

OMB No.: 0970-0354
Expiration Date: 10/31/2021

MATHEMATICA
Policy Research



Parent Survey(*Redacted*)
August 2021

ADMINISTRATIVE NOTES

INTERVIEWER INSTRUCTIONS APPEAR IN CAPS

Interview text to read to the respondent appears in bold

A. ABOUT RESPONDENT

ALL
PROGRAMMER: TREAT INTRODUCTION TEXT AS INFO QUESTION [INTERVIEWER DOES NOT HAVE TO CLICK 1 TO CONTINUE]

We'd like to start by learning a bit more about you and your background.

IF A0 = 0 (RESPONDENT ENROLLED AS PREGNANT IS STILL PREGNANT)
PROGRAMMER: FILL DUE DATE FROM PRELOAD

Source: Baby FACES 2018
Item title: ConfirmDueDate

A0a. What is your due date?

PROGRAMMER: DISPLAY DUE DATE FROM PRELOAD AS INTERVIEWER NOTE
INSTRUCTION: COMPARE RESPONSE WITH DATE DISPLAYED AND CODE RESPONSE.

- DUE DATE IS CORRECT.....1
- DUE DATE IS INCORRECT/NOT RECORDED.....2 A0B
- DON'T KNOW.....D
- REFUSED.....R

IF A0A=2

Source: Baby FACES 2018
Item title: CorrectDueDate

A0b. PROGRAMMER: ALLOW DATE TO BE ENTERED/REVISED ON THIS SCREEN.

INSTRUCTION: RECORD/UPDATE RESPONDENT'S DUE DATE.

INSTRUCTION: ENTER DATE AS MM/DD/YYYY

_ _	/	_ _	/	_ _ _ _
Month		Day		Year

PROGRAMMER: ONLY DISPLAY THE BELOW INTERVIEWER NOTE IF DUE DATE IS MISSING FROM PRELOAD.

INSTRUCTION: IF RESPONDENT PROVIDES MONTH/YEAR BUT IS NOT SURE OF EXACT DAY, SAY: **Is your due date closer to the beginning of the month, the end, or sometime in the middle?** [CODE AS '01' FOR BEGINNING, '15' FOR MIDDLE, AND 25 FOR END]

PREGNANT = 1

Source: Baby FACES 2018
Item title: Firstchild

A0c. Will this be your first child?

- YES.....1
- NO.....0
- REFUSED.....r

A0c=0

Source: New item
Item title:

A0d. How many other children have you given birth to?

INTERVIEWER PLEASE INCLUDE LIVE BIRTHS ONLY.

|_|_| CHILDREN

DON'T KNOW/REFUSED.....d

PREGNANT = 0

PROGRAMMER: IF PREGNANT = 1 OR A0 = 1, SET A1 TO 1.

Source: Baby FACES 2009
Item title: RReltoCh

A1. What is your relationship to [CHILD]?

- MOTHER/FEMALE GUARDIAN.....1
- FATHER/MALE GUARDIAN.....2
- SISTER.....3
- BROTHER.....4
- GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....5
- BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....6
- GRANDMOTHER.....7
- GRANDFATHER.....8
- AUNT.....9
- UNCLE.....10
- COUSIN.....11
- OTHER RELATIVE.....12
- OTHER NON-RELATIVE.....13
- REFUSED.....r

IF PREGNANT = 0 AND A1 = 1 [RESPONDENT IS MOTHER/FEMALE GUARDIAN]
PROGRAMMER: IF PREGNANT = 1 OR A0 = 1, SET A1A TO 1.

Source: Baby FACES 2009
Item title: RReltoCh2

A1a. Are you [CHILD]'s...

- Birth mother,.....1
- Adoptive mother,.....2
- Stepmother, or.....3
- Foster mother or female guardian?.....4

- REFUSED.....r

IF A1 = 2 [RESPONDENT IS FATHER/MALE GUARDIAN]

Source: Baby FACES 2009
Item title: RReltoCh3

A1b. Are you [CHILD]'s...

- Birth father,.....1
- Adoptive father,.....2
- Stepfather, or.....3
- Foster father or male guardian?.....4

- REFUSED.....r

IF A1 GE 3, R [RESPONDENT IS NOT MOTHER/FEMALE GUARDIAN OR FATHER/MALE GUARDIAN]

Source: Baby FACES 2009
Item title: LegalGuardian

A1c. Are you [CHILD]'s legal guardian?

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

IF A1 GE 3 [RESPONDENT IS NOT MOTHER/FEMALE GUARDIAN OR FATHER/MALE GUARDIAN]
PROGRAMMER: USES CALCULATION DERIVED FROM PRELOAD VARIABLE CHDOB

Source: Baby FACES 2018
Item title: ResideChMos

A1d. For how many months have you lived with [CHILD]?

PROGRAMMER: RESPONSE CANNOT BE GREATER THAN CHILD'S CHRONOLOGICAL AGE AT TIME OF INTERVIEW

PROGRAMMER: DISPLAY CHILD'S AGE IN MONTHS AS INTERVIEWER NOTE

INSTRUCTION: IF RESPONDENT SAYS ALL OF THE TIME, ENTER CHILD'S AGE IN MONTHS.

|_|_| MONTHS (RANGE 1 – 40)

LESS THAN ONE MONTH.....0

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: IF RESPONSE IS GT AGE OF CHILD OR GT 40 MONTHS: **I just want to confirm that you have lived with [CHILD] since he/she was born. Is that correct?** [IF YES, ENTER CHILD AGE AS DISPLAYED]

ALL: PROGRAMMER: DISPLAY TEXT IN BRACKETS AS WELL IF A0 = 1 (PREGNANT TO PARENT)

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: RDOB

A2. [Later, I will ask you some questions about your new baby. But first, I am going to ask you some questions about your background.] What is your birth date?

INSTRUCTION: ENTER DATE AS MM/DD/YYYY

|_|_| / |_|_| / |_|_|_|_|
Month Day Year

REFUSED.....r

PROGRAMMER: DOB CANNOT BE IN THE FUTURE
INTERVIEWER: **I entered your date of birth as [FILL A2]. I must have entered this incorrectly. Please repeat the date.**

SOFT CHECK; IF YEAR AT A2 IS LESS THAN 1969 (R IS GT 50 YEARS OLD):
INTERVIEWER: **I entered your date of birth as [FILL A2]. Is this correct?**
SOFT CHECK; IF YEAR AT A2 IS GREATER THAN 2001 (R IS LT 18 YEARS OLD):
INTERVIEWER: **I entered your date of birth as [FILL A2]. Is this correct?**

IF A2 IS MISSING OR REFUSED [ANY PART OF BIRTH DATE FIELD NOT ANSWERED]

Source: Baby FACES 2009
Item title: RAge

A2a. How old are you?

|_|_| YEARS (RANGE 14 – 99)

REFUSED.....r

SOFT CHECK; IF A2A IS EQUAL TO OR GT 50 YEARS OLD:
INTERVIEWER: **I entered your age as [FILL A2a]. Is this correct?**

SOFT CHECK; IF A2A IS LESS THAN 18 YEARS OLD:
INTERVIEWER: **I recorded your age as [FILL A2a]. Is that correct?**

IF PREGNANT = 1 OR A1A = 1 [RESPONDENT IS BIO MOTHER];
EXCLUDE IF A0C = 1 [PREGNANCY IS FIRST CHILD FOR PREGNANT RESPONDENT]

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: RAgeFirstChild

A3. How old were you when you gave birth for the first time?

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

|_|_| YEARS (RANGE 10 – 60)

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

SOFT CHECK; IF A3 IS LT 14 OR GT 50:
INTERVIEWER: **I entered the age when you first gave birth as [FILL A3]. Is this correct?**

ALL

Source: Adapted from Baby FACES 2009
Item title: RSex

A4. Are you male or female?

MALE.....1
FEMALE.....2
OTHER.....3
DON'T KNOW.....d
REFUSED.....r

ALL

Source: OMB Guidance
Item title: REthnicity

A5. Are you of Hispanic, Latino/a, or Spanish origin? You may choose one or more.

IF ONLY SAYS 'YES,' ASK: **Is your origin Mexican, Puerto Rican, Cuban, or something else?**

PROGRAMMER: CODE ALL THAT APPLY. HOWEVER, IF '1' IS SELECTED, NO OTHER OPTION CAN BE ENDORSED.

- NO, NOT OF HISPANIC, LATINO/A, OR SPANISH ORIGIN.....1
- YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A.....2
- YES, PUERTO RICAN.....3
- YES, CUBAN.....4
- YES, ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN...5
- DON'T KNOW.....d
- REFUSED.....r

ALL

Source: OMB Guidance
Item title: RRace

A6. What is your race? You may choose one or more. Is it...

PROGRAMMER: CODE ALL THAT APPLY

- White**.....1
- Black or African American**.....2
- American Indian or Alaska Native**.....3
- Asian**.....4
- Native Hawaiian or Other Pacific Islander**.....5
- DON'T KNOW.....d
- REFUSED.....r

ALL

Source: Adapted from Baby FACES 2009
Item title: RBornUS

A7. Were you born in the United States, or in some other country?

INSTRUCTION: CODE AS "1" IF RESPONDENT SAYS HE/SHE WAS BORN IN ANY OF THE FOLLOWING U.S. TERRITORIES: PUERTO RICO, U.S. VIRGIN ISLANDS, GUAM, NORTHERN MARIANA ISLANDS, OR AMERICAN SAMOA.

USA.....1
OUTSIDE OF THE USA.....2
DON'T KNOW.....d
REFUSED.....r

A7 = 2 (RESPONDENT NOT BORN IN USA)
PROGRAMMER: USES CALCULATION DERIVED FROM RESPONDENT'S AGE (A2/A2A)

Source: Baby FACES 2009
Item title: RYrsUS

A7a. How many years have you lived in the United States?

INSTRUCTION: ENTER '01' IF LESS THAN 1 YEAR. IF HAS LIVED IN US 'ON AND OFF,' ASK: **Thinking about all the years overall that you have been in the United States, about how many years would that be?**

|_|_| NUMBER (RANGE 1 – 99)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: RESPONSE CANNOT BE GREATER THAN RESPONDENT'S CHRONOLOGICAL AGE AT TIME OF INTERVIEW.

INTERVIEWER: **I recorded that you have lived in the United States for [FILL A7A] years, but this is greater than your current age based on the information you gave me. Is this correct?**

ASK ONLY IF RESPONDENT IS BIO MOTHER OR BIO FATHER
 FILL STEM AS FOLLOWS:
 IF PREGNANT = 1, DISPLAY “your unborn child’s” AND “father” ; IF PREGNANT = 0, DISPLAY [CHILD]’s
 FROM PRELOAD OR FROM NEWBORNFN. IF PREGNANT = 0 AND CHILD’S NAME FROM PRELOAD IS
 MISSING, DISPLAY “your child’s” ;
 IF A1A=1, DISPLAY “father” ; IF A1B=1, DISPLAY “mother”

Source: Adapted from Baby FACES 2009
 Item title: RReltoOthBioParent

**A8. What is your relationship with [your unborn child’s/[CHILD]’s]
 [father/mother]? Is...**

PROGRAMMER: IF SPEAKING TO BIRTH MOTHER, HIDE RESPONSE
 OPTION 7; IF SPEAKING TO BIRTH FATHER, HIDE RESPONSE OPTIONS 6
 AND 8.

