSON WITH WHOM YOU ARE SPEAKING. IF YOU ARE NOT CERTAIN, SAY “**Can you please tell me your name?**”

{IF RespondentConfirm=0}
RespondentIdentify. IDENTIFY THE PERSON WITH WHOM YOU ARE SPEAKING. IF YOU ARE NOT CERTAIN, SAY “**Por favor, ¿me puede decir su nombre?**”

PROGRAMMER – IF SPRING 2020 DISPLAY MOST RECENT PARENT INTERVIEW RESPONDENT, PARENTS 2 AND 3 (FROM SMS) AND “OTHER.”

PROGRAMMER – IF RespondentIdentify=4 (NOT LISTED), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: “IN CASE ____ [FILL CASE ID NUMBER] ACTUAL RESPONDENT DOES NOT MATCH POTENTIAL RESPONDENTS IDENTIFIED IN SMS. NEW ID MUST BE ASSIGNED” SEND THIS MESSAGE TO IDENTIFIED STAFF..

- [Parent1].....1 → GO TO PREVIOUS INTERVIEW BOX
- [Parent2].....2 → GO TO PREVIOUS INTERVIEW BOX
- [Parent3].....3 → GO TO PREVIOUS INTERVIEW BOX
- NOT LISTED.....4 → GO TO PREVIOUS INTERVIEW BOX

PREVIOUS INTERVIEW BOX
 IF FALL 2019 CONTINUE AT SC1
 IF SPRING 2020 AND NO PREVIOUS INTERVIEW WITH THIS
 RESPONDENT: CONTINUE AT SC1
 IF SPRING 2020 AND PREVIOUS INTERVIEW WITH
 RESPONDENT: CONTINUE AT SC0.

{IF SPRING 2020}

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

{IF SPRING 2020}

SC0. **En el otoño completamos una entrevista con [PRE-FILL WITH NAME OF LAST RESPONDENT]. ¿Es usted esa persona?**

YES/SÍ.....1 → GO TO SC2
 NO.....0 → GO TO SC1

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT}

SC1. **I would like to talk with the person most responsible for [CHILD]'s care. Are you that person?**

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT}

SC1. **Quisiera hablar con la persona que es principalmente responsable por el cuidado de [CHILD]. ¿Es usted esa persona?**

YES/SÍ.....1 → GO TO SC1a
 NO.....0 }
 DON'T KNOW.....d } GO TO
 REFUSED.....r SC2a

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC1=1}

SC1a. **Do you live in the same household as [CHILD]?**

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC1=1}

SC1a. **¿Vive usted en el mismo hogar que [CHILD]?**

YES/SÍ.....1 → IF FALL 2019, GO TO INT2; ELSE GO TO SC2b_2
 NO.....0 }
 DON'T KNOW.....d } GO TO
 REFUSED.....r SC2a

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

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

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

SC2. **El otoño pasado, le entrevistamos a usted como la persona que era principalmente responsable por el cuidado de [CHILD]. ¿Es usted todavía la persona que es principalmente responsable por el cuidado de [CHILD]?**

YES/SÍ.....	1	→	GO TO SC2x	
NO.....	0	}		
DON'T KNOW.....	d			
REFUSED.....	r			
			GO TO	SC2a

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC0=1 AND SC2=1}

SC2x. **Do you live in the same household as [CHILD]?**

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC0=1 AND SC2=1}

SC2x. **¿Vive usted en el mismo hogar que [CHILD]?**

YES/SÍ.....	1	→	GO TO SC2b_2	
NO.....	0	}		
DON'T KNOW.....	d			
REFUSED.....	r			
			GO TO	SC2a

{IF SC1, SC1a, SC2, OR SC2x = 0, d, r}

SC2a. **Among the people that live with [CHILD], who is most responsible for [CHILD]'s care?**

{IF SC1, SC1a, SC2, OR SC2x = 0, d, r}

SC2a. **Entre las personas que viven con [CHILD], ¿quién es la más responsable por el cuidado de [CHILD]?**

[Parent2].....	2	→	GO TO SC2b
[Parent3].....	3	→	GO TO SC2b
NOT LISTED.....	4	→	GO TO GetNameIntro

PROGRAMMER – IF SPRING 2020 DISPLAY Fall 2019 PI R, PARENTS 2 AND 3 (FROM SMS) AND “OTHER.”

PROGRAMMER – SC2a=4 (NOT LISTED), THEN CREATE AN ALERT MESSAGE AS FOLLOWS: “IN CASE ____ [FILL CASE ID NUMBER] INDIVIDUAL IDENTIFIED AS PERSON MOST RESPONSIBLE FOR CHLD’S CARE DOES NOT MATCH POTENTIAL RESPONDENTS IDENTIFIED IN SMS. NEW ID MUST BE ASSIGNED” SEND THIS MESSAGE TO IDENTIFIED STAFF.

[Parent1].....1 → GO TO SC2b
 [Parent2].....2 → GO TO SC2b
 [Parent3].....3 → GO TO SC2b
 NOT LISTED.....4 → GO TO GetNameIntro

{IF OTHER}

GetNameIntro. “[IF SC1a OR SC2x=0, d, r) **Among the people that live with [CHILD], Please tell me the name of the person most responsible for [CHILD]’s care.**”

{IF OTHER}

GetNameIntro. “[IF SC1a OR SC2x=0, d, r) **Entre las personas que viven con [CHILD], Por favor dígame el nombre de la persona que es la más responsable por el cuidado de [CHILD].**”

ENTER 1 TO CONTINUE.....1 → GO TO GETNAME
 (LABEL = Most responsible person)
 DON’T KNOW.....d }
 REFUSE.....r } EXIT INTERVIEW

{PROGRAMMER NOTE: SC2b SHOULD NOT BE ASKED IF THE PERSON STATES HE/SHE DOES NOT LIVE WITH THE CHILD (I.E., IF SC1a OR SC2x ARE ASKED AND=0). IF SC1a OR SC2X ARE ASKED AND=0, THEN GO STRAIGHT TO SC2c}

{IF SC1 OR SC2 = 0, d, r}

SC2b. **Is [PERSON IDENTIFIED IN SC2a OR GETNAME] there and can I speak to (him/her)?**

{IF SC1 OR SC2 = 0, d, r}

SC2b. **¿Está [PERSON IDENTIFIED IN SC2a OR GETNAME] allí y puedo hablar con (él/ella)?**

[NAME] COMES TO PHONE.....1 → GO TO SC2b_2
 NEED TO CALL BACK.....2 → GO TO CallBack
 [NAME] DOES NOT LIVE HERE.....3 → GO TO SC2c
 DON’T KNOW.....d }
 REFUSED.....r } EXIT INTERVIEW

SC2c. Can I have (his/her) address and telephone number?

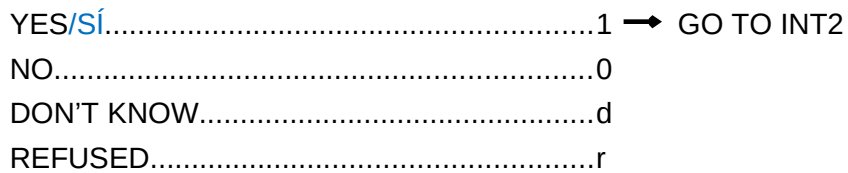
SC2c. ¿Me puede dar su dirección y número de teléfono?



PRELOAD WHETHER CHILD IS A HEAD START CASE FROM SMS. IF SMS DESIGNATION FOR CHILD IS 'UNKNOWN', THEN GO TO SC2c_2/SC2c.

SC2b_2. **According to our records [CHILD] is still attending Head Start. Is that correct?**

SC2b_2. **Según nuestros archivos, [CHILD] todavía está asistiendo a HEAD START. ¿Es eso correcto?**



{SC2b_2=0,d,r} {SMS DESIGNATION FOR CHILD=UNKNOWN}
 SC2c_2. **What grade or year of school is [CHILD] attending?**

{SC2b_2=0,d,r} {SMS DESIGNATION FOR CHILD=UNKNOWN}
 SC2c_2. **¿A qué grado o año de la escuela asiste [CHILD]?**

HEAD START/HEAD START.....1	→ GO TO INT2	
KINDERGARTEN/KINDERGARTEN.....2	→ GO TO SC2c_2Exit TO TERMINATE INTERVIEW.	
TRANSITIONAL KINDERGARTEN (BEFORE K)/ KINDERGARTEN TRANSICIONAL (ANTES DE KINDERGARTEN).....3	→ GO TO SC2c_2Exit TO TERMINATE INTERVIEW	
PREFIRST GRADE (AFTER K)/ PRE PRIMER GRADO (DESPUÉS DE KINDERGARTEN).....4	→ SC2c_2Exit TO TERMINATE INTERVIEW.	
FIRST GRADE/PRIMER GRADO.....5	→SC2c_2Exit TO TERMINATE INTERVIEW	
UNGRADED OR HOME SCHOOLED/ SIN GRADO O EDUCADO EN EL HOGAR.....6	→GO TO SC2C_2new	
SPECIAL EDUCATION/ EDUCACIÓN ESPECIAL.....7	→ SC2c_2Exit TO TERMINATE INTERVIEW	
NURSERY/PRESCHOOL/PREKINDERGARTEN/ GUARDERÍA/PROGRAMA PRE ESCOLAR/ PRE KINDERGARTEN.....8	→SC2c_2Exit TO TERMINATE INTERVIEW	
SOMETHING ELSE (SPECIFY)/ ALGUNA OTRA COSA (ESPECIFIQUE).....10		
NOT ENROLLED IN SCHOOL/ NO ESTÁ MATRICULADO EN UNA ESCUELA DON'T KNOW.....d	}11	TERMINAT E INTERVIEW (Go TO sc2c_2Exit) GO TO AA9
REFUSED.....r		

PROGRAMMER: CREATE A HELP SCREEN WITH THE FOLLOWING DEFINITIONS:

NURSERY/PRESCHOOL/PRE-KINDERGARTEN: PROGRAMS THAT OFFER CLASSES PRIOR TO KINDERGARTEN, PRIMARILY SERVING 3 AND 4 YEAR-OLD CHILDREN. THESE MAY BE OFFERED BY PUBLIC AND PRIVATE ORGANIZATIONS.

GUARDERÍA/ PREESCOLAR/PRE-KINDERGARTEN: PROGRAMAS QUE OFRECEN CLASES ANTES DE KINDERGARTEN, PRINCIPALMENTE SIRVIENDO NIÑOS DE 3 Y 4 AÑOS DE EDAD. ESTOS PUEDEN SER OFRECIDOS POR ORGANIZACIONES PÚBLICAS Y PRIVADAS

TRANSITIONAL (OR READINESS) KINDERGARTEN: EXTRA YEAR OF SCHOOL FOR KINDERGARTEN-AGE ELIGIBLE CHILDREN WHO ARE JUDGED NOT READY FOR KINDERGARTEN.

KINDERGARTEN TRANSICIONAL (O DE PREPARACIÓN): AÑO EXTRA DE ESCUELA PARA NIÑOS ELEGIBLES EN EDAD DE KINDERGARTEN QUE SON CONSIDERADOS NO PREPARADOS PARA KINDERGARTEN.

KINDERGARTEN: TRADITIONAL YEAR OF SCHOOL PRIMARILY FOR 5-YEAR-OLDS PRIOR TO FIRST GRADE.

KINDERGARTEN: AÑO DE ESCUELA TRADICIONAL PRINCIPALMENTE PARA NIÑOS DE 5 AÑOS DE EDAD, ANTES DEL PRIMER GRADO.

PRE-FIRST (TRANSITIONAL FIRST) GRADE (AFTER K): EXTRA YEAR OF SCHOOL FOR CHILDREN WHO HAVE ATTENDED KINDERGARTEN BUT HAVE BEEN JUDGED NOT READY FOR FIRST GRADE.

PRE-PRIMER GRADO (PRIMER GRADO TRANSICIONAL) (DESPUÉS DE K): AÑO EXTRA DE ESCUELA PARA NIÑOS QUE HAN ASISTIDO A KINDERGARTEN, PERO QUE HAN SIDO CONSIDERADOS NO PREPARADOS PARA EL PRIMER GRADO.

UN-GRADED: A CLASSROOM CONTAINING KINDERGARTEN-AGED STUDENTS (POSSIBLY IN COMBINATION WITH OTHER AGES), NOT FORMALLY IDENTIFIED AS A "KINDERGARTEN" CLASS.

SIN-GRADO: UN SALÓN DE CLASE QUE CONTIENE ESTUDIANTES EN EDAD DE KINDERGARTEN (POSIBLEMENTE EN COMBINACIÓN CON OTRAS EDADES), SIN ESTAR FORMALMENTE IDENTIFICADO COMO UN CLASE DE "KINDERGARTEN".

{IF SC2C_2=10}
SC2C_2Specify **"Please tell me what grade your child is in"**
STRING [50]

{IF SC2C_2=10}
SC2C_2Specify **"Por favor dígame en qué grado está su hijo(a)."**
STRING [50]

{IF SC2C_2=6}

SC2C_2new. **What grade would [CHILD] be in if [he/she/he or she] were attending a school with regular grades?**

{IF SC2C_2=6}

SC2C_2new. **¿En qué grado estaría [CHILD] si [él/ella/ él o ella] asistiera a una escuela con grados regulares?**

HEAD START/HEAD START.....1	→ GO TO INT2
KINDERGARTEN/KINDERGARTEN.....2	→GO TO SC2c_2Exit TO TERMINATE INTERVIEW.
TRANSITIONAL KINDERGARTEN (BEFORE K)/ KINDERGARTEN TRANSICIONAL (ANTES DE KINDERGARTEN).....3	→ SC2c_2Exit TO TERMINATE INTERVIEW
PREFIRST GRADE (AFTER K)/ PRE PRIMER GRADO (DESPUÉS DE KINDERGARTEN).....4	→SC2c_2Exit TO TERMINATE INTERVIEW
FIRST GRADE/ PRIMER GRADO.....5	→SC2c_2Exit TO TERMINATE INTERVIEW
SPECIAL EDUCATION/ EDUCACIÓN ESPECIAL.....7	→ SC2c_2Exit TO TERMINATE INTERVIEW
NURSERY/PRESCHOOL/PREKINDERGARTEN/ GUARDERÍA/PROGRAMA PRE ESCOLAR/ PRE KINDERGARTEN.....8	→SC2c_2Exit TO TERMINATE INTERVIEW
DON'T KNOW.....d	→
REFUSED.....r	TERMINATE INTERVIEW

PROGRAMMER: IF SC2c_2/SC2c_2new=2,3,4,5,6, 7, 8,9,d,r IF SPRING 2020), THE (Go TO CREATE AN ALERT MESSAGE AS FOLLOWS: "IN CASE ____ [FILL CASE ID NUMBER]2Exit) CHILD IS NOT ATTENDING HEAD START." SEND THIS MESSAGE TO XXX. GO TO AA9

{IF (SPRING 2020 AND SC2c_2=2,3,4,5,6, 7, 8,9,d,r) /SC2c_2new=2,3,4,5,6, 7, 8,9,d,r)}
SC2c_2Exit. **This spring we are only looking at children attending Head Start. I do not have any more questions for you now, but thank you for your time.**

{IF (SPRING 2020 AND SC2c_2=2,3,4,5,6, 7, 8,9,d,r) /SC2c_2new=2,3,4,5,6, 7, 8,9,d,r)}
SC2c_2Exit. **Esta primavera solamente estamos observando a niños que están asistiendo a Head Start. No tengo más preguntas para usted ahora, pero le agradezco por su tiempo.**

INT2. [(IF SC2b=1) Hello, my name is _____. We would like to interview you about [CHILD]'S experiences in Head Start and other things related to [his/her/his or her] Head Start experience.] Thank you for agreeing to talk with me. [(IF PREVIOUS INTERVIEW WITH THIS RESPONDENT) As you may remember,] The purpose of this study is to learn more about families in the Head Start Program and how Head Start provides different kinds of services to children and families. [(IF SPRING 2020 AND NO PREVIOUS INTERVIEW) When we spoke to parents from [CHILD]'s Head Start program last fall we were unable to interview you.]

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

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

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

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

INT2. [(IF SC2b=1) Hola, mi nombre es _____. Quisiéramos entrevistarle sobre las experiencias de [CHILD] en Head Start y otras cosas relacionadas con sus experiencias en Head Start. Gracias por aceptar hablar conmigo. [(IF PREVIOUS INTERVIEW WITH THIS RESPONDENT) Como usted quizás recuerda,] El propósito de este estudio es aprender más acerca de las familias en el Programa de Head Start y cómo Head Start proporciona diferentes tipos de servicios a niños y familias. [(IF SPRING 2020 AND NO PREVIOUS INTERVIEW) Cuando hablamos con padres del programa de Head Start de [CHILD] el otoño pasado no tuvimos la oportunidad de entrevistarle.]

IF PARENT ASKS FOR MORE INFORMATION: También queremos aprender más acerca del programa al que [CHILD] asiste. Quiero hablar con usted para que podamos entender Head Start desde el punto de vista de los padres, incluyendo alguna información acerca del ambiente de su hijo(a) en el hogar. La información de este estudio se usará para ayudar a Head Start a servir mejor a todos los niños y sus familias.

Todo lo que discutimos hoy se mantendrá privado, hasta el nivel que permita la ley. Ni su nombre ni el de [CHILD] se pondrá con la información que usted nos

dé. Si tiene alguna pregunta en cualquier momento durante esta entrevista, por favor no dude en hacerla.

Yo le haré preguntas y anotaré sus respuestas. Usted puede pararme en cualquier momento y pedir que vuelva a preguntas anteriores para cambiar sus respuestas. No hay respuestas correctas ni incorrectas a estas preguntas. Nadie del Programa de Head Start verá ni oírás sus respuestas. Sólo reportaremos los resultados por grupos. Nunca reportaremos detalles que le identifiquen a usted, a su hijo(a) o al programa de Head Start de su hijo(a).

Su participación es completamente voluntaria. Si usted elige no completar esta entrevista, esto no le afectará a usted ni a la participación de su hijo(a) en el Programas de Head Start. Las cosas que usted me dice son muy importantes, así que por favor conteste lo mejor que pueda. De vez en cuando es posible que le haga una pregunta que no aplica a usted o que le parece delicada en su naturaleza. Usted puede elegir no contestar estas preguntas. Si eso pasa, simplemente dígame y pasará a la siguiente pregunta.

FACES 2019 OMB SCREEN

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

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

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0970-0151 and it expires xx/xx/xxxx.

Una agencia no puede llevar a cabo ni patrocinar, y una persona no tiene obligación de responder a una recopilación de información, a menos que tenga a la vista un número de control vigente de OMB. El número de control de OMB para esta recopilación de información es 0970-0151 y vence el xx/xx/xxxx.

Do you have any questions before we begin?

¿Tiene usted alguna pregunta antes de que empecemos?

IF FALL 2019: GO TO MODE-1

IF SPRING 2020: GO TO C2

VER - 1

VERIFY STATUS

{VERIFY STATUS MODULE}

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

{VERIFY STATUS MODULE}

C2. ¿Todavía está [CHILD] matriculado(a) en [PROGRAM/CENTER NAME] in [CITY AND STATE] o [él/ella/él o ella] ha dejado de ir a ese programa?

