

This file contains a listing of every worksheet in the Early Childhood Longitudinal Study, Kindergarten Cohort. The worksheet name and description is provided, along with the corresponding question in Part C of this OMB survey.

Each worksheet in this file pertains to a specific instrument to which the worksheet is associated.

Worksheet Name

Screening

Parent Survey

Fall Follow-up Survey

ery question that will be asked of household parent respondents in the Early Childhood
n Class of 2022-23 (ECLS-K:2023) preschool field test. For each question, the question
the item section and number, the construct the item measures, and the specific resea
submission for which the item is intended to provide information.

ains to one data collection instrument. Below is a list of the worksheet name and the
sheet pertains. The instruments themselves are provided in Attachment B of this submis

ECLS-K:2023 Preschool Field Test Data Collection Instrument

Preschool Field Test Household Screener

Preschool Field Test Parent Survey

Preschool Field Test Fall Follow-up Survey

Section	Item #
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Screener	MyECLS
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Screener	SCR020
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Screener	SCR030
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Screener	SCR040
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Screener	SCR050
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Screener	SCR060
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Screeener

SCR070

Screeener

SCR080

Screeener SCR095

Screeener SCR100

Screeener SCR100OS

Screeener SCR105

Screeener SCR106a
Screeener SCR106b

Screeener SCR110a

Screeener SCR110b

Screeener SCR111a

Screeener

SCR111b

Item Wording

Are there any children age 10 or younger living in this household?

- 1 Yes
- 2 No

How many children age 10 or younger live in this household? Include small children, foster children, babies, and those living away at school (if they have no other permanent home).

Please list the first names of all the children age 10 or younger who live in this household. You may provide nicknames or initials if you prefer. Be sure to include all small children, foster children, and babies. Start with the youngest child who is age 10 or younger. Enter one child on each line. Enter names until you have listed all children age 10 or younger in this household, then click Next.

Child {NUMBER}.

How old is {SCR030} in years? For babies less than 1 year old, enter 0.

What is {SCR030}'s sex?

- 1 Male
- 2 Female

Is {SCR030} currently...

Select All That Apply

- 1 Not in school?
- 2 In public or private school, including preschools?
- 3 In child care in a home or center?
- 4 Homeschooled INSTEAD of attending a public school or private school (including preschools) for some or all classes?

What is {SCR030}'s current grade or grade equivalent?

Child care for infants or toddlers in a home or center includes early childhood education programs, child care, or day care in a center, or child care with a relative or nonrelative other than a parent/guardian.

Preschool or child care for preschool-aged children in a home or center includes early childhood education programs, child care, or day care in a center, nursery school, preschool, prekindergarten, or child care with a relative or nonrelative other than a parent/guardian.

Kindergarten includes Transitional Kindergarten (TK), Early Transitional Kindergarten (ETK), Readiness Kindergarten, Transitional or Prefirst Grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades.

0 Child care for infants or toddlers in a home or center

1 Preschool or child care for preschool-aged children in a home or center

2 Kindergarten

3 First

4 Second

5 Third

6 Fourth

7 Fifth or above

8 None of these

What grade or grade equivalent will {SCR030} be in fall 2020?

Child care for infants or toddlers in a home or center includes early childhood education programs, child care, or day care in a center, or child care with a relative or nonrelative other than a parent/guardian.

Preschool or child care for preschool-aged children in a home or center includes early childhood education programs, child care, or day care in a center, nursery school, preschool, prekindergarten, or child care with a relative or nonrelative other than a parent/guardian.

Kindergarten includes Transitional Kindergarten (TK), Early Transitional Kindergarten (ETK), Readiness Kindergarten, Transitional or Prefirst Grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades.

0 Child care for infants or toddlers in a home or center

1 Preschool or child care for preschool-aged children in a home or center

2 Kindergarten

3 First

4 Second

5 Third

6 Fourth

7 Fifth or above

8 None of these

{Does/Did} {SCR030} go to a public school for kindergarten?

- 1 Yes
- 2 No

What public school {does/did} {SCR030} attend for kindergarten? Select the public school {SCR030} {attends/attended} for kindergarten from the list below. If you don't find a match, select "School not on list" and then type in the full school name. If {SCR030} {has attended/went to} more than one kindergarten, please select or enter the last one attended."

What public school {does/did} {SCR030} attend for kindergarten?

Has {SCR030} always lived at this address?

- 1 Yes
- 2 No

In what month did {SCR030} start living at this address?

- 1 January
- 2 February
- 3 March
- 4 April
- 5 May
- 6 June
- 7 July
- 8 August
- 9 September
- 10 October
- 11 November
- 12 December

In what year did {SCR030} start living at this address?

This survey is part of the Early Childhood Longitudinal Study, which is sponsored by the U.S. Department of Education, National Center for Education Statistics. The next questions should take you about 30 minutes to complete. To show our appreciation for your time, you will receive \$10 after you finish the questions. {You may stop and start the survey as needed to work with your schedule}. Before we begin, please enter your name.

First Name:

Last Name:

To allow your answers to be saved so that you can stop and start the survey as needed to work with your schedule, please {enter/confirm} your contact information.

Email Address:

To allow your answers to be saved so that you can stop and start the survey as needed to work with your schedule, please {enter/confirm} your contact information.

Mobile Number:

Construct	Research Question
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Whether there are children age 10 or younger in the household	NA
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Number of children age 10 or younger	NA
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Current household child roster	NA
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Current household child roster	1, 2, 5
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Current household child roster	1, 2, 5
--------------------------------	---------

School or preschool enrollment	1
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Current grade/equivalent 1

Expected
grade/equivalent next
fall 1

Kindergarten
identification for
catchment area
information

NA

Kindergarten
identification for
catchment area
information

NA

Other specify for
kindergarten
identification for
catchment area
information

NA

Mobility

NA

Mobility

NA

Mobility

NA

Parent survey
introduction and
information for reminder
mailings

NA

Information for reminder
mailings

NA

Email address to allow
login if exit survey before
finishing and contact
information was not
provided earlier

NA

Mobile number to allow
login if exit survey before
finishing and contact
information was not
provided earlier

Section	Item #	Item Wording	
INQ - Introduction	INQ001	<p>We would like to collect some information about {CHILD}'s care and home experiences. Your answers will be extremely valuable in better understanding the development of young children and their involvement in early care and education.</p> <p><i>All of the information you provide may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 U.S.C. §9573 and 6 U.S.C. §151).</i></p> <p>Yes, I can answer questions about {CHILD}'s care and education. No, I am not able to answer questions about {CHILD}'s care and education.</p>	Introduction
	INQ005a	<p>We would like to contact a parent or adult who lives in this household and knows about {CHILD}'s care and education. Please provide the contact information for such a person, in this household, so that we can contact him or her for the survey.</p> <p>First Name:</p>	Alternate respondent selection
	INQ005b	<p>Last Name:</p>	Alternate respondent selection
	INQ005c	<p>Email Address:</p>	Alternate respondent selection
	INQ005d	<p>Please confirm the mailing address.</p> <p>Address Line 1: Address Line 2:</p>	Alternate respondent selection
	INQ005e	<p>City:</p>	Alternate respondent selection

	INQ005f	State: Please select a state, district, or territory.	Alternate respondent selection
	INQ005g	Zip code:	Alternate respondent selection
	INQ010	We asked you earlier for {CHILD's} first name so that we can ask questions about {CHILD} in the following survey. If there is a typo, or you gave a nickname or initials for this child, you may correct it here before continuing. What is {CHILD}'s first name? First Name:	Child name
	INQ015	How old is {CHILD} in years?	Child age
PSQ - Preschool Skills	PSQ020	Can {CHILD} identify the colors red, yellow, blue, and green by name? This can be done in any language. 1 No, none of them 2 Yes, some of them 3 Yes, all of them	Ratings of child competence in literacy, language, and mathematics
	PSQ025	Can {CHILD} correctly recognize the letters of the alphabet? This can be done in any language. 1 No, none of them 2 Yes, some of them 3 Yes, most of them 4 Yes, all of them	Ratings of child competence in literacy, language, and mathematics
	PSQ030	Can {CHILD} write {his/her} first name, even if some of the letters are backwards? This can be done in any language. 1 Yes 2 No	Ratings of child competence in literacy, language, and mathematics

PSQ035	<p>How often can {CHILD} explain things {he/she} has seen or done so that you get a very good idea of what happened? This can be done in any language.</p> <ol style="list-style-type: none"> 1 Never 2 Sometimes 3 About half the time 4 Usually 5 Always 	Ratings of child competence in literacy, language, and mathematics
PSQ040	<p>How high can {CHILD} count? This can be done in any language.</p> <ol style="list-style-type: none"> 1 This child cannot count 2 Up to 5 3 Up to 10 4 Up to 20 5 Up to 50 6 Up to 100 or more 	Ratings of child competence in literacy, language, and mathematics
PSQ045	<p>Can {CHILD} identify basic shapes such as a triangle, rectangle, circle, or square? This can be done in any language.</p> <ol style="list-style-type: none"> 1 No, none of them 2 Yes, some of them 3 Yes, most of them 4 Yes, all of them 	Ratings of child competence in literacy, language, and mathematics
PSQ050 a-d	Please select whether {CHILD} does the following. Have you observed that {CHILD}...	Child language use
PSQ050a	<p>Tries repeatedly to communicate information which has not been understood?</p> <ol style="list-style-type: none"> 1 Yes 2 No 	Child language use