- [He/She] your [boyfriend/girlfriend] or partner,.....** 1
 PROGRAMMER: IF A1a = 1, DISPLAY “He” and “boyfriend”
 PROGRAMMER: IF A1b = 1, DISPLAY “She” and “girlfriend”
- Are you are married to [him/her],.....** 2
 PROGRAMMER: IF A1a = 1, DISPLAY “him”
 PROGRAMMER: IF A1b = 1, DISPLAY “her”
- Divorced,.....** 3
- Separated, or.....** 4
- Are you not in a relationship at this time?.....** 5
- BIRTH FATHER IS DECEASED.....** 6
- BIRTH MOTHER IS DECEASED.....** 7
- BIRTH FATHER IS UNKNOWN.....** 8
- DON’T KNOW.....** d
- REFUSED.....** r

SKIP IF A8 = 2 (RESPONDENT BIO PARENT MARRIED TO FOCAL CHILD’S OTHER BIO PARENT).
 PROGRAMMER: IF A8=2, SET A9 TO 1.

PROGRAMMER: IF A8 = 6 OR A8 = 7 (BIRTH FATHER OR MOTHER IS DECEASED), DISPLAY TEXT IN BRACKETS

Source: Baby FACES 2018
Item title: RReltoOthBioParent2

A9. [I'm very sorry for your loss. Please accept my condolences. PAUSE]

What is your current marital status?

INSTRUCTION: IF RESPONDENT SAYS "SINGLE," CONFIRM HE/SHE HAS NEVER BEEN MARRIED.

- MARRIED.....1
- SEPARATED, BUT STILL LEGALLY MARRIED.....2
- DIVORCED.....3
- SINGLE/NEVER MARRIED.....4
- WIDOWED.....5
- REFUSED.....r

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: RWrkStatus

A10. Are you currently employed for pay or income, including self-employment?

INSTRUCTION: IF RESPONDENT SAYS HE OR SHE IS ON PARENTAL LEAVE, CODE "YES" FOR THIS QUESTION AND CODE "ON PARENTAL LEAVE" IN a10A.

- YES.....
- NO.....
- RETIRED.....
- DISABLED/UNABLE TO WORK.....
- DON'T KNOW.....
- REFUSED.....

IF A10=1 (CURRENTLY WORKING FOR PAY)

Source: Baby FACES 2018
Item title: RWrkStatus2

A10a. Are you currently working a full-time job, or do you have one or more part-time jobs? A full-time job is one in which you work for 35 hours or more per week.

INSTRUCTION: IF RESPONDENT SAYS PART-TIME AND OFFERS NOTHING MORE ABOUT AMOUNT OF HOURS, ASK: **Do you work multiple part-time jobs that total 35 or more hours per week?**

- WORKING FULL TIME (35 HOURS A WEEK OR MORE)..... 1
- WORKING MULTIPLE PART TIME JOBS THAT TOTAL 35 OR MORE HOURS..... 2

WORKING PART TIME JOB(S) – LESS THAN 35 HOURS A WEEK..... 3

ON PARENTAL LEAVE..... 4

DON'T KNOW..... d

REFUSED..... r

IF A10=0, 2, 3, D, R (NOT CURRENTLY WORKING AT A JOB FOR PAY)

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

Item title: RWrkStatus3

A10b. Have you worked at a job for pay or income, including self-employment in the past 12 months?

YES.....

NO.....

DON'T KNOW.....

REFUSED.....

IF A10=1 (CURRENTLY WORKING FOR PAY)

Source: New Item

A10c. Does your work schedule, that is the days of the week or the hours per day, often change from week to week, or is your work schedule generally the same every week?

WORK SCHEDULE CHANGES WEEK TO WEEK..... 1

WORK SCHEDULE GENERALLY THE SAME EVERY WEEK..... 2

DON'T KNOW..... d

REFUSED..... r

IF A10c=1 (WORK SCHEDULE CHANGES WEEKLY)

Source: New Item

A10d. When your schedule changes, how far in advance do you usually know what days and hours you will be working? Do you find out.. (READ)

One week or less ahead of time,..... 1

Between one and two weeks ahead of time,..... 2

Between three to four weeks ahead of time, or 3

Four weeks or more ahead of time? 4

DON'T KNOW..... d

REFUSED..... r

IF A10=1 (CURRENTLY WORKING FOR PAY)

Source: New Item

A10e. Does your work ever require you to work evenings, overnight, or on weekends?

INSTRUCTION: IF RESPONDENT SAYS "YES," CONFIRM WHICH TIMES. IF NEEDED EXPLAIN EVENINGS ARE FROM MONDAY-FRIDAY BETWEEN 6 PM AND 10 PM; OVERNIGHTS ARE MONDAY THROUGH FRIDAY BETWEEN 10 PM AND 6 AM; AND WEEKENDS ARE ANYTIME ON SATURDAY OR SUNDAY.

PROGRAMMER: CODE ALL THAT APPLY.

- NO EVENING, OVERNIGHT OR WEEKEND HOURS.....1
- YES, EVENINGS (M-F 6-10 PM).....2
- YES, OVERNIGHTS (M-F 10PM-6AM).....3
- YES, WEEKENDS (ANYTIME SATURDAY OR SUNDAY).....4
- DON'T KNOW.....d
- REFUSED.....r

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

Item title: REducation

A11. What is the highest grade or year of school that you completed?

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

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

- UP TO 8TH GRADE..... 1
- 9TH TO 11TH GRADE..... 2
- 12TH GRADE BUT NO DIPLOMA..... 3
- HIGH SCHOOL DIPLOMA/EQUIVALENT..... 4
- SOME VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA..... 5
- VOCATIONAL/TECHNICAL DIPLOMA..... 6
- SOME COLLEGE COURSES BUT NO DEGREE..... 7
- ASSOCIATE'S DEGREE..... 8
- BACHELOR'S DEGREE..... 9
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE..... 10
- MASTER'S DEGREE (M.A., M.S.)..... 11

DOCTORATE DEGREE (PH.D., ED.D.).....	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13
DON'T KNOW.....	d
REFUSED.....	R

ALL

Source: New Item
Item title:

A11X. Was any of your schooling completed in another country?

- YES.....
- NO.....
- DON'T KNOW.....
- REFUSED.....

IF A11 = 4, 5, 6, 7, D, R

Source: Baby FACES 2009
Item title: RDiplomaGED

A11a. Which do you have, a high school diploma or a GED?

- HIGH SCHOOL DIPLOMA..... 1
- GED..... 2
- DON'T KNOW..... d
- REFUSED..... r

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: REnCourses

A12. Are you now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest?

PROBE: **Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes.**

- YES..... 1

.....
NO..... 0
.....
DON'T d
KNOW.....
REFUSED..... r
.....

IF A10 = 0, 1, D, R (SKIP IF RETIRED OR UNABLE TO WORK)

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: RJobTraining

A13. Are you currently participating in a job-training or on-the-job-training program?

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

ALL

Source: Adapted from Baby FACES 2009
Item title: RPrgmAssistance

A14a. Has [PROGRAM] Early Head Start helped you attend school or enroll in classes or workshops?

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

A14a=1

Source: New item
Item title: XXX

A14b. How did [PROGRAM] Early Head Start help you attend school or enroll in classes or workshops? Did they...

	Yes	No
a. Help you find classes or workshops?	1	0
b. Assist with applications ?	1	0

	Yes	No
a. Help you find classes or workshops?	1	0
c. Help find financial aid?	1	0
d. Assist with child care while you attended school/class?	1	0
e. Assist with transportation to school/class?	1	0

ALL

Source: Baby FACES 2009
Item title: RPrgmAssistance

A14c. Has [PROGRAM] Early Head Start helped you find a job?

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

A14c=1

Source: New item
Item title: XXX

A14d. How did [PROGRAM] Early Head Start help you find a job? Did they...

	Yes	No
a. Offer career counseling?	1	0
b. Assist with a job application?	1	0
c. Help find or apply for a job training program?	1	0
d. Help prepare for an interview?	1	0
e. Connect you with another community organization that offered support for finding a job?	1	0
f. Assist with child care during an interview or while working?	1	0
g. Assist with transportation to an interview or the job?	1	0

B. ABOUT FOCAL CHILD

PROGRAMMER: SKIP SECTION B IF PREGNANT = 1 (SECTION NOT ADMINISTERED TO PREGNANT WOMEN)

PREGNANT = 0
PROGRAMMER: FILL CHILD FIRST NAME FROM PRELOAD; DO NOT ASK B1 IF NAME WAS COLLECTED AT NewbornFN
IF NO NAME PROVIDED IN PRELOAD AND RESPONDENT REFUSES TO PROVIDE NAME (B1 = R), FILL [CHILD] WITH “**your child**” FOR REMAINDER OF INTERVIEW.
IF B1 = 0 OR 2, NAME AS RECORDED IN B1A SHOULD BE USED AS FILL FOR [CHILD] FOR REMAINDER OF INTERVIEW.

Source: Baby FACES 2018
Item title: ChName

B1. The next few questions are about [CHILD]. First, I would like to make sure we have [CHILD]’s first name recorded correctly.

PROGRAMMER: DISPLAY CHILD’S NAME FROM PRELOAD AS INTERVIEWER NOTE.

PROGRAMMER: IF CHILD’S NAME IS MISSING IN PRELOAD, DISPLAY THIS TEXT IN PLACE OF THE STEM TEXT SHOWN ABOVE: **The next few questions are about your child that was selected to participate in the Baby FACES study. Please tell me your child’s first name.**

PROGRAMMER: IF CHILD’S NAME IS MISSING IN PRELOAD, HIDE RESPONSE OPTIONS 1 AND 2. IF CHILD’S NAME IS IN PRELOAD, HIDE RESPONSE OPTION 0.

INSTRUCTION: VERIFY SPELLING IF NAME IS SHOWN. IF NOT SHOWN, RECORD.

- RECORD CHILD’S FIRST NAME.....0 GO TO B1A
- FIRST NAME DISPLAYED IS CORRECT.....1 GO TO B2
- FIRST NAME DISPLAYED IS INCORRECT.....2 GO TO B1A
- REFUSED.....r GO TO B2

B1 = 0 OR 2

Source: Baby FACES 2018
Item title: ChNameProvided

B1a. INSTRUCTION: RECORD CHILD’S FIRST NAME AS PROVIDED BY RESPONDENT. VERIFY SPELLING BEFORE PROCEEDING TO THE NEXT SCREEN.

FIRST NAME

REFUSED.....R

PREGNANT = 0

Source: Baby FACES 2009
Item title: ChSex

B2. Just to confirm, is [CHILD] a boy or a girl?

- BOY.....1
- GIRL.....2

PREGNANT = 0
PROGRAMMER: FILL CHDOB FROM PRELOAD

Source: Baby FACES 2009
Item title: ConfirmChDOB

B3a. What is [CHILD]’s birth date?

PROGRAMMER: DISPLAY CHILD’S BIRTH DATE FROM PRELOAD AS INTERVIEWER NOTE

INSTRUCTION: COMPARE RESPONSE WITH DATE DISPLAYED AND CODE RESPONSE

- BIRTH DATE IS CORRECT.....1
- UPDATE CHILD’S BIRTH DATE.....2 B3B
- DON’T KNOW.....d
- REFUSED.....r

IF B3A=2

Source: Baby FACES 2009
Item title: CorrectChDOB

B3b. PROGRAMMER: ALLOW DATE TO BE ENTERED/REVISED ON THIS SCREEN.

