

DRAFT

OMB #: 0970-0151

Expiration Date: XX/XX/XXXX



**American Indian and
Alaska Native**

family and child experiences survey

AIAN FACES 2019

Experiences in Head Start

American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES)

Fall 2021 Special Head Start Parent Survey

Fall 2021 - Spring 2022

Welcome to the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) parent survey. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click OK. If you do not have your login ID and password, please call 877-523-4651. You can also email us at AIANFACES@mathematica-mpr.com.

Username: _____

Password: _____

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to provide descriptive information about Head Start programs and the families they serve. Public reporting burden for this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0151, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other

DRAFT

aspect of this collection of information, including suggestions for reducing this burden to Lizabeth Malone, Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002.

DRAFT

SCREENER

WEB ONLY
INTRO1= CONTINUE

Intro2.

SURVEY INFORMATION

Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) for the Administration for Children and Families (ACF). ACF is part of the U.S. Department of Health and Human Services.

We are inviting you to complete a survey about you and your child, because they are in a Head Start program that is taking part in AIAN FACES. This study aims to learn more about families in Head Start and the services Head Start provides. By completing this survey, you will help Head Start serve all children and their families. The survey will take about 35 minutes to complete.

Your answers to this survey will be kept private to the extent permitted by law. No one from your child's Head Start program will see your answers. Using the login ID and password ensures that your answers will only be seen by the study team. The next page will tell you how to complete the survey.

Please click the button below to continue or close this webpage to exit.

WEB ONLY

Intro3.

How to Complete the Survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click the box to choose your response.
- To continue to the next webpage, click the **"Next"** button.
- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return to complete the survey.
- For security purposes, you will be timed out of the survey if you are idle for longer than **30 minutes**.

Please click on the button below to begin the survey or close this webpage to exit.

PREVIOUS INTERVIEW BOX IF Wave=1 (Fall 2021), CONTINUE AT SC1_w IF Wave=2 (Spring 2022) AND PrevInt=0 (No Fall interview), CONTINUE AT SC1_w IF Wave=2 (Spring 2022) AND PrevInt=1 (Fall interview completed), CONTINUE AT SC0_w. PROGRAMMER NOTE: ITEMS SC0_W THROUGH C17_EXIT_W ARE ALSO FOUND IN THE CATI SHELL AS [ITEM]_C.
--

IF Wave=2 (SPRING 2022) AND PrevInt=1 (PREVIOUS INTERVIEW COMPLETED)
FILL [FallRespondent_FullName] FROM PRELOAD

SC0_w. In the fall we completed an interview with [FallRespondent_FullName]. Is that you?

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

WEB SOFT CHECK: IF SC0_w =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

Wave=1 or 2 (ALL)
FILL [CHILD] FROM PRELOAD
IF SC0_w = 1, FILL still

SC1_w. The person most responsible for [CHILD]'s care should complete this survey. Are you [still] that person?

- ☐ Yes.....1 GO TO SC1a
- ☐ No.....0 GO TO NewNameRep_w
- NO RESPONSE.....M GO TO NewNameRep_w

WEB SOFT CHECK: IF SC1_w =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

DRAFT

SC1_W = 1
FILL [CHILD] FROM PRELOAD

SC1a_w. Do you live in the same household as [CHILD]?

- ☐ Yes.....1 GO TO SKIP BOX SC0d
- ☐ No.....0 GO TO NewNameRep_w
- NO RESPONSE.....M GO TO NewNameRep_w

WEB SOFT CHECK: IF SC1a_w =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF SC1_W OR SC1A_W = 0, D, R, OR M
FILL [CHILD] FROM PRELOAD
IF SC1a = 0, D, R, OR M, FILL Among the people that live with [CHILD], please ELSE, FILL Please

NewNameRep_w and NewRepPhone_w.

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

First Name:

Middle Initial:

Last Name:

Street Address 1:

Street Address 2:

City:

State:

Zip:

Telephone:

NO RESPONSE.....M GO TO THANKS

WEB SOFT CHECK: IF (NewNameRep_w is missing First Name AND Last Name) AND (NewRepPhone_w is missing Telephone); **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

Newnamerep_w HAS PHONE PROVIDED

newNameRepTZ_w. What time zone are you in?

EASTERN TIME (US & CANADA) [(FILL CURRENT TIME)].....62
 INDIANA (EAST) [(FILL CURRENT TIME)].....63
 CENTRAL TIME (US & CANADA) [(FILL CURRENT TIME)].....65
 ARIZONA [(FILL CURRENT TIME)].....68
 MOUNTAIN TIME (US & CANADA) [(FILL CURRENT TIME)].....70
 PACIFIC TIME (US & CANADA) [(FILL CURRENT TIME)].....71
 ALASKA [(FILL CURRENT TIME)].....72
 HAWAII [(FILL CURRENT TIME)].....73
 BAJA CALIFORNIA [(FILL CURRENT TIME)].....93

PROGRAMMER NOTE NEWNAMEREP_W

IF (NEWNAMEREP_W FIRST NAME AND LAST NAME) NE D, R, OR M,
 GO TO THANKS AND SET DISP = 36 (CALL BACK).

IF (NEWNAMEREP_W FIRST NAME AND LAST NAME) = D, R, OR M,
 GO TO THANKS AND SET DISP = 45 (NO PROXY).

SKIP BOX SC0d

IF HEADSTART=1 (CHILD IS IN HEAD START, BASED ON PRELOAD),
 GO TO SC2b_2_w.

ELSE, GO TO SC2c_2_w.

HEADSTART=1 (CHILD IS HEAD START, BASED ON PRELOAD)

FILL [CHILD] FROM PRELOAD

SC2b_2_w. According to our records [CHILD] is still attending Head Start. Is that correct?

- ☐ Yes.....1 GO TO SampMemb_w
☐ No.....0 GO TO SC2c_2_w
 NO RESPONSE.....MGO TO
 SC2c_2_w

WEB SOFT CHECK: IF SC2b_2_w =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF HEADSTART NE 1 OR SC2b_2 = 0, D, R, OR M
FILL [CHILD] FROM PRELOAD
PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

SC2c_2_w. What grade or year of school is [CHILD] attending?

(Click [here](#) for more information about the grades or years below.)

- | | | |
|--|----|------------------|
| ☐ Head Start is closed due to COVID-19 outbreak..... | 12 | GO TO SampMemb_w |
| ☐ Head Start..... | 1 | GO TO SampMemb_w |
| ☐ Nursery/Preschool/Prekindergarten..... | 8 | SC2c_2Exit_w |
| ☐ Kindergarten..... | 2 | SC2c_2Exit_w |
| ☐ Transitional Kindergarten (Before Kindergarten)..... | 3 | SC2c_2Exit_w |
| ☐ Pre-first Grade (After Kindergarten)..... | 4 | SC2c_2Exit_w |
| ☐ First Grade..... | 5 | SC2c_2Exit_w |
| ☐ Un-graded or Home Schooled..... | 6 | SC2C_2new_w |
| ☐ Special Education..... | 7 | SC2c_2Exit_w |
| ☐ Something else..... | 99 | SC2c_2Specify_w |
| ☐ Not enrolled in school..... | 11 | SC2c_2Exit_w |
| NO RESPONSE | M | SC2c_2Exit_w |

[PROGRAMMER: CREATE A HELP SCREEN (TO POP UP IN A SEPARATE WINDOW) WITH THE FOLLOWING DEFINITIONS:]

Nursery/preschool/pre-kindergarten: Programs that offer classes prior to kindergarten, primarily serving 3 and 4 year-old children. These may be offered by public and private organizations.

Transitional (or readiness) kindergarten: Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.

Kindergarten: Traditional year of school primarily for 5-year-olds prior to first grade.

Pre-first (transitional first) grade (after k): Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.

Un-graded: A classroom containing kindergarten-aged students (possibly in combination with other ages), not formally identified as a "kindergarten" class.

WEB SOFT CHECK: IF SC2c_2_w =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

SC2C_2_w = 99

SC2c_2Specify_w. Please enter the grade your child is in.

GRADE

(STRING 50)

NO RESPONSE.....M

WEB SOFT CHECK: IF SC2c_2Specify_w =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

SC2C_2_w =6

FILL [CHILD] FROM PRELOAD

PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

SC2C_2new_w. What grade would [CHILD] be in if they were attending a school with regular grades?(Click [here](#) for more information about the grades or years below.)

- ☐ Head Start.....1 GO TO SampMemb_w
- ☐ Nursery/Preschool/Prekindergarten.....8 SC2c_2Exit_w
- ☐ Kindergarten.....2 SC2c_2Exit_w
- ☐ Transitional Kindergarten (Before Kindergarten).....3 SC2c_2Exit_w
- ☐ Pre-first Grade (After Kindergarten).....4 SC2c_2Exit_w
- ☐ First Grade.....5 SC2c_2Exit_w
- ☐ Special Education.....7 SC2c_2Exit_w
- ☐ NO RESPONSE.....M SC2c_2Exit_w

[PROGRAMMER: CREATE A HELP SCREEN (TO POP UP IN A SEPARATE WINDOW) WITH THE FOLLOWING DEFINITIONS:]

Nursery/preschool/pre-kindergarten: Programs that offer classes prior to kindergarten, primarily serving 3 and 4 year-old children. These may be offered by public and private organizations.

Kindergarten: Traditional year of school primarily for 5-year-olds prior to first grade.

Transitional (or readiness) kindergarten: Extra year of school for kindergarten-age eligible children who are judged not ready for kindergarten.

Pre-first (transitional first) grade (after k): Extra year of school for children who have attended kindergarten but have been judged not ready for first grade.

Un-graded: A classroom containing kindergarten-aged students (possibly in combination with other ages), not formally identified as a "kindergarten" class.

WEB SOFT CHECK: IF SC2c_2New_w =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

(SC2C_2_W = 2-8, 99, 11, D, R, OR M) OR (SC2C_2NEW_W = 2-8, D, R, OR M)

SC2c_2Exit_w : Right now we are only looking at children attending Head Start. We do not have any more questions for you now.

PROGRAMMER SKIP BOX SC2c_2EXIT
SET DISP = 50 (INELIGIBLE) AND GO TO THANKS.

SC2B_2_W =1 OR SC2C_2_W =1 OR SC2C_2NEW_W =1
IF SC0_w =1 (PREVIOUS INTERVIEW WITH THIS RESPONDENT), FILL As you may remember, the ELSE, FILL The
IF Wave=2 AND PrevInt=0, FILL When we spoke to parents from [CHILD]'s Head Start program last fall we were unable to interview you.

SampMemb_w. Thank you for agreeing to complete this survey. [As you may remember, the/The] purpose of this study is to learn more about families in the Head Start Program. [When we spoke to parents from [CHILD]'s Head Start program last fall we were unable to interview you.]

We also want to learn more about the program [CHILD] attends. This will help us understand Head Start from a parent's point of view, including some information about your child's home environment. Information from this study will be used to help Head Start better serve all children and their families.

In this survey we'll want to learn more about the activities you do with your child, including the language you speak with them regularly. We will use the term Native to refer to American Indian or Alaska Native culture or language.

Your answers to the survey questions are private to the extent permitted by law. Neither your name nor [CHILD]'s name will be attached to any of the information you give us. All of the study results will be reported for groups of parents; no results will be analyzed or reported for individuals. If you are uncomfortable answering any questions, you may skip them and move on to the next question.

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

PROGRAMMER BOX INTRO2

IF Wave=1 (FALL 2021): GO TO SC3_INTRO

IF Wave=2 (SPRING 2022): GO TO C2_w

ALL
FILL CHILD'S NAME FROM PRELOAD.
FILL ProgramName FROM PRELOAD.
FILL ProgramCity AND ProgramState FROM PRELOAD.

C2_w. Is [CHILD] still enrolled in [ProgramName] in [ProgramCity], [ProgramState] or have they stopped going to that program?

- ☐ Yes, [CHILD] is still going to same program.....1 GO TO SC3_intro
☐ No, [CHILD] stopped going to that Head Start program.....0 GO TO C9B

WEB HARD CHECK: IF C2_w =NO RESPONSE; **You must answer this question to continue with the rest of the survey.**

C2_w = 0
FILL CHILD'S NAME FROM PRELOAD.
FILL PROGRAM/CENTER NAME FROM PRELOAD.

C9b_w. When did [CHILD] stop going to [PROGRAM]?

|_|_| / |_|_| / |_|_|_|_|
 MONTH DAY YEAR
 (1-12) (1-31) (2018-2020)

WEB SOFT CHECK: IF C9b_w =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

BOX C17
IF C2_w =0, GO TO C17_exit_w AND SET DISP=50

C2_w = 0
FILL CHILD'S NAME FROM PRELOAD;
FILL [FallInt_MonthYear] FROM PRELOAD.

C17_exit_w. This spring we are only looking at children attending the Head Start program [CHILD] attended as of [FallInt_MonthYear]. We do not have any more questions for you now, but thank you for your time.

NO RESPONSE.....M GO TO THANKS (DISP=50)

DRAFT

DRAFT

ALL

SC3_intro.

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

WEB: **We would like to make sure we have your name recorded correctly.**

BOX SC3a

IF (WAVE=1 OR (Wave=2 AND PrevInt=0)) AND ((Consent_Parent_FirstName OR Consent_Parent_LastName) NE EMPTY), GO TO SC3. PRELOAD Consent_Parent_FirstName AND Consent_Parent_LastName.

IF WAVE=2 AND PrevInt=1 AND ((RespondentFirstName OR RespondentLastName) NE EMPTY), GO TO SC3. PRELOAD RespondentFirstName AND RespondentLastName.

ELSE, IF ((WAVE=1 OR (Wave=2 AND PrevInt=0)) AND (Consent_Parent_FirstName OR Consent_Parent_LastName=M)) OR (WAVE=2 AND PrevInt=1 AND (RespondentFirstName OR RespondentLastName=M)), GO TO SC3a.

IF RESPONDENT PRELOADED NAME NE EMPTY (SEE BOX SC3A)

IF WAVE=1 OR (WAVE=2 AND PREVINT=0), FILL Consent_Parent_FirstName, CONSENT_PARENT_MIDDLE, Consent_Parent_LastName

IF WAVE=2 AND PREVINT=1, FILL FALLRESPONDENT_FIRSTNAME, FALLRESPONDENT_MIDDLE, FALLRESPONDENT_LASTNAME

SC3. CATI: INTERVIEWER INSTRUCTION: READ NAME TO RESPONDENT AND VERIFY SPELLING.

WEB: **Is the correct spelling of your name below?**

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

- ☐ Yes, my name is spelled correctly.....1 GO TO SC7
- ☐ This is my name, but it is misspelled.....2
- ☐ No, this is not my name.....3
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

WEB SOFT CHECK: IF SC3=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

SC3 = 2, 3, M OR RESPONDENT PRELOADED NAME = EMPTY (SEE BOX SC3A)

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

WEB: Please enter the correct spelling of your name.

First Name:

Middle Initial:

Last Name:

WEB HARD CHECK: IF SC3a FIRST OR LAST NAME=NO RESPONSE; **You must answer this question to continue with the rest of the survey.**

WEB ONLY

SC3 = 3, M

SC3b. What is your telephone number?

PROGRAMMER: INSERT PHONE MASK

() -

- ☐ Do not have a telephone number.....0
 NO RESPONSE.....M

WEB ONLY

SC3 = 3, M

SC3c. What is your email address?

EMAIL
 (STRING 50)

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

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) OR ((SC0_W=1 OR SC0_C=1) AND FALLRESPONDENT_DOB=D, R, M OR BLANK) OR (SC0_W=0 OR SC0_C=0)

SC7. What is your birth date?

WEB ONLY: **Please enter it below.**

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

(RANGE 1923-2005)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF SC7=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF SC0=1 (PREVIOUS INTERVIEW WITH THIS RESPONDENT) AND FALLRESPONDENT_DOB NE M

FILL FallRespondent_DOB

SC7a. CATI: Now, I would like to confirm we have your birth date recorded correctly.

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

[DISPLAY FallRespondent_DOB, MM/DD/YYYY]

WEB: **Now, we would like to confirm your birth date. Is your birth date [FallRespondent_DOB]?**

☐ Yes, birth date is correct

.....
1

☐ No, birth date is incorrect

.....
2

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF SC7a=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

SC7A = 2

SC7b. What is your birth date?