YES, [CHILD] IS STILL GOING TO THE SAME PROGRAM/ **SÍ, TODAVÍA VA AL MISMO PROGRAMA** 1 GO TO MODE-1 OR IN PERSON SCHEDULER

NO, [CHILD] STOPPED GOING TO THAT HEAD START PROGRAM/ **NO, DEJÓ DE IR A ESE PROGRAMA DE HEAD START** 2 GO TO C9B

DON'T KNOW.....d

REFUSED.....r

{IF C2 = 2, d, r}

C9B. When did [CHILD] stop going to [PROGRAM]?

{IF C2 = 2, d, r}

C9B. ¿Cuándo dejó [CHILD] de ir a [PROGRAM]?

| | | | / | | | | / | | | | | |
 MONTH DAY YEAR
MES DÍA AÑO
 DON'T KNOW.....d
 REFUSED.....r

BOX C17
 TERMINATE THE INTERVIEW (GO TO C17_exit) IF C2=2,d,r

C17_exit. This spring we are only looking at children attending the Head Start program [CHILD] attended as of [(IF FALL 2019 INTERVIEW) MONTH AND YEAR OF LAST INTERVIEW/(IF NO FALL 2019 INTERVIEW) September]. I do not have any more questions for you now, but thank you for your time.

C17_exit. Esta primavera solamente estamos observando a niños que están asistiendo al programa de Head Start al que [CHILD] asistía en [(IF FALL 2019 INTERVIEW) MONTH AND YEAR OF LAST INTERVIEW/(IF NO FALL 2019 INTERVIEW) setiembre]. No tengo más preguntas para usted ahora, pero le agradezco por su tiempo.

{IF CATI}
MODE-1. **After completing the interview by telephone you will receive a gift card to thank you for your help. This interview will take about 25 minutes.**

{IF CATI}
MODE – 1. **Después de completar la entrevista por teléfono usted recibirá una tarjeta de regalo para agradecerle por su ayuda. Esta entrevista llevará unos 25 minutos.**

CONTINUE.....1 GO TO SC3

SC3. **Before we get started, I would like to make sure we have your name recorded correctly.**

SC3. **Antes de empezar, me gustaría asegurarme que tenemos su nombre anotado correctamente.**

BOX SC3a

IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR SC0 = 0, GO TO SC3a.

IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT, PRELOAD PREVIOUS RESPONDENT FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME FROM DATABASE.

NOTE: READ NAME TO RESPONDENT AND VERIFY SPELLING

NAME CORRECT/ **NOMBRE CORRECTO**...1 → GO TO SC7

NAME INCORRECT/ **NOMBRE INCORRECTO** 2

{IF SC3 = 2 OR FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR SC0 = 0}

SC3a. **May I have the correct spelling of your name?**

{IF SC3 = 2 OR FALL 2019, OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR SC0= 0}

SC3a. **¿Podría decirme la manera correcta de escribir su nombre?**

FIRST NAME/ **NOMBRE**:

MIDDLE INITIAL/ **INICIAL DEL SEGUNDO NOMBRE**: _____

LAST NAME/ **APELLIDO**:

DON'T KNOW.....d

REFUSED.....r

BOX SC7

IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE IS MISSING, GO TO SC7.

IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT AND BIRTH DATE IS NOT MISSING, GO TO SC7a.

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE IS MISSING}

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

{IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT OR BIRTH DATE IS MISSING}

SC7. ¿Cuál es su fecha de nacimiento?

_	_	_	_	_	_	_	_	_	_
/		/							
MONTH		DAY		YEAR					
MES		DÍA		AÑO					

DON'T KNOW.....d

REFUSED.....r

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

{IF PREVIOUS INTERVIEW WITH THIS RESPONDENT AND BIRTH DATE IS NOT MISSING}
SC7a. **Ahora quisiera confirmar que tenemos su fecha de nacimiento anotada correctamente.**

BOX SC7a

PRELOAD RESPONDENT'S BIRTH DATE
(MONTH/DAY/YEAR) FROM DATABASE

NOTE: READ BIRTH DATE TO THE RESPONDENT AND VERIFY WHETHER CORRECT

BIRTH DATE CORRECT/
FECHA DE NACIMIENTO CORRECTA.....1 → CONTINUE

BIRTH DATE INCORRECT/
FECHA DE NACIMIENTO INCORRECTA.....2 → RECORD CORRECT BIRTH DATE

_	_	_	_	_	_	_	_	_	_
/		/							
MONTH		DAY		YEAR					

MES

DÍA

AÑO

BOX SC7

IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, ASK SC8 – SC8a.
IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT, GO TO BOX SC9.

{SC8 THROUGH SC8a ONLY IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, OTHERWISE GO TO BOX SC9}

SC8. **Now, I would like to make sure we have [CHILD]'s name recorded correctly.**

{SC8 THROUGH SC8a ONLY IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, OTHERWISE GO TO BOX SC9}

SC8. **Ahora me gustaría asegurarme que tenemos el nombre de [CHILD] anotado correctamente.**

NOTE: READ NAME TO RESPONDENT AND VERIFY SPELLING

FIRST NAME/ **NOMBRE**: [FILL]

MIDDLE NAME/INITIAL/ **SEGUNDO NOMBRE/INICIAL**: [FILL]

LAST NAME/ **APELLIDO**: [FILL]

BOX SC8a

PRELOAD CHILD'S FIRST NAME, MIDDLE NAME/INITIAL, LAST NAME FROM DATABASE

NAME CORRECT/**NOMBRE CORRECTO**....1 → GO TO SC9

NAME INCORRECT/**NOMBRE INCORRECTO** 2

{IF SC8 = 2}

SC8a. **May I have the correct spelling of [CHILD]'s name?**

{IF SC8 = 2}

SC8a. **¿Puede decirme la manera correcta de escribir el nombre de [CHILD]?**

FIRST NAME/ **NOMBRE**:

MIDDLE INITIAL/ **INICIAL DEL SEGUNDO NOMBRE**: _____

LAST NAME/ **APELLIDO**:

DON'T KNOW.....d

REFUSED.....r

BOX SC9

IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, ASK SC9.

IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC9 WAS NOT COLLECTED IN PREVIOUS ROUND, ASK SC9.

IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT AND SC9 WAS COLLECTED, GO TO BOX SC9a.

{FALL 2019 OR NO PREVIOUS INTERVIEW WITH RESPONDENT OR SC9 NOT COLLECTED IN PREVIOUS ROUND}

SC9. **What is your relationship to [CHILD]?**

SC9. **¿Cuál es su parentesco o relación (familiar) con [CHILD]?**

CODE ONLY ONE

BIOLOGICAL MOTHER/ MADRE BIOLÓGICA.....	11
BIOLOGICAL FATHER/ PADRE BIOLÓGICO.....	12
ADOPTIVE MOTHER/ MADRE ADOPTIVA.....	13
ADOPTIVE FATHER/ PADRE ADOPTIVO.....	14
STEPMOTHER/ MADRASTRA.....	15
STEPFATHER/ PADRASTRO.....	16
GRANDMOTHER/ ABUELA.....	17
GRANDFATHER/ ABUELO.....	18
GREAT GRANDMOTHER/ BISABUELA.....	19
GREAT GRANDFATHER/ BISABUELO.....	20
SISTER/STEPSISTER/ HERMANA/ HERMANASTRA.....	21
BROTHER/STEPBROTHER/ HERMANO/ HERMANASTRO.....	22
OTHER RELATIVE OR IN-LAW (FEMALE)/ OTRO PARIENTE O FAMILIAR POLÍTICO (MUJER).....	23
OTHER RELATIVE OR IN-LAW (MALE)/ OTRO PARIENTE O FAMILIAR POLÍTICO (HOMBRE).....	24
FOSTER PARENT (FEMALE)/ MADRE DE CRIANZA (FOSTER MOTHER).....	25
FOSTER PARENT (MALE)/ PADRE DE CRIANZA (FOSTER FATHER).....	26
OTHER NON-RELATIVE (FEMALE)/ OTRA MUJER QUE NO ES PARIENTE.....	27
OTHER NON-RELATIVE (MALE)/ OTRO HOMBRE QUE NO ES PARIENTE.....	28
PARENT'S PARTNER (FEMALE)/ PAREJA (DE LE MADRE/DEL PADRE) (MUJER).....	29
PARENT'S PARTNER (MALE)/ PAREJA (DE LA MADRE/DEL PADRE) (HOMBRE)...	30
DON'T KNOW.....	d
REFUSED.....	r

BOX SC9a

IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT, ASK SC9a – SC11.

IF SPRING 2020 AND PREVIOUS INTERVIEW WITH THIS RESPONDENT, GO TO VERSION BOX A.

{PROGRAMMER NOTE: HIDE SC9a and SC9b IF ANSWERED IN ANY PREVIOUS INTERVIEW}

{IF SC9 = 12, 14-30, d, r}

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

{PROGRAMMER NOTE: HIDE SC9a and SC9b IF ANSWERED IN ANY PREVIOUS INTERVIEW}

{IF SC9 = 12, 14-30, d, r}

SC9a. **¿Cuál es el nombre de la madre biológica de [CHILD]?**

FIRST NAME/ NOMBRE _____

DON'T KNOW.....d

REFUSED.....r

{IF SC9 = 11, 13, 15-30, d, r}

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

{IF SC9 = 11, 13, 15-30, d, r}

SC9b. **¿Cuál es el nombre del padre biológico de [CHILD]?**

FIRST NAME/ NOMBRE _____

DON'T KNOW.....d

REFUSED.....r

{IF SC9 = 17-30, d, r}

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

{IF SC9 = 17-30, d, r}

SC10. **¿Es usted (el/la) guardián(a) legal de [CHILD]?**

YES/SÍ.....1 → GO TO VERSION BOX A

NO.....0

DON'T KNOW.....d

REFUSED.....r

{IF SC10 = 0, d, r}

SC11. Who is [CHILD]'s legal guardian?

{IF SC10 = 0, d, r}

SC11. ¿Quién es el guardián legal de [CHILD]?

NAME/ NOMBRE _____

ADDRESS/ DIRECCIÓN _____

CITY/ CIUDAD _____

STATE/ ESTADO: |__|__|

|__|__|__| - |__|__|__| - |__|__|__|__| TELEPHONE/
TELÉFONO
(AREA CODE/ CÓDIGO DE ÁREA)

DON'T KNOW.....d

REFUSED.....r

A. ABOUT YOUR CHILD

VERSION BOX A
ASK A1-A11 THE FIRST TIME THE FAMILY IS
INTERVIEWED (FALL 2019 OR NO PREVIOUS INTERVIEW).
IF PREVIOUS INTERVIEW, CHECK MISSING FLAGS:

IF SEX IS MISSING, ASK A1, THEN GO TO B1.

IF BIRTH DATE IS MISSING OR CONFLICTS, ASK A2,
THEN GO TO B1.

IF SEX IS MISSING AND BIRTH DATE IS MISSING OR
CONFLICTS, ASK A1 AND A2, THEN GO TO A3.

{FALL 2019 OR NO PREVIOUS INTERVIEW OR SEX = MISSING}

A1. CONFIRM OR ASK: **Is [CHILD] a boy or a girl?**

{FALL 2019 OR NO PREVIOUS INTERVIEW OR SEX = MISSING}

A1. CONFIRM OR ASK: **¿Es [CHILD] niño o niña?**

GIRL/ NIÑA.....1
BOY/ NIÑO.....2
DON'T KNOW.....d
REFUSED.....r

{FALL 2019 OR NO PREVIOUS INTERVIEW OR BIRTHDAY = MISSING}

A2. **What is [CHILD]'s birth date?**

{FALL 2019 OR NO PREVIOUS INTERVIEW OR BIRTHDAY = MISSING}

A2. **¿En qué fecha nació [CHILD]?**

|_|_| / |_|_| / |_|_|_|_|
MONTH DAY YEAR
MES DÍA AÑO

DON'T KNOW.....d

REFUSED.....r

{FALL 2019 OR NO PREVIOUS INTERVIEW, CONTINUE, ELSE GO TO B1}

A3. **Is [CHILD] of Spanish, Hispanic, or Latino origin?**

{FALL 2019 OR NO PREVIOUS INTERVIEW, CONTINUE, ELSE, GO TO B1}

A3. **¿Es [CHILD] de origen español, hispano o latino?**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

GO
TO
A5

{IF A3 = 1}

A4. **Which one of these best describes [CHILD]'s Spanish, Hispanic, or Latino origin? Would you say...**

NOTE: IF MORE THAN ONE, CODE AS OTHER

Mexican, Mexican American, Chicano,.....1

Puerto Rican,.....2

Cuban, or.....3

**Some other Spanish/Hispanic/
Latino group? (SPECIFY).....4**

DON'T KNOW.....d

REFUSED.....r

{IF A3 = 1}

A4. **¿Cuál de estos grupos describe mejor el origen español, hispano o latino de [CHILD]? ¿Diría que...**

NOTE: IF MORE THAN ONE, CODE AS OTHER

**Mexicano(a), Mexicano-americano(a),
Chicano(a),.....1**

Puertorriqueño(a),.....2

Cubano, o.....3

**De otro grupo español/
hispano/latino? (SPECIFY).....4**

DON'T KNOW.....d

REFUSED.....r

A5. What is [CHILD]'s race? Select one or more.

A5. ¿Cuál es la raza de [CHILD]? Seleccione una o más.

NOTE: IF PARENT ANSWERS "Hispanic" PROBE: **Would that be white Hispanic or black Hispanic?**

NOTE: IF PARENT ANSWERS "Hispanic" PROBE: **¿Eso sería hispano blanco o hispano negro?**

NOTE: IF PARENT ANSWERS "Hispanic" AGAIN PUT RESPONSE IN OTHER CATEGORY

	<u>CODE ALL THAT APPLY</u>
WHITE/ BLANCA.....	11
BLACK OR AFRICAN AMERICAN/ NEGRA O AFROAMERICANA.....	12
AMERICAN INDIAN OR ALASKA NATIVE/ INDIO AMERICANO O NATIVO DE ALASKA.....	13
ASIAN INDIAN/ INDIO ASIÁTICO.....	14
CHINESE/ CHINO.....	15
FILIPINO/ FILIPINO.....	16
JAPANESE/ JAPONÉS.....	17
KOREAN/ COREANO.....	18
VIETNAMESE/ VIETNAMITA.....	19
OTHER ASIAN (FOR EXAMPLE, HMONG, LAOTIAN, THAI, PAKISTANI, CAMBODIAN, AND SO ON)/ OTRA ASIÁTICA (POR EJEMPLO, HMONG, LOATA, TAI, PAKISTANI, CAMBOYANO, Y OTROS).....	20
NATIVE HAWAIIAN/ NATIVO HAWAIANO.....	21
GUAMANIAN OR CHAMORRO/GUAMANIANO O CHAMORRO SAMOAN/ SAMOAN.....	22
OTHER PACIFIC ISLANDER (SPECIFY – FOR EXAMPLE, FIJIAN, TONGAN, AND SO ON)/ DE OTRAS ISLAS DEL PACÍFICO (ESPECIFIQUE, POR EJEMPLO, FIJIANO, TOGANO, Y OTROS).....	24
ANOTHER RACE (SPECIFY)/ OTRA RAZA (ESPECIFIQUE).....	25
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

NO A6 TO A7 THIS VERSION

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

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

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

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

A8. **¿Participó [CHILD] en Early Head Start?**

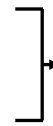
PROBE: **Early Head Start es un programa diseñado para proporcionar servicios para realzar el desarrollo de niños desde su nacimiento hasta la edad de tres años.**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r



GO TO SECTION B

{IF A8 = 1}

A9. **How long was (he/she) in Early Head Start?**

{IF A8 = 1}

A9. **¿Por cuánto tiempo estuvo (él/ella) en Early Head Start?**

|_|_| YEARS/AÑO |_|_| MONTHS/MES

DON'T KNOW.....d

REFUSED.....r

{IF A8 = 1}

A11. **Was [CHILD]'s Early Head Start center the same location as (his/her) current Head Start center?**

A11. **¿Era el centro de Early Head Start de [CHILD] el mismo que su centro de Head Start actual?**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

B. ABOUT HOUSEHOLD

NO B1 TO B2 IN THIS VERSION

{PROGRAMMER NOTE: THE FOLLOWING POINTS PROVIDE AN OVERVIEW OF HOW THE HOUSEHOLD GRID GENERALLY OPERATES:

1. THE GRID NOW OPERATES IDENTICALLY FOR FIRST AND LATER ADMINISTRATIONS.
2. THE FIRST ROW IS ALWAYS FOR THE FOCUS CHILD. THE DATA ARE IMPUTED FROM THE SCREENER.
3. AT BOTH ADMINISTRATIONS, INTERVIEWERS WILL ASK FOR AND ENTER INFORMATION ABOUT ALL HOUSEHOLD MEMBERS OTHER THAN A FEW PIECES OF PRELOADED INFORMATION ABOUT THE CHILD AND RESPONDENT.

INTERVIEWER NOTE:

NOTE: BE SURE THAT THE RESPONDENT IS INCLUDED IN THE LIST OF HOUSEHOLD MEMBERS.

NOTE: CONFIRM LIST OF HOUSEHOLD MEMBERS AND THEIR RELATIONSHIPS TO [CHILD] WITH RESPONDENT.

NOTE: IF ANY CHANGE IS NEEDED TO THE HOUSEHOLD MEMBERS OR THEIR RELATIONSHIPS TO [CHILD], PRESS 0 TO ENTER THE HH ROSTER.

NOTE: CORRECT RELATIONSHIP CODES OR ADD OR DELETE HH MEMBERS ON THE NEXT SCREENS.

{HOUSEHOLD GRID BEGINS HERE}

{PROGRAMMER NOTE: B3, B4, B5, AND MoreHH ARE COLUMNS IN THE HOUSEHOLD GRID.}

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B3 IS "FIRST NAME"}

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

PROBE: **Please tell me who else lives here.**

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B3 IS "FIRST NAME"}

B3. **Por favor dígame el nombre y la edad de todas las otras personas que generalmente viven en su hogar. Por favor no incluya a nadie que está quedándose ahí temporalmente y que generalmente vive en otro lugar.**

PROBE: **Por favor dígame quién más vive ahí.**

NOTE: RECORD ALL NAMES.

NOTE: IF YOU WOULD LIKE TO REMOVE THIS PERSON FROM THE TABLE TYPE "XXX" IN THIS FIELD.

{SOFT EDIT: IF NAME MATCHES RESPONDENT, CONFIRM WHO IS BEING DISCUSSED.}

[SOFT B3] NAME REPORTED MATCHES RESPONDENT'S NAME
Just to clarify, are we talking about you, or someone else?

[SOFT B3] NAME REPORTED MATCHES RESPONDENT'S NAME
Solamente para clarificar, ¿estamos hablando acerca de usted o acerca de otra

persona?

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B4 IS "AGE"}
B4. **How old is [NAME FROM B3]?**

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B4 IS "AGE"}
B4. **¿Qué edad tiene [NAME FROM B3]?**

NOTE: IF CHILD IS LESS THAN ONE YEAR OLD, RECORD AS 0.