INSTRUCTION: RECORD/UPDATE CHILD’S BIRTH DATE.

INSTRUCTION: ENTER DATE AS MM/DD/YYYY

|_|_| / |_|_| / |_|_|_|_|
Month Day Year

- DON’T KNOW.....d
- REFUSED.....r

PROGRAMMER: SOFT CHECK: CHILD DOB CANNOT BE IN THE FUTURE; AND CHILD’S AGE AT TIME OF INTERVIEW CANNOT BE GREATER THAN 40 MONTHS.
INTERVIEWER: I entered [CHILD]’s date of birth as [FILL B3B]. I must have entered this incorrectly. Please repeat the date.

IF B3B = D, R OR INCOMPLETE (ANY PART OF BIRTH DATE FIELD NOT ANSWERED)

Source: Adapted from Baby FACES 2009
Item title: ChAgeMos

B3c. What is [CHILD]'s age in months?

INSTRUCTION: ENTER '01' IF LESS THAN 1 MONTH OLD.

|_|_| MONTHS (RANGE 1 – 40)

DON'T KNOW.....d

REFUSED.....r

PREGNANT = 0

Source: Baby FACES 2009
Item title: ChPremie

B4. Was [CHILD] born early or prematurely?

YES.....1

NO.....0

DON'T KNOW.....d

IF B4 = 1 (BORN PREMATURELY)

Source: Baby FACES 2009
Item title: ChWksEarly

B4a. How many weeks early was [CHILD] born?

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

|_|_| WEEK(S) (RANGE 01 – 20)

DON'T KNOW.....d

IF B4A = D (RESPONDENT DOESN'T KNOW NUMBER OF WEEKS PREMATURE)

Source: Baby FACES 2009
Item title: ChWksEarly2

B4a.1. At how many weeks was [CHILD] delivered?

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

|_|_| NUMBER OF WEEKS WHEN CHILD WAS DELIVERED (RANGE 20 – 39)

DON'T KNOW.....d

PREGNANT = 0

Source: Baby FACES 2009
Item title: ChWghtAtBirth

B5. How much did [CHILD] weigh when (he/she) was born?

INSTRUCTION: THERE ARE 16 OZ IN ONE POUND.

- |_|_| POUNDS AND |_|_| OUNCES POUNDS (RANGE 01 – 25)
- OR |_|.|_| KILOGRAMS OUNCES (RANGE 00 – 15)
- KG (RANGE 0.5 – 12.9)
- DON'T KNOW..... d
- REFUSED..... r

IF B5 = D, R (WEIGHT AT BIRTH IS DON'T KNOW OR REFUSED)

Source: Baby FACES 2009
Item title: ChWghtAtBirth2

B5a. Was [CHILD]'s birth weight . . .

- normal (5 lbs. 8 oz. [2.5 kilograms] or more), 1
- low (at least 3 lbs. 4 oz. [1.5 kilograms] but less than 5 lbs. 8 oz. [2.5 kilograms]), or 2
- very low (under 3 lbs. 4 oz. [1.5 kilograms])? 3
- DON'T KNOW..... d
- REFUSED..... r

PREGNANT = 0

Source: Adapted from Baby FACES 2009
Item title: ChBornUS

B6. Was [CHILD] born in the United States, or in some other country?

INSTRUCTION: CODE AS "1" IF RESPONDENT SAYS CHILD WAS BORN IN ANY OF THE FOLLOWING U.S. TERRITORIES: PUERTO RICO, U.S. VIRGIN ISLANDS, GUAM, NORTHERN MARIANA ISLANDS, OR AMERICAN SAMOA.

- USA.....1
- OUTSIDE OF THE USA.....2
- DON'T KNOW.....d
- REFUSED.....r

IF B6 = 2 (CHILD NOT BORN IN USA)
PROGRAMMER: USES CALCULATION DERIVED FROM CHILD'S AGE

Source: Baby FACES 2009
Item title: ChYrsUS

B6a. How many months has [CHILD] lived in the United States?

INSTRUCTION: ENTER '01' IF LESS THAN 1 MONTH.

|__|__| NUMBER (RANGE 1 – 40)

DON'T KNOW.....d

REFUSED.....r

SOFT CHECK: RESPONSE CANNOT BE GREATER THAN CHILD'S
CHRONOLOGICAL AGE AT TIME OF INTERVIEW.

INTERVIEWER: I recorded that [CHILD] has lived in the United States for [FILL
B6A] month(s), but this is greater than the child's current age based on the
information you gave me. Is this correct?

PREGNANT = 0

Source: OMB Guidance
Item title: ChEthnicity

B7. Is [CHILD] of Hispanic, Latino/a, or Spanish origin? You may choose one or more.

INSTRUCTION: IF ONLY SAYS 'YES,' ASK, **Is this child's origin Mexican, Puerto Rican, Cuban, or something else?**

PROGRAMMER: CODE ALL THAT APPLY. HOWEVER, IF '1' IS SELECTED, NO OTHER OPTION CAN BE ENDORSED.

- NO, NOT OF HISPANIC, LATINO/A, OR SPANISH ORIGIN1
- YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A.....2
- YES, PUERTO RICAN.....3
- YES, CUBAN.....4
- YES, ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN5
- DON'T KNOW.....d
- REFUSED.....r

PREGNANT = 0

Source: OMB Guidance
Item title: ChRace

B8. What is [CHILD]'s race? You may choose one or more. Is it...

PROGRAMMER: CODE ALL THAT APPLY

- White**.....1
- Black or African American**.....2

American Indian or Alaska Native.....3
Asian.....4
Native Hawaiian or Other Pacific Islander.....5
DON'T KNOW.....d
REFUSED.....r

C. ABOUT HOUSEHOLD

ALL

Source: Adapted from Baby FACES 2009
 Item title: LiveInHHCount

C1. My next questions are about all the people who live in the same household as you (and [CHILD]).

Including you (and [CHILD]), how many of the following people live in your household?

PROGRAMMER: IF PREGNANT = 0, DISPLAY “and [CHILD]” ABOVE.

		Number of people
a.	Adults age 18 and older	(RANGE 00 – 20) __ __
b.	Children between age 5 and age 17	(RANGE 00 – 20) __ __
c.	Children under age 5	(RANGE 00 – 20) __ __

PROGRAMMER: ADD SOFT CHECK IF PREGNANT=0 and C1c=0:
I entered that there are 0 children under age 5 in your household. I must have entered this incorrectly. Please repeat the number of children under age 5 living in your household.

PROGRAMMER: CALCULATE SUM (C1A TO C1C). SET AS HOUSE TOTAL. HOUSE TOTAL CANNOT EQUAL 0 SINCE RESPONDENT IS ALWAYS TO BE INCLUDED. IF PREGNANT = 0, HOUSE TOTAL SHOULD HAVE A MINIMUM VALUE OF 2 (RESPONDENT AND FOCAL CHILD).

ALL

Source: Baby FACES 2009
 Item title: LiveInHHConfirm

C1HH. Just to confirm, is it correct that a total of [HOUSE TOTAL] [people/person], including you (and [CHILD]), live in your household?

PROGRAMMER: IF PREGNANT = 0, DISPLAY “and [CHILD]” ABOVE.

PROGRAMMER: IF HOUSE TOTAL=1, DISPLAY “person” ABOVE. ELSE, DISPLAY “people”

YES.....

NO.....

DON'T KNOW.....

REFUSED.....

IF C1HH = 0

C1HHa. What have I recorded incorrectly? I recorded that, including you (and [CHILD]), [FILL C1A] adult(s) 18 and older, [FILL C1B] child(ren) between the ages of 5 and 17, and [FILL C1C] child(ren) under the age of 5 live in your home.

PROGRAMMER: IF PREGNANT = 0, DISPLAY “and [CHILD]” ABOVE.

FIX ADULTS 18 AND OLDER.....	C1A
FIX CHILDREN AGES 5 TO 17.....	C1B
FIX CHILDREN UNDER AGE 5.....	C1C

IF PREGNANT = 0 OR A0 = 1 (RESPONDENT IS NOT/NO LONGER PREGNANT)

Source: New

Item title:

C1HHb. Thinking now about [CHILD] specifically, does [he/she] live in another household at least some of the time?

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

ALL

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]

Item title: RSpouseorPartner

C2. Do you have a spouse or partner who lives in this household?

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

PROGRAMMER: IF C2 = 1, GO TO C4. ASK C4-C13 ABOUT SPOUSE/PARTNER. ONCE COMPLETED, LOOP BACK TO C3. IF ((PREGNANT=1 AND HOUSE TOTAL GE 3) OR (PREGNANT=0 AND HOUSE TOTAL GE 4)) (AT LEAST ONE PERSON IN HOUSE OTHER THAN RESPONDENT, SPOUSE, AND SAMPLE CHILD), ASK C3. IF C3 = 1, ASK C4-C13 ABOUT OTHER PERSON IN HOUSEHOLD.

IF C2 = 0, D, R AND ((PREGNANT=1 AND HOUSE TOTAL GE 2) OR (PREGNANT=0 AND HOUSE TOTAL GE 3)) (AT LEAST ONE PERSON IN HOUSEHOLD OTHER THAN RESPONDENT AND SAMPLE CHILD), GO DIRECTLY TO C3. IF C3 = 1, ASK C4-C13 ABOUT OTHER PERSON IN HOUSEHOLD.

IF (C2 = 0, D, R AND ((PREGNANT=1 AND HOUSE TOTAL GE 2) OR (PREGNANT=0 AND HOUSE TOTAL GE 3))) OR (C2=1 AND ((PREGNANT=1 AND HOUSE TOTAL GE 3) OR (PREGNANT=0 AND HOUSE TOTAL GE 4)))

Source: New item
Item title: ParentFigureInHH

C3. Is there another person in this household that [will be/is] like a parent to [the new baby/[CHILD]]?

PROGRAMMER: IF PREGNANT = 1, DISPLAY “will be” AND “the new baby” ; IF PREGNANT = 0, DISPLAY “is” AND [CHILD].

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

IF C2 = 1 OR C3 = 1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HOUSEHOLD)

Source: Adapted from Baby FACES 2009
Item title: ParentFigureSex

C4. Is (your spouse or partner / this person) male or female?

PROGRAMMER: IF C2=1, DISPLAY “your spouse or partner”;
IF C3=1, DISPLAY “this person”

- MALE.....1
- FEMALE.....2
- DON'T KNOW.....d
- REFUSED.....r

IF C2 = 1 OR C3 = 1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HOUSEHOLD)

Source: Adapted from Baby FACES 2009
Item title: ParentFigureReltoCh

C5. What is (his/her/this person's) relationship to [the new baby/[CHILD]]?

PROGRAMMER: IF C4=1, DISPLAY “his”; IF C4=2, DISPLAY “her”; IF C4=D, R, DISPLAY “this person's”
PROGRAMMER: IF PREGNANT=1, DISPLAY “the new baby” ; IF PREGNANT=0, DISPLAY [CHILD].