	PSQ050b	Asks questions about information which is unclear? 1 Yes 2 No	Child language use
	PSQ050c	Responds to questions in a thoughtful way that makes sense? 1 Yes 2 No	Child language use
	PSQ050d	Rephrases questions or asks follow-up questions if {he/she} does not get the information {he/she} wanted. 1 Yes 2 No	Child language use
	PSQ055 1-25	Please select the words your child uses in English. If {CHILD} uses a different pronunciation of a word, that's OK. Does {CHILD} say...	Child vocabulary
	PSQ055(1)	hungry 1 Yes 2 No	Child vocabulary
	PSQ055(2)	baby 1 Yes 2 No	Child vocabulary
	PSQ055(3)	doctor 1 Yes 2 No	Child vocabulary
	PSQ055(4)	down 1 Yes 2 No	Child vocabulary
	PSQ055(5)	bird 1 Yes 2 No	Child vocabulary
	PSQ055(6)	fruit 1 Yes 2 No	Child vocabulary

	PSQ055(7)	triangle 1 Yes 2 No	Child vocabulary
	PSQ055(8)	turtle 1 Yes 2 No	Child vocabulary
	PSQ055(9)	plant 1 Yes 2 No	Child vocabulary
	PSQ055(10)	last 1 Yes 2 No	Child vocabulary
	PSQ055(11)	caterpillar 1 Yes 2 No	Child vocabulary
	PSQ055(12)	castle 1 Yes 2 No	Child vocabulary
	PSQ055(13)	excited 1 Yes 2 No	Child vocabulary
	PSQ055(14)	stamp 1 Yes 2 No	Child vocabulary
	PSQ055(15)	parent 1 Yes 2 No	Child vocabulary
	PSQ055(16)	lucky 1 Yes 2 No	Child vocabulary
	PSQ055(17)	furniture 1 Yes 2 No	Child vocabulary

	PSQ055(18)	drip 1 Yes 2 No	Child vocabulary
	PSQ055(19)	measure 1 Yes 2 No	Child vocabulary
	PSQ055(20)	calm 1 Yes 2 No	Child vocabulary
	PSQ055(21)	lonely 1 Yes 2 No	Child vocabulary
	PSQ055(22)	dive 1 Yes 2 No	Child vocabulary
	PSQ055(23)	skeleton 1 Yes 2 No	Child vocabulary
	PSQ055(24)	uncomfortable 1 Yes 2 No	Child vocabulary
	PSQ055(25)	courage 1 Yes 2 No	Child vocabulary
PLQ - Primary Language(s) Spoken	PLQ060	What is the primary language spoken in your home? 1 English 2 A language other than English 3 Two or more languages are spoken the same amount	Primary home language

	PLQ060a	<p>You mentioned a language other than English as your primary language spoken at home. What is it?</p> <p>1 Spanish 2 A European language other than Spanish such as French, German or Russian 3 A Chinese language or dialect 4 A Filipino language 5 A Southeast Asian language such as Vietnamese, Thai, or Khmer 6 A South Asian language such as Hindi or Tamil 7 Another Asian language such as Japanese or Korean 8 A Middle Eastern language such as Arabic or Farsi 9 An African language such as Swahili or Amharic 91 Another language (Please specify):</p>	Primary home language
	PLQ060aOS	<p>You mentioned a language other than English as your primary language spoken at home. What is it?</p>	Other specify field for primary home language

PLQ060b	<p>You mentioned that more than two or more languages are spoken equally at home. What are these languages? Select one or more choices below for the languages that are spoken in your home. If more than one language falls in the same category below, select that category. If there is not a choice for the language(s) spoken in your home, type the language(s) in under "Another language (Please specify)."</p> <p>0 English 1 Spanish 2 A European language other than Spanish such as French, German or Russian 3 A Chinese language or dialect 4 A Filipino language 5 A Southeast Asian language such as Vietnamese, Thai, or Khmer 6 A South Asian language such as Hindi or Tamil 7 Another Asian language such as Japanese or Korean 8 A Middle Eastern language such as Arabic or Farsi 9 An African language such as Swahili or Amharic 91 Other language(s) (Please specify):</p>	Primary home language
PLQ060bOS	<p>You mentioned that more than two or more languages are spoken equally at home. What are these languages? Select one or more choices below for the languages that are spoken in your home. If more than one language falls in the same category below, select that category. If there is not a choice for the language(s) spoken in your home, type the language(s) in under "Another language (Please specify)."</p>	Other specify field for primary home language

HEQ - Home Environment, Activities, and Cognitive Stimulation	HEQ010 a-i	In a typical week, how often do you or any other family members do the following things with {CHILD}?	Home learning activities
	HEQ010a	Tell stories to {CHILD} 1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day	Home learning activities
	HEQ010b	Sing songs with {CHILD} 1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day	Home learning activities
	HEQ010c	Help {CHILD} to do arts and crafts 1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day	Home learning activities
	HEQ010d	Involve {CHILD} in household chores, like cooking, cleaning, setting the table, or caring for pets 1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day	Home learning activities
	HEQ010e	Play games or do puzzles with {CHILD} 1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day	Home learning activities

HEQ010f	<p>Talk about nature or do science projects with {CHILD}</p> <p>1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day</p>	Home learning activities
HEQ010g	<p>Build something or play with construction toys with {CHILD}</p> <p>1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day</p>	Home learning activities
HEQ010h	<p>Play a sport or exercise together</p> <p>1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day</p>	Home learning activities
HEQ010i	<p>Practice reading, writing or working with numbers</p> <p>1 Not at all 2 Once or twice a week 3 3-6 times a week 4 Every day</p>	Home learning activities
HEQ020	<p>How often do you or other family members use a language other than English when doing any of the activities listed in the previous question?</p> <p>1 Always 2 Most of the time 3 Sometimes 4 Never</p>	Language other than English used in the home for home learning activities

HEQ030	<p>In a typical week, how often do you or any other family members read books to {CHILD}? Include only times family members have read books to the child. Do not include times when the child reads or looks at books by him or herself. Please include reading of books in any language.</p> <p>1- Not at all 2- Once or twice a week 3 - 3-6 times a week 4- Every day</p>	Reading to the child
HEQ036	<p>Generally, how long is {CHILD} read to at each of these times? Please include reading in any language.</p> <p>Minutes:</p>	Reading to the child
HEQ036a-c	How often do you and {CHILD} do the following:	Reading to the child
HEQ036a	<p>When you and your child are reading together, how often does she or he start talking about the story or something it has reminded her or him of?</p> <p>1 Almost never 2 Rarely 3 Sometimes 4 Often 5 Very often 6 Almost always</p>	Reading to the child

HEQ036b	<p>When you and your child are reading books with pictures together, how often do you spend time talking about the pictures?</p> <p>1 Almost never 2 Rarely 3 Sometimes 4 Often 5 Very often 6 Almost always</p>	Reading to the child
HEQ036c	<p>How often do you and your child talk about a book you read sometime in the past?</p> <p>1 Almost never 2 Rarely 3 Sometimes 4 Often 5 Very often 6 Almost always</p>	Reading to the child
HEQ060	<p>Now, please think about the past week. How often did {CHILD} look at picture books in the past week?</p> <p>1 Never 2 Once or twice a week 3 3 to 6 times a week 4 Every day</p>	Reading to the child
HEQ070	<p>Read to or pretend to read to {himself/herself} or to others?</p> <p>1 Never 2 Once or twice a week 3 3 to 6 times a week 4 Every day</p>	Reading to the child
HEQ071 a-l	How often does {CHILD}:	Math activities
HEQ071a	<p>Count objects?</p> <p>0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day</p>	Math activities

HEQ071b	Add or subtract things? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071c	Write numbers? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071d	Match or identify shapes? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071e	Play cards or board games? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071f	Play with jigsaw puzzles? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071g	Play with blocks or construction toys? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities

HEQ071h	Identify or create patterns? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071i	Put objects in order (for example, small to large)? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071j	Measure things (for example, using a ruler, in cooking, etc.)? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071k	Keep score in games? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ071l	Answer/ask questions about "How many things are there?" (for example, "How many plates are on the table?")? 0 Never/almost never 1 Less than once a week 2 Once a week to several times a week 3 Every day or almost every day	Math activities
HEQ072	How often do you play number games or talk about numbers with {CHILD}? 1 Never 2 Once a month 3 Less than once a week 4 Once a week 5 2-3 times a week 6 Every day 7 More than once a day	Math activities