BOX B4a

IF B4 = CHILD, FILL CHILD'S NAME FROM SC8 (PRELOADED)
OR SC8A (IF APPLICABLE), CALCULATE AND FILL AGE
FROM A2 IF FIRST TIME CHILD IS RECORDED IN HH GRID
OR SHOW (PRELOADED);

IF B4 = RESPONDENT, CALCULATE AND FILL AGE FROM
SC7 IF FIRST TIME RESPONDENT IS RECORDED IN HH GRID
OR SHOW (PRELOADED) IF RESPONDENT ALREADY IN
GRID, FILL RELATIONSHIP FROM SC9

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR B5 IS
"RELATIONSHIP"}

{IF THERE ARE HOUSEHOLD MEMBERS OTHER THAN RESPONDENT AND FOCAL CHILD
WITH AGE GT 12}

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

B4a. **¿Tiene usted un(a) esposo(a) o pareja que vive en este hogar?**

- YES/SÍ.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B4a = 1}

B4b. **Who in the household is your spouse or partner?**

{IF B4a = 1}

B4b. **¿Quién en el hogar es su esposo(a) o pareja?**

NOTE: ENTER NUMBER NEXT TO NAME OF PERSON WHO IS {RESPONDENT}'S SPOUSE/PARTNER.

NOTE: IF NAME NOT LISTED, BACK UP AND ADD PERSON (IF PART OF HOUSEHOLD).

{If B4> or = 18}

B5. **What is [NAME]'s relationship to [CHILD]?**

B5. **¿Qué parentesco o relación (familiar) tiene [NAME] con [CHILD]?**

BOX B5a RELATIONSHIP CODES:	
01=BIO/ADOPTIVE MOTHER	11=OTHER RELATIVE OR IN-LAW (FEMALE)
02=BIO/ADOPTIVE FATHER	12=OTHER RELATIVE OR IN-LAW (MALE)
03=STEPMOTHER	13=FOSTER PARENT (FEMALE)
04=STEPFATHER	14=FOSTER PARENT (MALE)
05=GRANDMOTHER	15=OTHER NON-RELATIVE (FEMALE)
06=GRANDFATHER	16=OTHER NON-RELATIVE (MALE)
07=GREAT GRANDMOTHER	17=PARENT'S PARTNER (FEMALE)
08=GREAT GRANDFATHER	18=PARENT'S PARTNER (MALE)
09=SISTER/STEPSISTER	d=DON'T KNOW/DIDN'T RESPOND
10=BROTHER/STEPBROTHER	r=REFUSED
01=MADRE BIOLÓGICA/ MADRE ADOPTIVA	11=OTRO PARIENTE O FAMILIAR POLÍTICO (MUJER)
02=PADRE BIOLÓGICO/ PADRE ADOPTIVO	12=OTRO PARIENTE O FAMILIAR POLÍTICO (HOMBRE)
03=MADRASTRA	13=MADRE DE CRIANZA (<i>FOSTER MOTHER</i>)
04=PADRASTRO	14=PADRE DE CRIANZA (<i>FOSTER FATHER</i>)
05=ABUELA	15=OTRA MUJER QUE NO ES PARIENTE
06=ABUELO	16=OTRO HOMBRE QUE NO ES PARIENTE
07=BISABUELA	17=PAREJA (DE LE MADRE/DEL PADRE) (MUJER)
08=BISABUELO	18=PAREJA (DE LA MADRE/DEL PADRE) (HOMBRE)
09=HERMANA/HERMANASTRA	
10=HERMANO/HERMANASTRO	

{IF B5 = 1}

B5a1. [Are you/Is [NAME]] [CHILD]'s biological or birth mother or adoptive mother?

B5a1. ¿[Es usted/Es [NAME]] (la madre biológica o madre natural/la madre adoptiva) de [CHILD]?

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

HELP SCREEN:

Biological or Birth Mother: Child's female biological parent. This may be the birth mother, but could also apply to a mother who used a surrogate mother to have her biological child.

Madre biológica o madre natural: La madre biológico del niño. Ésta puede ser la madre que le dio a luz, pero también podría aplicar a una madre que usó unvientre de alquiler para tener a su hijo biológico.

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

Madre adoptiva: La mujer que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo.

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

BIOLOGICAL OR BIRTH MOTHER/ LA MADRE BIOLÓGICA O MADRE NATURAL.....	1
ADOPTIVE MOTHER/ LA MADRE ADOPTIVA	2
DON'T KNOW.....	d
REFUSED.....	r

{IF B5 = 2}

B5a2. [Are you/Is [NAME]] [CHILD]'s biological or birth father or adoptive father?

B5a2. ¿[Es usted/Es [NAME]] (el padre biológico o padre natural/el padre adoptivo) de [CHILD]?

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

HELP SCREEN:

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

Padre biológico o padre natural: El padre biológico del niño. Éste también podría aplicar a un padre que usó un vientre de alquiler para tener a su hijo biológico.

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

Padre adoptivo: El hombre que ha traído al niño a su propia familia por un proceso legal para criarlo como su propio hijo.

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

BIOLOGICAL OR BIRTH FATHER/ EL PADRE BIOLÓGICO O PADRE NATURAL.....	1
ADOPTIVE FATHER/ EL PADRE ADOPTIVO.....	2
DON'T KNOW.....	d
REFUSED.....	r

{IF B5 = 15 or 16}

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

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR GIRLFRIEND OR FEMALE PARTNER OF CHILD'S PARENT/GUARDIAN, BOYFRIEND OR MALE PARTNER OF CHILD'S PARENT/GUARDIAN, FEMALE GUARDIAN, MALE GUARDIAN, DAUGHTER/SON OF CHILD'S PARENT'S PARTNER, OTHER RELATIVE, AND OTHER NON-RELATIVE.

GIRLFRIEND OR FEMALE PARTNER OF {CHILD'S} PARENT/GUARDIAN/ NOVIA O PAREJA (MUJER) DE UNO DE LOS PADRES O GUARDIANES DE [CHILD]	1
BOYFRIEND OR MALE PARTNER OF {CHILD'S} PARENT/GUARDIAN/ NOVIO O PAREJA (HOMBRE) DE UNO DE LOS PADRES O GUARDIANES DE [CHILD]	2
FEMALE GUARDIAN/ GUARDIANA (LEGAL)	3
MALE GUARDIAN/ GUARDIANO (LEGAL)	4
DAUGHTER/SON OF {CHILD}'S PARENT'S PARTNER/ HIJA/HIJO DE LA PAREJA DE UNO DE LOS PADRES DE [CHILD]	5
OTHER RELATIVE OF {CHILD}'S PARENT'S PARTNER/ OTRO PARIENTE DO UNO DE LOS PADRES DE [CHILD]	6
DON'T KNOW.....	d
REFUSED.....	r

HELP SCREEN:

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

Novia o pareja femenina del padre/madre/guardián de [CHILD]: La mujer que tiene una "relación de pareja" con uno de los padres o guardianes del niño. "Viviendo como casados" es otra forma de describir la relación.

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

Novio o pareja masculina del padre/madre/guardián de [CHILD]: El hombre que tiene una "relación de pareja" con uno de los padres o guardianes del niño. "Viviendo como casados" es otra forma de describir la relación.

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

Guardiana: La mujer que ha sido legalmente puesta a cargo de los asuntos del niño.

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

Guardián: El hombre que ha sido legalmente puesto a cargo de los asuntos del niño.

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

Hija/hijo de la pareja del padre o madre de [CHILD]: El hijo o la hija de la persona que tiene una "relación de pareja" con uno de los padres o guardianes del niño.

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

Otro pariente de la pareja del padre o madre de [CHILD]: Algún otro pariente de la persona que tiene una "relación de pareja" con uno de los padres o guardianes del niño.

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

Otra persona que no es pariente: si ninguno de los códigos de arriba para personas que no son parientes describe bien la relación de la persona con el niño, y no hay relación de parentesco por sangre, matrimonio, adopción o vida conyugal (por ejemplo; viviendo juntos como casados), use este código.

{PROGRAMMER NOTE : THE FOLLOWING SOFT EDIT INDICATES THAT IF THE REPORTED AGE FOR ANY BIO/ADOPTIVE MOTHER OR FATHER, STEPMOTHER, OR STEPFATHER IS LESS THAN 18, WE SHOULD CONFIRM THE AGE}
{IF B5`X`=1, 2, 3, 4 AND B4`X`<18 FOR ALL X=1-15}

[SOFT B5a-k] AGE REPORTED FOR A BIOLOGICAL OR ADOPTIVE PARENT OR STEPPARENT MAY BE TOO LOW

I may have mistyped something. I have entered [B4`X'] as [(IF SC9=11,13 AND B5A-K=1 OR SC9=12, 14 AND B5A-K=2 OR SC9=15 AND B5A-K=3 OR IF SC9=16 AND B5A-K=4) your / (IF SC9≠11,13 AND B5`X`=1) [CHILD]'S mother's age / (IF SC9≠12, 14 AND B5`X`=2) [CHILD]'S father's age / (IF SC9≠15 AND B5`X`=3) [CHILD]'s stepmother's age / (IF SC9≠16 AND B5`X`=4) [CHILD]'s stepfather's age].

Is that correct?

[SOFT B5a-k] AGE REPORTED FOR A BIOLOGICAL OR ADOPTIVE PARENT OR STEPPARENT MAY BE TOO LOW

Es posible que anoté algo incorrectamente. Tengo a [B4 `X'] como [(IF SC9=11,13 AND B5A-K=1 OR SC9=12, 14 AND B5A-K=2 OR SC9=15 AND B5A-K=3 OR IF SC9=16 AND B5A-K=4) su edad / (IF SC9≠11,13 AND B5 `X`=1) la edad de la madre de [CHILD] / (IF SC9≠12, 14 AND B5 `X`=2) la edad del padre de [CHILD] / (IF SC9≠15 AND B5 `X`=3) la edad de la madrastra de [CHILD] / (IF SC9≠16 AND B5`X`=4) la edad del padrastro de [CHILD]].

¿Es eso correcto?

{PROGRAMMER NOTE: THE FOLLOWING SOFT EDIT INDICATES THAT THERE CAN BE NO MORE THAN TWO PARENTS (BIO/ADOPTIVE, STEP) REGARDLESS OF SEX IN ANY HOUSEHOLD. PLEASE LOAD NAMES AND RELATIONSHIPS FOR ALL B5a-k=1,2,3,4 TO SHOW TO RESPONDENT}

{IF MORE THAN 2 OF B5a-k=1, 2, 3, OR 4}

[SOFT B5a-k] CERTAIN RELATIONSHIP CODES MAY BE INCORRECT

I may have mistyped something. I have entered that [CHILD] has more than two parents living in the household.

NOTE: READ RESPONDENT LIST OF HOUSEHOLD MEMBERS THAT HAVE BEEN IDENTIFIED AS BIOLOGICAL OR ADOPTIVE PARENTS OR STEPPARENTS.

Are all of these people a biological, adoptive, or stepparent to [CHILD]?

NOTE : IF RESPONDENT INDICATES THAT ANY OF THESE PEOPLE ARE NOT A BIOLOGICAL, ADOPTIVE, OR STEPPARENT TO THE CHILD, CORRECT RELATIONSHIP CODES. ELSE CONTINUE.

[SOFT B5a-k] CERTAIN RELATIONSHIP CODES MAY BE INCORRECT

Es posible que anoté algo incorrectamente. Tengo escrito que [CHILD] tiene más de dos padres viviendo en el hogar.

NOTE: READ RESPONDENT LIST OF HOUSEHOLD MEMBERS THAT HAVE BEEN IDENTIFIED AS BIOLOGICAL OR ADOPTIVE PARENTS OR STEPPARENTS.

¿Son todas estas personas padres o madres biológicos o adoptivos o padrastros o madrastras de [CHILD]?

NOTE: IF RESPONDENT INDICATES THAT ANY OF THESE PEOPLE ARE NOT A BIOLOGICAL, ADOPTIVE, OR STEPPARENT TO THE CHILD, CORRECT RELATIONSHIP CODES. ELSE CONTINUE.

{PROGRAMMER NOTE: THE FOLLOWING SOFT EDIT CONFIRMS RELATIONSHIP CODES IF A RESPONDENT REPORTS MORE THAN ONE MOTHER (BIO/ADOPTIVE, STEP) OR MORE THAN ONE FATHER (BIO/ADOPTIVE, STEP) IN ANY HOUSEHOLD. PLEASE LOAD NAMES AND RELATIONSHIPS FOR ALL B5a-k=1,2,3,4 TO SHOW TO RESPONDENT}

{IF MORE THAN 1 OF B5a-k=1,3 OR MORE THAN 1 OF B5a-k=2,4}

[SOFT B5a-k] CERTAIN RELATIONSHIP CODES MAY BE INCORRECT

I may have mistyped something. I have entered that [CHILD] has [(IF MORE THAN 1 OF B5a-k=1,3) more than one mother/ (MORE THAN 1 OF B5a-k=2,4) more than one father] living in the household.

NOTE: READ RESPONDENT LIST OF HOUSEHOLD MEMBERS THAT HAVE BEEN IDENTIFIED AS BIOLOGICAL, ADOPTIVE, OR STEPMOTHERS OR BIOLOGICAL, ADOPTIVE, OR STEPFATHERS.

Are all of these people [(IF MORE THAN 1 OF B5a-k=1,3) mothers/ (MORE THAN 1 OF B5a-k=2,4) fathers] to [CHILD]?

NOTE: IF RESPONDENT INDICATES THAT ANY OF THESE PEOPLE ARE NOT A BIOLOGICAL, ADOPTIVE, OR STEPPARENT TO THE CHILD, CORRECT RELATIONSHIP CODES. ELSE CONTINUE.

[SOFT B5a-k] CERTAIN RELATIONSHIP CODES MAY BE INCORRECT

Es posible que anoté algo incorrectamente. Tengo escrito que [CHILD] tiene [(IF MORE THAN 1 OF B5a-k=1,3) más de una madre/ (MORE THAN 1 OF B5a-k=2,4) más de un padre] viviendo en el hogar.

NOTE: SHOW RESPONDENT LIST OF HOUSEHOLD MEMBERS THAT HAVE BEEN IDENTIFIED AS BIOLOGICAL, ADOPTIVE, OR STEPMOTHERS OR BIOLOGICAL, ADOPTIVE, OR STEPFATHERS.

¿Son todas estas personas [(IF MORE THAN 1 OF B5a-k=1,3) madres/ (MORE THAN 1 OF B5a-k=2,4) padres] de [CHILD]?

NOTE: IF RESPONDENT INDICATES THAT ANY OF THESE PEOPLE ARE NOT A BIOLOGICAL, ADOPTIVE, OR STEPPARENT TO THE CHILD, CORRECT RELATIONSHIP CODES. ELSE CONTINUE.

BOX B8

ONLY ASK RELATIONSHIP (B5) IF B4 IS 18 OR OLDER. DO NOT ASK RESPONDENT TO SPECIFY RELATIONSHIPS FOR CHILDREN UNDER 18.

B3. FIRST NAME	B4. AGE	B4b. PARTNER/ SPOUSE STATUS	B5. RELATIONSHIP
a. _____	_ _		_ _
b. _____	_ _		_ _
c. _____	_ _		_ _
d. _____	_ _		_ _
e. _____	_ _		_ _
f. _____	_ _		_ _
g. _____	_ _		_ _
h. _____	_ _		_ _
i. _____	_ _		_ _
j. _____	_ _		_ _
k. _____	_ _		_ _

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR MoreHH IS "MORE HH".}

MoreHH. **Is there anyone else in your household?**

{PROGRAMMER NOTE: IN HOUSEHOLD GRID, COLUMN NAME FOR MoreHH IS "MORE HH".}

MoreHH. **¿Hay alguna otra persona en su hogar?**

- YES/SÍ.....1 → GO TO B3
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

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

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

NameCheck. **None of the names you just told me about match the spelling of the name you gave me for yourself at the start of our interview. Can you confirm that one of the people in this list is you?**

NameCheck. **Ninguno de los nombres que usted me acaba de decir son iguales al nombre que usted me dio para usted mismo(a) al comienzo de nuestra entrevista. ¿Puede usted confirmar que una de las personas en esta lista es usted?**

{PROGRAMMER NOTE: LOAD NAMES OF ALL ADULTS IN THE HOUSEHOLD}

YES/SÍ.....1 → GO TO B9
 NO.....0 → GO TO B3 AND ENTER RESPONDENT'S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO B9
 DON'T KNOW.....d
 REFUSED.....r

NO B6 TO B8 THIS VERSION

BOX B9

ONLY ASK B9 AND B10 IF RESPONDENT IS BIO/ADOPTIVE/STEPARENT AND THERE IS ANOTHER BIO/ADOPTIVE/STEPARENT IN THE HOUSEHOLD, REGARDLESS OF SEX. FILL WITH NAME OF OTHER PARENT IN HOUSEHOLD.

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

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

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

CODE ONE ONLY

married,.....1 → GO TO D1
in a registered domestic partnership or civil union,.....5 GO TO D1
divorced,.....2
separated, or.....3
not married?.....4
 DON'T KNOW.....d
 REFUSED.....r

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

B9. ¿Están usted y [INSERT (FATHER/MOTHER/ SIGNIFICANT OTHER) NAME] . . .

CODE ONE ONLY

- casados**,.....1 → GO TO D1
- en una pareja doméstica registrada o unión**
- civil**,.....5 GO TO D1
- divorciados**,.....2
- separados, o**.....3
- no están casados?**.....4
- DON'T KNOW.....d
- REFUSED.....r

{IF B9 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

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

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

{IF B9 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

B10. ¿Cuál de las siguientes frases describe mejor su relación actual con [INSERT (FATHER/MOTHER/su pareja doméstica) NAME]? ¿Diría usted que...

- tenemos una relación romántica estable**,..1
- tenemos una relación que empieza y termina periódicamente**,.....2
- sólo somos amigos, o**.....3
- no tenemos ningún tipo de relación?**.....4
- DON'T KNOW.....d
- REFUSED.....r

D. ACTIVITIES WITH YOUR CHILD

D1. Now I have some questions about you and [CHILD] at home.

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

CODE ONLY ONE

- not at all,.....1
- once or twice,.....2
- three or more times, but not every day, or 3
every day?.....4
- DON'T KNOW.....d
- REFUSED.....r

D1. Ahora tengo algunas preguntas sobre usted y [CHILD] en el hogar.

¿Cuántas veces usted o alguien en su familia le leyó a [CHILD] en la última semana? ¿Diría que...