- MOTHER/FEMALE GUARDIAN.....1
- FATHER/MALE GUARDIAN.....2
- SISTER.....3
- BROTHER.....4
- GIRLFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....5
- BOYFRIEND OR PARTNER OF CHILD'S PARENT/GUARDIAN.....6
- GRANDMOTHER.....7
- GRANDFATHER.....8
- AUNT.....9
- UNCLE.....10
- COUSIN.....11

OTHER RELATIVE.....	12
OTHER NON-RELATIVE.....	13
DON'T KNOW.....	d
REFUSED.....	r

IF C5=1 (MOTHER/FEMALE GUARDIAN)

Source: Adapted from Baby FACES 2009
 Item title: ParentFigureReltoCh2

C5a. Is she [the new baby's/[CHILD]'s]...?

PROGRAMMER: IF PREGNANT = 1, DISPLAY "the new baby's"; IF PREGNANT = 0, DISPLAY [CHILD].

Birth mother,	1
Adoptive mother,	2
Stepmother, or.....	3
Foster mother or female guardian? ..	4
PROGRAMMER: IF PREGNANT = 1, DISPLAY ; IF	d
= 0,	
DON'T KNOW.....	
REFUSED.....	r

IF C5=2 (FATHER/MALE GUARDIAN)

Source: Adapted from Baby FACES 2009
 Item title: ParentFigureReltoCh3

C5b. Is he [the new baby's/[CHILD]'s]...?

PROGRAMMER: IF PREGNANT = 1, DISPLAY "the new baby's"; IF PREGNANT = 0, DISPLAY [CHILD].

Birth father,	1
Adoptive father,	2
Stepfather, or.....	3
Foster father or male guardian?	4
PROGRAMMER: IF PREGNANT = 1, DISPLAY ; IF	d
= 0,	
DON'T KNOW.....	
REFUSED.....	r

IF C2 = 1 OR C3 = 1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH)

Source: OMB Guidance
Item title: ParentFigureEthnicity

C6. Is (he/she/this person) of Hispanic, Latino/a, or Spanish origin? You may choose one or more.

IF ONLY SAYS 'YES,' ASK: **Is (his/her/this person's) origin Mexican, Puerto Rican, Cuban, or something else?**

PROGRAMMER: IF C4=1, DISPLAY **“he”** AND **“his”**; IF C4=2, DISPLAY **“she”** AND **“her”**; IF C4=D, R, DISPLAY **“this person”** AND **“this person's”**

PROGRAMMER: CODE ALL THAT APPLY. HOWEVER, IF '1' IS SELECTED, NO OTHER OPTION CAN BE ENDORSED.

- NO, NOT OF HISPANIC, LATINO/A, OR SPANISH ORIGIN1
- YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A.....2
- YES, PUERTO RICAN.....3
- YES, CUBAN.....4
- YES, ANOTHER HISPANIC, LATINO/A, OR SPANISH ORIGIN.....5
- DON'T KNOW.....d
- REFUSED.....r

IF C2 = 1 OR C3 = 1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH)

Source: OMB Guidance
Item title: ParentFigureRace

C7. What is (his/her/this person's) race? You may choose one or more. Is it...

PROGRAMMER: IF C4=1, DISPLAY **“his”**; IF C4=2, DISPLAY **“her”**; IF C4=D, R, DISPLAY **“this person's”**

PROGRAMMER: CODE ALL THAT APPLY

- White**.....1
- Black or African American**.....2
- American Indian or Alaska Native**.....3
- Asian**.....4
- Native Hawaiian or Other Pacific Islander**.....5

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

IF C2 = 1 OR C3 = 1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH)

Source: Adapted from Baby FACES 2009
Item title: ParentFigureBornUS

C8. Was (he/she/this person) born in the United States, or in some other country?

INSTRUCTION: CODE AS “1” IF RESPONDENT SAYS HE/SHE WAS BORN IN ANY OF THE FOLLOWING U.S. TERRITORIES: PUERTO RICO, U.S. VIRGIN ISLANDS, GUAM, NORTHERN MARIANA ISLANDS, OR AMERICAN SAMOA.

PROGRAMMER: IF C4=1, DISPLAY “he”; IF C4=2, DISPLAY “she”; IF C4=D, R, DISPLAY “this person”

- USA.....1
- OUTSIDE OF THE USA.....2
- DON'T KNOW.....d
- REFUSED.....r

IF C8 = 2 (IF SPOUSE/PARTNER OR OTHER PARENTAL FIGURE NOT BORN IN USA)

Source: Baby FACES 2009
Item title: ParentFigureYrsUS

C8a. How many years has (he/she/this person) lived in the United States?

INSTRUCTION: ENTER ‘01’ IF LESS THAN 1 YEAR. IF RESPONDENT REPORTS THIS PERSON HAS LIVED IN US ‘ON AND OFF,’ ASK: **Thinking about all the years overall that (he/she/this person) has been in the United States, about how many years would that be?**

PROGRAMMER: IF C4=1, DISPLAY “he”; IF C4=2, DISPLAY “she”; IF C4=D, R, DISPLAY “this person”

- |__|__| NUMBER (RANGE 1 – 99)
- DON'T KNOW.....d
- REFUSED.....r

IF C2 = 1 OR C3 = 1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH)

Source: Baby FACES 2009
Item title: ParentFigureWrkStatus

C9. Is (he/she/this person) currently working at a job for pay or income, including self-employment?

PROGRAMMER: IF C4=1, DISPLAY “he”; IF C4=2, DISPLAY “she”; IF C4=D, R, DISPLAY “this person”

INSTRUCTION: IF RESPONDENT SAYS THIS PERSON ON MATERNITY LEAVE, CODE “NO.”

- YES.....
- NO.....
- RETIRED.....
- DISABLED/UNABLE TO WORK.....
- DON'T KNOW.....
- REFUSED.....

IF C9=1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE CURRENTLY WORKING FOR PAY)

Source: Baby FACES 2018
 Item title: ParentFigureWrkStatus2

C9a. Is (he/she/this person) currently working a full-time job, or does (he/she/this person) have one or more part-time jobs?

INSTRUCTION: IF RESPONDENT SAYS PART-TIME AND OFFERS NOTHING MORE ABOUT AMOUNT OF HOURS, ASK: **Does (he/she/this person) work multiple part-time jobs that total 35 or more hours per week?**

PROGRAMMER: IF C4=1, DISPLAY “**he**”; IF C4=2, DISPLAY “**she**”; IF C4=D, R, DISPLAY “**this person**”

- WORKING FULL TIME (35 HOURS A WEEK OR MORE)..... 1
- WORKING MULTIPLE PART TIME JOBS THAT TOTAL 35 OR MORE HOURS..... 2
- WORKING PART TIME JOB(S) – LESS THAN 35 HOURS A WEEK..... 3
- DON'T KNOW..... d
- REFUSED..... r

IF C9 = 0, 2, 3, D, R (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE NOT CURRENTLY WORKING AT A JOB FOR PAY)

Source: Baby FACES 2009
 Item title: ParentFigureWrkStatus3

C10. Has (he/she/this person) worked at a job for pay or income, including self-employment in the past 12 months?

PROGRAMMER: IF C4=1, DISPLAY “**he**”; IF C4=2, DISPLAY “**she**”; IF C4=D, R, DISPLAY “**this person**”

- YES.....
- NO.....
- DON'T KNOW.....
- REFUSED.....

IF C2 = 1 OR C3 = 1 (SPOUSE/PARTNER OR OTHER PARENTAL FIGURE IN HH)

Source: Baby FACES 2009
Item title: ParentFigureEducation

C11. What is the highest grade or year of school that (he/she/this person) completed?

INSTRUCTION: If 'high school', PROBE: **What is the last grade (he/she/this person) completed?**

INSTRUCTION: If 'college', PROBE: **Did (he/she/this person) receive a degree? What type of degree?**

PROGRAMMER: IF C4=1, DISPLAY "he"; IF C4=2, DISPLAY "she"; IF C4=D, R, DISPLAY "this person"

UP TO 8TH GRADE.....	1
9TH TO 11TH GRADE.....	2
12TH GRADE BUT NO DIPLOMA.....	3
HIGH SCHOOL DIPLOMA/EQUIVALENT.....	4
VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA.....	5
VOCATIONAL/TECHNICAL DIPLOMA.....	6
SOME COLLEGE COURSES BUT NO DEGREE.....	7
ASSOCIATE'S DEGREE.....	8
BACHELOR'S DEGREE.....	9
GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE.....	10
MASTER'S DEGREE (M.A., M.S.).....	11
DOCTORATE DEGREE (PH.D., ED.D.).....	12
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13
DON'T KNOW.....	d
REFUSED.....	r

IF C11 = 4, 5, 6, 7, D, R

Source: Baby FACES 2009
Item title: ParentFigureDiplomaGED

C11a. Which does (he/she/this person) have, a high school diploma or a GED?

PROGRAMMER: IF C4=1, DISPLAY “**he**”; IF C4=2, DISPLAY “**she**”; IF C4=D, R, DISPLAY “**this person**”

HIGH SCHOOL DIPLOMA..... 1
GED..... 2
DON'T KNOW..... d
REFUSED..... r

SURVEY NOTE: C12 AND C13 HAVE BEEN ADDED HERE TO OBTAIN INFORMATION ABOUT BIRTH MOTHERS IN THE SCENARIO WHERE WE ARE INTERVIEWING THE BIRTH FATHER AND THE BIRTH MOTHER RESIDES IN THE HOME AS WELL.

IF C5A = 1

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: BioMomEnCourses

C12. Is she now attending or enrolled in any courses, classes, or workshops for work-related reasons or personal interest?

PROBE: **Some examples include college or university degree or certificate programs, computer courses, job training courses, basic reading or math classes, family literacy classes or GED preparation classes.**

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

IF C5A = 1 AND C9 = 0, 1, D, R; (SKIP IF RETIRED OR UNABLE TO WORK)

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: BioMomJobTraining

C13. Is she currently participating in a job-training or on-the-job-training program?

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

.....

D. ABOUT BIRTH MOTHER/FATHER

IF A1A NE 1 (RESPONDENT IS NOT BIRTH MOTHER) AND A8 NE 7 (BIRTH MOTHER IS NOT DECEASED) AND C5A (LOOP 1 AND LOOP 2) NE 1 (BIO MOM DOES NOT LIVE WITH RESPONDENT)

Now I'm going to ask you some questions about [CHILD]'s birth mother.

IF A1A NE 1 (RESPONDENT IS NOT BIRTH MOTHER) AND C5A (LOOP 1 AND LOOP 2) NE 1 (BIRTH MOTHER DOES NOT RESIDE IN HH WITH RESPONDENT) AND A8 NE 7 (BIRTH MOTHER IS NOT DECEASED)

Source: MIHOPE 15-MONTH FOLLOW-UP
 Item title: BioMomReasonAbsent

D4. There are many reasons for children not living with their mothers. Why is [CHILD]'s mother not living with (him/her)?

PROGRAMMER: CODE ALL THAT APPLY. IF B2=1, DISPLAY "him" ; IF B2=2, DISPLAY "her"

PROBE: Are there any other reasons?