	HEQ073	How much does {CHILD} enjoy number or math activities like counting objects, making patterns, measuring things, etc.? 1 Not at all 2 A little 3 A fair amount 4 Much 5 Very much	Math activities
	HEQ075 a-h	How much do you agree or disagree with the following statements about what it is usually like living in your home?	Amount of chaos in the home
	HEQ075a	We almost always seem to be rushed. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home
	HEQ075b	We are usually able to stay on top of things. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home
	HEQ075c	No matter how hard we try, we always seem to be running late. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home
	HEQ075d	No matter what our family plans, it usually doesn't seem to work out. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home

	HEQ075e	You can't hear yourself think. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home
	HEQ075f	It is a good place to relax. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home
	HEQ075g	The atmosphere is calm. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home
	HEQ075h	In the morning, we have a regular routine. 1 Strongly disagree 2 3 4 5 Strongly agree	Amount of chaos in the home
	HEQ272 a-h	Do you have the following in your home that {CHILD} may use?	Media engagement and usage
	HEQ272a	Smartphone 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage

HEQ272b	Cell phone (for example, not a smartphone or other phone that can also access the internet) 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage
HEQ272c	Tablet (for example, iPad or other tablet) 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage
HEQ272d	Laptop or desktop computer 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage
HEQ272e	Reading device (for example, Kindle or Fire) 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage
HEQ272f	iPod 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage
HEQ272g	Electronic assistant or smart speaker (for example, Alexa, Google Assistant, or Siri) 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage
HEQ272h	Game system (for example, Playstation, Wii, or Xbox, or handheld devices such as a Nintendo DS, or Sony PSP) 1 Yes, {CHILD} shares this with other family member(s) 2 Yes, {CHILD} has his/her own 3 No	Media engagement and usage
HEQ273a	On any given weekday, how much time does {CHILD} spend watching shows, movies, and videos? Hours:	Media engagement and usage-hours

	HEQ273b	On any given weekday, how much time does {CHILD} spend watching shows, movies, and videos? Minutes:	Media engagement and usage-minutes
	HEQ274a	On any given weekday, how much time does {CHILD} spend playing video, computer, or mobile games? Hours:	Media engagement and usage-hours
	HEQ274b	On any given weekday, how much time does {CHILD} spend playing video, computer, or mobile games? Minutes:	Media engagement and usage-minutes
	HEQ275	How often does {CHILD} have a TV, smartphone, tablet, or laptop in {his/her} room overnight? 1 Every night 2 Most nights 3 Some nights 4 Hardly ever 5 Never	Media engagement and usage
	HEQ276 a-b	When {CHILD} is doing the following, how often do you or another adult in the household do it with {him/her}?	Media engagement and usage
	HEQ276a	Watching {his/her} shows, movies, and videos 1 Most of the time 2 Some of the time 3 Hardly ever 4 Never 5 {CHILD} does not do this	Media engagement and usage

HEQ276b	Playing video, computer, or mobile games 1 Most of the time 2 Some of the time 3 Hardly ever 4 Never 5 {CHILD} does not do this	Media engagement and usage
HEQ277	Do you have Internet (cable, Wifi, wireless, or DSL) in your home? 1 Yes 2 No	Media engagement and usage
HEQ278	Does {CHILD} use any digital device(s) to get on the Internet in your home? 1 Yes 2 No	Media engagement and usage
HEQ279	Do you ever use any type of software, app, or device to monitor or limit {CHILD}'s access to the Internet? 1 Yes 2 No	Media engagement and usage
HEQ285	Are there family rules about how many hours {CHILD} may spend on screen time? Screen time refers to the amount of time the child is using a TV, computer, or any other digital device in which the child is looking at a screen during use. 1 Yes 2 No	Media engagement and usage
HEQ285a	In what ways do you limit {CHILD}'s screen time? Please Select All That Apply 1 With a device or app 2 Ask my child to end screen time 3 Redirect my child to other activity 4 Take away the device from my child 91 Other (Please specify):	Media engagement and usage

	HEQ285aOS	In what ways do you limit {CHILD}'s screen time?	Other specify for media engagement and usage
	HEQ288	<p>Now we'd like to ask you about some of the activities your child might do. Has {CHILD} ever participated in any of the following activities?</p> <p>Select All That Apply</p> <p>1 Organized athletic activities, like basketball, soccer, baseball, swimming, or gymnastics 2 Dance groups, classes, or lessons 3 Music, for example, piano, instrumental music, or singing lessons 4 Drama groups, classes, or lessons 5 Art groups, classes, or lessons, for example, painting, drawing, sculpture 6 Craft groups, classes, or lessons 7 Language groups, classes, or lessons (to learn English or another language)</p>	Children's organized activities
	HEQ289	<p>In the past month, that is, since {MONTH} {DAY}, has anyone in your family visited the following with {CHILD}?</p> <p>Select All That Apply</p> <p>1 Visited a library or bookstore (Do not count visiting a library or bookstore online. We are asking about in person visits to a library or bookstore.) 2 Gone to a play, concert, or other live show 3 Visited an art gallery, museum, or historical site 4 Visited a zoo, aquarium, or petting farm 5 Attended an athletic or sporting event in which {CHILD} was not a player 6 Gone to a park</p>	Outings
	HEQ520	In a typical week, please indicate the number of days your family eats any meal together. By family, we mean at least one adult and one child.	Eating a meal together

HEQ521	<p>In a typical week, please indicate the number of days your family eats the evening meal together. By family, we mean at least one adult and one child.</p>	Eating the evening meal together
HEQ540	<p>During a typical week, how often does {CHILD} play outside actively (for example, running, jumping, or swinging)?</p> <p>1 Never 2 Once or twice 3 3 to 6 times 4 Every day</p>	
HEQ545	<p>How safe is it for children to play outside during the day in your neighborhood?</p> <p>1 Not at all safe 2 Somewhat safe 3 Very safe</p>	
HEQ550	<p>Does {CHILD} usually go to bed at about the same time each night, or does {his/her} bedtime vary a lot from night to night?</p> <p>1 Has usual bedtime 2 Bedtime varies</p>	Whether child has a regular bedtime
HEQ600a	<p>On an average weeknight, how many hours of sleep does {CHILD} get?</p> <p>Hours:</p>	Sleep-hours
HEQ600b	<p>On an average weeknight, how many hours of sleep does {CHILD} get?</p> <p>Minutes:</p>	Sleep-minutes

SSQ Social Skills, Problem Behaviors, and Approaches Toward Learning	SSQ010 a-n	Please indicate how often {CHILD} acts this way.	Approaches to Learning
	SSQ010a	Keeps working at something until {he/she} is finished 1 Never 2 Sometime 3 Often 4 Very often	Approaches to Learning
	SSQ010b	Shows interest in a variety of things 1 Never 2 Sometime 3 Often 4 Very often	Approaches to Learning
	SSQ010c	Concentrates on a task and ignores distractions 1 Never 2 Sometime 3 Often 4 Very often	Approaches to Learning
	SSQ010d	Helps with chores 1 Never 2 Sometime 3 Often 4 Very often	Approaches to Learning
	SSQ010e	Is eager to learn new things 1 Never 2 Sometime 3 Often 4 Very often	Approaches to Learning

	SSQ010f	Is creative in work or in play 1 Never 2 Sometime 3 Often 4 Very often	Approaches to Learning
	SSQ010g	Item wording is redacted due to copyright	Social interaction
	SSQ010h	Item wording is redacted due to copyright	Social interaction
	SSQ010i	Item wording is redacted due to copyright	Social interaction
	SSQ010j	Item wording is redacted due to copyright	Self-control
	SSQ010k	Item wording is redacted due to copyright	Self-control
	SSQ010l	Item wording is redacted due to copyright	Self-control
	SSQ010m	Item wording is redacted due to copyright	Self-control
	SSQ010n	Item wording is redacted due to copyright	Self-control
	SSQ020 a-f	Please rate how true each of these statements is for {CHILD}.	Attention Focusing
	SSQ020a	When practicing an activity, has a hard time keeping {her/his} mind on it. 1 Extremely untrue of your child 2 3 4 5 6 7 Extremely true of your child	Attention Focusing

SSQ020b	<p>Will move from one task to another without completing any of them.</p> <p>1 Extremely untrue of your child</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7 Extremely true of your child</p>	Attention Focusing
SSQ020c	<p>When drawing or coloring in a book, shows strong concentration.</p> <p>1 Extremely untrue of your child</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7 Extremely true of your child</p>	Attention Focusing
SSQ020d	<p>When building or putting something together, becomes very involved in what {he/she} is doing, and works for long periods of time.</p> <p>1 Extremely untrue of your child</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7 Extremely true of your child</p>	Attention Focusing
SSQ020e	<p>Is easily distracted when listening to a story.</p> <p>1 Extremely untrue of your child</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7 Extremely true of your child</p>	Attention Focusing