CODE ONLY ONE

- nunca,.....1
- una o dos veces,.....2
- tres veces o más, pero no cada día, o.....3
- todos los días?.....4
- DON'T KNOW.....d
- REFUSED.....r

NO D2 THIS VERSION

D3. **In the past week, have you or someone in your family done the following things with [CHILD]?**
 (READ EACH ITEM BELOW)

	Never	One or Two Days	Three or Four Days	Most Days	DON'T KNOW	REFUSED
a. Told (him/her) a story?	0	1	2	3	d	r
b. Taught (him/her) letters, words, or numbers?	0	1	2	3	d	r
c. Taught (him/her) songs or music?	0	1	2	3	d	r
e. Played with toys or games indoors?....	0	1	2	3	d	r
f. Played a game, sport, or exercised together?	0	1	2	3	d	r
g. Took (him/her) along while doing errands like going to the post office, the bank, or the store?	0	1	2	3	d	r
h. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?	0	1	2	3	d	r
i. Talked about what happened in Head Start?	0	1	2	3	d	r
j. Talked about TV programs or videos?.....	0	1	2	3	d	r
k. Played counting games like singing songs with numbers or reading books with numbers with (him/her)?	0	1	2	3	d	r
l. Played a board game or a card game with (him/her)?	0	1	2	3	d	r
m. Played with blocks with (him/her)?	0	1	2	3	d	r
n. Counted different things with (him/her)?	0	1	2	3	d	r

D3. En la última semana, ¿hizo usted o alguien en su familia las siguientes cosas con [CHILD]?

(READ EACH ITEM BELOW)

	Nunca	Uno o dos días	Tres o cuatro días	La mayoría de los días	DON'T KNOW	REFUSED
a. ¿Le contó una historia a (él/ella)?	0	1	2	3	d	r
b. ¿Le enseñó letras, palabras, o números a (él/ella)?	0	1	2	3	d	r
c. ¿Le enseñó canciones o música a (él/ella)?	0	1	2	3	d	r
e. ¿Jugó con juguetes o juegos dentro de casa?....	0	1	2	3	d	r
f. ¿Jugó un juego, practicó un deporte, o hicieron ejercicio juntos?.....	0	1	2	3	d	r
g. ¿Le llevó para hacer recados como ir al correo, al banco, o al mercado?.....	0	1	2	3	d	r
h. ¿Le involucró en tareas domésticas como cocinar, limpiar, poner la mesa, o cuidar mascotas?	0	1	2	3	d	r
i. ¿Habló acerca de lo que pasó en Head Start?	0	1	2	3	d	r
j. ¿Habló acerca de programas de televisión o videos?.....	0	1	2	3	d	r
k. ¿Jugó juegos para contar como cantar canciones con números o leer libros con números con (él/ella)?.....	0	1	2	3	d	r
l. ¿Jugó un juego de mesa o juego de cartas con (él/ella)?	0	1	2	3	d	r
m. ¿Jugó con bloques con (él/ella)?	0	1	2	3	d	r
n. ¿Contó differences cosas con (él/ella)?	0	1	2	3	d	r

NO D4 THIS VERSION

VERSION BOX D1

IF FALL 2019 OR NO PREVIOUS INTERVIEW WITH THIS RESPONDENT
CONTINUE, ELSE GO TO SECTION H.

D5. **About how many children’s books does [CHILD] have in your home now, including library books? Please only include books that are for children.**

PROBE: **Your best estimate is fine.**

D5. **¿Más o menos cuántos libros para niños tiene [CHILD] en su hogar actualmente, incluyendo libros de la biblioteca? Por favor sólo incluya libros para niños.**

PROBE: **Su mejor estimación está bien.**

|_|_|_| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

NO D6 THIS VERSION

D6a. **Is English spoken in your home?**

D6a. **¿Se habla inglés en su hogar?**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

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

D7. **¿Se habla en su hogar algún otro idioma que no sea inglés?**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

GO TO
SECTION H

{IF D7 = 1}

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

PROBE: **Any other languages?**

D8. **¿Qué otros idiomas se hablan en su hogar?**

PROBE: **¿Cualquier otro idioma?**

CODE ALL THAT APPLY

FRENCH/ FRANCÉS.....11

SPANISH/ ESPAÑOL12

CAMBODIAN (KHMER)/

CAMBOYANO (KHMER).....13

CHINESE/ CHINO.....14

HAITIAN CREOLE/ CREOLE HAITIANO.....15

HMONG/ HMONG.....16

JAPANESE/ JAPONÉS.....17

KOREAN/ COREANO.....18

VIETNAMESE/ VIETNAMITA.....19

ARABIC/ ARABE.....20

AFRICAN LANGUAGE (E.G., SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRIKAANS, AWING, BARGU, TUMBUKU, TESO, AND DAHALO)/ LENGUA AFRICANA (ES DECIR, SOMALI, SWAHILI, HAUSA, YORUBA, LAAL, SHABO, AFRICAANS, AWING, BARGU, TUMBUKU, TESO, Y DAHALO)

.....
30

NATIVE AMERICAN OR ALASKAN LANGUAGE/

LENGUA DE NATIVE AMERICANO O DE

ALASKA31

A FILIPINO LANGUAGE/ UN IDIOMA FILIPINO 32

OTHER (SPECIFY)/ OTRO (ESPECIFIQUE) 21

.....
DON'T KNOW.....d

REFUSED.....r

NO D9 THIS VERSION

{IF D7 = 1}

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

{IF D7 = 1}

D10. ¿En qué idioma generalmente le habla a [CHILD] en el hogar?

CODE ONLY ONE

FRENCH/ FRANCÉS.....11

SPANISH/ ESPAÑOL12

CAMBODIAN (KHMER)/
CAMBOYANO (KHMER).....13

CHINESE/ CHINO.....14

HAITIAN CREOLE/ CREOLE HAITIANO.....15

HMONG/ HMONG.....16

JAPANESE/ JAPONÉS.....17

KOREAN/ COREANO.....18

VIETNAMESE/ VIETNAMITA.....19

ARABIC/ ARABE.....20

AFRICAN LANGUAGE (E.G., SOMALI,
SWAHILI, HAUSA, YORUBA, LAAL, SHABO,
AFRIKAANS, AWING, BARGU, TUMBUKU,
TESO, AND DAHALO)/ LENGUA AFRICANA
(ES DECIR, SOMALI, SWAHILI, HAUSA,
YORUBA, LAAL, SHABO, AFRICAANS,
AWING, BARGU, TUMBUKU, TESO, Y
DAHALO)

.....
30

NATIVE AMERICAN OR ALASKAN LANGUAGE/
LENGUA DE NATIVE AMERICANO O DE
ALASKA31

A FILIPINO LANGUAGE/ UN IDIOMA FILIPINO 32

OTHER (SPECIFY)/ OTRO (ESPECIFIQUE) 21

ENGLISH/ INGLÉS.....25 GO TO SECTION H

DON'T KNOW.....d

REFUSED.....r

NO D11 TO D19 THIS VERSION

NO SECTION E THIS VERSION

H. HOUSEHOLD ROUTINES

My next questions are about routines in your household.

Las siguientes preguntas son acerca de las rutinas en su hogar.

H1. In a typical week, please tell me the number of days at least some of the family eats the evening meal together with [CHILD].

H1. Durante una semana típica, por favor dígame la cantidad de días que por lo menos algunos miembros de la familia comen la comida de la noche juntos con [CHILD].

PROBE: IF VARIES, 'On average, how many days?'

PROBE: IF VARIES, '¿En promedio, cuántos días?'

|__| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

NO H2 TO H7 THIS VERSION

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

PROBE: We are interested in what time (he/she) goes to bed, not what time (he/she) actually falls asleep.

NOTE: ENTER "98" FOR NO USUAL TIME

NOTE: IF VARIES, PROBE: On an average night?

NOTE: IF BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59

H8. ¿A qué hora se va [CHILD] a la cama, regularmente?

PROBE: Estamos interesados en saber a qué hora (él/ella) se va a la cama, y no la hora en que realmente se queda dormido(a).

NOTE: ENTER "98" FOR NO USUAL TIME

NOTE: IF VARIES, PROBE: '¿Generalmente?'

NOTE: IF BEDTIME IS AFTER MIDNIGHT, TYPE IN 11:59

|__|__|:|__|__| P.M.

[CHILD] DOES NOT HAVE A USUAL BEDTIME/
[CHILD] NO TIENE UNA HORA USUAL PARA
ACOSTARSE.....98

GO TO H10

DON'T KNOW.....d

REFUSED.....r

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

H9. **¿Cuántas veces en la última semana, de lunes a viernes, acostaron a [CHILD] a esa hora?**

|__| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

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

NOTE: ENTER "98" FOR NO USUAL TIME

NOTE: IF VARIES, PROBE: **On average?**

H10. **Generalmente, ¿más o menos a qué hora se despierta [CHILD] los días de semana?**

NOTE: ENTER "98" FOR NO USUAL TIME

NOTE: IF VARIES, PROBE: **¿Generalmente?**

|__|__|:|__|__| A.M.

[CHILD] DOES NOT HAVE A USUAL BEDTIME/
[CHILD] NO TIENE UNA HORA USUAL PARA
ACOSTARSE.....98

DON'T KNOW.....d

REFUSED.....r

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

H11. **En una noche típica, ¿aproximadamente cuántas veces se despierta [CHILD] y necesita que alguien le ayude a volver a dormir?**

|__| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

NO H11b TO H16 THIS VERSION

I. PARENT INVOLVEMENT WITH HEAD START

IF FALL 2019, GO TO SECTION J.

{IF SPRING 2020}

11. Please indicate how often you have participated in the following activities at your child's Head Start center since the beginning of this Head Start year.

For each one, tell me if that is not yet, once or twice, several times, about once a month, or at least once a week. How often have you . . .

	NOT YET	ONCE OR TWIC E	SEVERA L TIMES	ABOU T ONCE A MONT H	AT LEAST ONCE A WEEK	DON' T KNO W	REFUSE D
a. volunteered or helped out in your child's classroom?	1	2	3	4	5	d	r
b. observed in your child's classroom for at least 30 minutes?	1	2	3	4	5	d	r
c. prepared food or materials for special events such as a holiday celebration or special cultural event?	1	2	3	4	5	d	r
d. helped with field trips or other special events?	1	2	3	4	5	d	r
e. attended Head Start social events such as bazaars or fairs for children and families?	1	2	3	4	5	d	r
f. attended parent education meetings or workshops focusing on topics such as job skills or child-rearing?	1	2	3	4	5	d	r
g. attended parent-teacher conferences?	1	2	3	4	5	d	r
h. visited with a Head Start staff member in your	1	2	3	4	5	d	r

home?							
k. participated in Policy Council?	1	2	3	4	5	d	r
q. participated in Parent Committee or other Head Start planning groups?	1	2	3	4	5	d	r
m. prepared or distributed newsletters, fliers, or Head Start materials?	1	2	3	4	5	d	r
n. participated in fundraising activities?	1	2	3	4	5	d	r
o. participated in any other Head Start activities?	1	2	3	4	5	d	r

{IF I1o = 2,3,4 OR 5}

l1p. **What other activities?**
(SPECIFY) _____

{IF SPRING 2020}

l1. **Por favor indique con qué frecuencia usted ha participado en las siguientes actividades en el centro de Head Start de su hijo(a) desde que empezó Head Start este año.**

Para cada una, dígame si todavía no lo ha hecho, lo ha hecho una o dos veces, varias veces, más o menos una vez al mes, o por lo menos una vez a la semana.

¿Con qué frecuencia . . .

	TODA -VIA NO	UNA O DOS VECE S	VARIAS VECES	MÁS O MENO S UNA VEZ AL MES	AL MENOS UNA VEZ A LA SEMANA	DON' T KNO W	REFUSE D
a. ha ido de voluntario(a) o ayudó en el salón de clase de su hijo(a)?.....	1	2	3	4	5	d	r
b. ha ido a observar el salón de clase de su hijo(a) por lo menos por 30 minutos?.....	1	2	3	4	5	d	r
c. ha preparado comida o materiales para eventos especiales, tal como para una celebración de algún día festivo o un evento cultural especial?.....	1	2	3	4	5	d	r
d. ha ayudado con excursiones u otros eventos especiales?.....	1	2	3	4	5	d	r
e. ha asistido a eventos sociales de Head Start, por ejemplo ferias o bazares para niños y familias?.....	1	2	3	4	5	d	r
f. ha asistido a reuniones o talleres de educación para padres que se concentran en temas como habilidades para el trabajo o criar a los hijos?.....	1	2	3	4	5	d	r

g. ha asistido a conferencias de padres y maestros?	1	2	3	4	5	d	r
h. ha recibido en su hogar la visita de algún miembro del personal de Head Start?	1	2	3	4	5	d	r
k. ha participado en el “Policy Council”?	1	2	3	4	5	d	r
q. ha participado en el Comité de Padres u otros grupos de planificación de Head Start?	1	2	3	4	5	d	r
m. ha preparado o distribuido boletines, volantes, o materiales de Head Start?	1	2	3	4	5	d	r
n. ha participado en actividades para recaudar fondos?	1	2	3	4	5	d	r
o. ha participado en cualquier otra actividad de Head Start?	1	2	3	4	5	d	r

{IF I1o = 2,3,4 OR 5}

I1p. **¿Qué otra actividad?**

(SPECIFY) _____

J. ABOUT CHILD'S MOTHER

VERSION BOX J2

IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 11 OR 13) AND FALL 2019, OR NO PREVIOUS INTERVIEW, GO TO BOX J9, ELSE GO TO BOX J16a

IF BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD {B5a-k = 1}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER (SC9 = 12, 14...30) AND FALL 2019, OR NO PREVIOUS INTERVIEW, GO TO J8, ELSE GO TO BOX J16a

FALL 2019 OR NO PREVIOUS INTERVIEW: IF [CHILD]'s MOTHER NOT IN HOUSEHOLD AND {B5a_k =2_18,d,r}, ASK J1

SPRING 2020: IF MOTHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD IN DIFFERENT HOUSEHOLD, ASK J1

IF BIOLOGICAL OR ADOPTIVE MOTHER IS NOT IN HOUSEHOLD, AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO VERSION BOX J3

IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX J14a.

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

Mis siguientes preguntas son acerca de (usted/la madre de [CHILD]).

{IF B5a-k = 2-18, d, r}

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

PROBE: **Are there any other reasons?**

{IF B5a-k = 2-18, d, r}

J1. **Hay muchas razones por las que los niños no viven con sus padres. Por favor dígame por qué [CHILD] no está viviendo con su madre.**

PROBE: **¿Hay alguna otra razón?**

CODE ALL THAT APPLY

[CHILD]'S MOTHER IS DECEASED/ LA MADRE DE [CHILD] FALLECIÓ

.....
11

[CHILD]'S MOTHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM)/ LA MADRE DE [CHILD] NO TENÍA SUFICIENTE DINERO PARA CRIARLE A [ÉL/ELLA]

.....
12

(HER/HIS) MOTHER GOT TOO SICK TO TAKE CARE OF [CHILD]/ SU MADRE SE PUSO DEMASIADO ENFERMA PARA CUIDAR A [CHILD]

.....
13

(HER/HIS) MOTHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU MADRE TENÍA UN PROBLEMA CON LA BEBIDA Y NO PODÍA CUIDAR A [CHILD]

.....
14

(HER/HIS) MOTHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU MADRE TENÍA UN PROBLEMA DE DROGAS Y NO PODÍA CUIDAR A [CHILD]

.....
15

(HER/HIS) MOTHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD]/ SU MADRE ESTÁ EN UN PROGRAMA RESIDENCIAL DE TRATAMIENTO PARA EL ABUSO DE SUSTANCIAS Y NO PODÍA CUIDAR A [CHILD]

.....
24

(HER/HIS) MOTHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU MADRE TENÍA UN PROBLEMA MENTAL O EMOCIONAL Y NO PODÍA CUIDAR A [CHILD].

.....
16

(HER/HIS) MOTHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL/ SU MADRE TENÍA PROBLEMAS CON LA LEY O TENÍA QUE IR A LA CÁRCEL

17

[CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) MOTHER/ [CHILD] FUE DESCUIDADO O ABUSADO MIENTRAS ESTABA VIVIENDO CON SU MADRE.

18

SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) MOTHER ANY MORE/ ALGUIEN EN LA OFICINA DE BIENESTAR INFANTIL DIJO QUE [CHILD] NO PODÍA VIVIR MÁS CON SU MADRE.

19

[CHILD]'S FAMILY IS HOMELESS/ LA FAMILIA DE [CHILD] ESTÁ SIN HOGAR.

25

NO EXPLANATION GIVEN/ NO DIO EXPLICACIÓN

20

SOMETHING ELSE (SPECIFY)/ ALGUNA OTRA COSA (ESPECIFIQUE)

21

DIVORCED/SEPARATED/ LOS PADRES DE [CHILD] ESTÁN DIVORCIADOS/SEPARADOS

22

MOTHER AND [CHILD] CURRENTLY LIVE TOGETHER/ LA MADRE Y [CHILD] ACTUALMENTE VIVEN JUNTOS ENTER

→ 26 GO TO B3 AND

RESPONDENT'S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO VERSION BOX J3

DON'T KNOW

d

REFUSED

r

BOX J2A
IF J1 = 11, GO TO J8

VERSION BOX J3
 IF FIRST INTERVIEW, GO TO J8
 IF ANY PREVIOUS INTERVIEW AND J1 ≠ 11, GO TO BOX J14a,
 ELSE GO TO BOX J16a

NO J2 TO J7 THIS VERSION

{IF SC9 OR RESPONDENT FLAG =12, 14...30}
 J8. [(IF J1 = 11) I am sorry to hear about [CHILD]’s mother passing.] Now I would like to ask you a few questions about [(IF J1 =11) her / (IF J1 ≠11) [CHILD]’s mother].

What (is/was) her birth date?

{IF SC9 OR RESPONDENT FLAG =12, 14...30}
 J8. [(IF J1 = 11) Me apena mucho enterarme que la mamá de [CHILD] falleció.] Ahora quisiera hacerle algunas preguntas acerca de [(IF J1 = 11) ella/ (IF J1 ≠11) la madre de [CHILD]].

¿Cuál (es/(IF ‘MotherDeceased’=1) era) su fecha de nacimiento?

_ _ _ / _ _ _ / _ _ _ _ _
MONTH DAY YEAR
MES DÍA AÑO

DON'T KNOW.....d
 REFUSED.....r

BOX J9
 IF THE RESPONDENT IS [CHILD]’s BIRTH MOTHER {SC9 = 11},
 FILL “you.”
 IF SOMEONE ELSE {SC9 = 12-30, d, r}, FILL “[CHILD]’s mother.”

NO J9-J12 IN THIS VERSION
 {FALL 2019 OR NO PREVIOUS INTERVIEW}
 J13. **In what country (were you/was she) born?**

{FALL 2019 OR NO PREVIOUS INTERVIEW}
 J13. **¿En qué país nació (usted/ella)?**

CODE ONLY ONE

USA/ ESTADOS UNIDOS.....059 → GO TO BOX J14a
 MEXICO.....303
 GUATEMALA.....313

CUBA.....	327
DOMINICAN REPUBLIC/ REPÚBLICA DOMINICANA.....	329
INDIA.....	210
CHINA.....	207
PHILIPPINES/ FILIPINA.....	233
JAPAN/ JAPÓN.....	215
KOREA/ COREA.....	217
VIETNAM.....	247
GUAM.....	066
SAMOA.....	527
OTHER (SPECIFY)/ OTRO (ESPECIFIQUE)	600
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

BOX J13a

IF RESPONDENT IS BIRTH OR ADOPTIVE MOTHER
{SC9 = 11, 13}, CONTINUE.