WEB ONLY: **Please enter it below.**

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

(RANGE 1923-2005)

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

IF WAVE=1 OR (WAVE=2 AND PrevInt=0), FILL Consent_Child_FirstName, Consent_Child_Middle, Consent_LastName

IF WAVE=2 AND PrevInt=1, FILL Fall_Child_FirstName, Fall_Child_Middle, Fall_Child_LastName

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

INTERVIEWER INSTRUCTION: READ NAME TO RESPONDENT AND VERIFY SPELLING

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

First Name: [FILL]

Middle Name/Initial: [FILL]

Last Name: [FILL]

- ☐ Yes, name is correct.....1 GO TO SC9
☐ No, name is incorrect.....0
 DON'T KNOW.....d
 REFUSED.....r
 NO RESPONSE.....M

WEB SOFT CHECK: IF SC8=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

SC8 = 0 OR M

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

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

First Name:

Middle Initial:

Last Name:

- DON'T KNOW.....d
 REFUSED.....r
 NO RESPONSE.....M

DRAFT

WEB SOFT CHECK: IF SC8a FIRST OR LAST NAME =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

DRAFT

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) OR (IF WAVE=2 AND PREVINT=1 AND FALL_SC9=M)
OR (IF WAVE=2 AND PREVINT=1 AND (SC0_W=0 OR SC0_C=0))

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

PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

SC9. What is your relationship to [CHILD]?

(Click [here](#) for definitions of relationship options.)

- ☐ Biological or adoptive mother.....11
- ☐ Biological or adoptive father.....12
- ☐ Stepmother.....15
- ☐ Stepfather.....16
- ☐ Grandmother.....17
- ☐ Grandfather.....18
- ☐ Great grandmother.....19
- ☐ Great grandfather.....20
- ☐ Sister/stepsister.....21
- ☐ Brother/stepbrother.....22
- ☐ Other relative or in-law.....23
- ☐ Foster parent.....25
- ☐ Other non-relative.....27
- ☐ Parent's girlfriend or partner.....29
- ☐ Parent's boyfriend or partner.....30
- ☐ DON'T KNOW.....d
- ☐ REFUSED.....r
- ☐ NO RESPONSE.....M

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

Biological or Adoptive Mother: Child's female biological parent or the woman who has taken the child into her own family by legal process to raise as her own child. This may be the birth mother or adoptive mother, but could also apply to a mother who used a surrogate mother to have her biological child.

Biological or Adoptive Father: Child's male biological parent or the man who has taken the child into his own family by legal process to raise as his own child. This may be the birth father or adoptive father, but could also apply to a father who used a surrogate mother to have his biological child.

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

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

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

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

Parent's Boyfriend or Partner: The man 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.

WEB SOFT CHECK: IF SC9=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

SC9 = 23 OR 27

PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

SC9_1. How are you related to [CHILD]?

(Click [here](#) for definitions of relationship options.)

Select one only

- ☐ Female guardian.....3
- ☐ Male guardian.....4
- ☐ Daughter/Son of [CHILD]'s parent's partner.....5
- ☐ Other relative of [CHILD]'s parent's partner.....6
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

[PROGRAMMER: HELP SCREEN SHOULD OPEN IN A SECOND WINDOW.]

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

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

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

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

WEB SOFT CHECK: IF SC9_1=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF (WAVE=1 AND SC9 = 12, 15-30, OR M) OR (WAVE=2 AND PREVINT=0 AND SC9 = 12, 15-30, OR M)
OR ((WAVE=2 AND PREVINT=1) AND FALL_SC9A=M)

FILL CHILD'S NAME FROM SC8a;

IF SC8a IS EMPTY, FILL FROM PRELOAD

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

FIRST NAME

(STRING 50)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF SC9a=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF (WAVE=1 AND SC9 = 11, 15-30, OR M) OR (WAVE=2 AND PREVINT=0 AND SC9 = 11, 15-30, OR M)
OR ((WAVE=2 AND PREVINT=1) AND FALL_SC9B=M)

FILL CHILD'S NAME FROM SC8A;

IF SC8A IS EMPTY, FILL FROM PRELOAD

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

FIRST NAME

(STRING 50)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF SC9b=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF ((WAVE=1) OR (WAVE=2 AND PREVINT=0)) AND (SC9 = 17-30, M)

FILL CHILD'S NAME FROM SC8A;

IF SC8A IS EMPTY, FILL FROM PRELOAD

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

☐ Yes.....1

GO TO VERSION BOX A

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF SC10=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

SC10 = 0, D, R, OR M

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

SC11. CATI: Who is [CHILD]'s legal guardian?WEB: **Please enter the name, address, and phone number of [CHILD]'s legal guardian.**First Name: Middle Initial: Last Name: Street Address 1: Street Address 2: City: State: Zip: () ____-____

TELEPHONE

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF SC11=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

A. ABOUT YOUR CHILD

PROGRAMMER VERSION BOX A

IF WAVE=1 OR (WAVE=2 AND PREVINT=0), ASK A1-A11.

IF (Wave=2 AND PrevInt=1), CHECK MISSING FLAGS:

- IF Fall_Child_Sex=M, OR (Consent_Child_Sex NE Fall_Child_Sex), ASK A1, THEN GO TO B1.
- IF CONSENT_CHILD_DOB=M OR (Consent_Child_DOB NE Fall_Child_DOB), ASK A2, THEN GO TO B1.
- IF CHILD SEX AND DOB IS MISSING OR CONFLICTS, ASK A1 AND A2, THEN GO TO B1.

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) AND SAMPMEMBSEX=0 OR BLANK

FILL CHILD'S NAME FROM SC8a;

IF SC8a IS EMPTY, FILL FROM PRELOAD

A1. Is [CHILD]...

Select all that apply

- ☐ A boy 2
- ☐ A girl..... 1
- ☐ Another gender identity (SPECIFY)..... 3
- (STRING 50)
- ☐ Prefer not to answer..... 4
- ☐ DON'T KNOW..... d
- ☐ REFUSED..... r
- ☐ NO RESPONSE..... M

WEB SOFT CHECK: IF A1=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) AND SAMPMEMBDOB=BLANK

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

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

WEB ONLY: **Please enter it below.**

|_|_|/|_|_|/|_|_|_|_|
MONTH DAY YEAR
(YEAR RANGE 2014-2019)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF A2=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

WEB SOFT CHECK: IF A2 YEAR=2016; **You entered [A2_year]. Please update or confirm your response and continue.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

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

A3. WEB: Is [CHILD] of Spanish, Hispanic, or Latino/a/x, or Chicano/a/x origin?

CATI: **Is [CHILD] of Spanish; Hispanic; Latino, Latina, or Latinx; or Chicano, Chicana, or Chicanx origin?**

☐ Yes

1

☐ No

0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF A3=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

FILL CHILD'S NAME FROM SC8a;

IF SC8a IS EMPTY, FILL FROM PRELOAD

A5. CATI: What is [CHILD]'s race? You may name more than one if you like.

IF PARENT ANSWERS 'Hispanic,' PROBE: **Would that be white Hispanic or black Hispanic?**

IF PARENT ANSWERS 'Hispanic' AGAIN, PUT RESPONSE IN OTHER CATEGORY.

WEB: What is [CHILD]'s race?

Select one or more

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

Please specify other race. STRING 50

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF A5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

B. ABOUT HOUSEHOLD

NO B1 TO B2 IN THIS VERSION

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

1. THE GRID LOOPS OPERATE IDENTICALLY FOR FIRST AND LATER ADMINISTRATIONS.
2. THE FIRST "ROW" (B3_1) IS ALWAYS FOR THE FOCUS CHILD AND SECOND (B3_2) IS FOR THE RESPONDENT. THE DATA ARE IMPUTED FROM THE SCREENER AS FOLLOWS:
 - A. CHILD: FIRST NAME = SC8 OR SC8A; AGE = A2; RELATIONSHIP = N/A
 - B. R: FIRST NAME = SC3 OR SC3A; AGE = SC7 OR SC7A; RELATIONSHIP = SC9
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.
4. LOOP RANGE UP 15.

ALL

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

B3a. Besides yourself and [CHILD], does anyone normally live in your household? This would include anyone who usually lives there who is temporarily away from home for work or military duty, or living in a dorm in school. Please do *not* include anyone staying there temporarily who usually lives somewhere else.

- ☐ Yes.....1 GO TO B3_FN
- ☐ No.....0 GO TO D1

WEB HARD CHECK: IF B3A=NO RESPONSE; **You must answer this question to continue with the rest of the survey.**

DRAFT

LOOP 1: HOUSEHOLD NAMES

IF WAVE=1 OR 2

PROGRAMMER: Please add WEB SOFT CHECK: IF MoreHH1 OR MoreHH2=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

DRAFT

	PERSON
PROGRAMMER: FOR WEB, IF B3_FN_3, FILL "FIRST"; IF B3_FN_4-15, FILL "NEXT" PROGRAMMER: GRAY QUESTION TEXT AFTER B3_3 (OR AFTER FIRST LOOP, SINCE CHILD AND R ARE B3_1 AND _2) B3_FN. CATI: Please tell me the first names of all the other people, besides yourself and [CHILD], who normally live in your household. PROBE: Please do not include anyone staying there temporarily who usually lives somewhere else. PROBE: Please tell me who else lives here. PROBE: IF B3 NAME REPORTED MATCHES RESPONDENT'S NAME, CONFIRM WHO IS BEING DISCUSSED: Just to clarify, are we talking about you, or someone else? WEB: Please enter the first name of the [first/next] person, besides yourself and [CHILD], who normally lives in your household. Please enter only one name in the box below. <i>Please do not include anyone staying there temporarily who usually lives somewhere else.</i> PROGRAMMER: WEB: [SOFT EDIT] IF B3_#_NAME = B3_2_NAME (RESPONDENT NAME): This name is the same as yours. Please do not include yourself in the list. WEB/CATI: [HARD CHECK] IF B3_#_NAME = BLANK: Please provide an answer to this question so we can refer to this person later. If you'd prefer, you can use this person's initials.	_____ FIRST NAME (STRING 50)

	PERSON
PROGRAMMER: CATI ONLY: GRAY QUESTION TEXT AFTER MoreHH1_3 (OR AFTER FIRST LOOP, SINCE CHILD AND R ARE SPOTS _1 AND _2) MoreHH1. Is there anyone else in your household? This could be your spouse or partner, another relative, or any babies or small children. [List all B3_3_Name reported]	Yes... 1 No... 0 DON'T KNOW... d REFUSED... r NO RESPONSE... M IF MoreHH1 = 1, LOOP B3 NAMES UNTIL MOREHH1 = 0, D, R, OR M. WHEN MOREHH1= 0, D, R, OR M. GO TO MOREHH2.
MoreHH2. Have we missed anyone who usually lives here who is temporarily away from home for work or military duty, or living in a dorm at school?	Yes... 1 No... 0 DON'T KNOW... d REFUSED... r NO RESPONSE... M IF MOREHH2 = 1, LOOP B3 NAMES UNTIL MOREHH2 = 0. WHEN MOREHH2 = 0, D, R, OR M, GO TO B4.

LOOP 2: HOUSEHOLD AGES AND RELATIONSHIPS

IF WAVE=1 OR 2

PROGRAMMER: Please add WEB SOFT CHECK: IF B4, B5, B5a1, B5a2, OR B5a3=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

	PERSON
IF B3_#_Name NE 0, d, r, or m (name reported at B3) IF Wave=1, fill [Fall_B3_#_Name] IF Wave=2, fill [Spring_B3_#_Name] B4. How old is [Fall_B3_#_Name/Spring_B3_#_Name]? CATI: INTERVIEWER NOTE: IF CHILD IS LESS THAN ONE YEAR OLD, RECORD AS 0. WEB: <i>If a child is less than one year old, please enter "0" for the age.</i>	_____ YEARS (RANGE 0-110) DON'T KNOW... d REFUSED... r NO RESPONSE... M

	PERSON
IF (B3_#_Name NE 0, d, r, or m) AND (B4 GT or = 18) IF Wave=1, fill [Fall_B3_#_Name] IF Wave=2, fill [Spring_B3_#_Name] FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB. See Help Text Box below Loop 2 table. B5. What is [Fall_B3_#_Name/Spring_B3_#_Name]'s relationship to [CHILD]? (Click here for definitions of relationship options.)	<i>Select one only</i> Biological or adoptive mother 1 GO TO B5a1 Biological or adoptive father 2 GO TO B5a2 Stepmother 3 Stepfather 4 Grandmother 5 Grandfather 6 Great grandmother 7 Great grandfather 8 Sister/step sister 9 Brother/stepbrother 10 Other relative or in-law 19 Foster parent 20 Other non-relative 21 GO TO B5a3 Parent's girlfriend or partner 17 Parent's boyfriend or partner 18 DON'T KNOW D REFUSED r NO RESPONSE M IF ((B5=3-14, 17-18, d, r, m) AND (NEXT B3_#_NAME slot NE 0, d, r, m)), GO TO B4. IF ((B5=3-14, 17-18, d, r, m) AND (NEXT B3_#_NAME slot = 0, d, r, m)), GO TO B8a.

	PERSON
IF B5=1 IF Wave=1, fill [Fall_B3_#_Name] IF Wave=2, fill [Spring_B3_#_Name] FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB. See Help Text Box below Loop 2 table. B5a1. Is [Fall_B3_#_Name/Spring_B3_#_Name] [CHILD]'s... CATI: INTERVIEWER INSTRUCTION: IF THE RESPONDENT STATES SOMETHING OTHER THAN BIOLOGICAL, BIRTH, OR ADOPTIVE MOTHER GO BACK TO B5 AND UPDATE RELATIONSHIP. (Click here for definitions of biological or birth mother and adoptive mother.)	<i>Select one only</i> biological or birth mother or 1 adoptive mother? 2 DON'T KNOW..... D REFUSED r NO RESPONSEM IF NEXT B3_#_NAME slot NE 0, d, r, m, GO TO B4. IF NEXT B3_#_NAME slot = 0, d, r, m, GO TO B8a.

	PERSON
IF B5=2 IF Wave=1, fill [Fall_B3_#_Name] IF Wave=2, fill [Spring_B3_#_Name] FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB. See Help Text Box below Loop 2 table. B5a2. Is [Fall_B3_#_Name/Spring_B3_#_Name] [CHILD]'s... CATI: INTERVIEWER NOTE: IF THE RESPONDENT STATES SOMETHING OTHER THAN BIOLOGICAL, BIRTH, OR ADOPTIVE FATHER GO BACK TO B5 AND UPDATE RELATIONSHIP. (Click here for definitions of biological or birth father and adoptive father.)	<i>Select one only</i> biological or birth father or 1 adoptive father? 2 DON'T KNOW..... D REFUSED r NO RESPONSEM IF NEXT B3_#_NAME slot NE 0, d, r, m, GO TO B4. IF NEXT B3_#_NAME slot = 0, d, r, m, GO TO B8a.

	PERSON
IF B5=15 or 16 IF Wave=1, fill [Fall_B3_#_Name] IF Wave=2, fill [Spring_B3_#_Name] FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB. See Help Text Box below Loop 2 table. B5a3. CATI: INTERVIEWER NOTE: CODE NON-RELATIVE RELATIONSHIP BELOW IF MORE DESCRIPTIVE. How is [B3_NAME] related to [CHILD]? (Click here for more information about the relationships listed below.)	<i>Select one only</i> Girlfriend or partner of [CHILD]'s parent/guardian 1 Boyfriend or partner of [CHILD]'s parent/guardian 2 Guardian 3 Daughter/Son of [CHILD]'s parent's partner 5 Other relative of [CHILD]'s parent's partner 6 Friend of parent/guardian/household member.....7 DON'T KNOW..... D REFUSED r NO RESPONSEM IF NEXT B3_#_NAME slot NE 0, d, r, m, GO TO B4. IF NEXT B3_#_NAME slot = 0, d, r, m, GO TO B8a.

B5: HELP TEXT BOX

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

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

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

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

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

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

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

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

Parent's Partner: The adult 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.

B5A1: HELP TEXT BOX

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

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

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

B5A2: HELP TEXT BOX

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

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

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

B5A3: HELP TEXT BOX

PROGRAMMER: HELP SCREEN SHOULD OPEN IN A SECOND WINDOW.

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

Boyfriend or 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.

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

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

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

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

PROGRAMMER NOTE: LOAD NAMES OF ALL ADULTS IN THE HOUSEHOLD

PROGRAMMER NOTE: CALCULATE AGE OF ALL RESPONDENTS IN HOUSEHOLD. BUILD VARIABLES:

1. OnlyChild: If the focal child is the only child in the HH (where no other members are less than or equal to 18), OnlyChild=1. If there are additional children in the HH, where other HH members (beside focal child) age is less than or equal to 18, OnlyChild=0.
2. OnlyAdult: If the respondent is the only adult in the HH (where no other members are greater than 17), OnlyAdult=1. If there are additional adults in the HH, where other HH members (beside respondent) age is greater than 17, OnlyAdult=0.

IF WAVE=1 OR 2 (ALL)

B6a. Sometimes people need to move in with family or friends. Is anyone who usually lives somewhere else temporarily staying in your household?