- LACK OF MONEY TO RAISE CHILD..... 1
- ILLNESS/HOSPITALIZATION..... 2
- DRINKING PROBLEM..... 3
- DRUG PROBLEM..... 4
- MENTAL HEALTH PROBLEM..... 5
- JAIL/INCARCERATED..... 6
- CHILD ABUSED / DOMESTIC VIOLENCE..... 7
- COURT ORDER/CHILD SERVICES WOULD NOT ALLOW IT... 8
- DID NOT WANT CHILD..... 9
- MILITARY/ARMED FORCES..... 10
- LEFT/MOVED AWAY..... 11
- DIVORCED/SEPARATED/NOT ROMANTICALLY INVOLVED... 12
- NOT MARRIED YET/LIVING WITH PARENTS..... 13
- DECEASED..... 14
- SOMETHING ELSE (SPECIFY) 99
- DON'T KNOW..... D
- REFUSED..... r

IF D4 = 14 (MOTHER IS DECEASED)

PROGRAMMER: ONLY DISPLAY IF MOTHER IS REPORTED DECEASED AT PREVIOUS ITEM.

D4info. I'm very sorry for your loss. Please accept my condolences.

IF A1A NE 1 (RESPONDENT IS NOT BIRTH MOTHER) AND A8 NE 7 (BIRTH MOTHER IS NOT DECEASED) AND D4 NE 14 (BIRTH MOTHER IS NOT DECEASED)

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
Item title: BioMomDOB

D1. What is [CHILD]’s mother’s birth date?

INSTRUCTION: IF RESPONDENT PROVIDES MONTH/YEAR BUT IS NOT SURE OF EXACT DATE, SAY: **Is her birth date closer to the beginning of the month, the end, or sometime in the middle?** [ENTER ‘01’ FOR BEGINNING, ‘15’ FOR MIDDLE, AND 25 FOR END]

INSTRUCTION: ENTER DATE AS MM/DD/YYYY

|_|_| / |_|_| / |_|_|_|_|
Month Day Year

DON'T KNOW.....d

REFUSED.....r

PROGRAMMER: DOB CANNOT BE IN THE FUTURE

INTERVIEWER: **I entered her date of birth as [FILL D1]. I must have entered this incorrectly. Please repeat the date.**

SOFT CHECK; IF YEAR AT D1 IS LESS THAN 1971 (R IS GT 50 YEARS OLD):

INTERVIEWER: **I entered her date of birth as [FILL D1]. Is this correct?**

SOFT CHECK; IF YEAR AT D1 IS GREATER THAN 2003 (R IS LT 18 YEARS OLD):

INTERVIEWER: **I entered her date of birth as [FILL D1]. Is this correct?**

IF D1 IS D, R, M (ANY PART OF BIRTH DATE FIELD NOT ANSWERED)

Source: Baby FACES 2009
Item title: BioMomAge

D1a. How old is she?

|_|_| YEARS (RANGE 14-99)

DON'T KNOW.....d

REFUSED.....r

IF A1A NE 1 (RESPONDENT IS **NOT** BIRTH MOTHER) AND A8 NE 7 (BIRTH MOTHER IS NOT DECEASED) AND D4 NE 14 (BIRTH MOTHER IS NOT DECEASED)

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
 Item title: BioMomAgeFirstChild

D2. How old was she when she gave birth for the first time?

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

|__|__| YEARS (RANGE 10 – 60)

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

IF A1A NE 1 (RESPONDENT IS **NOT** BIRTH MOTHER) AND C5A (LOOP 1 AND LOOP 2) NE 1 (BIRTH MOTHER DOES NOT RESIDE IN HH WITH RESPONDENT) AND A8 NE 7 (BIRTH MOTHER IS NOT DECEASED) AND D4 NE 14 (BIRTH MOTHER IS NOT DECEASED)

Source: Baby FACES 2009 [COMPONENT OF RISK INDEX]
 Item title: BioMomEducation

D3. What is the highest grade or year of school that she completed?

INSTRUCTION: If 'high school', PROBE: **What is the last grade she completed?**

INSTRUCTION: If 'college', PROBE: **Did she receive a degree? What type of degree?**

- UP TO 8TH GRADE..... 1
- 9TH TO 11TH GRADE..... 2
- 12TH GRADE BUT NO DIPLOMA..... 3
- HIGH SCHOOL DIPLOMA/EQUIVALENT..... 4
- VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA..... 5
- VOCATIONAL/TECHNICAL DIPLOMA..... 6
- SOME COLLEGE COURSES BUT NO DEGREE..... 7
- ASSOCIATE'S DEGREE..... 8
- BACHELOR'S DEGREE..... 9
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE..... 10
- MASTER'S DEGREE (M.A., M.S.)..... 11
- DOCTORATE DEGREE (PH.D., ED.D.)..... 12

PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	13
DON'T KNOW.....	d
REFUSED.....	r

IF D3 = 4, 5, 6, 7, D, R

Source: Baby FACES 2009
Item title: BioMomDiplomaGED

D3a. Which does she have, a high school diploma or a GED?

- HIGH SCHOOL DIPLOMA..... 1
- GED..... 2
- DON'T KNOW..... d
- REFUSED..... r

IF A1A NE 1 (RESPONDENT IS NOT BIRTH MOTHER) AND C5A (LOOP 1 AND LOOP 2) NE 1 (BIRTH MOTHER DOES NOT RESIDE IN HH WITH RESPONDENT) AND D4 NE 14 (BIRTH MOTHER IS NOT DECEASED) AND A8 NE 7 (BIRTH MOTHER IS NOT DECEASED)

Source: Baby FACES 2009
Item title: BioMomSeenChild3Mos

D5. In the last three months, about how often has [CHILD] seen (his/her) mother? Was it ...

PROGRAMMER: IF B2=1, DISPLAY "his;" IF B2=2, DISPLAY "her."

PROBE: That would be in the last 90 days.

- Every day or almost every day,**..... 6
- A few times a week,**..... 5
- A few times a month,**..... 4
- About once a month,**..... 3
- Less often than that, or**..... 2
- Never?**..... 1
- DON'T KNOW..... d
- REFUSED..... r

IF A1B NE 1 (RESPONDENT IS NOT BIRTH FATHER) AND C5B (LOOP 1 AND LOOP 2) NE 1 (BIRTH FATHER DOES NOT RESIDE IN HH WITH RESPONDENT) AND A8 NE 6 (BIRTH FATHER IS NOT DECEASED) AND A8 NE 8 (BIRTH FATHER IS NOT UNKNOWN)

Now I'm going to ask you some questions about [the new baby's/[CHILD]'s] birth father.

PROGRAMMER: IF PREGNANT=1, DISPLAY "the new baby's" ; IF PREGNANT=0, DISPLAY [CHILD]

IF A1B NE 1 (RESPONDENT IS NOT BIRTH FATHER) AND C5B (LOOP 1 AND LOOP 2) NE 1 (BIRTH FATHER DOES NOT RESIDE IN HH WITH RESPONDENT); EXCLUDE A8=6 (BIRTH FATHER IS DECEASED); EXCLUDE A8=8 (BIRTH FATHER IS UNKNOWN)

FILL STEM AS FOLLOWS:

IF PREGNANT = 1, DISPLAY "the baby" ... "will not be" ... "his or her"

IF PREGNANT = 0, DISPLAY [CHILD]... "is not"

IF PREGNANT = 0 AND B2 = 1, DISPLAY "his"; IF PREGNANT = 0 AND B2 = 2, DISPLAY "her"

Source: Adapted from Baby FACES 2009
Item title: BioDadReasonAbsent

D7. There are many reasons for children not living with their fathers. Please tell me why [the baby/[CHILD]] [will not be/is not] living with [his or her / his / her] father.

PROBE: Are there any other reasons?

PROGRAMMER: CODE ALL THAT APPLY

LACK OF MONEY TO RAISE CHILD.....	1
ILLNESS/HOSPITALIZATION.....	2
DRINKING PROBLEM.....	3
DRUG PROBLEM.....	4
MENTAL HEALTH PROBLEM.....	5
JAIL/INCARCERATED.....	6
CHILD ABUSED / DOMESTIC VIOLENCE.....	7
COURT ORDER/CHILD SERVICES WOULD NOT ALLOW IT...	8
DID NOT WANT CHILD.....	9
MILITARY/ARMED FORCES.....	10
LEFT/MOVED AWAY.....	11
DIVORCED/SEPARATED/NOT ROMANTICALLY INVOLVED...	12
NOT MARRIED YET/LIVING WITH PARENTS.....	13
DECEASED.....	14
FATHER IS UNKNOWN.....	15
SOMETHING ELSE (SPECIFY)	99
DON'T KNOW.....	D
REFUSED.....	r

IF D7 = 14 (FATHER IS DECEASED)

PROGRAMMER: ONLY DISPLAY IF FATHER IS REPORTED DECEASED AT PREVIOUS ITEM.

D7info. I'm very sorry for your loss. Please accept my condolences.

IF A1B NE 1 (RESPONDENT IS NOT BIRTH FATHER) AND C5B (LOOP 1 AND LOOP 2) NE 1 (BIRTH FATHER DOES NOT RESIDE IN HH WITH RESPONDENT) AND A8 NE 6 (BIRTH FATHER IS NOT DECEASED) AND A8 NE 8 (BIRTH FATHER IS NOT UNKNOWN) AND D7 NE 14 (BIRTH FATHER IS NOT DECEASED) and D7 NE 15 (BIRTH FATHER IS NOT UNKNOWN)

Source: Baby FACES 2009
 Item title: BioDadEducation

D6. What is the highest grade or year of school that he completed?

INSTRUCTION: If 'high school', PROBE: **What is the last grade he completed?**

INSTRUCTION: If 'college', PROBE: **Did he receive a degree? What type of degree?**

- UP TO 8TH GRADE..... 1
- 9TH TO 11TH GRADE..... 2
- 12TH GRADE BUT NO DIPLOMA..... 3
- HIGH SCHOOL DIPLOMA/EQUIVALENT..... 4
- VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA..... 5
- VOCATIONAL/TECHNICAL DIPLOMA..... 6
- SOME COLLEGE COURSES BUT NO DEGREE..... 7
- ASSOCIATE'S DEGREE..... 8
- BACHELOR'S DEGREE..... 9
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE..... 10
- MASTER'S DEGREE (M.A., M.S.)..... 11
- DOCTORATE DEGREE (PH.D., ED.D.)..... 12
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)..... 13
- DON'T KNOW..... d
- REFUSED..... r

IF D6 = 4, 5, 6, 7, D, R

Source: Baby FACES 2009
 Item title: BioDadDiplomaGED

D6a. Which does he have, a high school diploma or a GED?

- HIGH SCHOOL DIPLOMA..... 1
- GED..... 2
- DON'T KNOW..... d

REFUSED..... r

IF A1B NE 1 (RESPONDENT IS NOT BIRTH FATHER) AND C5B (LOOP 1 AND LOOP 2) NE 1 (BIRTH FATHER DOES NOT RESIDE IN HH WITH RESPONDENT); EXCLUDE IF A8=6 (BIRTH FATHER IS DECEASED); EXCLUDE D7=14 (BIRTH FATHER IS DECEASED); EXCLUDE A8=8 (BIRTH FATHER IS UNKNOWN); EXCLUDE D7=15 (BIRTH FATHER IS UNKNOWN); EXCLUDE IF PREGNANT = 1

Source: Baby FACES 2009
 Item title: BioDadSeenChild3Mos

D8. In the last three months, about how often has [CHILD] seen (his/her) father? Was it . . .