IF NOT BIRTH OR ADOPTIVE MOTHER AND BIRTH MOTHER IS
ALIVE {SC9 = 12, 14-30, d, r AND J1 = 12-25, d, r}, CONTINUE.

IF SOMEONE ELSE AND BIRTH MOTHER IS
DECEASED {J1 = 11},
GO TO VERSION BOX K

{FALL 2019 OR NO PREVIOUS INTERVIEW}

{J1 = 12-25, d, r AND J13 = 066-600, d, r}

J14. **How many years (have you/has she) lived in the United States?**

{FALL 2019 OR NO PREVIOUS INTERVIEW}

{J1 = 12-25, d, r AND J13 = 066-600, d, r}

J14. **¿Cuántos años ha vivido (usted/ella) en los Estados Unidos?**

|__|__| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

BOX J14a

IF RESPONDENT IS NOT EQUAL TO 01 (NOT BIOLOGICAL MOTHER) AND
02 (NOT BIOLOGICAL FATHER) AND J1 NE 11 (MOTHER NOT DECEASED),
CONTINUE.
OTHERWISE, GO TO BOX J16a

{IF SC9 OR RESPONDENT FLAG = 13-30, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

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

Are they...

married,.....1 → GO TO BOX J16a

in a registered domestic partnership or civil

union,.....5 → GO TO BOX J16a

divorced,.....2

separated, or.....3

not married?.....4

DON'T KNOW.....d

REFUSED.....r

{IF SC9 OR RESPONDENT FLAG = 13-30, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

J15. **Las próximas preguntas son acerca de los padres biológicos de [CHILD].**

¿Están...

casados,.....1 → GO TO BOX J16a

en una pareja doméstica registrada o unión

civil,.....5 → GO TO BOX J16a

divorciados,.....2

separados, o.....3

no están casados?.....4

DON'T KNOW.....d

REFUSED.....r

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03,04}

{IF J15 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

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

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

{IF SC9 = 11, 12, 13, 14, 15, 16 and B5a-k CONTAINS 01, 02, 03,04}

{IF J15 = 2, 3, 4, d, r}

{IF FALL 2019 OR NO PREVIOUS INTERVIEW}

J16. **¿Cuál de las siguientes opciones describe mejor la relación actual de ellos?**

- tienen una relación romántica estable,.....1**
- tienen una relación que empieza
y termina periódicamente,.....2**
- sólo son amigos, o.....3**
- no tienen ningún tipo de relación?.....4**
- DON'T KNOW.....d
- REFUSED.....r

BOX J16a

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

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

{B5a-k = 1}, FILL [CHILD]'s mother.

IF MOTHER IS NOT LIVING IN HOUSEHOLD

{B5a-k =2-18,d, r}, GO TO VERSION BOX K1

{IF B5a-k = 1}

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

{IF B5a-k = 1}

J17. **En la última semana, ¿trabajó (usted/la mamá de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

- YES/ SÍ.....1 GO TO J21
- NO (FOR REASON OTHER THAN RETIREMENT OR DISABILITY)/ NO (POR UNA RAZÓN QUE NO SEA JUBILACIÓN O INCAPACIDAD).....0 GO TO J24
- NO, [CHILD]'S MOTHER IS RETIRED/ NO, LA MADRE DE [CHILD] ESTÁ JUBILADA.....2 GO TO J24
- NO, [CHILD]'S MOTHER IS DISABLED AND UNABLE TO WORK/NO, LA MADRE DE [CHILD] ESTÁ INCAPACITADA Y NO PUEDE TRABAJAR.....3 GO TO J24
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 1}

{IF J17 = 0}

J18. **(Were you/Was she) on leave or vacation from a job for the past week?**

{IF B5a-k = 1}

{IF J17 = 0}

J18. **¿Estuvo (usted/ella) de licencia o de vacaciones de un trabajo durante la última semana?**

NOTE: PAST WEEK: PAST 7 DAYS.

- YES/SÍ.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 1}

{IF J17 = 0}

J19. **(Have you/Has she) actively been looking for work in the past four weeks?**

{IF B5a-k = 1}

{IF J17 = 0}

J19. **¿Estuvo (usted/ella) buscando trabajo activamente en las últimas cuatro semanas?**

- YES/SÍ.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 1}

{IF J17 = 0}

J20. **Did (you/[CHILD]'s mother) work at a job for pay or income, including self-employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

{IF B5a-k = 1}

{IF J17 = 0}

J20. **¿Trabajó (usted/la madre de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia, {(IF NO PREVIOUS INTERVIEW) en los últimos 12 meses/(ELSE) desde [MONTH AND YEAR OF LAST INTERVIEW]}?**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

}
}

GO TO
VERSION

{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

J21. **About how many total hours per week (do you/did you/does she/did she) usually work for pay or income, counting all jobs?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

{IF B5a-k = 1}

{IF J17 = 1 OR J20 = 1}

J21. **¿Más o menos cuántas horas en total generalmente (trabaja/trabajó) (usted/ella) por semana por pago o con un ingreso, contando todos los trabajos o empleos?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE: **Su mejor estimación está bien.**

|__|__| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

VERSION BOX J1
IF FIRST TIME FAMILY IS INTERVIEWED, ASK J24.
ELSE GO TO SECTION K.

NO J22 TO J23 THIS VERSION

{IF B5a-k = 1}

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

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

NOTE: If 'college', PROBE: **Did you receive a degree? What type of degree?**

{IF B5a-k = 1}

J24. **¿Cuál es el grado o año de estudios más alto que (usted/ella) completó?**

NOTE: If 'high school', PROBE: **¿Cuál es el último grado o año que completó?**

NOTE: If 'college', PROBE: **¿Recibió un título? ¿Qué tipo de título?**

CODE ONLY ONE

UP TO 8TH GRADE/ HASTA 8º GRADO	1
9TH TO 11TH GRADE/ 9º A 11º GRADO	2
12TH GRADE BUT NO DIPLOMA/ 12º GRADO PERO SIN DIPLOMA	3
HIGH SCHOOL DIPLOMA/EQUIVALENT/ DIPLOMA DE SECUNDARIA/EQUIVALENTE	4
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA/ PROGRAMA VOCACIONAL O TÉCNICO DESPUÉS DE SECUNDARIO PERO SIN DIPLOMA VOCACIONAL//TÉCNICO	5
VOC/TECH DIPLOMA AFTER HIGH SCHOOL/ DIPLOMA VOCACIONAL /TÉCNICO DESPUÉS DE SECUNDARIA	6
SOME COLLEGE BUT NO DEGREE/ ALGO DE UNIVERSIDAD PERO SIN TÍTULO	7
ASSOCIATE'S DEGREE/ TÍTULO DE ASISTENTE	8
BACHELOR'S DEGREE/ TÍTULO DE LICENCIATURA	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE/ POSTGRADO O ESTUDIO PROFESIONAL PERO SIN DIPLOMA	10
MASTER'S DEGREE (MA, MS)/ MAESTRÍA (MA,MS)	11
DOCTORATE DEGREE (PHD, EDD)/ DOCTORADO (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)/ TÍTULO PROFESIONAL DESPUÉS DE LICENCIATURA (MEDICIAN/MD; ODONTOLOGÍA/DDS; LEYES/JD/LLB; ETC.)	13
DON'T KNOW.....	d
REFUSED.....	r

K. ABOUT CHILD'S FATHER

VERSION BOX K1

IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS BIOLOGICAL OR ADOPTIVE FATHER (SC9 = 12 OR 14) AND FALL 2019 OR NO PREVIOUS INTERVIEW, GO TO BOX K9, ELSE GO TO BOX K16a

IF BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD (B5a-k = 2}, AND RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE FATHER (SC9 = 11, 13, 15...30)) AND FALL 2019 OR NO PREVIOUS INTERVIEW, GO TO K8, ELSE GO TO BOX K16A

FALL 2019 OR NO PREVIOUS INTERVIEW: IF [CHILD]'s BIRTH OR ADOPTIVE FATHER NOT IN HOUSEHOLD {B5A-K = 1,3-18,d,r}, ASK K1.

SPRING 2020: IF FATHER LEFT HOUSEHOLD SINCE LAST INTERVIEW OR CHILD LEFT HOUSEHOLD, ASK K1

SPRING 2020: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS NOT IN HOUSEHOLD AT PREVIOUS INTERVIEW, GO TO VERSION BOX K2

SPRING 2020: IF BIOLOGICAL OR ADOPTIVE FATHER NOT IN HOUSEHOLD AND WAS IN HOUSEHOLD AT PREVIOUS INTERVIEW GO TO K1

IF ANY PREVIOUS INTERVIEW AND 'NEEDFATHERDOB=1', GO TO K8

IF ANY PREVIOUS INTERVIEW AND CONDITIONS ABOVE ARE NOT MET, GO TO BOX K16a.

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

Las siguientes preguntas son sobre el padre de [CHILD].

{IF B5a – k = 1, 3-18, d, r}

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

PROBE: **Are there any other reasons?**

{IF B5a – k = 1, 3-18, d, r}

K1. **Hay muchas razones por las que los niños no viven con sus padres. Por favor dígame por qué [CHILD] no está viviendo con su padre.**

PROBE: **¿Hay alguna otra razón?**

CODE ALL THAT APPLY

[CHILD]'S FATHER IS DECEASED/ EL PADRE DE [CHILD] FALLECIÓ..... 11

[CHILD]'S FATHER DID NOT HAVE ENOUGH MONEY TO RAISE (HER/HIM)/ EL PADRE DE [CHILD] NO TENÍA SUFICIENTE DINERO PARA CRIARLE A (ÉL/ELLA)..... 12

(HER/HIS) FATHER GOT TOO SICK TO TAKE CARE OF [CHILD]/ SU PADRE SE PUSO DEMASIADO ENFERMO PARA CUIDAR A [CHILD]..... 13

(HER/HIS) FATHER HAD A DRINKING PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU PADRE TENÍA UN PROBLEMA CON LA BEBIDA Y NO PODÍA CUIDAR A [CHILD]..... 14

(HER/HIS) FATHER HAD A DRUG PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU PADRE TENÍA UN PROBLEMA DE DROGAS Y NO PODÍA CUIDAR A [CHILD]..... 15

(HER/HIS) FATHER IS IN A RESIDENTIAL TREATMENT PROGRAM FOR SUBSTANCE ABUSE AND COULD NOT BRING [CHILD]/ SU PADRE ESTÁ EN UN PROGRAMA RESIDENCIAL DE TRATAMIENTO PARA EL ABUSO DE SUSTANCIAS Y NO PODÍA CUIDAR A [CHILD]..... 24

(HER/HIS) FATHER HAD A MENTAL OR EMOTIONAL PROBLEM AND COULD NOT TAKE CARE OF [CHILD]/ SU PADRE TENÍA UN PROBLEMA MENTAL O EMOCIONAL Y NO PODÍA CUIDAR A [CHILD]..... 16

(HER/HIS) FATHER WAS IN TROUBLE WITH THE LAW OR HAD TO GO TO JAIL/ SU PADRE TENÍA PROBLEMAS CON LA LEY O TENÍA QUE IR A LA CÁRCEL..... 17

[CHILD] WAS NEGLECTED OR ABUSED WHILE LIVING WITH (HER/HIS) FATHER/ [CHILD] FUE DESCUIDADO O ABUSADO MIENTRAS ESTABA VIVIENDO CON SU PADRE..... 18

SOMEONE AT THE CHILD WELFARE OFFICE SAID [CHILD] COULD NOT LIVE WITH (HIS/HER) FATHER ANY MORE/ **ALGUIEN EN LA OFICINA DE BIENESTAR INFANTIL DIJO QUE [CHILD] NO PODÍA VIVIR MÁS CON SU PADRE**.....19

[CHILD]'S FAMILY IS HOMELESS/ LA FAMILIA DE [CHILD] ESTÁ SIN HOGAR.....25

NO EXPLANATION GIVEN/ **NO DIO EXPLICACIÓN**.....20

SOMETHING ELSE (SPECIFY) / **ALGUNA OTRA COSA (ESPECIFIQUE)**.....21

DIVORCED/SEPARATED/ LOS PADRES DE [CHILD] ESTÁN DIVORCIADOS/SEPARADOS.....22

FATHER LEFT/DID NOT WANT CHILD/ EL PADRE ABANDONÓ/NO DESEA AL NIÑO.....23

FATHER AND [CHILD] CURRENTLY LIVE TOGETHER/ **EL PADRE Y [CHILD] ACTUALMENTE VIVEN JUNTOS**.....26

→ GO TO B3 AND ENTER RESPONDENT'S INFORMATION INTO HOUSEHOLD ROSTER, THEN GO TO VERSION BOX K2a

DON'T KNOW.....d

REFUSED.....f

BOX K2a

ASK K7a THROUGH K7C IF FATHER NOT IN HH (FALL 2019 AND SPRING 2020), ELSE GO TO VERSION BOX K2

IF FIRST INTERVIEW, GO TO K8
IF 'NeedFatherDOB'=1, GO TO K8

NO K3 TO K7 THIS VERSION

{IF B5a- k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}
 K7a. **Is there anyone else who is like a father to [CHILD]?**

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}
 K7a. **¿Hay alguna otra persona que sea como un padre para [CHILD]?**

- YES/SÍ.....1
- NO.....0 GO TO K8
- DON'T KNOW.....d GO TO K8
- REFUSED.....r GO TO K8

{IF B5a- k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}
 {IF K7a = 1}

K7b. **Who is this person? Is he...**

- [IF R IS MALE, READ] **you**,.....1
- your spouse or partner**,.....2
- a relative of [CHILD], or**.....3
- a friend of the family?**.....4
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}
 {IF K7a = 1}

K7b. **¿Quién es esa persona? ¿Es...**

- [IF R IS MALE, READ] **usted**,.....1
- su esposo o pareja**,.....2
- un pariente de [CHILD], o**.....3
- un amigo de la familia?**.....4
- DON'T KNOW.....d
- REFUSED.....r

{IF B5a- k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}
 {IF K7b = 3, 4}

K7c. **Does this (relative/friend of the family) live in your household?**

{IF B5a-k = 1, 3 – 18, d, r AND K1 = 12-25, d, r}
 {IF K7b = 3, 4}

K7c. **¿Este (pariente/amigo de la familia) vive en el hogar de usted?**

- YES/SÍ.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

VERSION BOX K2
 IF ANY PREVIOUS INTERVIEW AND 'NEEDFATHERDOB=1',
 GO TO K8

 IF ANY PREVIOUS INTERVIEW, SKIP TO BOX K16a, ELSE
 CONTINUE

{IF SC9 OR RESPONDENT FLAG = 11, 13, 15 - 30, d, r}

K8. [(IF K1=11) **I am sorry to hear about [CHILD]’s father passing. I would like to ask you a few questions about him. / (IF K1 ≠11) Now I’m going to ask you some questions about [CHILD]’s biological or adoptive father.**]

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

{IF SC9 OR RESPONDENT FLAG = 11, 13, 15 - 30, d, r}

K8. [(IF K1=11) **Me apena mucho saber del fallecimiento del padre de [CHILD]. Me gustaría hacerle algunas preguntas acerca de él. / (IF K1 ≠11) Ahora voy a hacerle algunas preguntas sobre el padre biológico o adoptivo de [CHILD].**]

¿Cuál (es/(IF ‘FatherDeceased’=1) era) su fecha de nacimiento?

_ _ _ / _ _ _ / _ _ _ _ _ _
MONTH DAY YEAR
MES DÍA AÑO

DON'T KNOW.....d
 REFUSED.....r

NO K9 TO K12 THIS VERSION

BOX K9
 IF PREVIOUS INTERVIEW, GO TO BOX K16A
 IF THE RESPONDENT [CHILD]’s BIOLOGICAL OR ADOPTIVE
 FATHER {SC9 = 12,14}, FILL “you”.
 IF SOMEONE ELSE {SC9 = 11, 13, 15-30, d, r}, FILL “[CHILD]’s
 FATHER”.

K13. In what country (were you/was he) born?

K13. ¿En qué país nació (usted/él)?

CODE ONLY ONE

USA/ ESTADOS UNIDOS.....	059	→ GO TO BOX K13a
MEXICO.....	303	
GUATEMALA.....	313	
CUBA.....	327	
DOMINICAN REPUBLIC/ REPÚBLICA DOMINICANA.....	329	
INDIA.....	210	
CHINA.....	207	
PHILIPPINES/ FILIPINA.....	233	
JAPAN/ JAPÓN.....	215	
KOREA/ COREA.....	217	
VIETNAM.....	247	
GUAM.....	066	
SAMOA.....	527	
OTHER (SPECIFY)/ OTRO (ESPECIFIQUE).....	600	
<hr/>		
DON'T KNOW.....	d	
REFUSED.....	r	

BOX K13a

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

IF NOT BIRTH FATHER AND BIRTH FATHER IS ALIVE, {SC9 = 11, 13, 15 - 30, d, r AND K1 = 12-25, d, r} CONTINUE.

IF SOMEONE ELSE AND BIRTH FATHER IS DECEASED, {K1 = 11}, GO TO SECTION L.

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

K14. **How many years (have you/has he) lived in the United States?**

PROBE: **Your best estimate is fine.**

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

K14. **¿Cuántos años ha vivido (usted/él) en los Estados Unidos?**

PROBE: **Su mejor estimación está bien.**

|_|_| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

<p>BOX K16a</p> <p>IF THE RESPONDENT IS [CHILD]'s FATHER {SC9 = 12, 14}, FILL 'you'.</p> <p>IF SOMEONE ELSE {SC9 = 11, 13, 15-30} AND FATHER IS LIVING IN HOUSEHOLD {B5a-k = 2}, FILL "[CHILD]'s father."</p> <p>IF FATHER IS NOT LIVING IN HOUSEHOLD {B5a-k =1, 3-18, d, r}, GO TO VERSION BOX L.</p>
--

NO K15 AND K16

{IF B5a-k = 2}

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

{IF B5a-k = 2}

K17. **En la última semana, ¿trabajó (usted/el papá de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

NOTE: PAST WEEK = PAST 7 DAYS.