SSQ020f	<p>Sometimes becomes absorbed in a picture book and looks at it for a long time.</p> <p>1 Extremely untrue of your child 2 3 4 5 6 7 Extremely true of your child</p>	Attention Focusing
SSQ025 a-f	Please rate how true each of these statements is for {CHILD}.	Inhibitory Control
SSQ025a	<p>Can wait before entering into new activities if asked to</p> <p>1 Extremely untrue of your child 2 3 4 5 Extremely true of your child</p>	Inhibitory Control
SSQ025b	<p>Plans for new activities or changes in routine to make sure s/he has what will be needed</p> <p>1 Extremely untrue of your child 2 3 4 5 Extremely true of your child</p>	Inhibitory Control
SSQ025c	<p>Has trouble sitting still when s/he is told to (story time, etc.)</p> <p>1 Extremely untrue of your child 2 3 4 5 Extremely true of your child</p>	Inhibitory Control
SSQ025d	<p>Is good at following instructions</p> <p>1 Extremely untrue of your child 2 3 4 5 Extremely true of your child</p>	Inhibitory Control

SSQ025e	Approaches places that s/he thinks might be "risky" slowly and cautiously 1 Extremely untrue of your child 2 3 4 5 Extremely true of your child	Inhibitory Control
SSQ025f	Can easily stop an activity when told "no" 1 Extremely untrue of your child 2 3 4 5 Extremely true of your child	Inhibitory Control
SSQ030 a-e	How much do you agree or disagree with the following statements about {CHILD}.	Affective empathy
SSQ030a	My child becomes sad when other children are sad. 1 Strongly disagree 2 3 Neither disagree nor agree 4 5 Strongly agree	Affective empathy
SSQ030b	My child gets upset seeing another child being punished for being naughty. 1 Strongly disagree 2 3 Neither disagree nor agree 4 5 Strongly agree	Affective empathy
SSQ030c	My child seems to react to the moods of people around them. 1 Strongly disagree 2 3 Neither disagree nor agree 4 5 Strongly agree	Affective empathy

	SSQ030d	<p>My child gets upset when another person is acting upset.</p> <p>1 Strongly disagree</p> <p>2</p> <p>3 Neither disagree nor agree</p> <p>4</p> <p>5 Strongly agree</p>	Affective empathy
	SSQ030e	<p>My child cries or gets upset when seeing another child cry.</p> <p>1 Strongly disagree</p> <p>2</p> <p>3 Neither disagree nor agree</p> <p>4</p> <p>5 Strongly agree</p>	Affective empathy
FSQ -Family Structure	FSQ010	<p>Please confirm the names or initials of the household members you already told us about before and add the first names of all the other people who normally live here, including both adults and children. Please do not include anyone staying here temporarily who usually lives somewhere else.</p> <p>We ask for first names so that we can ask questions about each person in the survey. If there is a typo, or you gave a nickname or initials, you may correct it here before continuing.</p> <p>Please list each person in your household on a separate line, until you have listed all the people in your household.</p> <p>Don't forget...</p> <ul style="list-style-type: none"> -your spouse or partner, or -someone who is temporarily away from home or living in a dorm at school, or -any babies or small children. <p>First name {DISPLAY FIRST NAME OF RESPONDENT} {DISPLAY FIRST NAME OF SAMPLED CHILD} {DISPLAY FIRST NAMES OF ALL OTHER CHILDREN LISTED IN SCREENER, IF APPLICABLE}</p>	Current household roster

	FSQ030	<p>How old {are you/is {NAME}}?</p> <p>For babies less than 1 year old, enter 0.</p>	Current household roster
	FSQ040	<p>{Are you/Is {NAME}} male or female?.</p> <p>1 Male 2 Female</p>	Current household roster
	FSQ110	<p>Do you have a spouse or partner who lives in this household?</p> <p>1 Yes 2 No</p>	Marital status of the primary caregivers
	FSQ120	<p>Who in the household is your spouse or partner?</p> <p>Select the number next to the name of the person who is your spouse/partner. If name not listed, select "not on list."</p> <p>1 {DISPLAY HH MEMBER NAME 1} 2 {DISPLAY HH MEMBER NAME 2} 3 {DISPLAY HH MEMBER NAME 3} 4 {DISPLAY HH MEMBER NAME 4} 5 {DISPLAY HH MEMBER NAME 5} 6 {DISPLAY HH MEMBER NAME 6} 7 {DISPLAY HH MEMBER NAME 7} 8 {DISPLAY HH MEMBER NAME 8}</p> <p> _ Not on list</p>	Marital status of the primary caregivers
	FSQ120a	<p>What is the first name of your spouse or partner?</p> <p>First name:</p>	Marital status of the primary caregivers

	FSQ120b	How old is {NAME}?	Current household roster
	FSQ120c	Is {NAME} male or female? 1 Male 2 Female	Current household roster
	FSQ130	What is {your/{NAME}'s} relationship to {CHILD}? 1 Mother/female guardian 2 Father/male guardian 3 Other parent/guardian 4 Sister 5 Brother 6 Girlfriend or female partner of {CHILD}'s parent/guardian 7 Boyfriend or male partner of {CHILD}'s parent/guardian 8 Other partner of {CHILD}'s parent/guardian 9 Grandmother 10 Grandfather 11 Aunt 12 Uncle 13 Cousin 14 Other relative 15 Other non-relative	Relationship of household member to child
	FSQ140	{Are you/Is {NAME}} {CHILD}'s... 1 Biological or birth mother 2 Adoptive mother 3 Step mother 4 Foster mother or legal female guardian 5 Other female parent or guardian	Relationship of household member to child

	FSQ150	{Are you/Is {NAME}} {CHILD}'s... 1 Biological or birth father 2 Adoptive father 3 Step father 4 Foster father or legal male guardian 5 Other male parent or guardian	Relationship of household member to child
	FSQ155	{Are you/Is {NAME}} {CHILD}'s... 1 Biological or birth parent 1 Adoptive parent 3 Step parent 4 Foster parent or legal guardian 5 Other parent or guardian	Relationship of household member to child
	FSQ160	{Are you/Is {NAME}} {CHILD}'s... 1 Full sister 2 Half sister 3 Step sister 4 Adoptive sister 5 Foster sister	Relationship of household member to child
	FSQ170	{Are you/Is {NAME}} {CHILD}'s... 1 Full brother 2 Half brother 3 Step brother 4 Adoptive brother 5 Foster brother	Relationship of household member to child
	FSQ180	{Are you/Is {NAME}} {CHILD}'s... 1 Girlfriend or female partner of {CHILD}'s parent/guardian 2 Boyfriend or male partner of {CHILD }'s parent/guardian 3 Other partner of {CHILD}'s parent/guardian 4 Female guardian 5 Male guardian 6 Other guardian 7 Daughter/son of {CHILD}'s parent's partner 8 Other relative of {CHILD}'s parent's partner 91 Other non-relative (Please specify):	Relationship of household member to child

FSQ1800S	{Are you/Is {NAME}} {CHILD}'s...	Other specify for relationship of household member to child
FSQ190	<p>{Are you/Is {NAME}} Hispanic or Latina/Latino?</p> <p>A person who is Hispanic or Latino is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p>1 Yes 2 No</p>	Ethnicity of child, parent figures, or respondent and respondent's spouse (if no mother or father figures)
FSQ195	<p>What is {your/{NAME}'s} race? You may name one or more races to indicate what {you/NAME} {consider/considers} {yourself/himself/herself/themself} to be.</p> <p>For the purposes of this study, Hispanic origins are not races.</p> <p>Please Select All That Apply.</p> <p>1 American Indian or Alaska Native 2 Asian 3 Black or African American 4 Native Hawaiian or other Pacific Islander 5 White</p>	Race of child, parent figures, or respondent and respondent's spouse (if no mother or father figures)
FSQ200	<p>{FILL 1} currently married, separated, divorced, widowed, in a domestic partnership, or {FILL 2} never been married?</p> <p>1 Married 2 Separated 3 Divorced 4 Widowed 5 Never married 6 Civil unions/domestic partnership Don't know</p>	Marital status of the primary caretakers

CCQ - Child Care	CCQ010	<p>Is {CHILD} now receiving care from a relative on a regular basis? This may include grandparents, brothers and sisters, or any relatives other than {you/{CHILD}'s {parents/guardians}}.</p> <p>Care from a relative would be with any relative other than the child's parents and would take place in a private home. It may be free or cost money. It should be a regular child care arrangement rather than occasional babysitting or back-up care. If you are separated or divorced, please do not include visitation with a parent who does not have custody.</p> <p>1 Yes 2 No</p>	Type and amount of ECE arrangements (relative)
	CCQ015	<p>Has {CHILD} ever received care from a relative on a regular basis?</p> <p>1 Yes 2 No</p>	Type and amount of ECE arrangements (relative)
	CCQ020a	<p>How old was {CHILD} in years and months when {he/she} first received care from any relative on a regular basis?</p>	Type and amount of ECE arrangements (relative)-years
	CCQ020b	<p>How old was {CHILD} in years and months when {he/she} first received care from any relative on a regular basis?</p>	Type and amount of ECE arrangements (relative)-months
	CCQ060	<p>How many different regular care arrangements do you currently have with relatives? Please do not include care from a parent or guardian who lives in the home or elsewhere.</p> <p>1 One 2 Two 3 Three 4 Four 5 Five or more</p>	Type and amount of ECE arrangements (relative)