PROGRAMMER: IF B2=1, DISPLAY "his;" IF B2=2, DISPLAY "her."

PROBE: That would be in the last 90 days.

- Every day or almost every day,..... 6
- A few times a week,..... 5
- A few times a month,..... 4
- About once a month,..... 3
- Less often than that, or..... 2
- Never?..... 1
- DON'T KNOW..... d
- REFUSED..... r

IF A1B NE 1 (RESPONDENT IS NOT BIRTH FATHER) AND C5B (LOOP 1 AND LOOP 2) NE 1 (BIRTH FATHER DOES NOT RESIDE IN HH WITH RESPONDENT); EXCLUDE IF A8=6 (BIRTH FATHER IS DECEASED); EXCLUDE D7=14 (BIRTH FATHER IS DECEASED); EXCLUDE A8=8 (BIRTH FATHER IS UNKNOWN); EXCLUDE D7=15 (BIRTH FATHER IS UNKNOWN); EXCLUDE IF PREGNANT = 1

Source: Baby FACES 2009
 Item title: BioDadFinancialSupport

D9. (Are you/Is your family) currently receiving child support payments or any other financial support for [CHILD] from (his/her) father?

PROGRAMMER: IF A1A = 1 (RESPONDENT IS BIRTH MOTHER), DISPLAY "Are you" ; IF A1A NE 1 (RESPONDENT IS SOMEONE ELSE), DISPLAY "Is your family"

PROGRAMMER: IF B2=1, DISPLAY "his;" IF B2=2, DISPLAY "her."

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

IF A1A NE 1 (RESPONDENT IS NOT BIRTH MOTHER) AND C5A (LOOP 1 AND LOOP 2) NE 1 (BIRTH MOTHER DOES NOT RESIDE IN HH WITH RESPONDENT); EXCLUDE IF A8=7 (BIRTH MOTHER IS DECEASED)

Source: Newitem

Item title: BioMomFinancialSupport

D9a. (Are you/Is your family) currently receiving child support payments or any other financial support for [CHILD] from (his/her) mother?

PROGRAMMER: IF A1B = 1 (RESPONDENT IS BIRTH MOTHER), DISPLAY “**Are you**” ; IF A1B NE 1 (RESPONDENT IS SOMEONE ELSE), DISPLAY “**Is your family**”

PROGRAMMER: IF B2=1, DISPLAY “**his;**” IF B2=2, DISPLAY “**her.**”

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

E. HOUSEHOLD LANGUAGES

These next questions are about the languages spoken in your household.

PROGRAMMER: IF INTERVIEW IS BEING CONDUCTED IN ENGLISH, ASK E1A. IF SPANISH, GO TO E1B

Source: Baby FACES 2009
Item title: OtherHHLang1

E1a. Is any language other than English spoken in your home? These can be languages spoken by you or other adults or children who live in your home.

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

PROGRAMMER: IF INTERVIEW IS BEING CONDUCTED IN SPANISH, ASK E1B

Source: Adapted from Baby FACES 2009
Item title: OtherHHLang2

E1b.

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

PROGRAMMER: ASK IF E1A OR E1B = 1.

Source: Adapted from Baby FACES 2009
Item title: HHLangsSpoken

E2. What languages are spoken in your home?

PROBE: **These can be languages spoken by you or other adults or children who live in your home.**

PROBE: **Any other languages?**

PROGRAMMER: CODE ALL THAT APPLY

- ENGLISH..... 1
- SPANISH..... 2
- OTHER LANGUAGE (SPECIFY): _____ 3
- OTHER LANGUAGE (SPECIFY): _____ 4
- REFUSED..... r

ALL

Source: Adapted from Baby FACES 2009

Item title: RPrimaryLang

E3. What is your primary language?

PROBE: By primary, we mean the language that you feel most comfortable communicating in.

PROGRAMMER: IF DK OR R AND THE INTERVIEW IS BEING CONDUCTED IN ENGLISH, CODE AS ENGLISH (1). IF DK OR R AND THE INTERVIEW IS BEING CONDUCTED IN SPANISH, CODE AS SPANISH (2).

- ENGLISH..... 1
- SPANISH..... 2
- OTHER LANGUAGE (SPECIFY): _____ 3
- DON'T KNOW..... d
- REFUSED..... r

IF E3 NE 1 (RESPONDENT'S PRIMARY LANGUAGE IS NOT ENGLISH)

Source: Adapted from Baby FACES 2009

Item title: RLangLiteracy

E4. How well do you [INSERT ITEM (a) to (f)]? Would you say not at all, not well, well, or very well?

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES

PROGRAMMER: IF E3=2 AND INTERVIEW IS BEING CONDUCTED IN SPANISH, FILL FOR E4E AND E4F NEEDS TO SHOW AS **español** (AND NOT **Spanish**).

	NOT AT ALL	NOT WELL	WELL	VERY WELL
a. understand English.....	1	2	3	4
b. speak English.....	1	2	3	4
c. read English.....	1	2	3	4
d. write in English.....	1	2	3	4
e. read [FILL E3].....	1	2	3	4
f. write in [FILL E3].....	1	2	3	4

IF PREGNANT = 0 AND (E1A OR E1B = 1)
 PROGRAMMER: IF E2 NE 3, 4, R FILL “Spanish” (SPANISH IS ONLY NON-ENGLISH LANGUAGE SPOKEN IN HOME); IF E2 NE 2, R FILL “other language” (A LANGUAGE OTHER THAN ENG/SP IS ONLY NON-ENGLISH LANGUAGE SPOKEN IN HOME); IF E2= (2 AND 3) OR (2 AND 4) (SPANISH AND ANOTHER NON-ENG LANGUAGE), DISPLAY “other language” ; IF E1B=1 and E2 NE 2, 3, 4, R DISPLAY “Spanish” (INTERVIEW IS BEING CONDUCTED IN SPANISH AND RESPONDENT REPORTS ENG SPOKEN IN HOME)

Source: Adapted from Baby FACES 2009
 Item title: LangSpokentoChild

E5. What language do you or others in your household speak most often to [CHILD]?

- All English,..... 5
- More English than [Spanish/other language],..... 4
- Equal [Spanish/other language] and English,..... 3
- More [Spanish/other language] than English, or..... 2
- All [Spanish/other language]?..... 1

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

IF PREGNANT = 0 AND (E1A OR E1B = 1)
 PROGRAMMER: IF E2 NE 3, 4, R FILL “Spanish” (SPANISH IS ONLY NON-ENGLISH LANGUAGE SPOKEN IN HOME); IF E2 NE 2, R FILL “other language” (A LANGUAGE OTHER THAN ENG/SP IS ONLY NON-ENGLISH LANGUAGE SPOKEN IN HOME); IF E2= (2 AND 3) OR (2 AND 4) (SPANISH AND ANOTHER NON-ENG LANGUAGE), DISPLAY “other language”; IF E1B=1 and E2 NE 2, 3, 4, R DISPLAY “Spanish” (INTERVIEW IS BEING CONDUCTED IN SPANISH AND RESPONDENT REPORTS ENG SPOKEN IN HOME)
 PROGRAMMER: IF CHILD AGE AT TIME OF INTERVIEW IS LT 6 MONTHS, DISPLAY TEXT IN BRACKETS.

Source: Adapted from Baby FACES 2009
 Item title: LangSpokenbyChild

E6. What language does [CHILD] use when (he/she) speaks to you or others at home? [If child is not yet speaking, just let me know.] Would you say . . .

PROGRAMMER: IF B2=1, DISPLAY “he” ; IF B2=2, DISPLAY “she”

- All English,..... 5
- More English than [Spanish/other language],..... 4
- Equal [Spanish/other language] and English,..... 3
- More [Spanish/other language] than English, or..... 2
- All [Spanish/other language]?..... 1

- CHILD IS NOT YET SPEAKING..... 98
- DON'T KNOW..... d
- REFUSED..... r

F. CHILD-PARENT ACTIVITIES AND ROUTINES

PROGRAMMER: SKIP SECTION F IF PREGNANT = 1 (SECTION NOT ADMINISTERED TO PREGNANT WOMEN)

Next, I would like you to think about things you and others in your family may do together with [CHILD], including some of the typical routines in your household.

PREGNANT = 0

Source: Baby FACES 2009

Item title: BooksinHome

F1. How many books for children are there in your home? Would you say . . .

PROBE: This can include children’s books for [CHILD] or other children who may also live in your home.

- zero,.....0
- 1 to 4,.....1
- 5 to 10,.....2
- 11 to 25, or.....3
- more than 25?.....4

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

PREGNANT = 0

Source: Adapted from Baby FACES 2009

Item title: ReadtoCh

F2. How often do you or others in your household read or look at books with [CHILD]? Would you say...

PROBE: This can include books that you or others in your household look at or read with [CHILD] in places outside your home, such as at a library.

- more than once a day,..... 4
- about once a day,..... 3
- a few times a week,..... 2
- once a week, or..... 1
- less than once a week..... 0
- DON'T KNOW..... d
- REFUSED..... r

PREGNANT = 0

Source: Adapted from Baby FACES 2009

Item title: TellStorytoCh

F3. How often do you or others in your household tell a story to [CHILD]? By storytelling, we mean telling [CHILD] a story without an actual book. This can include telling a made-up story, or telling stories about events that have actually happened. Would you say you or others in your household do this . . .

- more than once a day,..... 4
- about once a day,..... 3
- a few times a week,..... 2
- once a week, or..... 1
- less than once a week 0
- DON'T KNOW..... d
- REFUSED..... r

PREGNANT = 0

Source: Baby FACES 2018

Item title: SingtoCh

F4. How often do you or others in your household sing to or with [CHILD]? Would you say...

- more than once a day,..... 4
- about once a day,..... 3
- a few times a week,..... 2
- once a week, or..... 1
- less than once a week 0
- DON'T KNOW..... d
- REFUSED..... r

PREGNANT = 0

Source: Baby FACES 2009

Item title: EveningMeal

F5. 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?**

|__| (RANGE 0 – 7)

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

PREGNANT = 0

Source: Baby FACES 2009

Item title: FedRegTimes

F6. In a typical day, is [CHILD] fed at regular times?

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

PREGNANT = 0

Source: Adapted from Baby FACES 2009

Item title: LengthNaps

F7a. On average, for how long does [CHILD] nap during the day?

PROGRAMMER: HOURS AND MINUTES MUST BE GT OR EQ 0 (UNLESS CODED AS 98).

INSTRUCTION: ENTER A VALUE FOR BOTH HOURS AND MINUTES, EVEN IF IT IS ZERO.

|_|_| HOURS AND (RANGE 00 – 15)

|_|_| MINUTES (RANGE 00 – 59)

- CHILD DOES NOT NAP..... 98 GO TO F8
- DON'T KNOW..... d
- REFUSED..... r

SOFT CHECK: IF RESPONSE IS GT 8 hours: I just want to confirm that you are including only day time sleep in your response. Is this correct?

PREGNANT = 0 AND F7a NE 98

Source: Adapted from Baby FACES 2009

Item title: RegNaptime

F7. Does [CHILD] have a regular naptime during the day?