- ☐ Yes 1
- ☐ No 0
- DON'T KNOW d
- REFUSED r

IF B6a=1

B6b. CATI: Please tell me the first names of all the other people who are temporarily staying in your household.

WEB: Please enter the first names of all the other people who are temporarily staying in your household.

(STRING 50)

For each name provided in B6b

B6c. How old is [NAME]?

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

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

(STRING 50)

For each name provided in B6b AND (B6b GT OR = 18)

B6d. What is [NAME]'s relationship to [CHILD]?

Select one only

- ☐ Biological or adoptive mother1
- ☐ Biological or adoptive father2
- ☐ Stepmother3
- ☐ Stepfather4
- ☐ Grandmother5
- ☐ Grandfather6
- ☐ Great grandmother7
- ☐ Great grandfather8
- ☐ Sister/stepsister.....9
- ☐ Brother/stepbrother10
- ☐ Other relative or in-law19
- ☐ Foster parent20
- ☐ Other non-relative.....21
- ☐ Parent's girlfriend or partner17

DRAFT

- Parent's boyfriend or partner18
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

DRAFT

IF (B3_3_NAME OR HIGHER NE EMPTY) AND (B4 GT OR = 18)

B8a. Do you have a spouse or partner who lives in this household?

[List of B3_#_Name, NOT including B3_1_Name (child) and B3_2_Name (respondent)]

- ☐ Yes.....1
- ☐ No.....0
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

IF B8a = 1

B8b. Who in the household is your spouse or partner?

[List of B3_#_Name, NOT including B3_1_Name (child) and B3_2_Name (respondent)]

CATI ONLY: INTERVIEWER NOTE: SELECT NAME OF PERSON WHO IS [RESPONDENT]'S SPOUSE/PARTNER.

BOX B9

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

IF (B8B NE BLANK) AND (WAVE=1 OR (WAVE=2 AND PREVINT=0)) AND (SC9=11-16) AND (ANY B5_3-15=1, 2, 3, OR 4)

FILL [B3_#_Name] with B8b selection

B9. Are you and [B3_#_Name]...

Select one only

- ☐ **married,**
.....
1
.....
GO TO D1
- ☐ **in a registered domestic partnership or civil union,**
.....
5
.....
GO TO D1

- ☐ **divorced,**
.....
2
.....
GO TO D1
- ☐ **separated,**
.....
3
.....
GO TO D1
- ☐ **not married, or**
.....
4
.....
GO TO D1
- ☐ **living as partners in a committed relationship?**
.....
6
.....
GO TO D1
DON'T KNOW.....d GO TO D1
REFUSED.....r GO TO D1
NO RESPONSE.....M GO TO D1

WEB SOFT CHECK: IF B9=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

NO B10 THIS VERSION

NO SECTION C THIS VERSION

D. ACTIVITIES WITH YOUR CHILD

IF WAVE=1 OR 2 (ALL)

FILL CHILD'S NAME FROM SC8a;

IF SC8a IS EMPTY, FILL FROM PRELOAD

D1. CATI: 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?

By family, I mean the people living together in your household.

Would you say...

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

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

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

Would you say...

☐ **not at all,**

.....
1

☐ **once or twice,**

.....
2

☐ **three or more times, but not every day, or**

.....
3

☐ **every day?**

.....
4

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

**WEB SOFT CHECK: IF D1=NO RESPONSE; Please provide an answer to this question and continue.
To continue to the next question without providing a response, click the Next button.**

IF WAVE=1 OR 2 (ALL)

FILL CHILD'S NAME FROM SC8A;

IF SC8A IS EMPTY, FILL FROM PRELOAD

**D3a1_r. How many times have you or someone in your family told stories to [CHILD] in the past week?
Would you say...**

- ☐ **not at all,**
.....
0
- ☐ **once or twice,**
.....
2
- ☐ **three or more times, but not every day, or**
.....
3
- ☐ **every day?**
.....
4
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

PROGRAMMER VERSION BOX D4

IF Wave=1 OR (Wave=2 and PrevInt=0) CONTINUE, ELSE GO TO SECTION E.

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

IF WEB DON'T SHOW DK OR REF

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

PROGRAMMER: GRAY QUESTION TEXT AFTER D5B_A

D5b. *In the past 12 months*, has [CHILD] done the following with someone in your community (outside of your family)?

Please include both in person and remote or virtual activities or gatherings (for example, over Zoom or Facebook).

Select one per row				
Yes	No	Not appropriate for this age	DK	R

a. **Listened to elders tell stories?**1 ☐ 0 ☐ 2 ☐ D Rb. **Participated in traditional ways, including carving, harvesting, collecting, hunting, and fishing?**1 ☐ 0 ☐ 2 ☐ D Rc. **Danced, sang, or drummed at a pow-wow or other**1 ☐ 0 ☐ 2 ☐ D R

community cultural activity?					
d. Worked on traditional arts and crafts, such as beading, blanket weaving, or making jewelry, a basket, a painting, or pow-wow regalia?	1 ☐	0 ☐	2 ☐	D	R
e. Participated in traditional ceremonies?	1 ☐	0 ☐	2 ☐	D	R
f. Played American Indian or Alaska Native games?	1 ☐	0 ☐	2 ☐	D	R
g. Other cultural activities? (SPECIFY)					
_____ (STRING 100)					

WEB SOFT CHECK: IF ANY D5b_a-g=NO RESPONSE OR (D5b_g=1 AND specify left blank);
Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D6a. Is English spoken in your home?

- ☐ Yes

 1

☐ No.....0
 DON'T KNOW.....d
 REFUSED.....r
 NO RESPONSE.....M

WEB SOFT CHECK: IF D6a=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D7. Is any language other than English spoken in your home? This includes an American Indian or Alaska Native language that may be spoken in your home.

- ☐ Yes

 1

 GO TO D8
☐ No.....0 GO TO D10a
 DON'T KNOW.....d GO TO D10a
 REFUSED.....r GO TO D10a

NO RESPONSE.....M GO TO D10a

WEB SOFT CHECK: IF D7=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

D7 = 1

D8. What other languages are spoken in your home?CATI: PROBE: **Any other languages?***Select all that apply*☐ Your Native language (SPECIFY).....
33Specify (STRING 50)☐ Other Native language(s) (SPECIFY).....
34Specify (STRING 50)☐ French.....
11☐ Spanish.....
12☐ Another language (SPECIFY).....
21Specify (STRING 50)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF D8=NO RESPONSE OR ANY SPECIFY SELECTED BUT LEFT BLANK; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

D7 = 1

D10. What language do you usually speak to [CHILD] at home?*Select one only*☐ English.....
25

- ☐ Your Native language
.....
33
- ☐ Other Native language(s)
.....
34
- ☐ French
.....
11
- ☐ Spanish
.....
12
- ☐ Another language (SPECIFY)
.....
21

Specify (STRING 50)

DON'T KNOW.....d
REFUSED.....r
NO RESPONSE.....M

WEB SOFT CHECK: IF D10=NO RESPONSE OR SPECIFY SELECTED BUT LEFT BLANK; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)
IF WEB DON'T SHOW DK OR REF
IF OnlyChild=0 (MORE THAN 1 CHILD IN HOUSEHOLD), FILL children; children were IF OnlyChild=1 (JUST FOCAL CHILD IN HOUSEHOLD), FILL child; child was
PROGRAMMER: PLEASE GRAY QUESTION TEXT AFTER D10A_A.

D10a. CATI: Please indicate how often you did each of the following things in the *past month*. By Native language we mean an American Indian or Alaska Native language.

Would you say, very often, often, sometimes, rarely, or never?

WEB: Please indicate how often you did each of the things below in the *past month*. By Native language we mean an American Indian or Alaska Native language.

SELECT ONE PER ROW

	Very often	Often	Sometimes	Rarely	Never	DK	R
a. I spoke our Native language with my [child/children].	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
d. I used our Native language in prayers or songs with my [child/children].	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
e. I used our Native language in everyday life with my [child/children].	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R

WEB SOFT CHECK: IF ANY D10a_a-f=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=1 OR (Wave=2 and PrevInt=0)

IF OnlyChild=0 (MORE THAN 1 CHILD IN HOUSEHOLD), FILL **children learn**

IF OnlyChild=1 (JUST FOCAL CHILD IN HOUSEHOLD), FILL **child learns**

D10a1. How important is it for you that your [child learns/children learn] your Native language? Would you say...

Select one only

☐ **very important,**

.....
1

☐ **somewhat important, or**

.....
2

☐ **not at all important?**

.....
3

DON'T KNOW

.....
d

REFUSED

.....
r

NO RESPONSE

.....
M

WEB SOFT CHECK: IF D10A1=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

G. YOUR CHILD'S BEHAVIOR AND YOUR RELATIONSHIP WITH CHILD

NO G1 THIS VERSION

IF WAVE=1 (FALL 2021)

G2. Since March 2020, many families have experienced stress due to the COVID-19 pandemic and current events related to racial injustice on the country. During this time, your child has also experienced many developmental changes. Since March 2020, has [CHILD]...

MARK "YES" OR "NO" ON EACH LINE

	YES	NO
a. Developed new fears that previously did not bother them?	1 ☐	0 ☐
b. Experienced an increase in acting out or tantrums?	1 ☐	0 ☐
c. Complained of physical ailments such as stomachaches or headaches?	1 ☐	0 ☐
d. Experienced disrupted sleep (for example, more difficulty going to sleep, waking frequently, nightmares)?	1 ☐	0 ☐

IF WAVE=1 OR 2 (ALL)

G3. Please describe [CHILD] according to how they approach tasks. How often in the past month did they act this way? Would you say: "never," "sometimes," "often," or "very often?"

MARK ONE PER ROW

	NEVER	SOMETIMES	OFTEN	VERY OFTEN
a. Puts things away when finished with them	1 ☐	2 ☐	3 ☐	4 ☐
b. Pays attention well	1 ☐	2 ☐	3 ☐	4 ☐
c. Shows eagerness to learn new things	1 ☐	2 ☐	3 ☐	4 ☐
d. Easily adapts to changes in routine	1 ☐	2 ☐	3 ☐	4 ☐
e. Keeps on working until finished with whatever they are asked to do	1 ☐	2 ☐	3 ☐	4 ☐
f. Works or plays independently (without the need for adult direction)	1 ☐	2 ☐	3 ☐	4 ☐

E. CHILD'S ACTIVITIES

E_INTRO.

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

IF WAVE=2
IF WEB, DON'T SHOW DK OR REF
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD
PROGRAMMER: GRAY QUESTION TEXT AFTER E4_A

E4. About how much time does [CHILD] spend doing each of the following activities on a typical weekday?

Would you say more than 2 hours, 1 to 2 hours, less than one hour, or they never spend time on that on a typical *weekday*?

Select one per row

	More than two hours	One to two hours	Less than one hour	Never	DK	R
a. Watching programs on TV	1 ☐	2 ☐	3 ☐	0 ☐	D	R
b. Watching a video or DVD on the TV or computer/laptop/iPad/tablet	1 ☐	2 ☐	3 ☐	0 ☐	D	R
e. Playing video games on a gaming console like X-Box, PlayStation, Wii or GameBoy	1 ☐	2 ☐	3 ☐	0 ☐	D	R
g. Using a computer/laptop, Smartphone, iPad, or other tablet for playing games	1 ☐	2 ☐	3 ☐	0 ☐	D	R
h. Using a computer/laptop, Smartphone, iPad, or other tablet for something other than videos or games	1 ☐	2 ☐	3 ☐	0 ☐	D	R

H. HOUSEHOLD ROUTINES

WAVE=1 OR WAVE=2 (ALL)

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

H1. CATI: My next questions are about routines in your household.

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

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

WEB: **The next questions are about routines in your household.**

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

If it changes each week, enter the number of days on average.

NUMBER

(RANGE 0-7)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF H1=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

WAVE=1 OR WAVE=2 (ALL)
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD
PROGRAMMER: ON WEB, ONLY DISPLAY 98.

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

CATI: PROBE: **We are interested in what time they usually go to bed, not what time they actually fall asleep.**

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

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

WEB: **We are interested in what time they usually go to bed, not what time they actually fall asleep. If it varies, please enter the time on an average night.**

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

HH:MM ☐ AM ☐ PM

(HR RANGE1 -12) (MIN RANGE 0-59)

- ☐ [CHILD] does not have a usual bedtime.....98 GO TO H10
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

WEB SOFT CHECK: IF H8=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

WEB HARD CHECK: IF H8=98 AND TIME ALSO ENTERED; **You entered a time and also selected that your child does not have a usual bedtime. Please either enter a time or select that your child does not have a usual bedtime to continue.**

CATI HARD CHECK: IF (H8=98, D OR R) AND TIME ALSO ENTERED; INTERVIEWER CHECK: **You entered a time and also selected that the child does not have a usual bedtime. Please either enter a time or select that the child does not have a usual bedtime to continue.**

IF H8 NE 98

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

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

NUMBER

(RANGE 0-5)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF H9=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

WAVE=1 OR WAVE=2 (ALL)

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

PROGRAMMER: ON WEB, ONLY DISPLAY 98.

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

WEB: If it varies, please enter the time on an average weekday.

CATI NOTE: ENTER "98" FOR NO USUAL TIME.

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

HH:MM ○ AM ○ PM

(HR RANGE1-12) (MIN RANGE 0-59)

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

98

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF H10=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

WEB HARD CHECK: IF H10=98 AND TIME ALSO ENTERED; **You entered a time and also selected that your child does not wake up at a usual time. Please either enter a time or select that your child does not wake up at a usual time to continue.**

CATI HARD CHECK: IF (H10=98, D OR R) AND TIME ALSO ENTERED; INTERVIEWER CHECK: You entered a time and also selected that the child does not wake up at a usual time. Please either enter a time or select that the child does not wake up at a usual time to continue.

DRAFT

WAVE=1 OR WAVE=2 (ALL)

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

|__| NUMBER
(RANGE 0-20)

DON'T KNOW.....d

REFUSED.....r

NO H11b TO H16 THIS VERSION

J. ABOUT CHILD'S MOTHER

PROGRAMMER VERSION BOX J2

IF (WAVE=1 OR (WAVE=2 and PrevInt=0)) AND (ANY B5_2-15 = 1
(*BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD*)) AND (SC9 =
11 (*RESPONDENT IS BIOLOGICAL OR ADOPTIVE MOTHER*)), GO TO
J10.

IF (WAVE=1 OR (WAVE=2 and PrevInt=0)) AND (ANY B5_2-15 = 1
(*BIOLOGICAL OR ADOPTIVE MOTHER IN HOUSEHOLD*)) AND (SC9 =
12, 15-30 (*RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE
MOTHER*)), GO TO J8.

IF (WAVE=1 OR (WAVE=2 and PrevInt=0)) AND ((SC9 NE 11) AND (ALL
B5_2-15 NE 1 (*MOTHER NOT IN HOUSEHOLD*))), ASK J1a.

IF (WAVE=2 AND PREVINT=1) AND (FALL_MOMHH = 1) AND (((SC9 NE
11) AND (ALL B5_2-15 NE 1)) AND ((Fall_SC9 NE 11) AND (SC0_c=1 or
SC0_w=1))), ASK J1a (*IF SPRING 2022 AND MOTHER LEFT
HOUSEHOLD SINCE FALL 2019 INTERVIEW*).

IF (WAVE=2 AND PREVINT=1) AND (FALL_MOMHH = 0, D, R, M) AND
((SC9 NE 11) AND (ALL B5_2-15 NE 1)), GO TO VERSION BOX J3
(*BIOLOGICAL OR ADOPTIVE MOTHER IS NOT IN HOUSEHOLD, AND
WAS NOT IN HOUSEHOLD AT FALL INTERVIEW*).

IF (WAVE=2 AND PREVINT=1) AND (FALL_MOMHH = 0) AND ((SC9 =
11) OR (ANY B5_2-15 = 1)), GO TO BOX J14A (*IF SPRING 2022 AND
MOTHER WAS NOT PREVIOUSLY IN HOUSEHOLD BUT NOW IS*).

IF (WAVE=2 AND PREVINT=1) AND (FALL_MOMHH = 1) AND ((SC9 =
11) OR (ANY B5_2-15 = 1)), GO TO BOX J14A (*IF SPRING 2022 AND
MOTHER IS STILL IN HOUSEHOLD*).

IF MORE THAN ONE B5_XX=2 AND B5_XX NE 1, GO TO K1

IF WAVE = 1 OR 2 AND ((SC9=11) OR (ANY B5_3-15 = 1)))
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD
IF SC9= 11 OR 13, FILL you IF SC9 NE 11 OR 13, FILL [CHILD]'s mother

J_Intro:

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

((ALL B5_2-15 NE 1) AND (SC9 NE 11))
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD

J1a. There can be many reasons for children not living with their parents. Is [CHILD]'s mother still alive?