CCQ065	<p>{We'd like to know more about the relative who provides the most care for {CHILD} now.} Who is the relative who cares for {CHILD}?</p> <p>Please do not include care from a parent or guardian who lives in the home or elsewhere.</p> <p>1 Grandparent 2 Aunt 3 Uncle 4 Brother 5 Sister 6 Another relative</p>	Type and amount of ECE arrangements (relative)
CCQ085	How many days each week does {CHILD} receive care from {{his/her} RELATIVE}/that relative)?	Type and amount of ECE arrangements (relative)
CCQ090	<p>How many hours each week does {CHILD} receive care from {{his/her} RELATIVE}/that relative)?</p> <p>Enter the hours each week in whole hours.</p>	Type and amount of ECE arrangements (relative)
CCQ095	<p>How long has {CHILD} received care from {his/her} relative in the last year?</p> <p>1 One to two months 2 Three to five months 3 Six to eight months 4 Nine to eleven months 5 Twelve months</p>	Type and amount of ECE arrangements (relative)

CCQ096	<p>What language does {CHILD}'s relative speak most when caring for {CHILD}?</p> <p>0 English 1 Spanish 2 A European language other than Spanish such as French, German or Russian 3 A Chinese language or dialect 4 A Filipino language 5 A Southeast Asian language such as Vietnamese, Thai, or Khmer 6 A South Asian language such as Hindi or Tamil 7 Another Asian language such as Japanese or Korean 8 A Middle Eastern language such as Arabic or Farsi 9 An African language such as Swahili or Amharic 91 Another language (Please specify):</p>	Characteristics of providers (relative)
CCQ096OS	<p>What language does {CHILD}'s relative speak most when caring for {CHILD}?</p>	Other specify for characteristics of providers (relative)
CCQ097	<p>Is this relative 18 years of age or older?</p> <p>1 Yes 2 No</p>	Characteristics of providers (relative)

CCQ098	<p>Head Start is a federally sponsored preschool program mainly for children from low-income families. {Is the regular care arrangement that {CHILD} has with a relative/Are any of the regular care arrangements that {CHILD} has with relatives} Head Start?}</p> <p>Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is related to the child but is not his or her parent. If your child participates in a home Head Start program where and a parent is the caregiver, select no.</p> <p>1 Yes 2 No Don't know</p>	Head Start (relative)
CCQ099	<p>Is the relative who provides the most care for {CHILD} providing the care as part of a Head Start program?</p> <p>Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is related to the child but is not his or her parent.</p> <p>1 Yes 2 No</p>	Head Start (relative)
CCQ100	How many days each week does {CHILD} receive care from a relative in Head Start?	Head Start (relative)
CCQ101	<p>How many hours each week does {CHILD} receive care from this relative in Head Start?</p> <p>Enter the hours each week in whole hours.</p>	Head Start (relative)

CCQ110	<p>How many hours each week does {CHILD} receive care from {these/this} other {relatives/relative}?</p> <p>Do not include care from a parent or guardian who lives in the household or in another home.</p>	Type and amount of ECE arrangements (relative)
CCQ115	<p>Is {CHILD} now receiving care in a private home on a regular basis from someone who is not related to/ {him/her} (including care provided before or after school)? This includes home child care providers, regular sitters, or neighbors. {It does not include child care centers.}</p> <p>Non-relative care is provided by someone not related to the child and is located in a private home. The private home may be the child's home, the caregiver's home, or another home. If there is at least one parent in the household, any nonrelative living in the household is eligible to be counted as a care arrangement, if the care is given on a regularly scheduled basis. If neither parent lives in the household, do not include care provided by guardians who live with the child (they are treated the same as parents). Non-relative care arrangements or programs may or may not have a charge or fee.</p>	Type and amount of ECE arrangements (nonrelative)
CCQ120	<p>Has {CHILD} ever received care in a private home from a nonrelative on a regular basis?</p> <p>1 Yes 2 No</p>	Type and amount of ECE arrangements (nonrelative)
CCQ125a	<p>How old was {CHILD} in years and months when {he/she} first received regular care in a private home from any nonrelative?</p>	Type and amount of ECE arrangements (nonrelative)-years
CCQ125b	<p>How old was {CHILD} in years and months when {he/she} first received regular care in a private home from any nonrelative?</p>	Type and amount of ECE arrangements (nonrelative)-months
CCQ165	<p>How many different regular care arrangements do you currently have with nonrelatives?</p> <p>1 One 2 Two 3 Three 4 Four 5 Five or more</p>	affective empathy

CCQ170	<p>Is that care provided in your home or another home?</p> <p>1 Own home 2 Other home 3 Both/Varies</p>	Type and amount of ECE arrangements (nonrelative)
CCQ185	<p>How many days each week does {CHILD} receive care from that person?</p> <p>Days:</p>	Type and amount of ECE arrangements (nonrelative)
CCQ190	<p>How many hours each week does {CHILD} receive care from that person?</p> <p>Enter the hours each week in whole hours.</p> <p>Hours:</p>	Type and amount of ECE arrangements (nonrelative)
CCQ191	<p>How long has {CHILD} received care from the nonrelative in the last year?</p> <p>1 One to two months 2 Three to five months 3 Six to eight months 4 Nine to eleven months 5 Twelve months</p>	Type and amount of ECE arrangements (nonrelative)
CCQ192	<p>What language does {CHILD}'s nonrelative speak most when caring for {CHILD}?</p> <p>0 English 1 Spanish 2 A European language other than Spanish such as French, German or Russian 3 A Chinese language or dialect 4 A Filipino language 5 A Southeast Asian language such as Vietnamese, Thai, or Khmer 6 A South Asian language such as Hindi or Tamil 7 Another Asian language such as Japanese or Korean 8 A Middle Eastern language such as Arabic or Farsi 9 An African language such as Swahili or Amharic 91 Another language (Please specify):</p>	Characteristics of providers (nonrelative)

CCQ192OS	What language does {CHILD}'s nonrelative speak most when caring for {CHILD}?	Other specify for characteristics of providers (nonrelative)
CCQ193	Is this nonrelative 18 years of age or older? 1 Yes 2 No	Characteristics of providers (nonrelative)
CCQ194	<p>{Head Start is a federally sponsored preschool program mainly for children from low-income families.} {Is the regular care arrangement that {CHILD} has with a nonrelative /Are any of the regular care arrangements that {CHILD} has with nonrelatives} Head Start?</p> <p>Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is not his or her parent and is not related to the child.</p> <p>1 Yes 2 No</p>	Head Start (nonrelative)

CCQ195	<p>Is the nonrelative who provides the most care for {CHILD} now providing the care as part of a Head Start program?</p> <p>Head Start is a federally funded early childhood education program designed to improve the school readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a family child care program in a private home where the child is cared for by someone who is not his or her parent and is not related to the child.</p> <p>1 Yes 2 No</p>	Head Start (nonrelative)
CCQ196	How many days each week does {CHILD} receive care from that person in Head Start?	Head Start (nonrelative)
CCQ197	<p>How many hours each week does {CHILD} receive care from that person in Head Start?</p> <p>Enter the hours each week in whole hours.</p>	Head Start (nonrelative)
CCQ205	How many hours each week does {CHILD} receive care from {this nonrelative/these nonrelatives}?	Type and amount of ECE arrangements (nonrelative)
CCQ260	<p>Is {CHILD} now attending a day care center, nursery school, preschool, prekindergarten, or a before- or after-school program at a school or in a center on a regular basis?</p> <p>Please include any type of formal program that provides care and supervision. It may be in a child's school or in another location, such as a church or a free-standing building. Head Start programs, nursery schools, preschools, and prekindergarten programs that include children who are now in kindergarten (some of which may be sponsored by the state) are also included.</p> <p>1 Yes 2 No</p>	Type and amount of ECE arrangements (center)

CCQ265	Has {CHILD} ever attended a day care center, nursery school, preschool, prekindergarten, or before- or afterschool program at a school or in a center on a regular basis? 1 Yes 2 No	Type and amount of ECE arrangements (center)
CCQ275a	How old was {CHILD} in years and months when {he/she} first attended any day care center, nursery school, preschool, prekindergarten, or before- or after-school program on a regular basis?	Type and amount of ECE arrangements (center)-years
CCQ275b	How old was {CHILD} in years and months when {he/she} first attended any day care center, nursery school, preschool, prekindergarten, or before- or after-school program on a regular basis?	Type and amount of ECE arrangements (center)-months
CCQ280	How many different day care centers or before- or after-school care programs does {CHILD} currently go to on a regular basis? 1 One 2 Two 3 Three 4 Four 5 Five or more	Type and amount of ECE arrangements (center)
CCQ285	Where is the program that {CHILD} attends {most} located? For example, is it in its own building, a school, a place of worship, or some other place? 1 Its own building 2 A public elementary, junior high, or high school 3 A private elementary, junior high, or high school 4 A college or university 5 A church, mosque, synagogue, or other place of worship 6 Your home 7 Another home 8 A community center 9 A public library 10 A building or storefront that shares walls with other businesses 11 More than one place 12 Some other place	Type and amount of ECE arrangements (center)