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

PREGNANT = 0

Source: Adapted from Baby FACES 2009

Item title: RegBedtime

F8. Does [CHILD] have a regular bedtime at night?

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

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

PREGNANT = 0

Source: Baby FACES 2009

Item title: SleepHours

F8a. How many hours does [CHILD] usually sleep each night?

PROBE: This should not include time the child spends lying awake trying to fall asleep.

PROGRAMMER: HOURS AND MINUTES MUST BE GT OR EQ 0.

INSTRUCTION: ENTER A VALUE FOR BOTH HOURS AND MINUTES, EVEN IF IT IS ZERO.

|_|_| HOURS AND (RANGE 00 – 15)

|_|_| MINUTES (RANGE 00 – 59)

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

PREGNANT = 0

Source: Baby FACES 2018

Item title: LengthScreenTime

F9. About how much screen time does [CHILD] get on a typical day? By screen time, we mean any time [he/she] spends watching TV or using a mobile device such as a smartphone, iPad, or other tablet to play games or watch videos.

PROGRAMMER: HOURS AND MINUTES MUST BE GT OR EQ 0 (UNLESS CODED AS 98).

IF RESPONDENT MENTIONS CHILD SPENDS DIFFERENT AMOUNTS OF TIME ON WEEKDAYS VERSUS WEEKENDS, SAY: **Thinking both about weekdays and weekends, about how much time would you say is typical? Your best estimate is fine.**

INSTRUCTION: ENTER A VALUE FOR BOTH HOURS AND MINUTES, EVEN IF IT IS ZERO.

|_|_| HOURS AND (RANGE 00 – 15)

|_|_| MINUTES (RANGE 00 – 59)

CHILD GETS NO SCREEN TIME..... 98
 DON'T KNOW..... d
 REFUSED..... r

F9 = D, R, OR GT 0 MINUTES (SKIP IF F9 = 98)

Source: Baby FACES 2018

Item title: HowScreenTime

F9.1 Now I am going to ask you about some ways [CHILD] may use the TV, computer, or mobile devices. How often...

[FILL ITEM a–c] Would you say, never, rarely, some of the time, or most of the time?

PROGRAMMER: BOLD RESPONSE OPTIONS TEXT FOR ITEMS F9.1A TO F9.1C
 (INTERVIEWER SHOULD READ AFTER EACH ITEM)

PROBE: **Mobile devices include smartphones, iPads, e-readers, or other tablet devices.**

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES

	NEVER	RARELY	SOME OF THE TIME	MOST OF THE TIME
a. Does [CHILD] watch TV or use a computer or mobile device alone so that [he/she] can keep busy while you do other things? This can be at home or while you are out together.....	1	2	3	4
b. Do you and [CHILD] watch TV or use a computer or mobile device to do things together? Things you might do together include watch shows, play games, use educational applications, or read stories.	1	2	3	4
c. Does [CHILD] watch TV or use a computer or mobile device before taking a nap or going to bed?	1	2	3	4

PREGNANT = 0

Source: Confusion, Hubbub, and Order Scale (CHAOS)

Permissions: Items in this section were published in the Journal of Applied Developmental Psychology, Vol. 16, Methany AP, Wachs TD, Ludwig, JL, Phillips, K. Bringing Order out of Chaos: Psychometric Characteristics of the Confusion, Hubbub, and Order Scale, pp. 429-444, Copyright Elsevier, 1995. Subitems K and M updated in consultation with developer (Wachs).

PROGRAMMER: DISPLAY ON FIRST SCREEN FOR THIS SECTION THE FOLLOWING, SHADED GRAY AND IN CAPS: "PLEASE CLICK HERE FOR COPYRIGHT INFORMATION." "HERE" SHOULD BE A HYPERLINK THAT WHEN CLICKED DISPLAYS THE ABOVE COPYRIGHT/PERMISSIONS INFORMATION.

Item title: CHAOS

F10. Next, I am going to read some statements that describe how things are like in many households.

Please tell me how much each statement describes your home.

[FILL ITEM b–o, a]. Would you say very much, somewhat, a little, or not at all?

PROGRAMMER: THE RESPONSE OPTION TEXT SHOWN HERE SHOULD APPEAR IN BOLD FOR THE FIRST TWO ITEMS AND EVERY 4TH ITEM THEREAFTER.

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES.

PROGRAMMER: PRESERVE ITEM NUMBERING AS SHOWN; ITEM A INTENTIONALLY MOVED TO LAST ITEM IN SERIES.

	VERY MUCH	SOMEWHAT	A LITTLE	NOT AT ALL
b. We can usually find things when we need them	1	2	3	4
c. We almost always seem to be rushed	1	2	3	4
d. We are usually able to “stay on top of things”	1	2	3	4
e. No matter how hard we try, we always seem to be running late	1	2	3	4
f. It’s a real “zoo” in our home	1	2	3	4
g. At home we can talk to each other without being interrupted	1	2	3	4
h. There is often a fuss going on at our home	1	2	3	4
i. No matter what our family plans, it usually doesn’t seem to work out	1	2	3	4
j. You can’t hear yourself think in our home	1	2	3	4
k. I often get drawn into other people’s arguments at home (this can include arguments between adults or between adults and children)	1	2	3	4

l. Our home is a good place to relax	1	2	3	4
m. The phone (calls or texts) takes up a lot of time in our home	1	2	3	4
n. The atmosphere in our home is calm	1	2	3	4
o. First thing in the day, we have a regular routine in our home	1	2	3	4
a. There is very little commotion in our home	1	2	3	4

G. PROGRAM SERVICES

The next questions are about services you and your family may have received from Early Head Start at [PROGRAM].

ALL
PROGRAMMER: IF PREGNANT =1, SET G2.1 = 2. DO NOT DISPLAY QUESTION.

Source: Adapted from Baby FACES 2009
Item title: ServiceType

G2.1 I am going to read you three descriptions of the types of services Early Head Start programs often provide. Please do not include any other child care program [CHILD] may be enrolled in other than [PROGRAM].

Which of the following best describes the kind of care [CHILD] currently receives from [PROGRAM]?

- Center-based, meaning Early Head Start services are provided at a child care center and staff may visit you in your home a couple of times a year 1
- Home-based, meaning a home visitor from the program visits your family in your home on a regular basis and the program may also organize group socializations or activities with other families elsewhere, or..... 2
- Both center-based and home-based services. For example, child attends classes at a center multiple times a week and home visitor comes to your home every couple of weeks..... 3
- SOME OTHER PROGRAM OPTION (SPECIFY)..... 99
- _____
- DON'T KNOW..... d
- REFUSED..... r

IF PREGNANT = 0 OR A0 = 1 (RESPONDENT IS NOT/NO LONGER PREGNANT)

Source: Baby FACES 2009

G.2.1a. I'd like to ask you about other types of child care arrangements that [CHILD] may receive on a regular basis at least once a week from someone other than you. This includes regular care and any early childhood programs, whether or not there is a charge or fee, but not occasional babysitting.

Is [CHILD]...

	YES	NO	DK	REF
a. Attending or receiving services from another Early Head Start Program?	1	0	d	r
b. Attending or receiving services from a Head Start Program?	1	0	d	r
c. Attending a formal child care program other than Early Head Start or Head Start such as at a day care center or preschool?.....	1	0	d	r
d. Attending a formal <u>family</u> child care program? A program in	1	0	d	r

which one or two caregivers provide care for a small group of children in the caregiver's home.....

IF ANY G.2.1a.a-d = 1 (ATTENDING A FORMAL PROGRAM)

this program IF TOTAL SELECTED "YES" AT G.2.1a.a-d = 1;
any of these programs IF TOTAL SELECTED "YES" AT G.2.1a.a-d = 2 – 4

Source: Baby FACES 2009

G.2.1b. Did [PROGRAM] Early Head Start help you find or enroll in (this program/any of these programs)?

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

ALL

Source: Adapted from Baby FACES 2009

G.2.1a. cont.

Is [CHILD]...

	YES	NO	DK	REF
e. Receiving child care from a relative other than a parent, for example, from grandparents, brothers or sisters, or any other relatives?.....	1	0	d	r
f. Receiving child care from a non-relative, either in your home or someone else's?.....	1	0	d	r

IF G2.1 = 1 (CENTER-BASED) OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 1)]
PROGRAMMER: IF B2 = 1, FILL "he" ; IF B2 = 2, FILL "she"

Source: Baby FACES 2009

Item title: HomeVisitPastYr

G2.2 Home visitors may have come to do activities with you and [CHILD] or talk to you about how [he/she] is doing or about how your family is getting along. Has anyone from [PROGRAM] Early Head Start visited you at home in the past year?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

G2.1 = 2, 3 (HOME-BASED OR COMBO) OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 2, 3)]
OR G2.2 = 1 (RECEIVED HOME VISITS)

Source: Adapted from Baby FACES 2009

Item title: FreqHVs

G2.3 How often do you typically receive home visits from [PROGRAM]?

INSTRUCTION: HOME-BASED SHOULD BE AT LEAST TWO OR THREE TIMES A MONTH.
BOTH CENTER AND HOME-BASED SHOULD BE AT LEAST ONCE A MONTH.

INSTRUCTION: READ LIST IF NECESSARY

PROGRAMMER: SINCE LIST MAY BE READ IF NECESSARY, PLEASE SHOW SPANISH TEXT IN SPANISH VERSION OF INSTRUMENT.

ONCE A WEEK OR MORE.....5

TWO OR THREE TIMES A MONTH.....4

ONCE A MONTH.....3

A COUPLE OF TIMES A YEAR.....2

AT LEAST ONCE A YEAR.....1

DON'T KNOW.....d

REFUSED.....r

IF [G2.1 = 2 (HOME-BASED) OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 2)]]
AND G2.3 = 1 – 3 (LESS THAN TWO OR THREE TIMES A MONTH)
PROGRAMMER: DISPLAY “and [CHILD]” IF PREGNANT = 0

Source: Baby FACES 2009
Item title: ConfirmServiceType1

GV1. I have recorded that you [and [CHILD]] receive home-based services, but that you typically only receive home visits [FILL ANSWER FROM G2.3]. Have I recorded something incorrectly?

INSTRUCTION: CENTER: EHS SERVICES PROVIDED AT CENTER AND STAFF MAY VISIT FAMILY AT HOME A FEW TIMES PER YEAR

HOME: HOME VISITOR VISITS FAMILY IN HOME ON REGULAR BASIS AND MAY ORGANIZE GROUP SOCIALIZATIONS OR ACTIVITIES WITH OTHER FAMILIES ELSEWHERE

BOTH: GOES TO CENTER SEVERAL DAYS PER WEEK AND GETS HOME VISITS AT LEAST MONTHLY

CHANGE SERVICE TYPE.....1 G2.1
CHANGE FREQUENCY OF HOME VISITS 2 G2.3
CORRECT; CONTINUE.....0

IF [G2.1 = 3 (COMBO) OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 3)]]
AND G2.3 = 1 – 2 (LESS THAN ONCE PER MONTH)

Source: Baby FACES 2009
Item title: ConfirmServiceType2

GV2. I have recorded that [CHILD] receives both home-based and center-based care, but that you typically receive home visits less than once a month. Have I recorded something incorrectly?