Select one only

- ☐ Yes.....1 GO TO J8
- ☐ No.....0
- GO TO J1b
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

WEB SOFT CHECK: IF J1a=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

{If J1a = 0}

J1b. CATI: I am sorry to hear about [CHILD]'s mother passing. When [CHILD]'s mother was alive, about how often did they see [CHILD]?

CATI PROBE: Would you say 'everyday,' 'at least once a week, but not every day,' 'at least once a month, but not every week,' 'a few times a year, but not every month,' 'less than once a year,' or 'never'?

WEB: We are sorry to learn about [CHILD]'s mother passing. When [CHILD]'s mother was alive, about how often did they see [CHILD]?

- ☐ Everyday.....1
- ☐ At least once a week, but not every day.....2
- ☐ At least once a month, but not every week.....3
- ☐ A few times a year, but not every month.....4
- ☐ Less than once a year.....5
- ☐ Never.....6 GO TO K1 BOX

DRAFT

DRAFT

{If J1a = 1}

J1c. About how often does [CHILD]’s mother see [CHILD]?

CATI PROBE: Would you say ‘everyday,’ ‘at least once a week, but not every day,’ ‘at least once a month, but not every week,’ ‘a few times a year, but not every month,’ ‘less than once a year,’ or ‘never’?

- ☐ **Everyday**.....1
- ☐ **At least once a week, but not every day**.....2
- ☐ **At least once a month, but not every week**.....3
- ☐ **A few times a year, but not every month**.....4
- ☐ **Less than once a year**.....5
- ☐ **Never**.....6 GO TO K1 BOX

BOX J2A
IF J1A = 1 OR J1B NE 6 OR J1C NE 6, GO TO J8

VERSION BOX J3
IF Wave=1 OR (Wave=2 AND PrevInt=0), GO TO J8
IF Wave=2 AND PrevInt=1 AND FALL_NEEDMOTHERDOB=1, GO TO J8.
IF WAVE=2 AND PREVINT=1 AND FALL_NEEDMOTHERDOB=0
(MOTHER DOB COLLECTED AT PREVIOUS INTERVIEW)) AND J1a ≠ 0,
SKIP TO J29,
ELSE GO TO J8.

IF ((SC9 =12, 14-30, M) OR (Fall_SC9 = 12, 14-30, M)) AND ((Wave=1 OR (Wave=2 AND PrevInt=0)) OR (Wave=2 AND PrevInt=1 AND FALL_NEEDMOTHERDOB = 1))

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

IF J1a=011, FILL **was**;
IF J1a NE 01, FILL **is**

**J8. CATI: Now I'm going to ask you some questions about [CHILD]'s biological or adoptive mother.
What [is/was] their birth date?**

WEB: The next questions are about [CHILD]'s biological or adoptive mother.

What [is/was] their birth date?

MM/DD/YYYY

(RANGE 1923-2005)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

**WEB SOFT CHECK: IF J8=NO RESPONSE; Please provide an answer to this question and continue.
To continue to the next question without providing a response, click the Next button.**

PROGRAMMER SKIP BOX J13a

IF SC9 = 11 OR 13 (RESPONDENT IS BIRTH OR ADOPTIVE MOTHER),
CONTINUE.

IF SC9 NE 11 OR 13 (NOT BIRTH MOTHER) AND J1a = 1 (BIRTH
MOTHER IS ALIVE), CONTINUE.

IF SC9 NE 11 OR 13 (NOT BIRTH MOTHER) AND J1a=0 (BIRTH
MOTHER IS DECEASED), GO TO BOX K1.

PROGRAMMER SKIP BOX J14a

IF SC9 NE 11 (NOT BIOLOGICAL MOTHER) AND SC9 NE 12 (NOT
BIOLOGICAL FATHER) AND J1a NE 0 (MOTHER NOT DECEASED), and
J1b NE 6 (HAS SEEN CHILD), CONTINUE.

OTHERWISE, GO TO BOX J16A

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) AND
(SC9 = 15-30, M (R IS NOT BIO OR ADOPTIVE PARENT)) AND J1a NE 0

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

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

Are they...

Select one only

- ☐ **married,**.....1 GO TO J17
- ☐ **in a registered domestic partnership or civil union,**.....5 GO TO J17
- ☐ **divorced,**
.....
2
.....
GO TO J16
- ☐ **separated,**
.....
3
.....
GO TO J16
- ☐ **not married, or**
.....
4
.....
GO TO J16
- ☐ **living as partners in a committed relationship?**
.....
6
.....
GO TO J17
- DON'T KNOW.....d GO TO J16
- REFUSED.....r GO TO J16
- NO RESPONSE.....M GO TO J16

WEB SOFT CHECK: IF J15=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

PROGRAMMER SKIP BOX J16a

IF ((SC9 NE 11) AND (ALL B5_2-15 NE 1)) (MOTHER IS NOT LIVING IN
HOUSEHOLD), GO TO VERSION BOX J33.

IF (Wave=1 OR (Wave=2 and PrevInt=0)) AND ((SC9 = 11 OR 13) OR (ANY B5_2-15 = 1))
IF SC9=11, FILL you ELSE, FILL [CHILD]'s mother
IF SC9=11, FILL I am ELSE, FILL [CHILD]'s mother is
IF MULTIPLE BIOLOGICAL OR ADOPTIVE MOTHERS IN HOUSEHOLD, FILL The next questions are about [CHILD]'s mother, [FALL_B3_#_Name/SPRING_B3_#_Name]; they; they are
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD

J17. [The next questions are about [CHILD]'s mother, [FALL_B3_#_Name/SPRING_B3_#_Name].] During the past week (that is, the past 7 days), did [you/[CHILD]'s mother/they] work at a job for pay or income, including self-employment?

Select one only

- ☐ Yes.....1 GO TO J21
- ☐ No, [I am/[CHILD]'s mother is/they are] retired.....2 GO TO J24
- ☐ No, [I am/[CHILD]'s mother is/they are] disabled and unable to work.....3 GO TO J24
- ☐ No (for reason other than retirement or disability)
.....
0
.....
GO TO J18
- DON'T KNOW.....d GO TO J24
- REFUSED.....r GO TO J24
- NO RESPONSE.....M GO TO J24

WEB SOFT CHECK: IF J17=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

J17=0
IF SC9=11, FILL you ELSE, FILL they

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

- ☐ Yes
.....
1
- ☐ No
.....
0
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

WEB SOFT CHECK: IF J18=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

DRAFT

J17=0

IF SC9=11, FILL **you**
ELSE, FILL **they**

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF J19=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

J17=0

IF SC9=11, FILL **you**

IF MULTIPLE BIOLOGICAL OR ADOPTIVE MOTHERS IN HOUSEHOLD, FILL **they**
ELSE, FILL **[CHILD]'s mother**

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

IF Wave=1 OR (Wave=2 AND PrevInt=0), FILL **In the last 12 months**
ELSE, FILL **Since [FallInt_MonthYear]**

J20. [In the last 12 months/Since [FallInt_MonthYear]], did [you/[CHILD]'s mother/they] work at a job for pay or income, including self-employment?

☐ Yes

.....
1

GO TO J21

☐ No.....0 GO TO J24

DON'T KNOW.....d GO TO J24

REFUSED.....r GO TO J24

NO RESPONSE.....M GO TO J24

WEB SOFT CHECK: IF J20=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

(J17=1) OR (J18=1) OR (J20=1)

IF (SC9=11) AND J17=1, FILL **do you**IF (SC9=11) AND J17 NE 1, FILL **did you**IF (SC9 NE 11) AND J17=1, FILL **do they**IF (SC9 NE 11) AND J17 NE 1, FILL **did they**

J21. About how many total hours per week [do you/did you/do they/did they] usually work for pay or income, counting all jobs?

CATI: INTERVIEWER NOTE: IF HOURS VARY, AVERAGE HOURS PER WEEK.

CATI: PROBE: **Your best estimate is fine.**WEB: **If hours vary, please enter the average hours per week. (Your best estimate is fine).**

(Your best estimate is fine.)

 HOURS

(RANGE 0-99)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF J21=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE =1 (FALL 2021)

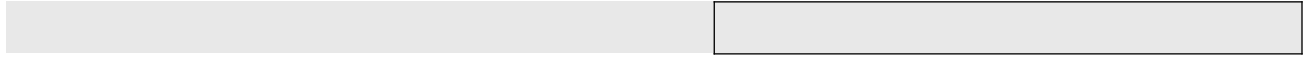
IF J17=1 OR J18=1 OR J20=1, ask J21a_a-h

IF J17=0 OR J18=0 OR J20=0, ask only J21a_g

J21a. Have [you/they] experienced any of the following changes in [your/their] work situation as a direct result of COVID-19?

CATI ONLY: For each statement I read, please tell me if it is true.

	YES	NO	DON'T KNOW	REFUSED
a. [I am/They are] now working from home instead of in person	1	0	d	r
b. [I am/They are] now working more hours	1	0	d	r
c. [I am/They are] now working less hours	1	0	d	r
d. [I am/They are] now working more Jobs	1	0	d	r
i. [I/They] now have more tasks or responsibilities at my job or jobs				
e. [I/They] changed Jobs	1	0	d	r
f. [My/Their] work schedule is less predictable	1	0	d	r
g. [I/They] have lost [my/their] job or been furloughed	1	0	d	r
h. Other change as a direct result of COVID-19 (SPECIFY)	1	0	d	r



DRAFT

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) AND ((SC9 = 11) OR (ANY B5_2-15 = 1))

IF SC9=11, FILL you ELSE, FILL they
--

J24. What is the highest grade or year of school that [you/they] completed?CATI ONLY: NOTE: If 'high school', PROBE: **What is the last grade [you/they] completed?**CATI ONLY: NOTE: If 'college', PROBE: **Did [you/they] receive a degree? If yes, what type of degree?***Select one only*

- ☐ 8th grade or lower

.....
1

- ☐ 9th to 11th grade

.....
2

- ☐ 12th grade but no diploma

.....
3

- ☐ High school diploma or equivalent

.....
4

- ☐ Vocational/technical program after high school but no vocational/technical diploma

.....
5

- ☐ Vocational/technical diploma after high school

.....
6

- ☐ Some college but no degree

.....
7

- ☐ Associate's degree

.....
8

- ☐ Bachelor's degree

.....
9

- ☐ Graduate or professional school but no degree

.....
10

- ☐ Master's degree (MA, MS)

.....
11

- ☐ Doctorate degree (Ph.D, EdD)

.....
12

- ☐ Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.)

DRAFT

.....
13

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF J24=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF MORE THAN ONE B5_2-15=1 (MORE THAN ONE BIOLOGICAL OR
ADOPTIVE MOTHER IN THE HOUSEHOLD), ASK J17-J24 AGAIN

NO J25 TO J32 THIS VERSION

K. ABOUT CHILD'S FATHER

PROGRAMMER VERSION BOX K1

IF (WAVE=1 OR (WAVE=2 and PrevInt=0)) AND (ANY B5_2-15 = 2
(*BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD*)) AND (SC9 = 12
(*RESPONDENT IS BIOLOGICAL OR ADOPTIVE FATHER*)), GO TO BOX
K9.

IF (WAVE=1 OR (WAVE=2 and PrevInt=0)) AND (ANY B5_2-15 = 2
(*BIOLOGICAL OR ADOPTIVE FATHER IN HOUSEHOLD*)) AND (SC9 = 11
OR 15-30 (*RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE
FATHER*)), GO TO K8.

IF (WAVE=1 OR (WAVE=2 and PrevInt=0)) AND ((SC9 NE 12) AND (ALL
B5_2-15 NE 2 (*BIOLOGICAL OR ADOPTIVE FATHER NOT IN
HOUSEHOLD*))), ASK K1a.

IF (WAVE=2 AND PREVINT=1) AND (FALL_DADHH = 1) AND (((SC9 NE
12) OR (ALL B5_2-15 NE 2)) AND ((Fall_SC9 NE 12) AND (SC0_c=1 or
SC0_w=1))), ASK K1a (*IF SPRING 2022 AND FATHER LEFT
HOUSEHOLD SINCE FALL 2019 INTERVIEW*).

IF (WAVE=2 AND PREVINT=1) AND (FALL_DADHH = 0, D, R, M) AND
((SC9 NE 12) AND (ALL B5_2-15 NE 2)), GO TO VERSION BOX K2
(*BIOLOGICAL OR ADOPTIVE FATHER IS NOT IN HOUSEHOLD, AND
WAS NOT IN HOUSEHOLD AT FALL INTERVIEW*).

IF (WAVE=2 AND PREVINT=1) AND (FALL_DADHH = 0) AND ((SC9 = 12)
OR (ANY B5_2-15 = 2)), GO TO BOX K16A (*IF SPRING 2022 AND
FATHER WAS NOT PREVIOUSLY IN HOUSEHOLD BUT NOW IS*).

IF (WAVE=2 AND PREVINT=1) AND (FALL_DADHH = 1) AND ((SC9 = 12)
OR (ANY B5_2-15 = 2)), GO TO BOX K16A (*IF SPRING 2022 AND
FATHER IS STILL IN HOUSEHOLD*).

IF MORE THAN ONE B5_XX=1 AND B5_XX NE 2, GO TO VERSION
BOX L

IF WAVE = 1 2 AND ((SC9=12) OR (ANY B5_3-15 = 2)))

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

IF SC9= 12 OR 14, FILL **you**
IF SC9 NE 12 OR 14, FILL **[CHILD]'s father**

K_Intro:

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

((ALL B5_2-15 NE 2) AND (SC9 NE 12))

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

K1a. There are many reasons for children not living with their fathers. Is [CHILD]'s father still alive?

Select one only.

- ☐ Yes.....1 GO TO K8
- ☐ No
-0
-GO TO K1b
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

WEB SOFT CHECK: IF K1a=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

{If K1a = 0}

K1b. CATI: I am sorry to hear about [CHILD]'s father passing. When [CHILD]'s father was alive, about how often did they see [CHILD]?

CATI PROBE: **Would you say 'everyday,' 'at least once a week, but not every day,' 'at least once a month, but not every week,' 'a few times a year, but not every month,' 'less than once a year,' or 'never'?**

WEB: **We are sorry to learn about [CHILD]'s father passing. When [CHILD]'s father was alive, about how often did they see [CHILD]?**

- ☐ Everyday.....1
- ☐ At least once a week, but not every day.....2
- ☐ At least once a month, but not every week.....3
- ☐ A few times a year, but not every month.....4

DRAFT

☐ Less than once a year.....5

☐ Never

.....
6

.....
GO TO

VERSION BOX L

DRAFT

{If K1a = 1}

K1c. About how often does [CHILD]'s father see [CHILD]?

CATI PROBE: Would you say 'everyday,' 'at least once a week, but not every day,' 'at least once a month, but not every week,' 'a few times a year, but not every month,' 'less than once a year,' or 'never'?

- ☐ Everyday..... 1
- ☐ At least once a week, but not every day..... 2
- ☐ At least once a month, but not every week..... 3
- ☐ A few times a year, but not every month..... 4
- ☐ Never
.....
6
.....
GO TO

VERSION BOX L

BOX K2a
IF K1a = 1 OR K1b NE 6 or K1C NE 6, GO TO K8

PROGRAMMER version BOX K2
IF Wave=1 OR (Wave=2 AND PrevInt=0), GO TO K8.
IF Wave=2 AND PrevInt=1 AND FALL_NEEDFATHERDOB=1, GO TO K8.
IF Wave=2 AND PrevInt=1 AND FALL_NEEDFATHERDOB=0 (FATHER
DOB COLLECTED AT PREVIOUS INTERVIEW) AND K1a ≠ 0, SKIP TO
K29.
ELSE CONTINUE.

((SC9 = 11, 15-30, M) OR (FALL_SC9 = 11, 15-30, M)) AND ((WAVE=1 OR (WAVE=2 AND PREVINT=0)) OR (WAVE=2 AND PREVINT=1 AND FALL_NEEDFATHERDOB=1))

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

IF K1a=0, FILL was
ELSE, FILL is

K8. CATI: Now I'm going to ask you some questions about [CHILD]'s biological or adoptive father. What [is/was] their birth date?

WEB: The next questions are about [CHILD]'s biological or adoptive father.

What [is/was] their birth date?

MM/DD/YYYY

(RANGE 1923-2005)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF K8=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

PROGRAMMER SKIP BOX K13a

IF SC9 = 12 (RESPONDENT IS BIRTH OR ADOPTIVE FATHER),
CONTINUE.