	CCQ295	How many days each week does {CHILD} go to that program?	Type and amount of ECE arrangements (center)
	CCQ300	How many hours each week does {CHILD} go to that program? Enter the hours each week in whole hours.	Type and amount of ECE arrangements (center)
	CCQ305	How long has {CHILD} received care at that program in the last year? 1 One to two months 2 Three to five months 3 Six to eight months 4 Nine to eleven months 5 Twelve months	Type and amount of ECE arrangements (center)
	CCQ310	What language does {CHILD}'s main care provider or teacher at that program speak most when caring for {CHILD}? 0 English 1 Spanish 2 A European language other than Spanish such as French, German or Russian 3 A Chinese language or dialect 4 A Filipino language 5 A Southeast Asian language such as Vietnamese, Thai, or Khmer 6 A South Asian language such as Hindi or Tamil 7 Another Asian language such as Japanese or Korean 8 A Middle Eastern language such as Arabic or Farsi 9 An African language such as Swahili or Amharic 91 Another language (Please specify):	Characteristics of providers (center)
	CCQ310OS	What language did {CHILD}'s main care provider or teacher at that program speak most when caring for {CHILD}?	Other specify for characteristics of providers (center)

CCQ320	<p>When {CHILD}'s teacher sends home notes or newsletters, are these in a language that you speak?</p> <p>1 Yes 2 No</p>	Whether the ECE provides translated materials
CCQ325	<p>{s/Are any of } {CHILD}'s care arrangement{s} in a day care center, nursery school, preschool, or prekindergarten program Head Start?</p> <p>Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a center setting.</p> <p>1 Yes 2 No</p>	Head Start (center)
CCQ326	<p>Is the care arrangement in a day care center, nursery school, preschool, or prekindergarten program where {CHILD} spends the most time a Head Start program?</p> <p>Head Start is a federally funded early childhood education program designed to improve the school-readiness of disadvantaged children who are usually 3 to 5 years old. Head Start may be offered in a variety of locations (center or home). For this question, we are interested in Head Start services in a center setting.</p> <p>1 Yes 2 No</p>	Head Start (center)
CCQ327	How many days each week does {CHILD} receive care from Head Start?	Head Start (center)
CCQ328	<p>How many hours each week does {CHILD} receive care from Head Start?</p> <p>Enter the hours each week in whole hours.</p>	Head Start (center)

CCQ329	<p>{Is the day care center, nursery school, preschool, or prekindergarten program}/{Are any of the day care centers, nursery schools, preschools, or prekindergarten programs} a state-sponsored preschool or state sponsored prekindergarten program?</p> <p>1 Yes 2 No</p>	State-sponsored ECE program
CCQ375	<p>You said that {CHILD} attended {NUMBER} other day care {center/centers} or before- or after-school {program/programs} on a regular basis. How many hours each week does {CHILD} attend {this program/these programs}?</p>	Type and amount of ECE arrangements (center)
CCQ500 a-e	<p>Please answer the following questions about the child care arrangement that {CHILD} spends the most time in right now.</p>	Parent endorsement of the ECE setting
CCQ500a	<p>I feel welcome and comfortable with the people at {CHILD}'s arrangement.</p> <p>1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree</p>	Parent endorsement of the ECE setting
CCQ500b	<p>{CHILD}'s arrangement has been a good place for {him/her} to be.</p> <p>1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree</p>	Parent endorsement of the ECE setting
CCQ500c	<p>The people at {CHILD}'s arrangement are doing good things for {him/her}.</p> <p>1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree</p>	Parent endorsement of the ECE setting

CCQ500d	<p>I have confidence in the people at {CHILD}'s arrangement.</p> <ol style="list-style-type: none"> 1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree 	Parent endorsement of the ECE setting
CCQ500e	<p>{CHILD}'s arrangement is doing a good job of preparing {him/her} for school.</p> <ol style="list-style-type: none"> 1 Strongly disagree 2 Disagree 3 Not sure 4 Agree 5 Strongly agree 	Parent endorsement of the ECE setting
CCQ550	<p>About how far would you say it is from your home to the child care arrangement {CHILD} attends?</p> <ol style="list-style-type: none"> 1 Less than 1/8th mile (less than 3 blocks) 2 1/8th mile to 1/4 mile (3-5 blocks) 3 More than 1/4 mile, but less than 1/2 mile (6-9 blocks) 4 1/2 mile to less than 1 mile (10-19 blocks) 5 One mile to 2.5 miles 6 2.6 miles to 5 miles 7 5.1 miles to 7.5 miles 8 7.6 miles to 10 miles 9 10.1 miles or more 	Distance to ECE setting
CCQ555	<p>About how far would you say it is from your home to the child care arrangement {CHILD} attends?</p> <ol style="list-style-type: none"> 1 Less than 5 minutes away 2 Between 5-10 minutes away 3 Between 11 and 15 minutes away 4 Between 16 and 20 minutes away 5 Between 21 and 30 minutes away 6 More than 30 minutes away 	Distance to ECE setting

	CCQ555a	<p>How do you usually take {CHILD} to the child care arrangement {he/she} attends?</p> <p>1 Walking 2 Driving 3 Public transportation 91 Other (Please specify):</p>	How long to ECE setting
	CCQ555aOS	<p>How do you usually take {CHILD} to the child care arrangement {he/she} attends?</p>	Other specify for how long to ECE setting
	CCQ560	<p>Even though many factors matter when choosing child care or a preschool, which three factors below were the most important to you? Please choose only three choices. For me, the THREE (3) most important factors were that the child care or program...</p> <p>a. Offers convenient hours (for example, is a full-day program, or offers before- or after-school care) b. Offers services for children with special needs c. Teaches children how to get along well with others d. Is in a convenient location (close to your home, work, or public transportation) e. Has a warm and nurturing caregiver(s)/teacher(s) f. Provides a safe and clean environment g. Provides transportation h. Is free or was the least expensive option i. Teaches children letters, numbers, and other academic skills j. Accepts payment from a child care assistance program in my state k. Also serves my other children (for example, the program is located in a school where an older sibling is enrolled) l. Teaching philosophy (for example, Montessori, Reggio Emilia, etc.) m. Provides specialized programs (for example, dual language instruction) n. Offered in same location as kindergarten o. Has good reputation or high rating (for example, heard good things about the school from friends, family, neighbors, etc.) p. Very good value q. Promotes racial/cultural inclusivity r. A language other than English is used as the teaching language</p>	Reasons for choosing child care

CCQ565	<p>Now please choose the TWO things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program. Please choose only two choices.</p> <p>The TWO (2) things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program are:</p> <ul style="list-style-type: none"> a. Offer more convenient hours b. Be in a more in a convenient location c. It is not helping my child learn (for example, I wish my child got more practice development social skills or academic school skills) d. The way the caregiver/teacher interacts with my child (for example, I wish my child's caregiver/teacher was more warm and affectionate) e. The environment at my child's child care/preschool program (for example, I wish the program was more inviting with more books and toys for my child) f. The way my child's caregiver/teacher communicates with me about my child (for example, I wish my child's caregiver/teacher talked to me more about my child's progress) g. The cost h. Other (Please specify): i. None. If there is nothing you would change about your child care/preschool program, please mark here. 	Improvements that the parent would make in the child care
CCQ565hOS	<p>Now please choose the TWO things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program. Please choose only two choices.</p> <p>The TWO (2) things that MOST NEED IMPROVEMENT at {CHILD}'s child care or preschool program are:</p>	

CCQ570	<p>Has anyone in any of {CHILD}'s care arrangements contacted you or another adult in your household about any behavior problems {he/she/{CHILD}} is having, such as:</p> <p>Select All That Apply</p> <ul style="list-style-type: none"> 1 Biting 2 Being aggressive 3 Not following directions 4 Being overly active 5 Being impulsive or having little or not self-control 6 Another behavior problem 7 None of these 	How behavior problems are handled in the ECE setting
CCQ575	<p>How helpful was this care arrangement(s) in providing tips or assistance in dealing with {CHILD}'s problem behaviors?</p> <ul style="list-style-type: none"> 1 Very helpful 2 Somewhat helpful 3 Not at all helpful 4 Did not receive assistance or tips 	How behavior problems are handled in the ECE setting
CCQ580	<p>Have you ever been asked to remove {CHILD} from care for the day due to one or more behavior issues he/she was having, such as biting, being aggressive, not following directions, being overly active, being impulsive, or having little or no self-control?</p> <ul style="list-style-type: none"> 1 Yes 2 No 	Whether the child has ever been asked to leave the ECE program for the day
CCQ585	<p>Have you ever been asked to remove {CHILD} from care and not return to the care setting?</p> <ul style="list-style-type: none"> 1 Yes 2 No 	Whether the child has ever been asked to leave the ECE program and not return