YES/SÍ.....1 → GO TO K21

NO.....0

RETIRE.....2

DISABLED/UNABLE TO WORK.....3

DON'T KNOW.....d

REFUSED.....r

GO
TO
K24

{IF B5a-k = 2}

{IF K17 = 0}

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

NOTE: PAST WEEK: PAST 7 DAYS

{IF B5a-k = 2}

{IF K17 = 0}

K18. **¿Estuvo (usted/él) de licencia o de vacaciones de un trabajo durante la última semana?**

NOTE: LA ÚLTIMA SEMANA = LOS ÚLTIMOS 7 DÍAS

YES/SÍ.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{IF B5a-k = 2}

{IF K17 = 0}

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

{IF B5a-k = 2}

{IF K17 = 0}

K19. **¿Estuvo (usted/él) buscando trabajo activamente en las últimas cuatro semanas?**

YES/SÍ.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

{IF B5a-k = 2}

{IF K17 = 0}

K20. **Did (you/[CHILD]'s father) work at a job for pay or income, including self employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

{IF B5a-k = 2}

{IF K17 = 0}

K20. **¿Trabajó (usted/el padre de [CHILD]) en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia {(IF NO PREVIOUS INTERVIEW) en los últimos 12 meses/(ELSE) desde [MONTH AND YEAR OF LAST INTERVIEW]}?**

YES/SÍ.....1
 NO.....0
 DON'T KNOW.....d
 REFUSED.....r

GO TO
VERSIO
N

{IF B5a-k = 2}

{IF K17 = 1 OR K20 = 1}

K21. **About how many total hours per week (do you/did you/does he/did he) usually work for pay or income, counting all jobs?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

{IF B5a-k = 2}

{IF K17 = 1 OR K20 = 1}

K21. **¿Más o menos cuántas horas en total a la semana generalmente (trabaja/trabajó) (usted/él) por pago o con un ingreso, contando todos los trabajos o empleos?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE: **Su mejor estimación está bien.**

|_|_| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

NO K22 TO K23 THIS VERSION

<p>VERSION BOX K3 IF FIRST TIME FAMILY IS INTERVIEWED, ASK K24, ELSE GO TO SECTION L.</p>

{IF B5a-k = 2}

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

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

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

{IF B5a-k = 2}

K24. **¿Cuál es el grado o año de estudios más alto que (usted/él) completó?**

NOTE: If 'high school', PROBE: **¿Cuál es el último grado o año que completó?**

NOTE: If 'college', PROBE: **¿Recibió un título? ¿Qué tipo de título?**

CODE ONLY ONE

UP TO 8TH GRADE/ HASTA 8º GRADO	1
9TH TO 11TH GRADE/ 9º A 11º GRADO	2
12TH GRADE BUT NO DIPLOMA/ 12º GRADO PERO SIN DIPLOMA	3
HIGH SCHOOL DIPLOMA/EQUIVALENT/ DIPLOMA DE SECUNDARIA/EQUIVALENTE	4
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA/ PROGRAMA VOCACIONAL O TÉCNICO DESPUÉS DE SECUNDARIO PERO SIN DIPLOMA VOCACIONAL//TÉCNICO	5
VOC/TECH DIPLOMA AFTER HIGH SCHOOL/ DIPLOMA VOCACIONAL/ TÉCNICO DESPUÉS DE SECUNDARIA	6
SOME COLLEGE BUT NO DEGREE/ ALGO DE UNIVERSIDAD PERO SIN TÍTULO	7
ASSOCIATE'S DEGREE/ TÍTULO DE ASISTENTE	8
BACHELOR'S DEGREE/ TÍTULO DE LICENCIATURA	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE/ POSTGRADO O ESTUDIO PROFESIONAL PERO SIN DIPLOMA	10
MASTER'S DEGREE (MA, MS)/ MAESTRÍA (MA,MS)	11
DOCTORATE DEGREE (PHD, EDD)/ DOCTORADO (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)/ TÍTULO PROFESIONAL DESPUÉS DE LICENCIATURA (MEDICIAN/MD; ODONTOLOGÍA/DDS; LEYES/JD/LLB; ETC.)	13
DON'T KNOW.....	d
REFUSED.....	r

L. ABOUT RESPONDENT

VERSION BOX L
 IF RESPONDENT IS [CHILD]'S BIOLOGICAL OR
 ADOPTIVE MOTHER OR FATHER {SC9 = 11-14},
 GO TO SECTION M.
 IF FALL 2019 OR NO PRIOR INTERVIEW WITH THIS
 RESPONDENT AND RESPONDENT IS NOT
 BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER
 {SC9=15-30, d, r} CONTINUE, ELSE GO TO L17.

NO L1 TO L12 THIS VERSION

My next questions are about you.

Las siguientes preguntas son sobre usted.

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}
 L13. **In what country were you born?**

{IF SC9 OR RESPONDENT FLAG = 15-30, d, r}
 L13. **¿En qué país nació usted?**

CODE ONLY ONE

USA.....	059	→ GO TO L17
MEXICO.....	303	
GUATEMALA.....	313	
CUBA.....	327	
DOMINICAN REPUBLIC/ REPÚBLICA DOMINICANA.....	329	
INDIA.....	210	
CHINA.....	207	
PHILIPPINES/ FILIPINA.....	233	
JAPAN/ JAPÓN.....	215	
KOREA/ COREA.....	217	
VIETNAM.....	247	
GUAM.....	066	
SAMOA.....	527	
OTHER (SPECIFY)/ OTRO (ESPECIFIQUE).....	600	

DON'T KNOW.....		d
REFUSED.....		r

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

{IF L13 = 066 – 600 d, r}

L14. **How many years have you lived in the United States?**

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

{IF L13 = 066 - 600, d, r}

L14. **¿Cuántos años ha vivido en los Estados Unidos?**

|_|_| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

NO L15 OR L16

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

IF RESPONDENT WAS PREVIOUSLY INTERVIEWED, SAY: **My next questions are about you.**

L17. **During the past week, did you work at a job for pay or income, including self-employment?**

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

IF RESPONDENT WAS PREVIOUSLY INTERVIEWED, SAY: **Mis siguientes preguntas son acerca de usted.**

L17. **En la última semana, ¿trabajó en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia?**

YES/SÍ.....1 → GO TO L21

NO.....0

RETIRED.....2 }]

DISABLED/UNABLE TO WORK.....3 }]

DON'T KNOW.....d }]

REFUSED.....r }]

GO
TO
L24

{IF L17 = 0}

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

{IF L17 = 0}

L18. **¿Estuvo de licencia o de vacaciones de un trabajo durante la última semana?**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{IF L17 = 0}

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

{IF L17 = 0}

L19. **¿Estuvo buscando trabajo activamente en las últimas cuatro semanas?**

- YES/SÍ..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

{IF L17 = 0}

L20. **Did you work at a job for pay or income, including self employment, {(IF NO PREVIOUS INTERVIEW) in the last 12 months/(ELSE) since [MONTH AND YEAR OF LAST INTERVIEW]}?**

{IF L17 = 0}

L20. **¿Trabajó en un trabajo por pago o con un ingreso, incluyendo trabajo por cuenta propia {(IF NO PREVIOUS INTERVIEW) (en los últimos 12 meses/(ELSE) desde [MONTH AND YEAR OF LAST INTERVIEW]}?**

- YES/SÍ..... 1
- NO..... 0
- DON'T KNOW..... d
- REFUSED..... r

GO
TO
L24

{IF L17 = 1 OR L20 = 1}

L21. **About how many total hours per week (do you/did you) usually work for pay or income, counting all jobs?**

IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

PROBE: **Your best estimate is fine.**

{IF L17 = 1 OR L20 = 1}

L21. **¿Más o menos cuántas horas en total a la semana generalmente (trabaja/trabajó) usted por pago o con un ingreso, contando todos los trabajos o empleos?**

IF HOURS VARY, AVERAGE HOURS PER WEEK.

PROBE: **Su mejor estimación está bien.**

|__|__| NUMBER/ NÚMERO

- DON'T KNOW..... d
- REFUSED..... r

NO L22 TO L23 THIS VERSION

VERSION BOX L3
 IF FIRST TIME THIS RESPONDENT IS INTERVIEWED, ASK L24,
 ELSE GO TO SECTION M.

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

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

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

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

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

L24. **¿Cuál es el grado o año de estudios más alto que usted completó?**

NOTE: If 'high school', PROBE: **¿Cuál es el último grado o año que usted completó?**

NOTE: If 'college', PROBE: **¿Recibió usted un título? ¿Qué tipo de título?**

CODE ONLY ONE

UP TO 8TH GRADE/ HASTA 8º GRADO	1
9TH TO 11TH GRADE/ 9º A 11º GRADO	2
12TH GRADE BUT NO DIPLOMA/ 12º GRADO PERO SIN DIPLOMA	3
HIGH SCHOOL DIPLOMA/EQUIVALENT/ DIPLOMA DE SECUNDARIA/EQUIVALENTE	4
VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA/ PROGRAMA VOCACIONAL O TÉCNICO DESPUÉS DE SECUNDARIO PERO SIN DIPLOMA VOCACIONAL/TÉCNICO	5
VOC/TECH DIPLOMA AFTER HIGH SCHOOL/ DIPLOMA VOCACIONAL/ TÉCNICO DESPUÉS DE SECUNDARIA	6
SOME COLLEGE BUT NO DEGREE/ ALGO DE UNIVERSIDAD PERO SIN TÍTULO	7
ASSOCIATE'S DEGREE/ TÍTULO DE ASISTENTE	8
BACHELOR'S DEGREE/ TÍTULO DE LICENCIATURA	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE/ POSTGRADO O ESTUDIO PROFESIONAL PERO SIN DIPLOMA	10
MASTER'S DEGREE (MA, MS)/ MAESTRÍA (MA,MS)	11
DOCTORATE DEGREE (PHD, EDD)/ DOCTORADO (PHD, EDD)	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)/ TÍTULO PROFESIONAL DESPUÉS DE LICENCIATURA (MEDICIAN/MD; ODONTOLOGÍA/DDS; LEYES/JD/LLB; ETC.)	13
DON'T KNOW.....	d
REFUSED.....	r

M. INCOME AND HOUSING

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

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

M1. **En los últimos seis meses, ¿recibió usted o alguien en su hogar ingresos o ayuda de {INSERT a-h}**

	SÍ	NO	DON'T KNOW	REFUSED
a. [State Welfare name from Box M1a] o asistencia pública o welfare?.....	1	0	d	r
b. Seguro por desempleo ?.....	1	0	d	r
c. Cupones de alimentos o beneficios SNAP?.....	1	0	d	r
d. WIC - Programa Especial de Nutrición Suplementaria para Mujeres, Infantes, y Niños?.....	1	0	d	r
e. Manutención de niños?.....	1	0	d	r
f. SSI o beneficios de Seguro Social, beneficios por incapacidad, o beneficios de sobreviviente?.....	1	0	d	r
g. Pagos por proveer cuidado de crianza o “foster care”, subsidios para guardianes o asistencia de adopción?.....	1	0	d	r
h. Ayuda para pagar la energía?.....	1	0	d	r

BOX M1a
STATE WELFARE AGENCIES

Alabama	FA (Family Assistance Program)	Nebraska	Employment First
Alaska	ATAP (Alaska Temporary Assistance Program)	Nevada	TANF
Arizona	EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility), TANF, cash assistance	New Hampshire	FAP (Family Assistance Program), financial aid for work exempt families NHEP (New Hampshire Employment Program), financial aid for work-mandated families
Arkansas	TEA (Transitional Employment Assistance)	New Jersey	WFNJ (Work First New Jersey)
California	CALWORKS (California Work Opportunity and Responsibility for Kids)	New Mexico	NM Works
Colorado	Colorado Works	New York	FA (Family Assistance Program), SNA (Safety Net Assistance)
Connecticut	JOBS FIRST	North Carolina	Work First
Delaware	ABC (A Better Chance)	North Dakota	TEEM (Training, Employment, Education Management)
District of Columbia	TANF	Ohio	OWF (Ohio Works First)
Florida	Welfare Transition Program	Oklahoma	TANF
Georgia	TANF	Oregon	JOBS (Job Opportunities and Basic Skills)
Hawaii	TANF	Pennsylvania	Pennsylvania TANF
Idaho	Temporary Assistance For Families in Idaho	Rhode Island	FIP (Family Independence Program)
Illinois	TANF	South Carolina	Family Independence
Indiana	TANF, cash assistance, IMPACT (Indiana Manpower Placement and Comprehensive Training, TANF work program)	South Dakota	TANF
Iowa	FIP (Family Investment Program)	Tennessee	Families First
Kansas	Kansas Works	Texas	Texas Works (Department of Human Services), cash assistance Choices (Texas Workforce Commission, TANF work program)
Kentucky	K-TAP (Kentucky Transitional Assistance Program)	Utah	FEP (Family Employment Program)
Louisiana	FITAP (Family Independence Temporary Assistance Program) cash assistance STEP (Strategies to Empower People)	Vermont	ANFC (Aid to Families with Needy Children), cash assistance Reach Up, TANF work program
Maine	TANF, cash assistance ASPIRE (Additional Support for People in Retraining and Employment), TANF work program		
Maryland	FIP (Family Investment Program)	Virginia	VIEW (Virginia Initiative for Employment, Not Welfare)
Massachusetts	TAFDC (Transitional Aid to Families with Dependent Children), cash assistance ESP (Employment Services Program), TANF work program	Washington	WorkFirst
Michigan	FIP (Family Independence Program)	West Virginia	West Virginia Works
Minnesota	MFIP (Minnesota Family Investment Program)	Wisconsin	W-2 (Wisconsin Works)
Mississippi	TANF	Wyoming	POWER (Personal Opportunities With Employment Responsibility)
Missouri	Beyond Welfare		
Montana	FAIM (Families Achieving Independence in Montana)		

NO M2 THIS VERSION

M3_amt and M3_per.

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

\$ |__|__|__|,|__|__|__| PER |__|__| CODE

per hour,.....	1
per day,.....	2
per week,.....	3
every two weeks,.....	4
month, or.....	5
year?.....	6
OTHER (SPECIFY).....	7

DON'T KNOW.....	d
REFUSED.....	r

GO TO
VERSION
BOX M9

M3_amt and M3_per.

En los últimos 12 meses, ¿cuál fue el ingreso total de todos los miembros de su hogar, de todas las fuentes, antes de impuestos y otras deducciones? Por favor incluya sus propios ingresos y los de todas las otras personas que viven con usted. Por favor incluya el dinero del que ya me ha hablado, de trabajos y programas de asistencia pública, así como de cualquier otra fuente que no hayamos mencionado, como ingresos de alquiler o rentas, intereses y dividendos.

\$ |__|__|__|,|__|__|__| PER |__|__| CODE

por hora,.....	1
al día,.....	2
a la semana,.....	3
cada dos semanas,.....	4
al mes, o.....	5
al año?.....	6
OTHER (SPECIFY).....	7

DON'T KNOW.....	d

GO TO
VERSION
BOX M9

PROGRAMMER: DISPLAY SOFT EDIT IF VALUES OUT OF RANGE.

{IF M3=d, r}

M4. I just need a range. Was it...

- \$25,000 or less, or.....1 → GO TO M5
- more than \$25,000?.....2 → GO TO M6
- DON'T KNOW.....d }
 - REFUSED.....r }

GO TO
VERSI
ON
BOX
M9

{IF M3=d, r}

M4. Solamente necesito un rango. ¿Fue...

- \$25,000 o menos, o.....1 → GO TO M5
- más de \$25,000?.....2 → GO TO M6
- DON'T KNOW.....d }
 - REFUSED.....r }

GO TO
VERSI
ON
BOX
M9

{IF M4=1}

M5. Was it...

- \$5,000 or less,.....1 }
 - \$5,001 to \$10,000,.....2 }
 - \$10,001 to \$15,000,.....3 }
 - \$15,001 to \$20,000, or.....4 }
 - \$20,001 to \$25,000?.....5 }
 - DON'T KNOW.....d }
 - REFUSED.....r }
 -

GO TO
VERSION BOX M9

{IF M4=1}

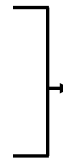
M5. ¿Fue...

- \$5,000 o menos,.....1 }
 - entre \$5,001 y \$10,000,.....2 }
 - entre \$10,001 y \$15,000,.....3 }
 - entre \$15,001 y \$20,000, o.....4 }
 - entre \$20,001 y \$25,000?.....5 }
 - DON'T KNOW.....d }
 - REFUSED.....r }
 -

GO TO
VERSION BOX

{IF M4=2}
M6. **Was it...**

- \$25,001 to \$30,000,.....6
- \$30,001 to \$35,000,.....7
- \$35,001 to \$40,000,.....8
- \$40,001 to \$50,000,.....9
- \$50,001 to \$75,000, or.....10
- more than \$75,000?.....11
- DON'T KNOW.....d
- REFUSED.....r



GO TO
VERSION BOX
M9

{IF M4=2}
M6. **¿Fue...**

- entre \$25,001 y \$30,000,.....6
- entre \$30,001 y \$35,000,.....7
- entre \$35,001 y \$40,000,.....8
- entre \$40,001 y \$50,000,.....9
- entre \$50,001 y \$75,000, o.....10
- más de \$75,000?.....11
- DON'T KNOW.....d
- REFUSED.....r

NO M7 TO M8 THIS VERSION

VERSION BOX M9
IF FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED, ASK
M9 – M18. ELSE, GO TO SECTION N.

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

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

PROBE IF RESPONDENT SAYS "RENTS": **Do you rent with or without public assistance?**

M9. **¿Actualmente es usted dueño(a) de su casa o apartamento, paga renta, o vive en vivienda pública o subsidiada?**

PROBE IF RESPONDENT SAYS "RENTS": **¿Alquila con o sin asistencia pública?**

OWN OR BUYING HOME OR APARTMENT/ DUEÑO(A) O COMPRANDO CASA O APARTAMENTO.....	1
RENT (WITHOUT PUBLIC ASSISTANCE)/ RENTA (SIN ASISTENCIA PÚBLICA).....	2
PUBLIC OR SUBSIDIZED HOUSING/ VIVIENDA PÚBLICA O SUBSIDIADA.....	3
SOME OTHER ARRANGEMENT (SPECIFY)/ ALGÚN OTRO ARREGLO (ESPECIFIQUE).....	4
<hr/>	
LIVE WITH SOMEONE ELSE (WHETHER YOU PAY RENT OR NOT)/ VIVE CON ALGUIEN, PAGANDO O SIN PAGAR RENTA.....	5
DON'T KNOW.....	d
REFUSED.....	r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M10. **People do different things when they are running out of money for food to make their food or food money go further.**

For each statement I read, tell me if it was often true, sometimes true, or never true for (you/your household). In the last 12 months {INSERT a, b}

BOX M10a
IF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL "we", OTHERWISE, FILL "I"

	OFTE N TRUE	SOMETIM ES TRUE	NEVE R TRUE	DON' T KNO W	REFUS ED
a. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more. ...	1	2	3	d	r
b. (I/We) couldn't afford to eat balanced meals.	1	2	3	d	r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M10. **Quando se están quedando sin dinero para comer, las personas hacen diferentes cosas para hacer que la comida o el dinero para la comida les dure más.**

Para cada afirmación que yo lea, dígame si eso fue cierto con frecuencia, a veces, o nunca para (usted/su hogar). En los últimos 12 meses {INSERT a, b}

BOX M10a
IF MORE THAN ONE ADULT IN HOUSEHOLD {B4 a - k > 17}, FILL "nosotros", OTHERWISE, FILL "yo"

	CON FRECUENC IA	A VECE S	NUNC A	DON' T KNO W	REFUSED
a. La comida que (yo compraba/nosotros comprábamos) simplemente no duraba, y (no tenía/no teníamos) dinero para comprar más....	1	2	3	d	r

b. **No tenía(mos) suficiente dinero para comidas balanceadas.....**

1	2	3	d	r
---	---	---	---	---

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

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

M11. En los últimos 12 meses, ¿alguna vez (usted u otros adultos en su hogar) (redujo/redujeron) el tamaño de sus propias comidas o no (comió/comieron) alguna comida porque no había suficiente dinero para alimentos?