IF SC9 NE 12 (NOT BIRTH FATHER) AND K1a = 1 (BIRTH FATHER IS
ALIVE), CONTINUE.

IF SC9 NE 12 (NOT BIRTH FATHER) AND K1a= 0 (BIRTH FATHER IS
DECEASED), GO TO BOX L.

PROGRAMMER SKIP BOX =K16a

IF ((SC9 NE 12) AND (ALL B5_2-15 NE 2 (FATHER IS NOT LIVING IN
HOUSEHOLD))), GO TO VERSION BOX K33.

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) AND ((SC9 = 12) OR (ANY B5_2-15 = 2))

IF SC9 = 12, FILL **you; I am**

IF MULTIPLE BIOLOGICAL OR ADOPTIVE FATHERS IN HOUSEHOLD, FILL

[FALL_B3_#_Name/SPRING_B3_#_Name]; they; they are

ELSE, FILL **[CHILD]'s father; [CHILD]'s father is**

FILL CHILD'S NAME FROM SC8a;

IF SC8a IS EMPTY, FILL FROM PRELOAD

K17. [The next questions are about [CHILD]'s father, [FALL_B3_#_Name/SPRING_B3_#_Name].] During the past week (that is, the past 7 days), did [you/[CHILD]'s father/they] work at a job for pay or income, including self-employment?

Select one only

- ☐ Yes.....1 GO TO K21
- ☐ No, [I am/[CHILD]'s father is/they are] retired.....2 GO TO K24
- ☐ No, [I am/[CHILD]'s father is/they are] disabled and unable to work.....3 GO TO K24
- ☐ No (for reason other than retirement or disability).....0 GO TO K18
- DON'T KNOW.....d GO TO K24
- REFUSED.....r GO TO K24
- NO RESPONSE.....M GO TO K24

WEB SOFT CHECK: IF K17=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

K17=0

IF SC9 = 12, FILL **you**

ELSE, FILL **they**

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

- ☐ Yes
 -1
- ☐ No
 -0
 - DON'T KNOW.....d
 - REFUSED.....r
 - NO RESPONSE.....M

WEB SOFT CHECK: IF K18=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

K17=0

IF SC9 = 12, FILL **you**ELSE, FILL **they****K19. Have [you/they] actively been looking for work in the past four weeks?**☐ Yes.....
1☐ No.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF K19=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

K17=0

IF SC9 = 12, FILL youIF MULTIPLE BIOLOGICAL OR ADOPTIVE MOTHERS IN HOUSEHOLD, FILL **they**ELSE, FILL **[CHILD]'s father**

FILL CHILD'S NAME FROM SC8a;

IF SC8a IS EMPTY, FILL FROM PRELOADIF Wave=1 OR (Wave=2 AND PrevInt=0), FILL **in the last 12 months**ELSE, FILL **since [FallInt_MonthYear]****K20. [In the last 12 months/Since [FallInt_MonthYear]], did [you/[CHILD]'s father/they] work at a job for pay or income, including self-employment?**☐ Yes.....
1.....
GO TO K21☐ No.....
0.....
GO TO K24

DON'T KNOW.....d GO TO K24

REFUSED.....r GO TO K24

NO RESPONSE.....M GO TO K24

WEB SOFT CHECK: IF K20=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

DRAFT

(K17=1) OR (K18=1) OR (K20=1)

IF SC9 = 12 AND K17 = 1, FILL **do you**

IF SC9 = 12 AND K17 NE 1, FILL **did you**

IF SC9 NE 12 AND K17=1, FILL **do they**

IF SC9 NE 12 AND K17 NE 1, FILL **did they**

K21. About how many total hours per week [do you/did you/do they/did they] usually work for pay or income, counting all jobs?

CATI: INTERVIEWER NOTE: IF HOURS VARY, AVERAGE HOURS PER WEEK.

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

WEB: **If hours vary, please enter the average hours per week. (Your best estimate is fine.)**

HOURS

(RANGE 0-99)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF K21=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=1 (FALL 2021)

IF K17=1 OR K18=1 OR K20=1, ask K21a_a-h

IF K17=0 OR K18=0 OR K20=0, ask only K21a_g

K21a. (Have you/they) experienced any of the following changes in (your/their) work situation as a direct result of COVID-19?

CATI ONLY: For each statement I read, please tell me if it is true.

	YES	NO	DON'T KNOW	REFUSED
a. [I am/They are] now working from home instead of in person.....	1	0	d	r
b. [I am/They are] now working more hours.....	1	0	d	r
c. [I am/They are] now working less hours.....	1	0	d	r
d. [I am/They are] now working more jobs.....	1	0	d	r
i. [I/They] now have more tasks or responsibilities at my job or jobs	1	0	d	r
e. [I/They] changed jobs.....	1	0	d	r
f. [My/Their] work schedule is less predictable.....	1	0	d	r
g. [I/They] have lost [my/their] job or been furloughed.....	1	0	d	r
h. Other change as a direct result of COVID-19 (SPECIFY)...	1	0	d	r

IF (WAVE=1 OR (WAVE=2 AND PREVINT=0)) AND ((SC9 = 12) OR (ANY B5_2-15 = 2))
IF SC9 = 12, FILL you
ELSE, FILL they

K24. What is the highest grade or year of school that [you/they] completed?CATI ONLY: NOTE: If 'high school', PROBE: **What is the last grade [you/they] completed?**CATI ONLY: NOTE: If 'college', PROBE: **Did [you/they] receive a degree? If yes, what type of degree?***Select one only*

- ☐ 8th grade or lower

.....
1

- ☐ 9th to 11th grade

.....
2

- ☐ 12th grade but no diploma

.....
3

- ☐ High school diploma/equivalent

.....
4

- ☐ Vocational/technical program after high school but no vocational/technical diploma

.....
5

- ☐ Vocational/technical diploma after high school

.....
6

- ☐ Some college but no degree

.....
7

- ☐ Associate's degree

.....
8

- ☐ Bachelor's degree

.....
9

- ☐ Graduate or professional school but no degree

.....
10

- ☐ Master's degree (MA, MS)

.....
11

- ☐ Doctorate degree (Ph.D, EdD)

.....
12

DRAFT

- Professional degree after bachelor's degree (medicine/MD; dentistry/DDS; law/JD/LLB; etc.)

.....
13

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF K24=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF MORE THAN ONE B5_2-15=2 (MULTIPLE BIOLOGICAL OR ADOPTIVE FATHERS IN THE HOUSEHOLD), ASK K17-K24 AGAIN

NO K25 TO K32 THIS VERSION

L. ABOUT RESPONDENT

PROGRAMMER VERSION BOX L

IF SC9 = 11-12 (RESPONDENT IS [CHILD]'S BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER), GO TO SECTION M.

IF (WAVE=1 OR (Wave=2 AND PrevInt=0)) AND (SC9 NE 11-12 (RESPONDENT IS NOT BIOLOGICAL OR ADOPTIVE MOTHER OR FATHER)), CONTINUE.

ELSE GO TO L17.

(WAVE=1 OR (Wave=2 AND PrevInt=0)) AND SC9 = 15-30, M, d , r

If L10 = L (logical skip), fill **These next questions are about you.**

L17. [These next questions are about you.]

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

Select one only

- | | | |
|--|---|-----------|
| ☐ Yes..... | 1 | GO TO L21 |
| ☐ No, I am retired..... | 2 | GO TO L24 |
| ☐ No, I am disabled and unable to work..... | 3 | GO TO L24 |
| ☐ No (for reason other than retirement or disability)..... | 0 | GO TO L18 |
| DON'T KNOW..... | d | GO TO L24 |
| REFUSED..... | r | GO TO L24 |
| NO RESPONSE..... | M | GO TO L24 |

WEB SOFT CHECK: IF L17=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

L17 = 0

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

- | | |
|---------------------------|-------|
| ☐ Yes | |
| 1 | |
| ☐ No | |
| 0 | |
| DON'T KNOW..... | d |
| REFUSED..... | r |
| NO RESPONSE..... | M |

WEB SOFT CHECK: IF L18=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

L17 = 0

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF L19=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

L17 = 0

IF NO PREVIOUS INTERVIEW , FILL in the last 12 months
ELSE, FILL since [FallInt_MonthYear]

L20. [In the last 12 months/Since [FallInt_MonthYear]], did you work at a job for pay or income, including self-employment?

☐ Yes.....1 GO TO L21

☐ No.....0 GO TO L24

DON'T KNOW.....d GO TO L24

REFUSED.....r GO TO L24

NO RESPONSE.....M GO TO L24

WEB SOFT CHECK: IF L20=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

L17 = 1 OR L20 = 1

IF L17=1, FILL **do**ELSE, FILL **did**

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

CATI: INTERVIEWER NOTE: IF HOURS VARY, PROBE FOR AVERAGE HOURS PER WEEK.

CATI PROBE: **Your best estimate is fine.**WEB: If hours vary, please enter the average hours per week. *(Your best estimate is fine.)*

HOURS

(RANGE 0-99)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF L21=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=1 (FALL 2021)

IF L17=1 OR L20=1, ask L21a_a-j

IF L17=0 OR L20=0, ask only L21a_g

L21a. Have you experienced any of the following changes in your work situation as a direct result of COVID-19?

CATI ONLY: For each statement I read, please tell me if it is true.

	YES	NO	DON'T KNOW	REFUSED
a. I am now working from home instead of in person.....	1	0	d	r
b. I am now working more hours.....	1	0	d	r
c. I am now working less hours.....	1	0	d	r
d. I am now working more jobs.....	1	0	d	r
i. I now have more tasks or responsibilities at my job or jobs	1	0	d	r
e. I changed jobs.....	1	0	d	r
f. My work schedule is less predictable.....	1	0	d	r
g. I have lost my job or been furloughed.....	1	0	d	r
h. Other change as a direct result of COVID-19 (specify).....	1	0	d	r

NO L22 TO L23A THIS VERSION

(WAVE=1 OR (Wave=2 AND PrevInt=0)) AND SC9 = 15-30, M, d, r

L24. What is the highest grade or year of school that you completed?CATI ONLY: NOTE: If 'high school', PROBE: **What is the last grade you completed?**CATI ONLY: NOTE: If 'college', PROBE: **Did you receive a degree? If yes, what type of degree?***Select one only*

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

DRAFT

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF L24=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

NO L25 TO L32 THIS VERSION

DRAFT

M. INCOME AND HOUSING

IF WAVE=1 OR 2 (ALL)

WEB DO NOT DISPLAY DK OR R

Fill Consent_State

PROGRAMMER: GRAY QUESTION TEXT AFTER M1_A

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

Select one per row

	Yes	No	DK	R
a. [Consent_State] or welfare?	1	2	D	R
b. Unemployment insurance?	1	2	D	R
c. Food Stamps or SNAP benefits?	1	2	D	R
d. WIC or the Special Supplemental Nutrition Program for Women, Infants, and Children?	1	2	D	R
e. Child support?	1	2	D	R
f. SSI or Social Security Retirement, Disability, or Survivor's benefits?	1	2	D	R
g. Payments for providing foster care, guardianship subsidies, or adoption assistance?	1	2	D	R
h. Energy assistance?	1	2	D	R
i. Food assistance from a Native or tribal community source, such as commodities, tribal community food bank or the Food Distribution Program Indian Reservation (FDPIR)?	1	2	D	R

WEB SOFT CHECK: IF ANY M1a-i=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

BOX M1a STATE WELFARE AGENCIES			
Alabama	FA (Family Assistance Program)	Nebraska	TANF
Alaska	ATAP (Alaska Temporary Assistance Program)	Nevada	TANF
Arizona	Cash Assistance	New Hampshire	TANF
Arkansas	TEA (Transitional Employment Assistance)	New Jersey	WFNJ (Work First New Jersey)
California	CALWORKS (California Work Opportunity and Responsibility for Kids)	New Mexico	TANF
Colorado	Colorado Works	New York	FA (Family Assistance Program), SNA (Safety Net Assistance)
Connecticut	TFA (Temporary Family Assistance)	North Carolina	Work First
Delaware	TANF	North Dakota	TANF
District of Columbia	TANF	Ohio	OWF (Ohio Works First)
Florida	Florida Temporary Cash Assistance (TCA)	Oklahoma	TANF
Georgia	TANF	Oregon	TANF
Hawaii	TANF	Pennsylvania	Pennsylvania TANF
Idaho	Temporary Assistance For Families in Idaho	Rhode Island	RIW (Rhode Island Works)
Illinois	TANF	South Carolina	TANF/ FI (Family Independence)
Indiana	Indiana TANF	South Dakota	TANF
Iowa	FIP (Family Investment Program)	Tennessee	Tennessee Families First
Kansas	Successful Families Program - TANF	Texas	TANF, Choices
Kentucky	K-TAP (Kentucky Transitional Assistance Program)	Utah	Utah Financial Assistance
Louisiana	FITAP (Family Independence Temporary Assistance Program)	Vermont	Reach Up in Vermont
Maine	TANF		
Maryland	Temporary Cash Assistance (TCA)		
Massachusetts	TAFDC (Transitional Aid to Families with Dependent Children)	Virginia	TANF
Michigan	Michigan Cash	Washington	TANF and

	Assistance		WorkFirst Program
Minnesota	MFIP (Minnesota Family Investment Program)	West Virginia	West Virginia Works
Mississippi	TANF	Wisconsin	W-2 (Wisconsin Works) Program
Missouri	Missouri Temporary Assistance (TA)	Wyoming	TANF/ POWER (Personal Opportunities With Employment Responsibility)
Montana	TANF		

Programmer Box M3.
IF Wave=1 OR (Wave=2 and PrevInt=0), GO TO M3
Else, GO TO N1.

NO M2 THIS VERSION

IF WAVE=1 OR =2

M3 and M3_response.

In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include money from jobs and public assistance programs, as well as any other sources, such as rental income, interest, dividends, and tribal subsidies or per capita distributions. Do not include stimulus payments from the government.

\$XXX,XXX

(RANGE 0-999,999)

CATI ONLY: PROBE: Is that income per hour, per week, every two weeks, for a month, or for a year?

Select one only

- | | | |
|--|----|----------|
| ☐ Per hour..... | 11 | GO TO M9 |
| ☐ Per day..... | 12 | GO TO M9 |
| ☐ Per week..... | 13 | GO TO M9 |
| ☐ Every two weeks..... | 14 | GO TO M9 |
| ☐ Month..... | 15 | GO TO M9 |
| ☐ Year..... | 16 | GO TO M9 |
| ☐ Other (SPECIFY)..... | 17 | GO TO M9 |

Specify

- | | | |
|---------------------------|---|----------|
| CATI ANSWER PROVIDED..... | 1 | |
| DON'T KNOW..... | d | GO TO M4 |
| REFUSED..... | r | GO TO M4 |
| NO RESPONSE..... | M | GO TO M4 |

WEB SOFT CHECK: IF M3_amt IS OUT OF RANGE (IF ANSWER IS GREATER THAN:

- (M3_amt>50 AND M3_per=1 (\$50 PER HOUR)) OR
- (M3_amt>400 AND M3_per=2 (\$400 DAY/DAILY)) OR
- (M3_amt>2000 AND M3_per=3 (\$2000 PER WEEK)) OR
- (M3_amt>4000 AND M3_per=4 (\$4000 EVERY 2 WEEKS)) OR
- (M3_amt>8000 AND M3_per=5 (\$8000 MONTH)) OR
- (M3_amt>100000 AND M3_per=6 (\$100,000 PER YEAR));

You entered [M3_amt]. Please update or confirm your response and continue.

WEB SOFT CHECK: IF M3_amt OR M3_per=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the

Next button.

(M3_RESPONSE = D, R, M, OR 1) OR (M3_1=BLANK OR MISSING)

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

WEB: Was it...

- ☐ \$25,000 or less, or.....1 GO TO M5
- ☐ more than \$25,000?.....2 GO TO M6
- DON'T KNOW.....d GO TO M9
- REFUSED.....r GO TO M9
- NO RESPONSE.....M GO TO M9

WEB SOFT CHECK: IF M4=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

M4=1

M5. Was it...

Select one only

- ☐ \$5,000 or less,.....1 GO TO M9
- ☐ \$5,001 to \$10,000,.....2 GO TO M9
- ☐ \$10,001 to \$15,000,.....3 GO TO M9
- ☐ \$15,001 to \$20,000, or.....4 GO TO M9
- ☐ \$20,001 to \$25,000?.....5 GO TO M9
- DON'T KNOW.....d GO TO M9
- REFUSED.....r GO TO M9
- NO RESPONSE.....M GO TO M9

WEB SOFT CHECK: IF M5=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

M4=2

M6. Was it...*Select one only*

- ☐ \$25,001 to \$30,000,.....6 GO TO M9
- ☐ \$30,001 to \$35,000,.....7 GO TO M9
- ☐ \$35,001 to \$40,000,.....8 GO TO M9
- ☐ \$40,001 to \$50,000,.....9 GO TO M9
- ☐ \$50,001 to \$75,000, or.....10 GO TO M9
- ☐ more than \$75,000?.....11 GO TO M9
- DON'T KNOW.....d GO TO M9
- REFUSED.....r GO TO M9
- NO RESPONSE.....M

WEB SOFT CHECK: IF M6=NO RESPONSE; **Please provide an answer to this question and continue.**
To continue to the next question without providing a response, click the Next button.