	CCQ590	<p>You reported before that {CHILD} has received {his/her/{CHILD}'s} current care from {a relative {and}/a non-relative {and}/ a day care center, nursery school, preschool, prekindergarten, or before- or after-school program} for less than twelve months. Where else was {CHILD} in care in the last year?</p> <p>1 Head Start program (Head Start is a federally sponsored pre-kindergarten program mainly for children from low income families) 2 Preschool in a public school 3 An early education center, child care center, parochial child care center, or nursery school other than Head Start 4 An in-home child care program or family child care program 5 An "extended-day" program, that is, before- or after-school care at the child's regular school 6 Care by a parent 7 Care by another member of your family or household 8 Care by someone other than a member of your family or household 91 Other (Please specify):</p>	Child care type if in current care for less than a year
	CCQ590OS	Where else was {CHILD} in care in the last year?	Other specify for child care type if in current care for less than a year
KSQ - Kindergarten Selection and Choice	KSQ005	<p>Some parents know in advance where their children will attend kindergarten. Do you know where {CHILD} will attend kindergarten?</p> <p>1 Yes 2 No</p>	School where child is expected to attend kindergarten
	KSQ010	<p>What is the name of the school where {CHILD} will attend {kindergarten/next year}?</p> <p>Select the school from the list below. If you don't find the school, select "School not on list" and then type in the full school name. If you are considering more than one school, enter the name of the school that is most likely.</p>	School where child is expected to attend kindergarten

KSQ0100S	What is the name of the school where {CHILD} will attend {kindergarten/next year}?	Other specify for school where child is expected to attend kindergarten
KSQ015a	What is the mailing address of the school? Address Line 1: Address Line 2:	School where child is expected to attend kindergarten
KSQ015b	City:	School where child is expected to attend kindergarten
KSQ015c	State: Please select a state, district, or territory.	School where child is expected to attend kindergarten
KSQ015d	Zip code:	School where child is expected to attend kindergarten

	KSQ020	<p>How did you learn about the school where {CHILD} will attend kindergarten?</p> <p>Select All That Apply</p> <p>1 It is the assigned school for our neighborhood 2 Word of mouth/recommendation from family, friends, etc. 3 District/school website 4 Looked at school's profile online 5 Looked at school's ratings online from other parents 91 Other (specify)</p>	How respondent learned of selected kindergarten
	KSQ020OS	<p>How did you learn about the school where {CHILD} will attend kindergarten?</p>	Other specify for how respondent learned of selected kindergarten

	KSQ025	<p>Even though many factors matter when choosing a kindergarten, which three factors below are the most important to you? Please choose only three choices.</p> <ul style="list-style-type: none"> a Offers convenient hours (for example, is a full day kindergarten program, or offers before- or after-school care) b Offers services for children with special needs c Teaches children how to get along well with others d Is in a convenient location (close to your home, work, or public transportation) e Has a warm and nurturing teacher(s) f Provides a safe and clean environment g Provides transportation h Is free or is the least expensive option i Teaches children letters, numbers, and other academic skills j Accepts payment from a tuition assistance/voucher program in my state k Also serves my other children (for example, the program is located in a school where an older sibling is enrolled) l Offers specialized programs or curriculum (for example, drama, arts, foreign languages, Montessori, modified calendar, etc.) m Is in an elementary school that feeds into a desired middle or high school n Has a good reputation or high rating (for example, heard good things about the school from friends, family, neighbors, etc.) o Very good value p Promotes racial/cultural inclusivity q A language other than English is used as the teaching language r It is the assigned public school for the neighborhood 	Reasons for choosing kindergarten
CHQ -Child's Health and Well-Being	CHQ004	<p>Would you say {CHILD}'s health is ...</p> <ul style="list-style-type: none"> 1 Excellent, 2 Very good, 3 Good, 4 Fair, or 5 Poor? 	Overall health
	CHQ060	<p>In a typical week, on how many days does {CHILD} get exercise that causes rapid breathing, perspiration, and a rapid heartbeat for 20 continuous minutes or more?</p>	Exercise

CHQ086	How tall is {CHILD} without shoes? 1 Answer in feet and inches 2 Answer in meters and centimeters Don't know	Height
CHQ086a	[Please answer for how tall {CHILD} is in feet and inches without shoes?]	Height-feet
CHQ086b	[Please answer for how tall {CHILD} is in feet and inches without shoes?]	Height-inches
CHQ086c	[Please answer for how tall {CHILD} is in meters and centimeters without shoes?]	Height-meters
CHQ086d	[Please answer for how tall {CHILD} is in meters and centimeters without shoes?]	Height-centimeters
CHQ087	How much does {CHILD} weigh without shoes? 1 Answer in pounds 2 Answer in kilograms Don't know	Weight
CHQ087a	[Please answer for how much {CHILD} weighs in pounds without shoes?]	Weight-pounds
CHQ087b	[Please answer for how much {CHILD} weighs in kilograms without shoes?]	Weight-kilograms
CHQ095 a-g	Please answer the following questions based on how {CHILD} compares to other children of the same age.	Perception of child compared to other similar-aged children
CHQ095a	{CHILD} is independent and takes care of {himself/herself} 1 Better than other children {his/her} age 2 As well as other children 3 Slightly less well than other children 4 Much less well than other children	Perception of child compared to other similar-aged children
CHQ095b	{CHILD} pays attention 1 Better than other children {his/her} age 2 As well as other children 3 Slightly less well than other children 4 Much less well than other children	Perception of child compared to other similar-aged children

CHQ095c	{CHILD} learns, thinks, and solves problems 1 Better than other children {his/her} age 2 As well as other children 3 Slightly less well than other children 4 Much less well than other children	Perception of child compared to other similar-aged children
CHQ095d	{CHILD} shows good coordination in moving {his/her} arms and legs? 1 Better than other children {his/her} age 2 As well as other children 3 Slightly less well than other children 4 Much less well than other children	Perception of child compared to other similar-aged children
CHQ095e	{CHILD} behaves and relates to other children 1 Better than other children {his/her} age 2 As well as other children 3 Slightly less well than other children 4 Much less well than other children	Perception of child compared to other similar-aged children
CHQ095f	{CHILD} behaves and relates to adults 1 Better than other children {his/her} age 2 As well as other children 3 Slightly less well than other children 4 Much less well than other children	Perception of child compared to other similar-aged children
CHQ095g	{CHILD}'s overall activity level is 1 Better than other children {his/her} age 2 As well as other children 3 Slightly less well than other children 4 Much less well than other children	Perception of child compared to other similar-aged children
CHQ110	Does {CHILD} have any emotional or psychological difficulties? 1 Yes 2 No	Emotional or psychological difficulties
CHQ111	Do you think this is a mild problem, a moderate problem, or a severe problem? 1 Mild problem 2 Moderate problem 3 Severe problem	Emotional or psychological difficulties

CHQ116	<p>Has a health, education, or early intervention professional told you that {CHILD} is "at risk" for problems with health, physical disabilities, learning, or behavior?</p> <p>1 Yes 2 No</p>	Whether a health, education, or early intervention profession indicted child is at-risk
CHQ117	<p>Has {CHILD} ever been diagnosed with a disability?</p> <p>1 Yes 2 No</p>	Disability
CHQ118	<p>Has {CHILD} ever received services from a program called Early Intervention Services or have an Individualized Family Service Plan (IFSP)?</p> <p>Early Intervention Services are services to a family with a child who has been identified as having a developmental delay and/or a specific health condition when the child is between birth and age 3. An Individualized Family Service Plan or IFSP is a plan developed to support children and families involved in early intervention (birth to age 3).</p> <p>1 Yes 2 No</p>	Disability
CHQ118a	<p>Is {CHILD} currently receiving services from a program called Early Intervention Services or have an Individualized Family Service Plan (IFSP)?</p> <p>Early Intervention Services are services to a family with a child who has been identified as having a developmental delay and/or a specific health condition when the child is between birth and age 3. An Individualized Family Service Plan or IFSP is a plan developed to support children and families involved in early intervention (birth up to age 3).</p> <p>1 Yes 2 No</p>	Disability