- YES/SÍ.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r



GO
TO
M13

{IF M11=1}

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

- almost every month,.....1
- some months, but not every month, or.....2
- in only 1 or 2 months?.....3
- DON'T KNOW.....d
- REFUSED.....r

{IF M11=1}

M12. ¿Con qué frecuencia ocurrió eso? ¿Diría...

- casi todos los meses,.....1
- algunos meses, pero no todos los meses, o.....2
- sólo 1 ó 2 meses?.....3
- DON'T KNOW.....d
- REFUSED.....r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M13. **In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?**

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M13. **En los últimos 12 meses, ¿alguna vez comió menos de lo que pensaba que debería de comer porque no había suficiente dinero para comprar comida?**

YES/SÍ.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M14. **In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?**

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M14. **En los últimos 12 meses, ¿alguna vez tuvo hambre pero no comió porque no tenía suficiente dinero para comprar comida?**

YES/SÍ.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

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

Would you say strongly agree, agree, neutral, disagree, or strongly disagree?

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	DON'T KNOW	REFUSED
a. My family has enough money to afford the kind of home we need.	1	2	3	4	5	d	r
b. We have enough money to afford the kind of clothing we need.	1	2	3	4	5	d	r
c. We have enough money to afford the kind of food we need.	1	2	3	4	5	d	r
d. We have enough money to afford the kind of medical care we need. ..	1	2	3	4	5	d	r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M15. Por favor piense en cómo se siente acerca de la situación económica de su familia. Para cada frase, indique su grado de acuerdo o desacuerdo.

¿Diría que está muy de acuerdo, de acuerdo, neutral, en desacuerdo o muy en desacuerdo?

	MUY DE ACUERDO	DE ACUERDO	NEUTRAL	EN DESACUERDO	MUY EN DESACUERDO	DON'T KNOW	REFUSED
a. Mi familia tiene suficiente dinero para permitirse el tipo de casa que necesitamos	1	2	3	4	5	d	r
b. Tenemos suficiente dinero para permitirnos el tipo de ropa que necesitamos	1	2	3	4	5	d	r
c. Tenemos suficiente dinero para permitirnos el tipo de comida que necesitamos	1	2	3	4	5	d	r
d. Tenemos suficiente dinero para permitirnos el tipo de cuidado médico que necesitamos	1	2	3	4	5	d	r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M16. **Think back over the past 12 months. How much difficulty did you have with paying your bills each month? Would you say you had...**

- a great deal of difficulty,.....1**
- quite a bit of difficulty,.....2**
- some difficulty,.....3**
- a little difficulty or,.....4**
- no difficulty at all?.....5**
- DON'T KNOW.....d
- REFUSED.....r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M16. **Pensando en los últimos 12 meses, ¿cuánta dificultad ha tenido usted para pagar sus cuentas cada mes? ¿Diría que tenía...**

- gran dificultad,.....1**
- bastante dificultad,.....2**
- alguna dificultad,.....3**
- un poco de dificultad o,.....4**
- ninguna dificultad?.....5**
- DON'T KNOW.....d
- REFUSED.....r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

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

- not enough to make ends meet,.....1**
- almost enough to make ends meet,.....2**
- just enough to make ends meet,.....3**
- some money left over, or.....4**
- more than enough money left over?.....5**
- DON'T KNOW.....d
- REFUSED.....r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M17. **Pensando otra vez en los últimos 12 meses, generalmente, al fin de cada mes, ¿usted se encuentra con...**

- falta de dinero para cubrir sus gastos,1**
- casi suficiente dinero para cubrir sus gastos,.....2**
- justo suficiente dinero para cubrir sus gastos,.....3**
- algún dinero de sobra, o.....4**
- más que suficiente dinero sobrante?5**
- DON'T KNOW.....d
- REFUSED.....r

(FALL 2019 OR FIRST TIME FAMILY IS INTERVIEWED)

M18. **In the past 12 months, has there been a time when you and your family {INSERT a-g}**

	YES	NO	DON'T KNOW	REFUSED
a. Had someone who needed to see a doctor or go to the hospital but couldn't go for any financial reason (like couldn't pay the bill or couldn't afford transportation or child care)?.....	1	0	d	r
b. Had someone who needed to see a dentist but couldn't go for any financial reason (like couldn't pay the bill or couldn't afford transportation or child care)?.....	1	0	d	r
c. Were without telephone or cell phone service for any financial reason, like that you couldn't pay the bill?.....	1	0	d	r
d. Didn't pay the full amount of the rent or mortgage?.....	1	0	d	r
e. Were evicted from your home or apartment for not paying the rent or mortgage?.....	1	0	d	r
f. Had service turned off by the gas or electric company, or the oil company wouldn't deliver oil, because payments were not made?	1	0	d	r
g. Had the water to your home turned off because payments were not	1	0	d	r

made?.....

M18. En los últimos 12 meses, ¿hubo una vez en la que usted y su familia {INSERT a-g}

	SÍ	NO	DON'T KNOW	REFUSED
a. ¿Tuvieron alguien que necesitaba ir al médico o al hospital pero no pudo ir por alguna razón financiera (como no poder pagar la cuenta o no poder pagar el transporte o cuidado de niños)?.....	1	0	d	r
b. ¿Tuvieron alguien que necesitaba ir al dentista pero no pudo ir por alguna razón financiera (como no poder pagar la cuenta o no poder pagar el transporte o cuidado de niños)?	1	0	d	r
c. ¿Estuvieron sin teléfono o servicio de teléfono celular por alguna razón financiera (como no poder pagar la cuenta)?.....	1	0	d	r
d. ¿No pagaron el monto completo del alquiler o hipoteca?	1	0	d	r
e. ¿Fueron desalojados de su casa o apartamento porque no pagaron el alquiler o hipoteca?	1	0	d	r
f. ¿La compañía de gas o electricidad les cortó el servicio, o la compañía petrolera no entregaría el petróleo porque no se hicieron los pagos?	1	0	d	r
g. ¿Les cortaron el agua a su casa porque no se hicieron los pagos?...	1	0	d	r

N. CHILD CARE

VERSION BOX N
IF FALL 2019, GO TO N22
OTHERWISE, ONLY ASK SECTION N ITEMS IN SPRING
2020.

NOTE: WE ARE ONLY INTERESTED IN ATTENDANCE AT A DAY CARE CENTER, NURSERY SCHOOL, PRESCHOOL, OR PRE-KINDERGARTEN PROGRAM ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER HEAD START.

N1. Now I'd like to talk to you about all child care [CHILD] now receives on a regular basis in the morning before Head Start and in the afternoon after Head Start.

First, I want to ask you about child care centers, nursery schools or pre-kindergarten programs [CHILD] may attend, not including Head Start programs, even if they are in the same building as [PROGRAM].

Is [CHILD] now attending a day care center, nursery school, preschool, or pre-kindergarten program on a regular basis before or after Head Start?

N1. Ahora quisiera hablar con usted sobre todos los tipos de cuidado de niños que [CHILD] recibe ahora en forma regular en las mañanas antes de Head Start, y en las tardes después de Head Start.

Primero quiero preguntarle sobre los centros de cuidado de niños, guarderías o *nurseries*, o programas de pre-kinder a los que tal vez [CHILD] va, sin incluir los programas de Head Start, aunque estén en el mismo edificio que [PROGRAM].

¿Asiste [CHILD] actualmente a un centro de cuidado de niños, a una guardería o *nursery*, a un programa de preescolar o pre-kinder en forma regular antes o después de Head Start?

- YES/SÍ.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

}]

GO
TO
N6

NOTE: WE ARE ONLY INTERESTED IN THE CARE RECEIVED BY A RELATIVE ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER HEAD START.

NO N2 TO N5 THIS VERSION

N6. **Next I would like to ask about childcare provided by a relative. Is [CHILD] now receiving care from a relative other than (IF SC9 OR RESPONDENT FLAG =11...16) you/(ELSE) a parent) on a regular basis, for example, from grandparents, brothers or sisters, or any other relative in the morning before or in the afternoon after Head Start?**

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

N6. **Ahora quisiera preguntarle acerca del cuidado de niños por un pariente. Actualmente, ¿está [CHILD] recibiendo en forma regular cuidado de un pariente que no sea (IF SC9 OR RESPONDENT FLAG=11...16) usted/(ELSE) un padre) por ejemplo de los abuelos, hermanos o hermanas u otros parientes, en la mañana antes de ir o en la tarde después de Head Start?**

NOTE: **No incluya cuidado por parte del padre del niño(a), incluso si él no vive con el niño(a).**

YES/SÍ.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

NOTE: WE ARE ONLY INTERESTED IN THE CARE CHILD RECEIVES FROM ANYONE ELSE IN A PRIVATE HOME ON A REGULAR BASIS IN THE MORNING BEFORE OR IN THE AFTERNOON AFTER HEAD START.

NO N7 TO N12 THIS VERSION

N13. **Finally, I would like to ask about other child care you may use for [CHILD]. Is [CHILD] now receiving care on a regular basis from anyone else in a private home in the morning before Head Start or in the afternoon after Head Start?**

N13. **Finalmente, quisiera preguntarle acerca de otros tipos de cuidado de niños que usted pueda usar para [CHILD]. ¿Alguien más cuida actualmente a [CHILD] en una casa privada en forma regular, en la mañana antes de ir o en la tarde después de Head Start?**

YES/SÍ.....1
NO.....0
DON'T KNOW.....d
REFUSED.....r

NO N14 TO N19 THIS VERSION

{IF N1, N6, OR N13 = 1}

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

NOTE: IF VARIES, PROBE: **On average?**

{IF N1, N6, OR N13 = 1}

N20. **Pensando en todos los tipos de cuidado de niños que usa para [CHILD] antes o después de Head Start, ¿cuántos días a la semana está (él/ella) en cuidado de niños antes o después de Head Start?**

NOTE: IF VARIES, PROBE: **“¿En promedio?”**

|__| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

{IF N1, N6, OR N13 = 1}

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

NOTE: IF VARIES, PROBE: **On average?**

{IF N1, N6, OR N13 = 1}

N21. **Y en total, ¿cuántas horas a la semana normalmente pasa [CHILD] en cuidado antes o después de Head Start?**

NOTE: IF VARIES, PROBE: **“¿En promedio?”**

|__|__| NUMBER/ NÚMERO

DON'T KNOW.....d

REFUSED.....r

{IF FALL 2019}

{IF D7 = 1, DISPLAY OPTIONS 6 AND 10}

N22. **People look for many things when selecting child care arrangements or early childhood programs for their children. What are the top three reasons from the following list for why you selected Head Start for [CHILD'S] care arrangement?**

Select up to 3

- A place that will help prepare [CHILD] for kindergarten.....1**
- A place where children can receive services for their special needs.....2**
- A place close to your home.....3**
- A reasonable cost.....4**
- A small number of children in the same class or group.....5**
- A teacher who speaks English with [CHILD].....6**
- A teacher who provides flexible hours to fit your schedule.....7**
- A teacher who shares your beliefs about raising children.....8**
- A teacher of the same racial or ethnic background as [CHILD].....9**
- A teacher who speaks [CHILD]'s home language, or the language (other than English) spoken to the child at home.....10**
- A teacher you already knew.....11**
- A place where people you know had also sent their child (for example, friends, family members).....12**

- DON'T KNOW.....d
- REFUSED.....r

N22. Las personas buscan muchas cosas al seleccionar arreglos de cuidado de niños o programas de primera infancia para sus niños. ¿Cuáles son las tres razones principales de la lista siguiente por las cuales seleccionó a Head Start como el arreglo de cuidado de niños de [CHILD]?

Seleccione hasta tres

- Un lugar que ayudará a preparar a [CHILD] para kinder1
- Un lugar en donde los niños pueden recibir servicios para sus necesidades especiales2
- Un lugar cerca de su casa3
- Un costo razonable4
- Una cantidad pequeña de niños en la misma clase o grupo5
- Un maestro que habla inglés con [CHILD].....6
- Un maestro que ofrece horarios flexibles que les convengan a sus horarios7
- Un maestro que comparte sus creencias acerca de criar a los niños8
- Un maestro del mismo origen racial o étnico que [CHILD].....9
- Un maestro que habla el idioma que [CHILD] habla en casa, o el idioma (además del inglés) hablado al niño en casa10
- Un maestro que ya conocía11
- Un lugar en donde las personas que conoce también habían mandado su niño(a) (por ejemplo, amigos, parientes).....12

- DON'T KNOW.....d
- REFUSED.....r

{FALL 2019 AND SPRING 2020}

N23. **Now I'd like to hear about your child care plans for next year. Where do you plan to send [CHILD] for care next year?**

- To the same Head Start center.....1
 - To a different Head Start center.....2
 - To another preschool.....3
 - To child care provided by a relative or by someone else in their home.....4
 - [CHILD] is going to kindergarten.....5
 - Other (specify).....6
-
- DON'T KNOW.....d
- REFUSED.....r

N23. **Ahora quisiera saber de sus planes de cuidado de niños para el próximo año. ¿A dónde planea mandar a [CHILD] para cuidado el próximo año?**

- Al mismo centro de Head Start.....1
 - A otro centro de Head Start.....2
 - A otro programa de preescolar.....3
 - A cuidado de niños proporcionado por un pariente o familiar u otra persona en su hogar.....4
 - [CHILD] va a kinder.....5
 - Otro (especifique).....6
-
- DON'T KNOW.....d
- REFUSED.....r

{IF N23=2, 3, 4 OR 6}

{IF D7 = 1, DISPLAY OPTION 10}

N24. **Why do you plan to send [CHILD] someplace new for child care next year?**

- Offers services for child's special need(s).....2
 - Close to home.....3
 - Cost.....4
 - Has flexible hours to fit your schedule.....7
 - Has a teacher who speaks [CHILD]'s home language, or the language (other than English) spoken to the child at home.....10
 - Has a teacher you already know.....11
 - Know family or friends who had also sent their child.....12
 - Other (specify).....13
-
- DON'T KNOW.....d
- REFUSED.....r

N24. ¿Por qué planea mandar a [CHILD] a algún lugar nuevo para cuidado de niños el próximo año?

- Ofrece servicios para necesidades especiales del niño2
 - Más cerca de casa3
 - Costo4
 - Tiene horarios flexibles que les convengan a sus horarios7
 - Tiene un maestro que habla el idioma que [CHILD] habla en casa, o el idioma (además del inglés) hablado al niño en casa10
 - Tiene un maestro que ya conoce11
 - Conoce amigos, o parientes que también habían mandado su niño(a).....12
 - Otro (especifique).....13
-
- DON'T KNOW.....d
- REFUSED.....r

NO SECTION O THIS VERSION

P. CHILD HEALTH

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

First, let’s talk about [CHILD]’s health. Overall, would you say [CHILD]’s health is...

- excellent..... 1
- very good..... 2
- good..... 3
- fair or..... 4
- poor?..... 5
- DON’T KNOW..... d
- REFUSED..... r

P1. Las siguientes preguntas son sobre la salud de [CHILD] y asuntos relacionados con la salud.

Primero vamos a hablar sobre la salud de [CHILD]. En general, ¿diría que la salud de [CHILD] es...

- excelente..... 1
- muy buena..... 2
- buena..... 3
- regular o..... 4
- mala?..... 5
- DON’T KNOW..... d
- REFUSED..... r

NO P2-P4 THIS VERSION

- P4a. **Where does [CHILD] usually go if [he/she] is sick or you have concerns about [his/her] health?**
- P4a. **¿Adónde va [CHILD] generalmente si [él/ella] está enfermo(a) o si usted tiene preocupaciones sobre su salud?**

CODE ONLY ONE

A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO/ UN DOCTOR PRIVADO, CLÍNICA PRIVADA O HMO.....	1
AN OUTPATIENT CLINIC RUN BY A HOSPITAL/ UNA CLÍNICA DE PACIENTES AMBULATORIOS ADMINISTRADA POR UN HOSPITAL.....	2
THE EMERGENCY ROOM AT A HOSPITAL/ LA SALA DE EMERGENCIA DE UN HOSPITAL.....	3
PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER/ DEPARTAMENTO DE SALUD PÚBLICA O CENTRO DE SALUD DE LA COMUNIDAD.....	4
A MIGRANT HEALTH CLINIC/ UNA CLÍNICA DE SALUD DE MIGRANTES.....	5
THE INDIAN HEALTH SERVICE/ EL SERVICIO DE SALUD DE INDIOS.....	6
URGENT CARE/ ATENCIÓN DE URGENCIAS	8
SOMEPLACE ELSE (SPECIFY)/ ALGÚN OTRO LUGAR (ESPECIFIQUE).....	7
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

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

P5. **¿Adónde va [CHILD] generalmente para recibir atención médica de rutina, como cuidado de niño sano, o chequeos regulares?**

CODE ONLY ONE

- DOESN'T GET PREVENTIVE CARE/THERE IS NO
REGULAR PLACE/ NO RECIBE CUIDADO DE
PREVENCIÓN/NO HAY UN LUGAR REGULAR.....0 → GO TO P5a
 - A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO/
UN DOCTOR PRIVADO, CLÍNICA
PRIVADA O HMO.....1
 - AN OUTPATIENT CLINIC RUN BY A HOSPITAL/
UNA CLÍNICA DE PACIENTES AMBULATORIOS
ADMINISTRADA POR UN HOSPITAL.....2
 - THE EMERGENCY ROOM AT A HOSPITAL/
LA SALA DE EMERGENCIA DE UN HOSPITAL.....3
 - PUBLIC HEALTH DEPARTMENT OR COMMUNITY
HEALTH CENTER/ DEPARTAMENTO DE SALUD
PÚBLICA O CENTRO DE SALUD DE LA
COMUNIDAD.....4
 - A MIGRANT HEALTH CLINIC/ UNA CLÍNICA DE
SALUD DE MIGRANTES.....5
 - THE INDIAN HEALTH SERVICE/ EL SERVICIO DE
SALUD DE INDIOS.....6
 - URGENT CARE/ATENCIÓN DE URGENCIA.....8
 - SOMEPLACE ELSE (SPECIFY)/ ALGÚN OTRO
LUGAR (ESPECIFIQUE).....7
-
- DON'T KNOW.....d → GO TO P5a
 - REFUSED.....r → GO TO P5a

{IF P5=0,d,r}

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

{IF P5=0,d,r}}

P5a. **¿Tiene [CHILD] un proveedor regular de servicios de salud?**

- YES/SÍ.....1
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

NO P6 TO P8 THIS VERSION

P8a. Is there a particular dentist or dental clinic that you take [CHILD] for dental care or advice?

P8a. ¿Hay un dentista o clínica dental en particular al cual usted lleva a [CHILD] para obtener cuidado o consejo dental?

YES/SÍ.....1

NO.....2

DON'T KNOW.....d

REFUSED.....r

NO P17 TO P43 THIS VERSION

NO SECTIONS Q, R THIS VERSION

T. SOCIAL SUPPORT

{IF FALL 2019}

T1. **Now I'm going to read some statements about other kinds of help you may get. Please tell me whether each statement is never true for you, sometimes true for you, or always true for you.**

PROBE: Would you say it is never true for you, sometimes true for you, or always true for you?