IF Wave=1

M6a. Which of the following best describes what has happened to your household income during the COVID-19 pandemic? Please think about your own income and the income of everyone living with you. Please include money from jobs and public assistance programs, as well as any other sources, such as rental income, interest, dividends, and tribal subsidies or per capita distributions. Do not include stimulus payments from the government.

- ☐ Has increased very much.....1
- ☐ Has increased somewhat.....2
- ☐ Has stayed the same.....3
- ☐ Has decreased somewhat.....4
- ☐ Has decreased very much.....5
- ☐ DON'T KNOW.....d
- ☐ REFUSED.....r

IF Wave=1

M6b. Have you or anyone in your household received a stimulus payment from the government since the start of the COVID-19 pandemic? This could include a stimulus payment from your tribal government.

- ☐ Yes.....1
- ☐ No.....0
- ☐ DON'T KNOW.....d
- ☐ REFUSED.....r

IF Wave=1 OR 2 (ALL)

M7. The next questions are about housing. Do you now live in . . .

- ☐ a house, apartment, or trailer with your family only,.....1
- ☐ a house, apartment, or trailer you share with one or more families,.....2
- ☐ transitional housing or apartment, or a homeless shelter, or.....3
- ☐ somewhere else? (SPECIFY).....4
- Please specify. (STRING 50)
- ☐ DON'T KNOW.....d
- ☐ REFUSED.....r

IF M7=2

M7a. Do you live with another family for a financial reason, such as needing help paying your bills?

☐ Yes.....
1
.....☐ No.....
0
.....

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF M9=NO RESPONSE; Please provide an answer to this question and continue.
To continue to the next question without providing a response, click the Next button.

IF Wave=1 OR (Wave=2 and PrevInt=0)

WEB DO NOT DISPLAY DK OR R

PROGRAMMER: GRAY QUESTION TEXT AFTER M9A_A

NO M8 IN THIS VERSION

M9a. CATI: How often are these statements true about your housing? Let me know if it is never true, sometimes true, often true, or always true.

Our housing is...

WEB: How often are these statements true about your housing?

Our housing is...

SELECT ONE PER ROW

	Never true	Sometimes true	Often true	Always true	DK	R
a. Just the right size.....	1 ☐	2 ☐	3 ☐	4 ☐	D	R
b.Crowded	1 ☐	2 ☐	3 ☐	4 ☐	D	R
c. Needs major repair S.....	1 ☐	2 ☐	3 ☐	4 ☐	D	R
d. Old and aged.....	1 ☐	2 ☐	3 ☐	4 ☐	D	R
e. Kept in good	1 ☐	2 ☐	3 ☐	4 ☐	D	R

condition.....

WEB SOFT CHECK: IF ANY M9a_a-e=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

DRAFT

IF Wave=1 OR (Wave=2 and PrevInt=0)

M9c. How many separate rooms are in your housing? Separate rooms are defined by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

....Number of rooms

(RANGE 1-50)

- ☐ I live in a traditional Native dwelling (for example, Hogan, Long House, or adobe house)

99

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF M9c=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=1 OR (Wave=2 and PrevInt=0)

WEB DO NOT DISPLAY DK OR R

IF OnlyAdult=0 (MORE THAN ONE ADULT IN HOUSEHOLD (B4_3=15 GT 17)), FILL **your household; we; We**

IF OnlyAdult=1, FILL **you; I**

PROGRAMMER: GRAY QUESTION TEXT AFTER M10_A

M10. CATI [PROGRAMMER: Gray text after M10.a.]: 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...

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

For each statement below, indicate if it was often true, sometimes true, or never true for [you/your household]. In the last 12 months...

SELECT ONE PER ROW

Often true	Sometimes true	Never true	DK	R
------------	----------------	------------	----	---

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

WEB SOFT CHECK: IF ANY M10a-b=NO RESPONSE; **Please provide an answer to this question and**

DRAFT

continue. To continue to the next question without providing a response, click the Next button.

DRAFT

IF Wave=1 OR (Wave=2 and PrevInt=0)

IF OnlyAdult=0 (MORE THAN ONE ADULT IN HOUSEHOLD (B4_3-15 GT 17)), FILL **you or other adults in your household**

If OnlyAdult=1, FILL **you**

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

☐ Yes

.....
1

.....
GO TO M12

☐ No

.....
0

.....
GO TO M13

DON'T KNOW.....d GO TO M13

REFUSED.....r GO TO M13

NO RESPONSE.....M GO TO M13

WEB SOFT CHECK: IF M11=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

M11=1

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

Select one only

☐ **almost every month,**

.....
1

☐ **some months, but not every month, or**

.....
2

☐ **in only 1 or 2 months?**

.....
3

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF M12=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=1 OR (Wave=2 and PrevInt=0)

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF M13=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=1 OR (Wave=2 and PrevInt=0)

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF M14=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=1 OR (Wave=2 and PrevInt=0)

WEB DO NOT DISPLAY DK OR R

M15. CATI [PROGRAMMER: Gray text after M15a.]: Please think about how you feel about your family's economic situation. For each statement, indicate how much you agree or disagree.

[INSERT M15a-d.]

[PROGRAMMER: Gray text after M15a.]: Would you say strongly agree, agree, neutral, disagree, or strongly disagree?

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

SELECT ONE PER ROW

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	DK	R
----------------	-------	---------	----------	-------------------	----	---

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

WEB SOFT CHECK: IF ANY M15a-d=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=1 OR (Wave=2 and PrevInt=0)

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

Select one only

☐ **not enough to make ends meet,**

.....
1

☐ **almost enough to make ends meet,**

.....
2

☐ **just enough to make ends meet,**

.....
3

☐ **some money left over, or**

.....
4

☐ **more than enough money left over?**

.....
5

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF M17=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

M18_Intro.

Some families have a hard time paying for all of the things they need. The next questions are about some of the basic things families need. Please choose the answer that best matches your experience of being able to afford things in the past 12 months.

IF Wave=1 OR (Wave=2 and PrevInt=0)

M18. In the past 12 months, has there been a time when you and your family had the water to your home turned off because payments were not made?

☐ **Yes**

.....
1

☐ **No**

.....
0

DON'T KNOW.....d

REFUSED.....r

DRAFT

NO RESPONSE.....M

WEB SOFT CHECK: IF M18=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

DRAFT

IF Wave=1 OR (Wave=2 and PrevInt=0)

WEB DO NOT DISPLAY DK OR R

M19. CATI: Next I'm going to read some statements. Please tell me whether these have happened almost every month, some months, but not every month, only 1 or 2 months, or never in the past 12 months.

In the past 12 months, my family had trouble getting where we needed to go because... {INSERT a-c}

PROBE: Would you say this happened almost every month, some months, but not every month, only 1 or 2 months, or never in the past 12 months?

WEB: For the following statements, please answer whether these have happened almost every month, some months, but not every month, only 1 or 2 months, or never in the past 12 months.

In the past 12 months, my family had trouble getting where we needed to go because...
{INSERT a-c}

	Almost every month	Some months, but not every month	Only 1 or 2 months	Never	Not applicable	DK	R
a. We didn't have access to a reliable vehicle.....	1	2	3	0	4	D	R
b. We couldn't afford gas.....	1	2	3	0	4	D	R
c. We couldn't afford to take the bus or other public transportation.....	1	2	3	0	4	D	R

WEB SOFT CHECK: IF ANY M19_a-c=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=1 OR (Wave=2 and PrevInt=0)

WEB DO NOT DISPLAY DK OR R

M20. CATI [PROGRAMMER: Gray after M20a.]: **In the past 12 months... [INSERT a-d]**

PROBE: Would you say this happened almost every month, some months, but not every month, only 1 or 2 months, or never in the past 12 months?

WEB: In the past 12 months... [insert a-d].

	Almost every month	Some months, but not every month	Only 1 or 2 months	Never	DK	R
a. I or someone else in my family couldn't afford to go to the doctor, dentist or other healthcare provider when we needed to.....	1	2	3	0	D	R
b. My family couldn't afford to pay for medications, glasses, or other medical supplies that we needed.....	1	2	3	0	D	R
c. My family did not have telephone or cell phone service because we couldn't afford to pay for it.	1	2	3	0	D	R
d. My family has had electricity or other utilities (for example, gas or oil) shut off because we couldn't afford to pay the bill.....	1	2	3	0	D	R

WEB SOFT CHECK: IF ANY M20a-d=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF Wave=1 OR (Wave=2 and PrevInt=0)

M21. In the past 12 months, how many times has your family had to move because you couldn't afford where you were living?

☐ None

.....
0

☐ One time

.....
1

☐ Two times

.....
2

☐ Three or more times

.....
3

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF M21=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

N. CHILD CARE

NO N1-N25 THIS VERSION

The next questions are about all of your school-aged children, those ages 3 through 8, including [CHILD].

If Wave=2 (SPRING 2022)

N26. How [does your child/do your children] currently attend school?

Select all that apply

- ☐ **In-person instruction only**.....1
- ☐ **Virtual or remote instruction only**.....2
- ☐ **A hybrid of in-person instruction on some days and virtual or remote instruction on other days**.....3
- ☐ **Homeschooled**.....5
- Other (specify).....7

DON'T KNOW/.....d

REFUSED.....r

N26: HELP TEXT BOX

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

In-person: instruction taking place face-to-face with children and providers. Please select this response if that is the usual mode of instruction for the child, even if the child is receiving virtual instruction temporarily due to COVID-19 exposure.

Virtual or remote: a child does not meet with a teacher or home visitor in person and instead receives instruction via a web-based video platform, such as Zoom.

Hybrid: child receives a combination of in-person and virtual or remote instruction.

IF WAVE=2
IF N26=2 OR 3

N28. For the time your [child learns/children learn] virtually or remotely, who all assists with their online learning?

Select all that apply

- ☐ Me.....1
- ☐ Other parent/step-parent/guardian.....2
- ☐ Sibling 15 years or older.....3
- ☐ Grandparent.....4
- ☐ Other relative.....5
- ☐ Friend of parent.....6
- ☐ Neighbor.....7
- ☐ Adult responsible for a group (for example, pod, bubble, child care, school-based virtual or remote learning group).....8
- ☐ Babysitter/nanny/au pair.....9
- ☐ Other.....10
- No one is able to do this.....11
- DON'T KNOW.....d
- REFUSED.....r

IF WAVE=2
IF N28=1

N29. When you assist your [child/children] with their online learning, is this during hours that you are also working?

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

IF WAVE=2

N30. Including hours spent during weekdays and weekends, about how many hours did you spend helping your school-aged [child/children] with virtual or remote learning activities during the last 7 days?

CATI: Please tell me the total number of hours and include time spent helping them even if you were doing other activities simultaneously.

IF NONE, PLEASE ENTER "0".

WEB: Please enter the total number of hours and include time spent helping them even if you were doing other activities simultaneously. If none, please enter "0".

(NUMERIC COUNT)

IF WAVE=2

N33. With changes in work and school operations since COVID-19, parents and caregivers sometimes have child care needs outside of their regular child care arrangements.

CATI: For each of the following strategies, tell me if you use it to meet those needs.

WEB: For each of the following strategies, indicate if you use it to meet those needs.

	YES	NO
a. Family or friends are sometimes providing child care	1 ☐	0 ☐
b. Older siblings are sometimes providing child care	1 ☐	0 ☐
c. I or another guardian is reducing work hours	1 ☐	0 ☐
d. I or another guardian is working different hours than usual	1 ☐	0 ☐
e. I or another guardian is taking child to work	1 ☐	0 ☐
f. Other (SPECIFY) 	1 ☐	0 ☐

NO SECTION O THIS VERSION

P. CHILD HEALTH

IF Wave=1 OR 2 (ALL)

FILL CHILD'S NAME FROM SC8A;

IF SC8A IS EMPTY, FILL FROM PRELOAD

P1. The next questions are about [CHILD]'s and your family's health and health related issues.

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

☐ **excellent,**

.....
1
.....

☐ **very good,**

.....
2
.....

☐ **good,**

.....
3
.....

☐ **fair, or**

.....
4
.....

☐ **poor?**

.....
5
.....

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF P1=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

FILL CHILD'S NAME FROM SC5A;

IF SC5A IS EMPTY, FILL FROM PRELOAD

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

☐ Doesn't get preventive care/There is no regular place.....0

☐ A private doctor, private clinic, or HMO

1

☐ An outpatient clinic run by a hospital

2

☐ The emergency room at a hospital

3

☐ Public health department or community health center

4

☐ A migrant health clinic

5

☐ The Indian Health Service/Tribal Health Clinic or Hospital

6

☐ Urgent care

8

☐ Someplace else (SPECIFY)

99

Specify

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF P5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF WAVE=1 OR 2 (ALL)

P48. In general, would you say your health is...?

- ☐ Excellent
.....
1
- ☐ Very Good
.....
2
- ☐ Good
.....
3
- ☐ Fair
.....
4
- ☐ Poor
.....
5
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

Next, we have a few questions about your family's experience with COVID-19.

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

P49. Have you had COVID-19?

- ☐ Yes
.....
1
- ☐ No
.....
0
- DON'T KNOW.....d
- REFUSED.....r

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

P52. Has [CHILD] had COVID-19?

- ☐ Yes
.....
1
- ☐ No
.....
0
- DON'T KNOW.....d
- REFUSED.....r

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

P53. Has anyone else in your household had COVID-19?

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

P54. Has a close friend or family member not in your household had COVID-19?

- ☐ Yes
.....
1
- ☐ No
.....
0
- DON'T KNOW.....d
- REFUSED.....r

IF WAVE=1 OR (WAVE=2 AND PREVINT=0) AND P53=1

P55. Has anyone in your household passed away from COVID-19?

- ☐ Yes
.....
1
- ☐ No
.....
0
- DON'T KNOW.....d
- REFUSED.....r

IF WAVE=1 OR (WAVE=2 AND PREVINT=0) AND P54=1

P56. Has a close friend or family member not in your household passed away from COVID-19?

- ☐ Yes
.....
1
- ☐ No
.....
0
- DON'T KNOW.....d
- REFUSED.....r

IF WAVE=2

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

Next, we have some questions about special conditions or needs children might have.

P42. Has anyone ever suggested that you get [CHILD] evaluated for a possible special condition or need?

- ☐ Yes.....1 GO TO P42a
- ☐ No.....0 GO TO P42b1
- DON'T KNOW.....d GO TO P42b1

DRAFT

REFUSED.....r	GO TO P42b1
NO RESPONSE.....M	GO TO P42b1

DRAFT

IF P42=1

P42a. What was the special condition or need?*Select all that apply*☐ Behavior problem.....
1☐ Emotional problem.....
2☐ Attention problem.....
3☐ Developmental delay.....
4☐ Problem with use of arms or legs.....
5☐ Speech problem.....
7☐ Hearing problem.....
8☐ Vision problem.....
9☐ Something else (SPECIFY).....
10Specify

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

IF Wave=2

IF P42=1, FILL **Did you get**
ELSE, FILL **Have you ever had****P42b1. [Did you get/Have you ever had] [CHILD] evaluated for a possible special condition or need?**☐ Yes.....
1.....
GO TO P42b2☐ No

.....
0

.....
GO TO Q5

DON'T KNOW.....d GO TO Q5

REFUSED.....r GO TO Q5

NO RESPONSE.....M GO TO Q5

IF P42b1 = 1

P42b2. Did your child ever receive a diagnosis for a special condition or need?

☐ Yes

.....
1

.....
GO TO P42b3

☐ No

.....
0

.....
GO TO Q5

DON'T KNOW.....d GO TO Q5

REFUSED.....r GO TO Q5

NO RESPONSE.....M GO TO Q5

IF P42b2=1

P42b3. What was the diagnosis for [CHILD]'s special condition or need?

Select all that apply

☐ Behavior problem

.....
1

☐ Emotional problem

.....
2

☐ Attention problem

.....
3

☐ Developmental delay

.....
4

☐ Problem with use of arms or legs

.....
5

☐ Speech problem

.....
7

☐ Hearing problem

.....
8

☐ Vision problem

.....
9

☐ Something else (SPECIFY)

.....
10

Specify

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

Q. FAMILY HEALTH

IF Wave=2 (SPRING 2022)

The next set of questions are about the health of people in your household.