CHQ119	<p>Has {CHILD} ever received any services through an Individualized Education Program (IEP)?</p> <p>An Individualized Education Program (IEP) is a plan for children age 3 or older identified as needing special education and related services.</p> <p>1 Yes 2 No</p>	Disability
CHQ119a	<p>Is {CHILD} currently receiving any services through an Individualized Education Program (IEP)?</p> <p>An Individualized Education Program (IEP) is a plan for children age 3 or older identified as needing special education and related services.</p> <p>1 Yes 2 No</p>	Disability
CHQ121	<p>Has {CHILD} ever received any services through a 504 plan?</p> <p>A 504 plan is a formal plan schools use to provide accommodations to children with disabilities. A 504 plan does not include individualized instruction, and children do not have to qualify for special education services to be eligible for a 504 plan.</p> <p>1 Yes 2 No</p>	Disability
CHQ121a	<p>Is {CHILD} currently receiving any services through a 504 plan?</p> <p>A 504 plan is a formal plan schools use to provide accommodations to children with disabilities. A 504 plan does not include individualized instruction, and children do not have to qualify for special education services to be eligible for a 504 plan.</p> <p>1 Yes 2 No</p>	Disability

DWQ - Discipline, Warmth, and Emotional Supportiveness	DWQ010 a-h	Please think about whether each statement is completely true, mostly true, somewhat true, or not at all true.	Parental warmth
	DWQ010a	{CHILD} and I often have warm, close times together. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parental warmth
	DWQ010b	Most of the time I feel that {CHILD} likes me and wants to be near me. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parental warmth
	DWQ010c	Even when I'm in a bad mood, I show {CHILD} a lot of love. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parental warmth
	DWQ010d	I express affection by hugging, kissing, and holding {CHILD}. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parental warmth
	DWQ010e	Being a parent is harder than I thought it would be. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parenting stress

	DWQ010f	{CHILD} does things that really bother me. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parenting stress
	DWQ010g	I find myself giving up more of my life to meet {CHILD}'s needs than I ever expected. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parenting stress
	DWQ010h	I often feel angry with {CHILD}. 1 Completely true 2 Mostly true 3 Somewhat true 4 Not at all true	Parenting stress
	DWQ100	Do you ever spank {CHILD}? 1 Yes 2 No	Disciplinary practices
	DWQ101	Sometimes kids do as they are told and sometimes they don't. About how many times, if any, have you spanked {CHILD} in the past week?	Disciplinary practices
PPQ - Parent's Psychological Well-Being and Health	PPQ225	During the past 12 months, would you say that you experienced a lot of stress, a moderate amount of stress, relatively little stress, or almost no stress at all? 1 A lot of stress 2 A moderate amount of stress 3 Relatively little stress 4 Almost no stress at all	Life stress

PEQ - Parent Education	PEQ020	<p>What is the highest grade or year of school that {you/{NAME}} {have/has} completed?</p> <ul style="list-style-type: none"> 0 Never went to school 1 1st grade 2 2nd grade 3 3rd grade 4 4th grade 5 5th grade 6 6th grade 7 7th grade 8 8th grade 9 9th grade 10 10th grade 11 11th grade 12 12th grade but no diploma 13 High school equivalent/GED 14 High school diploma 15 Voc/tech program after high school but no voc/tech diploma 16 Voc/tech program after high school, diploma 17 Some college but no degree 18 Associate's degree 19 Bachelor's degree 20 Graduate or professional school but no degree 21 Master's (MA, MS) 22 Doctorate degree (PhD, EdD) 23 Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; Law/JD/LLB; etc.) 	Parent education
EMQ - Parent Employment	EMQ200	<p>Which best describes {your/{NAME}'s} current employment situation?</p> <ul style="list-style-type: none"> 1 Working part-time 2 Working full-time 3 A stay-at-home parent or guardian 4 Not working 	Parent employment

PAQ - Parent Income and Assets	PAQ110	<p>In studies like this, households are sometimes grouped according to income. What was the total income of all persons in your household over the past year, including salaries or other earnings, interest, retirement, and so on for all household members?</p> <p>1 \$5,000 or less 2 \$5,001 to \$10,000 3 \$10,001 to \$15,000 4 \$15,001 to \$20,000 5 \$20,001 to \$25,000 6 \$25,001 to \$30,000 7 \$30,001 to \$35,000 8 \$35,001 to \$40,000 9 \$40,001 to \$45,000 10 \$45,001 to \$50,000 11 \$50,001 to \$55,000 12 \$55,001 to \$60,000 13 \$60,001 to \$65,000 14 \$65,001 to \$70,000 15 \$70,001 to \$75,000 16 \$75,001 to \$100,000 17 \$100,001 to \$200,000 18 \$200,001 or more</p>	Annual family income
	PAQ120	<p>What was your total household income last year, to the nearest thousand?</p> <p>Total Income:</p>	Annual family income
	PAQ135	<p>Do any of the child care or early care and education programs that {CHILD} attends charge tuition or a fee?</p> <p>1 Yes 2 No</p>	Tuition
	PAQ140	<p>Do you use a child care subsidy voucher that pay for part or all of the cost of tuition for {CHILD}'s current child care or early care and education program?</p> <p>1 Yes 2 No</p>	Tuition

CMQ - Mobility and Tracking Updates	CMQ001	Are you, or another parent or guardian, planning to move with {CHILD} before the fall of 2020? 1 Yes 2 No	Plans to move before the child begins kindergarten
	CMQ025a	Please confirm the mailing address where you would like to have the money sent for completing this survey. Address Line 1: Address Line 2:	Confirmation of address
	CMQ025b	City:	Confirmation of address
	CMQ025c	State: Please select a state, district, or territory.	Confirmation of address
	CMQ025d	Zip code:	Confirmation of address
	CMQ026a	Please enter your contact information. Email Address:	Confirmation of address
	CMQ026b	Mobile Number:	Cell number
	CMQ030	We would like to contact you in the fall to ask a few brief questions about where {CHILD} ended up going to kindergarten. Do we have permission to text you? 1 Yes 2 No	Permission to text

Section	Item #
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Fall Follow-up Survey	FFS001
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Fall Follow-up Survey	FFS005
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Fall Follow-up Survey	FFS010
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Fall Follow-up Survey	FFS011
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Fall Follow-up Survey	FFS012a
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Fall Follow-up Survey	FFS012b
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Fall Follow-up Survey	FFS013a
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Fall Follow-up Survey FFS013b

Fall Follow-up Survey FFS015

Fall Follow-up Survey FFS020

Fall Follow-up Survey FFS025

Fall Follow-up Survey FFS025OS

Item Wording	Construct
<p>Does {CHILD} still live with you?</p> <p>1 Yes</p> <p>2 No</p>	Mobility
<p>Is {CHILD} currently...</p> <p>Select All That Apply</p> <p>1 Not in school?</p> <p>2 In public or private school, including preschools?</p> <p>3 In child care in a center INSTEAD of attending a public or private school?</p> <p>4 In child care in a home INSTEAD of attending a public or private school?</p> <p>5 Homeschooled INSTEAD of attending a public or private school (including preschools) for some or all classes?</p>	School or preschool enrollment
<p>What is {CHILD}'s current grade or equivalent?</p>	
<p>Preschool or child care for preschool-aged children in a home or center includes early childhood education programs, child care, or day care in a center, nursery school, preschool, prekindergarten, or child care with a relative or nonrelative other than a parent/guardian.</p>	
<p>Kindergarten includes Transitional Kindergarten (TK), Early Transitional Kindergarten (ETK), Readiness Kindergarten, Transitional or Prefirst Grade, or a program that is a kindergarten equivalent but is ungraded or has multiple grades.</p>	
<p>1 Preschool or child care for preschool-aged children in a home or center</p> <p>2 Kindergarten</p> <p>3 First</p> <p>4 Second</p> <p>5 Third</p> <p>6 Fourth</p> <p>7 Fifth or above</p> <p>8 None of these</p>	
<p>Have you moved since {DATE OF LAST INTERVIEW}?</p> <p>1 Yes</p>	Current grade/equivalent
<p>No</p> <p>Do you still live in {STATE}?</p> <p>1 Yes</p>	Mobility
<p>2 No</p>	Mobility
<p>What state do you now live in? Start by typing the first letter of the state, district, or territory name. If you find a match in the list, select it from the list. If you live in another country, select "Moved out of the country." If you don't find a match, select "Not on list."</p>	
<p>State:</p>	Mobility
<p>Do you still live in {COUNTY}?</p> <p>1 Yes</p>	
<p>2 No</p>	Mobility

What county do you now live in? Start by typing the first letter of the county name. If you find a match in the list, select it from the list. If you don't find a match, select "Not on list."

County:

Mobility

Is {CHILD} attending {SCHOOL NAMED IN SPRING PARENT SURVEY}?

1 Yes

2 No

Whether child is attending school named in parent survey last spring

Does {CHILD} go to a public or private school for kindergarten?

1 Public school

2 Private school

3 Homeschooled

4 Not in school

School enrollment

What is the name of the public school where {CHILD} attends kindergarten? Select the school from the list below. If you don't find the school, select "School not on list" and then type in the full school name.

{DISPLAY LIST OF UP TO 25 SCHOOLS}

School child attends

What is the name of the public school where {CHILD} attends kindergarten?

Other specify for school child attends

Research Question

NA

1

1, 4

NA

NA

NA

NA

NA

4

4

4

4