	NEVER TRUE	SOMETIMES TRUE	ALWAYS TRUE	DON' T KNOW	REFUSED
a. If I need to do an errand, I can easily find someone to watch [CHILD]	1	2	3	d	r
b. If I need a ride to get [CHILD] to the doctor, friends or family will help me	1	2	3	d	r
c. If [CHILD] is sick, friends or family will call or come by to check on how things are going	1	2	3	d	R
g. If I need a place to stay, I can find someone to provide me and [CHILD] with a place to live	1	2	3	d	R
e. If I have an emergency and need cash, family or friends will loan it to me	1	2	3	d	R
h. If I have problems buying food, I have someone to go to for a meal	1	2	3	d	R

T1. Ahora voy a leer algunas frases acerca de otros tipos de ayuda que pueda recibir. Por favor dígame si cada frase nunca es cierta para usted, a veces es cierta para usted, o siempre es cierta para usted.

PROBE: ¿Diría que nunca es cierta para usted, a veces es cierta para usted, o siempre cierta es para usted?

	NUNCA CIERT A	A VECES CIERTA	SIEMPR E CIERTA	DON' T KNO W	REFUSE D
a. Si necesito hacer un mandado, es fácil encontrar alguien para cuidar a [CHILD]	1	2	3	d	r
b. Si necesito que alguien le lleve a [CHILD] al médico, amigos o familiares me ayudarán	1	2	3	d	r
c. Si [CHILD] está enfermo(a), amigos o familiares llamarán o pasarán por mi casa para ver cómo están las cosas ...	1	2	3	d	R
g. Si necesito un lugar para quedarme, puedo encontrar a alguien para darme a mí y a [CHILD] un lugar para vivir	1	2	3	d	R
e. Si tengo una emergencia y necesito efectivo, familiares o amigos me lo prestarán	1	2	3	d	R
h. Si tengo problemas para comprar comida tengo a quién ir por una comida	1	2	3	d	R

U. YOUR FEELINGS

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

I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt or behaved this way during the past week. First . . .
(INSERT ITEM)

[ITEM].

Did you feel this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week?

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

HELP SCREEN:

Not being able to “shake off the blues” refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.

	RARELY OR NEVER	SOME OR A LITTLE	OCCASIONALLY OR MODERATELY	MOST OR ALL	DON'T KNOW	REFUSED
a. Bothered by things that usually don't bother you.....	1	2	3	4	d	r
b. You did not feel like eating, your appetite was poor.....	1	2	3	4	d	r
c. You could not shake off the blues, even with help from your family and friends.....	1	2	3	4	d	r
d. You had trouble keeping your mind on what you were doing	1	2	3	4	d	r
e. Depressed.....	1	2	3	4	d	r
f. That everything you did was an effort	1	2	3	4	d	r
g. Fearful.....	1	2	3	4	d	r
h. Your sleep was restless.....	1	2	3	4	d	r
i. You talked less than usual...	1	2	3	4	d	r
j. Lonely.....	1	2	3	4	d	r
k. Sad.....	1	2	3	4	d	r
l. You could not get “going”...	1	2	3	4	d	r

U1. Las siguientes preguntas son acerca de cómo se ha sentido en la última semana con respecto a usted mismo(a) y a su vida. No hay respuestas correctas ni incorrectas.

Le voy a leer una lista de maneras en que usted puede haberse sentido o comportado. Por favor dígame con qué frecuencia se ha sentido o comportado así durante la última semana. Primero...(INSERT ITEM)

[ITEM].

En la última semana, ¿se sintió así rara vez o nunca, algo o un poco, ocasionalmente o una cantidad moderada de tiempo, o la mayor parte o todo el tiempo?

NOTE: A HELP SCREEN IS AVAILABLE WITH A DEFINITION FOR UC-1 "SHAKE OFF THE BLUES (QUITARSE LA TRISTEZA)."

HELP SCREEN:

No poder quitarse la tristeza se refiere a sentirse triste, melancólico(a), infeliz, miserable, o deprimido(a) por cortos periodos de tiempo.

	RARA VEZ O NUN CA	ALG O O UN POC O	OCASIONALME NTE O UNA CANTIDAD MODERADA DE TIEMPO	LA MAYO R PART E O TODO EL TIEM PO	DON' T KNO W	REFUS ED
a. Molesto(a) por cosas que generalmente no le molestan....	1	2	3	4	d	r
b. No tenía ganas de comer, tenía poco apetito.....	1	2	3	4	d	r
c. No podía quitarse la tristeza, ni siquiera con la ayuda de su familia y sus amigos.....	1	2	3	4	d	r
d. Tenía problemas para concentrarse en lo que estaba haciendo.....	1	2	3	4	d	r
e. Deprimido(a).....	1	2	3	4	d	r
f. Que todo lo que usted hizo era un esfuerzo.....	1	2	3	4	d	r

..						
g. Temeroso(a)	1	2	3	4	d	r
h. Usted durmió inquieto(a)	1	2	3	4	d	r
i. Hablaba menos que lo de costumbre.....	1	2	3	4	d	r
j. Solitario(a)	1	2	3	4	d	r
k. Triste.....	1	2	3	4	d	r
l. Usted no podía empezar a hacer nada.....	1	2	3	4	d	r

W. PROGRAM SATISFACTION AND PRACTICES

VERSION BOX 2
IF SPRING 2020 INTERVIEW CONTINUE

Now I would like to ask you some questions about [CHILD]’s Head Start program.

W1. Based on what has happened at Head Start since [CHILD] started the Head Start program, how satisfied are you with how well Head Start is doing in each of the following areas:

	VERY DISSATISFIE D	SOMEWHAT DISSATISFIE D	SOMEWHA T SATISFIED	VERY SATISFIE D	DON' T KNO W	REFUSE D	NEVER OFFERE D
c. Supporting and respecting your family’s culture and background...	1	2	3	4	d	r	
d. Identifying and providing services for [CHILD]—for example, health screening, help with speech and language development	1	2	3	4	d	r	<input type="checkbox"/>
e. Identifying and helping to provide services that help your family—for example, public assistance, transportation, or job training.....	1	2	3	4	d	r	<input type="checkbox"/>
g. Preparing	1	2	3	4	d	r	

	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED	DON'T KNOW	REFUSED	NEVER OFFERED
[CHILD] to enter kindergarten...							
{IF D7 = 1} j. Helping [CHILD] to develop English language skills.....	1	2	3	4	d	r	
{IF D7 = 1} k. Helping [CHILD]'s language development in [FILL LANGUAGE FROM D8]	1	2	3	4	d	r	
l. Making you feel welcomed.....	1	2	3	4	d	r	

Ahora quisiera hacerle algunas preguntas sobre el programa de Head Start de [CHILD].

W1. Basado en lo que ha pasado en Head Start desde que [CHILD] comenzó el programa de Head Start, ¿qué tan satisfecho(a) está con el desempeño de Head Start en cada una de las siguientes áreas?

	MUY INSATISFECHO(A)	ALGO INSATISFECHO(A)	ALGO SATISFECHO(A)	MUY SATISFECHO(A)	DON'T KNOW	REFUSED	NEVER OFFERED
c. Apoyar y respetar la cultura y origen de su familia.....	1	2	3	4	d	r	
d. Identificar y proporcionar servicios para [CHILD]—por ejemplo revisiones de salud, ayuda con el habla y desarrollo de lenguaje	1	2	3	4	d	r	<input type="checkbox"/>

	MUY INSATIS- FECHO(A)	ALGO INSATIS- FECHO(A)	ALGO SATIS- FECHO(A)	MUY SATIS- FECHO(A)	DON' T KNO W	REFUSE D	NEVER OFFERE D
.....							
e. Identificar y ayudar a proporcionar servicios que le ayudan a su familia— por ejemplo, asistencia pública, transporte o capacitación laboral	1	2	3	4	d	r	<input type="checkbox"/>
g. Preparar a [CHILD] para ingresar a kínder.....	1	2	3	4	d	r	
{IF D7 = 1} j. Ayudar a [CHILD] a desarrollar capacidades de lenguaje en inglés	1	2	3	4	d	r	
{IF D7 = 1} k. Ayudar a [CHILD] con su desarrollo de lenguaje en [FILL LANGUAGE FROM D8]	1	2	3	4	d	r	
l. Hacer que usted se sienta bienvenido(a)	1	2	3	4	d	r	

NO W2 TO W4 IN THIS VERSION

W6. **How satisfied are you with [READ a-b]?**

Would you say very dissatisfied, somewhat dissatisfied, somewhat satisfied or very satisfied?

	VERY DISSATISFIED	SOMEWHAT DISSATISFIED	SOMEWHAT SATISFIED	VERY SATISFIED	DON'T KNOW	REFUSED
a. How close Head Start is to your home.....	1	2	4	5	d	r
b. The hours Head Start is open.....	1	2	4	5	d	r

W6. **¿Qué tan satisfecho(a) está con [READ a-b]?**

¿Diría que está muy insatisfecho(a), algo insatisfecho(a), algo satisfecho(a), o muy satisfecho(a)?

	MUY INSATISFECHO(A)	ALGO INSATISFECHO(A)	ALGO SATISFECHO(A)	MUY SATISFECHO(A)	DON'T KNOW	REFUSED
a. La proximidad de Head Start a su casa.....	1	2	4	5	d	r
b. Los horarios en que Head Start está abierto.	1	2	4	5	d	r

W5. The following questions ask you about your experiences with your child's Head Start program and its staff. For each statement that I read you, please tell me whether you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree.

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **Would you say you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree?**

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
g. The program staff respect my family's cultural and/or religious beliefs.....	1	2	3	4	5	d	r
k. The program staff encourage me to learn about my culture and history.....	1	2	3	4	5	d	r
m. The program staff have materials for my child that positively reflect our cultural background.....	1	2	3	4	5	d	r

W5. Las siguientes preguntas son sobre sus experiencias con el programa y el personal de Head Start de su niño(a). Para cada oración que yo le lea, por favor dígame si usted está muy en desacuerdo, algo en desacuerdo, ni de acuerdo ni en desacuerdo, algo de acuerdo o muy de acuerdo.

PROBE: [IF NECESSARY, READ AFTER EACH STATEMENT]: **¿Diría usted que está muy en desacuerdo, algo en desacuerdo, ni de acuerdo ni en desacuerdo, algo de acuerdo o muy de acuerdo.**

	MUY EN DESACUERDO	ALGO EN DESACUERDO	NI DE ACUERDO NI EN DESACUERDO	ALGO DE ACUERDO	MUY DE ACUERDO	DON'T KNOW	REFUSED
g. El personal del programa respeta las creencias culturales y/o religiosas de mi familia.....	1	2	3	4	5	d	r
k. El personal del programa me anima a aprender sobre mi cultura e historia.....	1	2	3	4	5	d	r
m. El personal del programa tiene material para mi niño(a) que refleja positivamente nuestra historia cultural.....	1	2	3	4	5	d	r

X. TRACKING INFORMATION

BOX X1a
PROGRAMMING INSTRUCTIONS: PRELOAD ALL
INFORMATION FROM DATABASE

{IF SC2c_2=1}

Thank you for your help. My next questions will be about how to contact you in case we have any questions.

{ SC2c_2=1}

Gracias por su ayuda. Mis siguientes preguntas serán sobre cómo puedo ponerme en contacto con usted si tenemos preguntas.

{IF C2 = 1}

Thank you for your time. We will send you your thank-you gift card within the next 2 weeks. (IF FALL 2019: We plan to interview you again in the spring and we need to know how to get in touch with you.)

(IF FALL 2019 OR SPRING 2020): My next questions will be about how to contact you or people who will know how to find you.

{IF C2 = 1}

Muchas gracias por su tiempo. Vamos a enviarle su tarjeta de regalo para agradecerle dentro de dos semanas. (IF FALL 2019: Planeamos entrevistarle nuevamente en la próxima primavera y necesitamos saber cómo ponernos en contacto con usted.)

(IF FALL 2019 OR SPRING 2020): Mis siguientes preguntas serán acerca de cómo ponernos en contacto con usted o con personas que sabrán cómo encontrarle.

X1. **First, I would like to verify your telephone number. What is your telephone number?**

X1. **Primero, quisiera verificar su número de teléfono. ¿Cuál es su número de teléfono?**

(|_|_|_|_|)-|_|_|_|_|_|-|_|_|_|_|_|_|_|_|
AREA CODE/ CÓDIGO DE ÁREA

Do not have a telephone number/ **No tengo un número de teléfono**1 GO TO X2
DON'T KNOW.....d GO TO X2
REFUSED.....r

{IF NUMBER PROVIDED AT X1}

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

{IF NUMBER PROVIDED AT X1}

X1a. **¿Bajo qué nombre está ese número en la guía telefónica?**

	→	GO TO
NAME/NOMBRE		
DON'T KNOW.....d	}	GO TO X4
REFUSED.....r		

{IF X1 = 1, d, r}

X2. **Can you give me a number where you can be reached?**

{IF X1 = d, r}

X2. **¿Me puede dar un número donde pueda encontrarle a usted?**

() - -		
AREA CODE/ CÓDIGO DE ÁREA		
DON'T KNOW.....d	}	GO TO X4
REFUSED.....r		

{IF NUMBER PROVIDED AT X2}

X3. **Whose telephone is that?**

{IF NUMBER PROVIDED AT X2}

X3. **¿De quién es ese teléfono?**

	→	GO TO X3a
NAME/NOMBRE		
DON'T KNOW.....d	}	GO TO X4
REFUSED.....r		

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

X3a. **¿Tiene otro número de teléfono, como un número de teléfono celular?**

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_| CELL PHONE
AREA CODE/ CÓDIGO DE ÁREA

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_| OTHER
AREA CODE/ CÓDIGO DE ÁREA

NO CELL PHONE OR OTHER PHONE NUMBER/ NO TENGO
TELÉFONO CELULAR U OTRO NÚMERO DE TELÉFONO 1

DON'T KNOW.....d

REFUSED.....r

X4. **Please give me your full name and permanent address.**

X4. **Por favor déme su nombre completo y dirección permanente.**

Name/ Nombre: _____

Address/ Dirección: _____

DON'T KNOW.....d

REFUSED.....r

IF C2 = 2, d, r – GO TO ENDING

{J17, K17, OR L17 = 1} OR {J17, K17, OR L17 = 0 AND J18, K18, OR L18 = 1}

X5. **May we call you at your work number?**

{J17, K17, OR L17 = 1} OR {J17, K17, OR L17 = 0 AND J18, K18, OR L18 = 1}

X5. **¿Podemos llamarle a su número en el trabajo?**

YES/SÍ.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

{X5=1}

X6. **What is your work telephone number?**

{X5=1}

X6. **¿Cuál es el número de teléfono de su trabajo?**

(|_|_|_|_|_|)-|_|_|_|_|_|-|_|_|_|_|_|
AREA CODE/ CÓDIGO DE ÁREA

DON'T KNOW.....d

REFUSED.....r

X7a. **Please tell me the name and telephone number of one person who does not live with you but who will know how to contact you a few months from now. This will help us contact you so we can follow up if we have any questions.**

What is the name of the person who will know how we can reach you?

X7a. **Por favor dígame el nombre y número de teléfono de una persona que no viva con usted, pero que sabrá cómo contactarle en unos meses. Esto nos ayudará a contactarle para que podamos hacer seguimiento si tenemos preguntas.**

¿Cuál es el nombre de la persona que sabrá cómo podemos contactarle?

DON'T KNOW.....d }]

REFUSED.....r

GO TO
SECTION
Y

X7b. **How is this person related to you?**

X7b. **¿Qué relación o parentesco tiene esa persona con usted?**

MOTHER/ MADRE.....1

FATHER/ PADRE.....2

SISTER/BROTHER/ HERMANA/HERMANO.....3

FRIEND/ AMIGO(A).....4

GRANDMOTHER/GRANDFATHER/
ABUELO/ABUELA.....5

PARTNER/ PAREJA.....6

OTHER RELATIVE/IN-LAW/ OTRO FAMILIAR /
PARIENTE POR CASAMIENTO.....7

OTHER (SPECIFY)/ OTRO (ESPECIFIQUE).....99

(STRING 50)

DON'T KNOW.....d

REFUSED.....r

{If X10=1}

X11. Why did you choose to complete the phone interview rather than complete the survey on the Web?

{If X10=1}

X11. ¿Por qué escogió completar la entrevista por teléfono en vez de completar la encuesta en Internet?

- DID NOT HAVE ACCESS TO A COMPUTER/ NO TENIA ACCESO A UNA COMPUTADORA.....1
- DID NOT HAVE ACCESS TO THE INTERNET/ NO TENIA ACCESO A INTERNET.....2
- THE SCREEN FROZE/ SE CONGELÓ LA PANTALLA.....3
- TOOK TOO LONG TO LOAD THE SURVEY/ TOMÓ MUCHO TIEMPO CARGAR LA ENCUESTA.....4
- GOT AN ERROR MESSAGE (SUCH AS "INVALID PASSWORD", THIS PAGE HAS EXPIRED", "THIS WEBSITE IS BUSY, PLEASE TRY AGAIN LATER")/ RECIBÍ UN MENSAJE DE ERROR (COMO "CONTRASEÑA INVÁLIDA", ESTA PÁGINA HA EXPIRADO "," ESTE SITIO WEB ESTÁ OCUPADO, POR FAVOR INTENTE DE NUEVO MÁS TARDE)5
- THE SCREEN WAS TOO SMALL TO READ QUESTIONS (VISIBILITY ISSUE)/ LA PANTALLA ERA MUY PEQUEÑA PARA LEER PREGUNTAS (PROBLEMA DE VISIBILIDAD).....6
- COULD NOT READ THE QUESTIONS (LITERACY ISSUE)/ NO PODIA LEER LAS PREGUNTAS (PROBLEMA DE ALFABETIZACIÓN).....7
- RECEIVED A PHONE CALL FIRST, BEFORE HAD CHANCE TO DO ON THE WEB/ RECIBÍ UNA LLAMADA PRIMERO, ANTES DE PODER HACERLO POR INTERNET8
- DO NOT SPEAK ENGLISH OR SPANISH/ NO HABLA INGLÉS NI ESPAÑOL.....9
- PREFERENCE (WARY OF WEB)/ PREFERENCIA (INCÓMODO CON INTERNET).....10
- OTHER (SPECIFY)/ OTRA (ESPECIFIQUE).....11

END. _____ **This completes the interview. Thank you for your participation in FACES. Good-bye.**

END. _____ **Esto completa la entrevista. Gracias por su participación en FACES. Adiós.**

Y. INTERVIEWER RATINGS

PROGRAMMER NOTE: Section Y should be administered in both Fall 2019 and Spring 2020, even if respondents only do the screener.

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

The respondent (was/had) . . .

	HIGH	LOW	
a. able to understand questions easily	7 6 5 4 3 2 1		hardly able to understand
b. truthful	7 6 5 4 3 2 1		untruthful
c. accurate	7 6 5 4 3 2 1		inaccurate
d. interested in the interview	7 6 5 4 3 2 1		not interested in the interview
e. cooperative	7 6 5 4 3 2 1		uncooperative
f. no English language problem	7 6 5 4 3 2 1		spoke English with great difficulty
g. interviewed without interruption	7 6 5 4 3 2 1		interrupted often
h. your opinion about the overall quality of the data			
High quality data	7 6 5 4 3 2 1		Low quality data