Q5. First are questions about smoking.

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

Please do NOT include ceremonial smoking.

☐ Yes

.....
1

.....
GO TO Q6

☐ No

.....
0

.....
GO TO Q9

DON'T KNOW.....d GO TO Q9

REFUSED.....r GO TO Q9

NO RESPONSE.....M GO TO Q9

Q5=1

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

INTERVIEW NOTE: ENTER 1 IF RESPONDENT SMOKES LESS THAN 1 CIGARETTE A DAY.

WEB: How many cigarettes or packs of cigarettes do you smoke on an average day?

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

|_|_| NUMBER

(RANGE 1-99)

☐ CIGARETTES

.....
1

☐ PACKS

.....
2

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

Q5=1

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

- ☐ Yes.....1
- ☐ No.....0
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

IF Wave=2

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

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

- ☐ **Less than once a week,**

.....
1
.....

GO TO Q10

- ☐ **1 or 2 days per week,**

.....
2
.....

GO TO Q10

- ☐ **3 or 4 days per week,**

.....
3
.....

GO TO Q10

- ☐ **5 or 6 days per week,**

.....
4
.....

GO TO Q10

- ☐ **every day, or**

.....
5
.....

GO TO Q10

- ☐ **never?**

.....
0
.....

GO TO Q11

DON'T KNOW.....d GO TO Q11

REFUSED.....r GO TO Q11

NO RESPONSE.....M GO TO Q11

Q9=1,2,3,4,5

PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

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

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

PROGRAMMER: INCLUDE FOLLOWING TEXT **IN** POP UP WINDOW:

HELP SCREEN:

ALCOHOL EQUIVALENTS:

Beer:

1 12 oz. or 16 oz. bottle = 1 drink
 1 40 oz. bottle = 3 drinks
 1 case of beer = 24 drinks

Wine:

1 4 oz. glass of wine = 1 drink
 1 bottle of wine = 5 drinks
 1 liter of wine = 6 drinks
 1 wine cooler = 1 drink

Hard Liquor:

1 highball = 1 drink
 1 shot glass = 1 drink
 1/2 pint of liquor = 6 drinks
 1 pint of liquor = 12 drinks
 1 fifth of liquor = 20 drinks
 1 quart of liquor = 24 drinks

NUMBER

(RANGE 0-99)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

Q9 = 1, 2, 3, 4, or 5

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

INTERVIEWER NOTE: Enter "0" if R did not have four or more drinks at one sitting in the last month.

WEB: In the last 30 days, how many times did you drink four or more alcoholic drinks at one sitting?

Enter "0" if you did not have four or more drinks at one sitting in the last month.

|_|_| NUMBER

(RANGE 0-99)

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

IF Wave=2

If Q9 = 0, display anyone ELSE display anyone else

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

IF Wave=2

Q22. During the past 12 months, have you or anyone in your household received help or treatment for alcohol use?

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

IF Wave=2

Q23. During the past 12 months, have you *or anyone in your household* received help or treatment for other substance abuse problems?

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

IF Wave=2

Q24. During the past 12 months, have you *or anyone in your household* received mental health help or treatment other than for alcohol or substance use problems?

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

R. HOME AND NEIGHBORHOOD CHARACTERISTICS

IF Wave=2 (SPRING 2022)

R_Intro.

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

If Wave=2

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

PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

R4. In the past year, has [CHILD] ever been a witness to a violent crime? Please do not include domestic violence.

(Click [here](#) for a definition of violent crimes.)

WEB/CATI HELP SCREEN:

According to the Uniform Crime Reporting (UCR) Program's definition, **violent crimes** involve force or threat of force, to include: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF R4=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=2
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD
PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

R5. In the past year, has [CHILD] ever been a witness to domestic violence?

(Click [here](#) for a definition of domestic violence.)

WEB/CATI HELP SCREEN:

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF R5=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF Wave=2
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD
PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

R6. In the past year, has [CHILD] ever been the victim of a violent crime? Please do not include domestic violence.

(Click [here](#) for a definition of violent crimes.)

WEB/CATI HELP SCREEN:

According to the Uniform Crime Reporting (UCR) Program's definition, **violent crimes** involve force or threat of force, to include: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault.

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF R6=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF Wave=2
FILL CHILD'S NAME FROM SC8a; IF SC8a IS EMPTY, FILL FROM PRELOAD
PROGRAMMER: ADD BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB

R7. In the past year, has [CHILD] ever been the victim of domestic violence?

(Click [here](#) for a definition of domestic violence.)

WEB/CATI HELP SCREEN:

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

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF R7=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF Wave=2

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

IF SPRING SC9 WAS ASKED:

IF SC9 = 12, OR 14, FILL **or has** [CHILD]'s motherIF SC9 = 11 OR 13, FILL **or has** [CHILD]'s father

IF SC9 = 15-30, D, R, M, FILL [CHILD]'s mother or father

IF SPRING SC9 NOT ASKED:

IF Fall_SC9 = 12, OR 14, FILL **or has** [CHILD]'s motherIF Fall_SC9 = 11 OR 13, FILL **or has** [CHILD]'s father

IF Fall_SC9 = 15-30, D, R, M, FILL [CHILD]'s mother or father

R8. Since [CHILD] was born, have you, another household member, [or has [CHILD]'s mother/or has [CHILD]'s father/[CHILD]'s mother or father] been arrested or charged with any crime by the police?

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF R8=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

R8=1

R10. Did the person or people who were arrested spend time in jail because of this?

☐ Yes

.....
1

☐ No

.....
0

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF R10=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

DRAFT

DRAFT

IF Wave=2
WEB DO NOT DISPLAY DK OR R
PROGRAMMER: Gray question text after R14_a.

R14. CATI: Now I'm going to read some statements about your community, neighborhood, or area where you live. For each statement, indicate how much you agree or disagree.

[INSERT R14a-d.]

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

WEB: The next questions are about your community, neighborhood, or area where you live. How much do you agree or disagree with each statement?

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

WEB SOFT CHECK: IF R14_a-d=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF Wave=1
WEB DO NOT DISPLAY DK OR R
PROGRAMMER: Gray question text after R15_a.

R15_g. CATI: I'm going to read a statement about problems you might see in the community, neighborhood, or area where you live. How much of a problem is alcohol or drug abuse where you live? Would you say 'not a problem,' 'somewhat of a problem,' or 'a big problem'?

WEB: The next question is about problems you might see in the community, neighborhood, or area where you live. How much of a problem is alcohol or drug abuse where you live?

- ☐ Not a problem
.....
1
- ☐ Somewhat of a problem
.....
2
- ☐ A big problem
.....
3
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

WEB SOFT CHECK: IF R15_g= NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF Wave=2
WEB DO NOT DISPLAY DK OR R
PROGRAMMER: Gray question text after R15_a.

R15. CATI: Now I'm going to read some statements about problems you might see in the community, neighborhood, or area where you live. For each statement, indicate if you think it is not a problem, somewhat of a problem, or a big problem.

[INSERT R15a-i.]

PROBE: Would you say this is not a problem, somewhat of a problem, or a big problem?

WEB: The next questions are about problems you might see in the community, neighborhood, or area where you live. How much of a problem is each of the following issues where you live?

	Not a problem	Somewhat of a problem	A big problem	DK	R
a. Run-down houses or abandoned cars.....	1 ☐	2 ☐	3 ☐	D	R
b. Crime.....	1 ☐	2 ☐	3 ☐	D	R
c. Police not being available.....	1 ☐	2 ☐	3 ☐	D	R
d. Public drunkenness or people being high or stoned in public.	1 ☐	2 ☐	3 ☐	D	R
e. Broken homes and family breakups.....	1 ☐	2 ☐	3 ☐	D	R
f. Physical violence, abuse and neglect.....	1 ☐	2 ☐	3 ☐	D	R
g. Alcohol or drug abuse.....	1 ☐	2 ☐	3 ☐	D	R
h. Not enough good housing.....	1 ☐	2 ☐	3 ☐	D	R
i. Not enough jobs in the community.....	1 ☐	2 ☐	3 ☐	D	R

WEB SOFT CHECK: IF R15_a-i=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

S. COMMUNITY SERVICES

IF WAVE=2

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

Families with young children sometimes need help of various kinds. Next, we'd like you to think about the non-child care services or supports you received from [CHILD]'s Head Start program during the 2021-2022 program year.

CATI: I am going to read through a list of services and supports. First, I'll ask if you or anyone in your household received a service or support from your Head Start program. Then, if you did not receive the service or support, I will ask you if it would be useful to you or anyone in your household right now.

WEB: For each of the services or supports below, please indicate whether you or anyone in your household received it from the Head Start program. If you did not receive the service or support from your Head Start program, please indicate if it would be useful to you or anyone in your household right now.

NO S1 THIS VERSION

S2. Since the Head Start program year began, has the Head Start program provided or connected you or anyone in your household with [INSERT ITEM a-v]?

NOTE TO PROGRAMMER: S3 should be asked for any service for which respondent replies "NO" in question S2. Please program so that any of S3a-v is asked immediately following a "NO" response to any of S2a-v.

	YES	NO	DON'T KNOW	REFUSED
a. Help with housing.....	1	0	D	R
b_r.Finding or training for a job.....	1	0	D	R
d. Help to go to school or college.....	1	0	D	R
j_r. Referral to counseling or mental health services.....	1	0	D	R
m_r.Referral to medical, dental, or orthodontic care.....	1	0	D	R
o. Help for accessing the Internet (such as Smartphones or Chromebooks/laptops, MiFi/hotspots).....	1	0	D	R
q_r.Remote learning and virtual services (such as social gatherings) for children.....	1	0	D	R
s. At-home family activity ideas.....	1	0	D	R
t_r. Assistance applying for unemployment, or for financial support from state or local agencies.....	1	0	D	R
v. Providing food or applying for nutrition assistance (such as the Supplemental Nutrition Assistance Program).....	1	0	D	R

{IF RELEVANT PART OF S2=0}

S3. Would [INSERT ITEM a-v] be useful to you or anyone in your household right now?

	YES	NO	DON'T KNOW	REFUSED
a. Help with housing.....	1	0	D	R
b_r.Finding or training for a job.....	1	0	D	R
d. Help to go to school or college.....	1	0	D	R
j_r. Referral to counseling or mental health services.....	1	0	D	R
m_r.Referral to medical, dental, or orthodontic care.....	1	0	D	R
o. Help for accessing the Internet (such as Smartphones or Chromebooks/laptops, MiFi/hotspots).....	1	0	D	R
q_r.Remote learning and virtual services (such as social gatherings) for children.....	1	0	D	R
s. At-home family activity ideas.....	1	0	D	R
t_r. Assistance applying for unemployment, or for financial support from state or local agencies.....	1	0	D	R
v. Providing food or applying for nutrition assistance (such as the Supplemental Nutrition Assistance Program).....	1	0	D	R

T. SOCIAL SUPPORT

IF Wave=1 OR (Wave=2 and PrevInt=0)

WEB DO NOT DISPLAY DK OR R

PROGRAMMER: Gray question text after T1_a.

T1. CATI: 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.

[INSERT T1a-i.]

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

WEB: Below are statements about other kinds of help you may get. How often is each statement 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
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
f. If I have troubles or need advice, I have someone I can talk to	1	2	3	D	R
h. If I have problems buying food, I have someone who can help me get a meal or I can go to a relative's house to eat	1	2	3	D	R

DRAFT

- i. If I need food for my family, I can rely on fishing, hunting, or gathering.....

1

2

3

D

R

WEB SOFT CHECK: IF ANY T1a-i=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

- T2.** CATI: Next, I will read a short list of activities you may have done recently. Please tell me in the past month, how often have you participated in each activity. These activities may have occurred in person (indoors or outdoors) or virtually. [Insert a-b]. Was it none, once or twice a month, weekly, or more than once a week?

WEB: In the past month, how often have you participated in the following activities? These activities may have occurred in person (indoors or outdoors) or virtually.

	NONE	ONCE OR TWICE A MONTH	WEEKLY	MORE THAN ONCE A WEEK	DON'T KNOW	REFUSED
a. Group activity (such as a church service or volunteer activity).....	0	1	2	3	D	R
b. Visit or activity with a friend or family (for example, preparing a meal, going for a walk, beading).....	0	1	2	3	D	R

U. YOUR FEELINGS

IF WAVE=1 OR 2 (ALL)
WEB DO NOT DISPLAY DK OR R
FOR SUB-ITEM C, DISPLAY ADDITIONAL BUTTON FOR WEB/CATI HYPERLINK TO NEW TAB HELP TEXT
PROGRAMMER: Gray question text after u1_a

U1. CATI [PROGRAMMER: For U1_a.]: 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 U1_a].

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?

[PROGRAMMER: FOR U1_B-L:]

[INSERT U1_B-L]

PROBE: 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?

WEB [PROGRAMMER: For U1_a.]: The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers.

Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

[PROGRAMMER: FOR U1_B-L]

Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

CATI/WEB [For U1_c ONLY]: (Click [here](#) for a definition of “shake off the blues.”)

WEB/CATI HELP SCREEN:

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

Select one per row

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

WEB SOFT CHECK: IF ANY U1a-l=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

PROGRAMMER BOX U

Please display the following text at the bottom of the screen with item U2: The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

IF WAVE=1 OR 2 (ALL)

U2. Over the last 2 weeks, how often have you been bothered by any of the following problems? For each question, please indicate the answer that best describes how often you had this feeling.

During the past two weeks, about how often were you bothered by...

CATI: Was it not at all, several days, more than half the days, or nearly everyday?

CATI INSTRUCTION: INSERT [ITEM]

	Not at all	Several days	More than half the days	Nearly every day
a. Feeling nervous, anxious or on edge?.....	1 ☐	2 ☐	3 ☐	4 ☐
b. Not being able to stop or control worrying?	1 ☐	2 ☐	3 ☐	4 ☐
c. Worrying too much about different things?	1 ☐	2 ☐	3 ☐	4 ☐
d. Trouble relaxing?	1 ☐	2 ☐	3 ☐	4 ☐
e. Being so restless that it is hard to sit still?.....	1 ☐	2 ☐	3 ☐	4 ☐
f. Becoming easily annoyed or irritable?.....	1 ☐	2 ☐	3 ☐	4 ☐
g. Feeling afraid as if something awful might happen?.....	1 ☐	2 ☐	3 ☐	4 ☐

The next question is about your current level of stress or anxiety.

IF WAVE=1 OR 2 (ALL)

U3. Since March 2020, many families have experienced stress due to the COVID-19 pandemic and current events related to racial injustice in the country. Compared to before March 2020, would you say your current level of parenting stress or anxiety is:

- ☐ Much lower
.....
1
- ☐ Somewhat lower
.....
2
- ☐ About the same
.....
3
- ☐ Somewhat higher
.....
4
- ☐ Much higher
.....
5
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

DRAFT

DRAFT

IF WAVE=1 OR 2 (ALL)

U4. The following statements describe how some parents may behave or feel. For each statement, please choose ONE answer that best fits for you.

CATI ONLY: Would it be rarely or never, a little of the time, some of the time, a good part of the time, or always or most of the time?

RARELY OR NEVER	A LITTLE OF THE TIME	SOME OF THE TIME	A GOOD PART OF THE TIME	ALWAYS OR MOST OF THE TIME	DON'T KNOW	REFUSED
-----------------	----------------------	------------------	-------------------------	----------------------------	------------	---------

a.

.....I have a plan for

[
C
H
I
L
D
],
s

b
e
h
a
v
i
o
r

m
a
n
a
g
e
m
e
n
t
.
.....

1 2 3 4 5 D R

b.

.....[CHILD]

f
r
u
s
t
r
a
t
e
s

1 2 3 4 5 D R

m
e
.
.....

c.I feel confident in

m
y

p
a
r
e
n
t
i
n
g
.
.....

1

2

3

4

5

D

R

d.Parenting

i
n
v
o
l
v
e
s

m
o
r
e

w
o
r
k

t
h
a
n

I

a
m

a
b
l
e

1

2

3

4

5

D

R

t
o

m
a
n
a
g
e
.
.....

e.

.....I feel that I am
m
e
e
t
i
n
g
[
C
H
I
L
D
],
s
n
e
e
d
s
.
.....

1 2 3 4 5 D R

f.

.....I have time to
m
y
s
e
l
f

t
o

r
e
l
a
x
.

1 2 3 4 5 D R

DRAFT

t
h
i
n
k
,

p
l
a
n
.

.....

DRAFT

V. CULTURAL CONNECTIONS

IF WAVE=2 (ALL SPRING 2022)

WEB DO NOT DISPLAY DK OR R

PROGRAMMER: GRAY QUESTION TEXT AFTER V1_A

V1. For the next set of statements, think about your American Indian or Alaska Native group and indicate how much you agree or disagree.

[INSERT V1a-i.]

CATI PROBE: Would you say strongly agree, agree, neutral, disagree, or strongly disagree?

Select one per row.

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	DK	R
----------------	-------	---------	----------	-------------------	----	---

a. Being a part of my tribe or cultural group is important to me.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

b. I think a lot about how my life has been affected by me being an American Indian or Alaska Native.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

c. I have a lot of pride in my tribe or cultural group.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

d. I speak or am learning to speak my Native language.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

e. I follow religious or spiritual beliefs that are based on traditional cultural beliefs.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

f. I listen to, sing,

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

or dance to
traditional
Native music.....

- g. I have a strong
sense of
belonging to
my own tribe
or cultural
group.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

- h. I have often
talked to other
people to learn
about my tribe
or culture.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

- i. I feel good
about my
cultural and
Native
background.....

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ D R

WEB SOFT CHECK: IF V1_a-i=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.

IF WAVE=2
WEB DO NOT DISPLAY DK OR R
IF OnlyChild=0, (MORE THAN 1 CHILD IN HOUSEHOLD), FILL children IF OnlyChild=1 (JUST FOCAL CHILD IN HOUSEHOLD), FILL child
PROGRAMMER: Gray question text after V2_a

V2. CATI: Please tell me how often you did each of the following things in the *past month*.

[INSERT V2a-fe.]

PROBE: Would you say very often, often, sometimes, rarely, or never?

WEB: How often did you do each of the things below in the *past month*?

Select one per row.

	Very often	Often	Some-times	Rarely	Never	DK	R
a. I told my [child/children] Native stories.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
b. I took my [child/children] to Native cultural events, like powwows or ceremonies.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
c. I made traditional Native cultural food for my [child/children].	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
d. I listened to Native cultural music with my [child/children].	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
e. I taught my [child/children] about Native cultural values and traditions.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R

WEB SOFT CHECK: IF V2_a-fe=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=2
WEB DO NOT DISPLAY DK OR R
IF OnlyChild=0, (MORE THAN 1 CHILD IN HOUSEHOLD), FILL children IF OnlyChild=1 (JUST FOCAL CHILD IN HOUSEHOLD), FILL child

V2f_r. CATI: **Please indicate how much you agree or disagree with the following statement:** I don't make a big deal about Native cultural ways with my [child/children]

PROBE: **Would you say strongly agree, agree, neutral, disagree, or strongly disagree?**

WEB: **Please indicate how much you agree or disagree with the following statement:** I don't make a big deal about Native cultural ways with my [child/children]

☐ Strongly agree

1

☐ Agree

2

☐ Neutral

3

☐ Disagree

4

☐ Strongly disagree

5

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF V2A =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=2
WEB DO NOT DISPLAY DK OR R
IF OnlyChild=0 (MORE THAN 1 CHILD IN HOUSEHOLD), FILL children; children show IF OnlyChild=1 (JUST FOCAL CHILD IN HOUSEHOLD), FILL child; child shows
PROGRAMMER: Gray question text after V3_a

V3. CATI: Please tell me how often you did each of the following things in the *past month*.

[INSERT V3a-e.]

PROBE: Would you say very often, often, sometimes, rarely, or never?

WEB: How often did you do each of the things below in the *past month*?

Please include both in person and remote or virtual activities or gatherings (for example, some of these could take place over Zoom or Facebook).

Select one per row

	Very often	Often	Sometimes	Rarely	Never	DK	R
a. I told my [child/children] about the importance of family in my Native culture.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
b. I made sure my [child/children] spent time with family members, like grandmas, grandpas, aunts, uncles, and cousins.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
c. I relied on family members such as grandmas, grandpas, aunts, or uncles to help me parent my [child/children].....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
d. I like to take care of my [child/children] myself, without a lot of other family getting involved.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R
e. I made sure my [child shows/children show] respect for Native elders.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	D	R

WEB SOFT CHECK: IF V3_a-e=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

Next, we have a couple questions about relatives and friends in your community.

IF WAVE=1

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

- ☐ None
.....
1
- ☐ 1 or 2
.....
2
- ☐ 3-5
.....
3
- ☐ 6-9
.....
4
- ☐ 10 or more
.....
5
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

WEB SOFT CHECK: IF V4=NO RESPONSE; Please provide an answer to this question and continue.
To continue to the next question without providing a response, click the Next button.

IF WAVE=1

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

- ☐ None
.....
1
- ☐ 1 or 2
.....
2
- ☐ 3-5
.....
3
- ☐ 6-9
.....
4
- ☐ 10 or more
.....
5

DRAFT

DON'T KNOW.....d

REFUSED.....r

NO RESPONSE.....M

WEB SOFT CHECK: IF V5=NO RESPONSE; **Please provide an answer to this question and continue.**
To continue to the next question without providing a response, click the Next button.

DRAFT

The next questions ask about the losses and challenges of the COVID-19 pandemic and current events related to racial injustice in the country, and the ways you have found to cope.

IF WAVE=1

V6. How have the losses and challenges of COVID-19 and current events related to racial injustice in the country impacted your community?

WEB SOFT CHECK: IF V6=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

IF WAVE=1

V7. What have you found most helpful to cope with the challenges of the COVID-19 pandemic and in the context of current events related to racial injustice in the country??

WEB SOFT CHECK: IF V7=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

W. PROGRAM SATISFACTION AND PRACTICES

VERSION BOX 2

IF Wave=2 (SPRING 2020), GO TO W5
ELSE, GO TO SHELL TRACKING SECTION

W_Intro.

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

WEB: The next questions are about [CHILD]'s Head Start program.

IF WAVE=2
WEB DO NOT DISPLAY DK OR R
PROGRAMMER: GRAY QUESTION TEXT AFTER W5_G

W5. CATI: The following statements are 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.

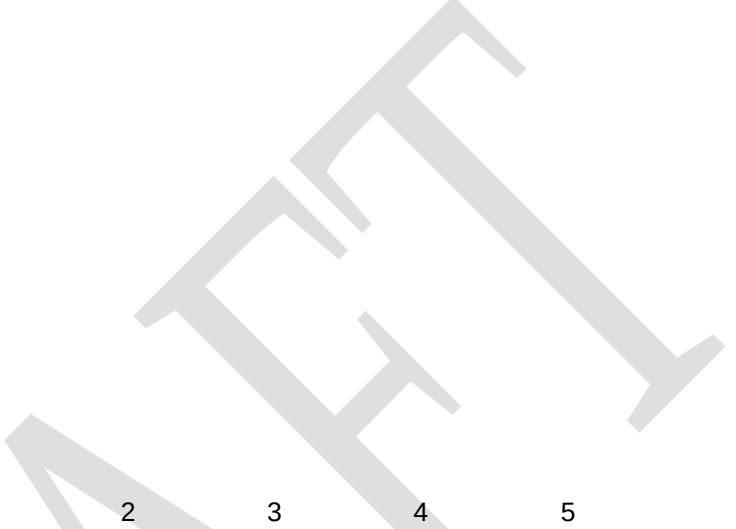
[INSERT W5g-m.]

CATI PROBE: Would you say you strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, or strongly agree?

WEB: The following statements are about your experiences with your child's Head Start program and its staff.

WEB PROBE: 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.	1	2	3	4	5		
res	The program staff						
pe							
ct							
my							
fa							
mil							
y's							
cul							
tur							
al							
an							
d/o							
r							
reli							
gio							

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	DON'T KNOW	REFUSED
us bel ief S.....							
k. en co ura ge me to lea rn ab out my cul tur e an d his tor y.....	The program staff  1 2 3 4 5						
m. ha ve ma teri als for my chi ld tha t po siti vel y refl ect our cul tur al ba ck gro un d.....	The program staff 1 2 3 4 5						

WEB SOFT CHECK: IF ANY W5g-m=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the Next button.**

MM. INCOME MODULE

IF B5_XX=21 (OTHER NON-RELATIVE), GO TO MM1.

IF ONLY ONE OF B5_XX=21, USE SINGULAR

IF MORE THAN ONE OF B5_XX=21, USE PLURAL

IF WAVE=1 OR 2 (ALL)

MM1. You reported that your household includes [another adult who is/other adults who are] not related to [CHILD] through blood, marriage, or adoption. Did you include [this adult/these adults] when reporting your household's income?

- ☐ Yes.....1
- ☐ No.....0
- DON'T KNOW.....d
- REFUSED.....r
- NO RESPONSE.....M

GO
TO
SE
CTI
ON
X

IF MM1=1

MM3_amt and MM3_per.

We would like to ask you questions about your household's income again. This time please only include adults who are related to you or [CHILD] through blood, marriage, or adoption, and who contribute to the financial support of [CHILD].

In the last 12 months, what was the total income of your household from all sources before taxes and other deductions? Please only include your own income and the income of other adults living with you who are related to you or [CHILD] through blood, marriage, or adoption and who contribute to the financial support of [CHILD]. 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, dividends, and tribal subsidies or per capita distributions. Do not include stimulus payments from the government.

(RANGE 0-999,999)

CATI ONLY: PROBE: Is that income per hour, per day, per week, every two weeks, for a month, or for a year?

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

- | | | |
|--|---|---|
| ☐ Per hour..... | 1 | } |
| ☐ Per day..... | 2 | |
| ☐ Per week..... | 3 | |
| ☐ Every two weeks..... | 4 | |
| ☐ Month..... | 5 | |
| ☐ Year..... | 6 | |
| ☐ Other (SPECIFY)..... | 7 | |
| Specify <input type="text"/> (STRING 50) | | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |
| NO RESPONSE..... | M | |

GO
TO
SE
CTI
ON
X

WEB SOFT CHECK: IF MM3_amt IS OUT OF RANGE; You entered [MM3_amt]. Please update or confirm your response and continue.

IF MM3=d, r

MM4. CATI: **I just need a range. Was it...**

WEB: **Was it...**

- ☐ \$25,000 or less, or.....1 GO TO MM5
 - ☐ more than \$25,000?.....0 GO TO MM6
 - DON'T KNOW.....d
 - REFUSED.....r
 - NO RESPONSE.....M
- } GO TO SECTION X

IF MM4=1

MM5. **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 SECTION X

IF MM4=2

MM6. **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 SECTION X

X. TRACKING INFORMATION

BOX X1a

PROGRAMMING INSTRUCTIONS: PRELOAD ALL
INFORMATION FROM DATABASE

{IF SC2c_2=1}

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

 $\{IF \ C2 = 1\}$

Thank you for your time. We will send you your thank-you gift card within the next 2 weeks. (IF FALL 2021: We plan to interview you again in the spring and we need to know how to get in touch with you.)

(IF FALL 2021 OR SPRING 2022): **My next questions will be about how to contact you or people who will know how to find you.**

X1. First, I would like to verify your telephone number. What is your telephone number?

(|_|_|_|)-|_|_|_|-|_|_|_|_|
AREA CODE

- ☐ Do not have a telephone number

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?

NAME _____

→ GO TO X3a

DON'T KNOW.....d}

REFUSED.....r

GO
TO
X4

{IF X1 = 1, d, r}

X2. Can you give me a number where you can be reached?

(|_|_|_|)-|_|_|_|_|_|
AREA CODE

DON'T KNOW.....d}

REFUSED.....r

GO
TO
X4

{IF NUMBER PROVIDED AT X2}

X3. Whose telephone is that?

NAME _____

→ GO TO X3a

DON'T KNOW.....d}

REFUSED.....r

GO
TO
X4

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

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_| CELL PHONE
AREA

(|_|_|_|_|)-|_|_|_|_|-|_|_|_|_| OTHER
AREA CODE

- ☐ No cell phone or other phone number

.....
1
.....

DON'T KNOW.....d

REFUSED.....r

X3b. Is it okay for us to text you at this number? Message and data rates may apply.

- ☐ Yes.....1

- ☐ No.....0

DON'T KNOW.....d

REFUSED.....r

NewPhone COLLECTED

NewPhoneTZ. What time zone are you in?

CATI: IF NEEDED: **What time is it there?**

CATI: INSTRUCTION: A TIME ZONE IS REQUIRED. USE ORIGINAL TIME
ZONE OR STATE IF NEEDED.

- | |
|--|
| |
|--|
- ☐ Eastern Time (US & Canada) [(FILL CURRENT TIME)].....62
- ☐ Indiana (East) [(FILL CURRENT TIME)].....63
- ☐ Central Time (US & Canada) [(FILL CURRENT TIME)].....65
- ☐ Arizona [(FILL CURRENT TIME)].....68
- ☐ Mountain Time (US & CANADA) [(FILL CURRENT TIME)].....70
- ☐ Pacific Time (US & CANADA) [(FILL CURRENT TIME)].....71
- ☐ Alaska [(FILL CURRENT TIME)].....72
- ☐ Hawaii [(FILL CURRENT TIME)].....73
- ☐ Baja California [(FILL CURRENT TIME)].....93

X4. Please give me your full name and permanent address.

Name: _____

Address: _____

DON'T KNOW.....d

REFUSED.....r

ConfEmail. Please confirm your email address. The address we have is:

[EMAIL ADDRESS]

Is this email address correct?

☐ YES, Correct.....1 SKIP BOX NEWEMAIL

☐ NO, EDIT EMAIL ADDRESS

.....2

NEWADDRESS

☐ NO, HAS NEW EMAIL ADDRESS

.....3

NEWADDRESS

DON'T KNOW.....d SKIP BOX NEWEMAIL

REFUSED.....r SKIP BOX NEWEMAIL

NewEmail. CATI: Please provide me your email address.

WEB: Please enter your email address.

INSTRUCTION: CONFIRM EMAIL ADDRESS WITH RESPONDENT BEFORE
CONTINUING

SPECIFY EMAIL

_____ (STRING (50))

DON'T KNOW.....d

REFUSED.....r

IF C2 = 2, d, r – GO TO **ENDING**

PAYMENTTYPE = 1 – 3

MailTo. Would you like us to send the payment to you or someone else?

- ☐ Send to me.....1 SKIP BOX MAILTO
- ☐ Someone else.....2 SKIP BOX MAILTO
- ☐ REFUSED / DO NOT WANT PAYMENT.....r SKIP BOX ALTCONTACTS

PROGRAMMER SKIP BOX MAILTO
IF PAYMENTTYPE = 1 (MAIL), GO TO PAYADDR.
IF PAYMENTTYPE = 3, GO TO MAILOREMAIL.

(PAYMENTTYPE = 1 OR MAILOREMAIL = 1) and mailto ne refused
confirm IF MAILTO = 1 AND RESPONDENT ADDRESS LOADED; get IF MAILTO = 2
if MAILTO = 1 AND RESPONDENT ADDRESS LOADED, FILL NAME AND ADDRESS WITH RESPONDENT INFORMATION; IF MAILTO = 2, DO NOT FILL NAME AND ADDRESS FIELDS

PayAddr. INSTRUCTION: CONFIRM SPELLING OF NAME AND ADDRESS WITH RESPONDENT BEFORE CONTINUING

CATI: I would like to [confirm / get] the name and address where we should send the payment.

WEB: Please [confirm / enter] the name and address where we should send the payment.

What is the first name?

_____ (STRING 20)

FIRST NAME

Middle initial

_____ (STRING 1)

MIDDLE INITIAL

Last name?

_____ (STRING 30)

LAST NAME

SPECIFY ADDRESS

What is the first line of the payment address?

_____ (STRING (60))

Street Address Line 1, 2, 3, 4

Is there an apartment or unit number for this address?

_____ (STRING (60))

Street Address Line 2

_____ (STRING (60))

Street Address Line 3

_____ (STRING (60))

Street Address Line 4

And what is the zip code?

_____ (STRING (10))

ZIP Code

Town or city?

_____ (STRING (20))

City

State?

_____ (STRING (2))

State

DON'T KNOW.....d

REFUSED.....r

PROGRAMMER SKIP BOX PAYADDR.
ALL RESPONSES GO TO SKIP BOX ALTCONTACTS.

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?

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

X7b. How is this person related to you?

- ☐ Mother.....1
- ☐ Father.....2
- ☐ Sister/Brother.....3
- ☐ Friend.....4
- ☐ Grandmother/Grandfather.....5
- ☐ Partner.....6
- ☐ Other relative/in-law.....7
- ☐ Other (specify).....99

(STRING 50)

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

GO
TO
EN
D

DRAFT

X7c. What is that person's telephone number?

(|_|_|_|)-|_|_|_|-|_|_|_|_|
AREA CODE

DON'T KNOW.....d

REFUSED.....r

END. This completes the interview. Thank you for your participation in AIAN FACES. Good-bye.