INSTRUCTION: CENTER: EHS SERVICES PROVIDED AT CENTER AND STAFF MAY VISIT FAMILY AT HOME A FEW TIMES PER YEAR

HOME: HOME VISITOR VISITS FAMILY IN HOME ON REGULAR BASIS AND MAY ORGANIZE GROUP SOCIALIZATIONS ELSEWHERE

BOTH: GOES TO CENTER SEVERAL DAYS PER WEEK AND GETS HOME VISITS AT LEAST MONTHLY

CHANGE SERVICE TYPE.....1 G2.1
CHANGE FREQUENCY OF HOME VISITS 2 G2.3
CORRECT; CONTINUE.....0

PREGNANT= 0

Source: Baby FACES 2009
Item title: ChildServedinCenter

G3. Is [CHILD] receiving Early Head Start child care at a [PROGRAM] center?
¿Está [CHILD] recibiendo cuidado de niños Early Head Start en un centro [PROGRAM]?

INSTRUCTION: THIS DOES NOT INCLUDE GROUP SOCIALIZATIONS AT A CENTER

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

IF [(G2.1 = 1 OR 3 (CENTER-BASED OR COMBO)) OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 1, 3)]]
 AND G3 = 0 (NOT IN CENTER)
 FILL WITH "center-based" IF G2.1 = 1 OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 1)]
 FILL WITH "both center and home-based" IF G2.1 = 3 OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 3)]

Source: Baby FACES 2009
 Item title: ConfirmServiceType3

GV3. I recorded that [CHILD] receives [center-based / both center and home-based] care, but that [CHILD] is not receiving child care at a [PROGRAM] child development center. What have I recorded incorrectly?

CHANGE SERVICE TYPE.....1 G2.1

CHANGE THAT CHILD IS RECEIVING CARE2 G3

G3 = 1 (CHILD RECEIVES EHS CENTER CARE)

Source: Baby FACES 2009
 Item title: DaysPerWeekatCenter

G4. How many days each week does [CHILD] go to [PROGRAM]?

|__| DAYS (RANGE 0 – 7)

LESS THAN ONCE A WEEK..... 0

DON'T KNOW..... d

REFUSED..... r

.....

G3 = 1 (CHILD RECEIVES EHS CENTER CARE)

Source: Baby FACES 2009
 Item title:

G4a. How many hours each day (does/did) [CHILD] go to [PROGRAM]?

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

INTERVIEWER: IF RESPONDENT SAYS "IT VARIES", ASK FOR THE MOST TYPICAL NUMBER OF HOURS PER DAY.

|__|__| HOURS (RANGE 01 – 18)

DON'T KNOW d

REFUSED r

SOFT CHECK: IF G4a = 9 – 18; I want to be sure I recorded your answer correctly. Did you say (FILL G4a ANSWER) hours each day?

HARD CHECK: IF G4a GT 18; I want to be sure I recorded your answer correctly. Did you say (FILL G4a ANSWER) hours each day?

INTERVIEWER: IF RESPONDENT CONFIRMS ANSWER, SEEK SUPERVISOR FOR ASSISTANCE

ALL

Source: Adapted from Baby FACES 2009
Item title: ProgramParticipation

G5. Now I'm going to ask you about activities you or your family may have taken part in through [PROGRAM] Early Head Start. For each one, tell me if you did not participate at all, participated once or twice, or participated three or more times.

Since September, did you or other family members [INSERT ITEMS a-l] [at [PROGRAM]]?

PROBE: Did you or other family members not participate at all, participate once or twice, or participate three or more times?

PROGRAMMER: HIDE "[at [PROGRAM]]" FOR G5H

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT.
ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES

	NOT AT ALL	ONCE OR TWICE	THREE OR MORE TIMES
a. Attend workshops on job skills	0	1	2
b. Attend parent workshops on raising children	0	1	2
c. Attend events meant to engage men/fathers	0	1	2
d. Attend Early Head Start special events or activities, such as a children's performance or a holiday party	0	1	2
e. Attend group socialization activities for parents and their children	0	1	2
f. Volunteer in an Early Head Start classroom	0	1	2
g. Volunteer at the program in some other way, such as doing maintenance, chores, or shopping for the program	0	1	2
l. Participate on the Policy Council or some other committee	0	1	2
m. Attend workshops on prenatal education	0	1	2
n. Attend workshops on nutrition or exercise	0	1	2

Source: New
Item title:

G6. Since September, did [PROGRAM] Early Head Start offer activities that you wanted to participate in, but could not because ...(READ EACH ITEM AND RECORD YES OR NO FOR EACH).
PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT.
ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES

	YES	NO	DK	REF
a. You did not have child care?	1	0	d	r
b. You did not have transportation?	1	0	d	r
c. You did not have enough notice?	1	0	d	r
d. You did not have the information about the time or location for the activity?	1	0	d	r
e. You had a work schedule conflict?	1	0	d	r

H. STAFF-PARENT RELATIONSHIPS

ALL

teacher IF CENTER-BASED (PRGMOPT = 1);
home visitor IF HOME-BASED (PRGMOPT = 2);

Source: Baby FACES 2009

H0a. The next part of the interview is about your relationship with

(IF CENTER-BASED (PRGMOPT = 1))
[CHILD]’s teacher.

(IF HOME-BASED (PRGMOPT = 2))
your family’s home visitor.

When you signed the consent form, the program told us that ([CHILD]’s teacher/ your family’s home visitor) was [StaffFirstName] [StaffLastName]. I’d like you to think about that person when you answer the next questions.

CONTINUE.....1

NO, CANNOT ANSWER ABOUT TEACHER/HOME VISITOR.....0 GO TO H0a1

H0a = 0

H0a1. Please tell me the name of [CHILD]’s teacher or your family’s home visitor. I’d like you to think about this person when you answer the next questions.

FIRST AND LAST NAME

DON’T KNOW.....d

REFUSED.....r

(G2.1 = 99, D, OR R) AND (PRGMOPT = 3)]

Source: Baby FACES 2009

Item title: SelectProviderType

H0b. The next questions are about your relationship with [CHILD]’s care provider. I’d like you to think about the person from [PROGRAM] that [CHILD] has spent the most time with or the person that has been most involved in (his/her) development. Would you like to answer about [CHILD]’s teacher or about your home visitor?

TEACHER.....1

HOME VISITOR.....2

FILL FOR INDICATED ITEMS IN SECTION:
IF H0b = 1 (TEACHER), FILL **teacher**;
IF H0b = 2 (HOME VISITOR), FILL **home visitor**;

IF PREGNANT = 0 AND
 ((H0a = 1 AND PRGMOPT = 1) OR (H0a=0 AND (G2.1 = 1 OR [(G2.1 =3, 99, D, OR R) AND (PRGMOPT = 1)]))
 OR H0b = 1 [CENTER-BASED])

Source: Cocaring Relationship Questionnaire (CRQ) – Parent Version

Permissions: Items in this section were adapted in consultation with the authors. Lang, S. N., Schoppe-Sullivan, S. J., & Jeon, L. (2017). Examining a self-report measure of parent-teacher cocaring relationships and associations with parental involvement. *Early Education and Development*, 28(1), 96-114.

PROGRAMMER: DISPLAY ON FIRST SCREEN FOR THIS SECTION THE FOLLOWING, SHADED GRAY AND IN CAPS: "PLEASE CLICK HERE FOR COPYRIGHT INFORMATION." "HERE" SHOULD BE A HYPERLINK THAT WHEN CLICKED DISPLAYS THE ABOVE COPYRIGHT/PERMISSIONS INFORMATION.

Item title: CRQCenterBased

H1a. PROGRAMMER: IF B2=1, DISPLAY "hijo"; IF B2=2, DISPLAY "hija"

Now I am going to read you a list of statements about the way you and your child's teacher work together. For each item, I'd like you to tell me how true you feel the statement is, where 0 is "not true" and 6 is "very true." You may pick any number between 0 and 6. Let's begin. [FILL ITEM a-q]. Using a scale where 0 is "not true" and 6 is "very true," how true is this statement for you?

PROGRAMMER: BOLD RESPONSE OPTIONS TEXT FOR FIRST TWO ITEMS AND EVERY 4TH ITEM THEREAFTER.

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES.

	NOT TRUE						VERY TRUE
a. I believe my child's teacher is a good educator	0	1	2	3	4	5	6
b. My child's teacher asks my opinion on issues related to caring for my child	0	1	2	3	4	5	6
c. My child's teacher pays a great deal of attention to my child	0	1	2	3	4	5	6
d. My child's teacher and I have the same goals for my child	0	1	2	3	4	5	6
e. My child's teacher and I have different ideas about how to raise my child	0	1	2	3	4	5	6
f. My child's teacher tells me I am doing a good job or otherwise lets me know I am being a good parent	0	1	2	3	4	5	6
g. My child's teacher and I have different ideas regarding my child's eating, sleeping, and/or other routines	0	1	2	3	4	5	6
h. My child's teacher sometimes makes jokes or sarcastic comments about the things I do as a parent	0	1	2	3	4	5	6
i. My child's teacher does not trust my abilities as a parent	0	1	2	3	4	5	6
j. My child's teacher and I have different standards for my child's behavior	0	1	2	3	4	5	6
k. My child's teacher tries to show that she or he is better than me at caring for my child	0	1	2	3	4	5	6
l. My child's teacher has a lot of patience with my child	0	1	2	3	4	5	6
m. My child's teacher and I often discuss the best way to meet my child's	0	1	2	3	4	5	6

	NOT TRUE						VERY TRUE
needs							
n. When we are together, my child's teacher sometimes competes with me for my child's attention	0	1	2	3	4	5	6
o. My child's teacher undermines my parenting	0	1	2	3	4	5	6
p. When I'm at my wits end as a parent, my child's teacher gives me the support I need	0	1	2	3	4	5	6
q. My child's teacher makes me feel like I'm the best possible parent for my child	0	1	2	3	4	5	6

IF PREGNANT = 0 AND
 ((H0a = 1 AND PRGMOPT = 2) OR (H0a=0 AND (G2.1 = 2 OR [(G2.1 = 3, 99, D, OR R) AND (PRGMOPT = 2)])) OR
 H0b = 2 [HOME-BASED])

Source: Cocaring Relationship Questionnaire (CRQ) – Parent Version

Permissions: Items in this section were adapted in consultation with the authors. Lang, S. N., Schoppe-Sullivan, S. J., & Jeon, L. (2017). Examining a self-report measure of parent-teacher cocaring relationships and associations with parental involvement. *Early Education and Development, 28*(1), 96-114.

PROGRAMMER: DISPLAY ON FIRST SCREEN FOR THIS SECTION THE FOLLOWING, SHADED GRAY AND IN CAPS: "PLEASE CLICK HERE FOR COPYRIGHT INFORMATION." "HERE" SHOULD BE A HYPERLINK THAT WHEN CLICKED DISPLAYS THE ABOVE COPYRIGHT/PERMISSIONS INFORMATION.

Item title: CRQHomeBased

H1b. Now I am going to read you a list of statements about the way you and your home visitor work together. For each item, I'd like you to tell me how true you feel the statement is, where 0 is "not true" and 6 is "very true." You may pick any number between 0 and 6. Let's begin. [FILL ITEM b-q]. Using a scale where 0 is "not true" and 6 is "very true," how true is this statement for you?

PROGRAMMER: BOLD RESPONSE OPTIONS TEXT FOR FIRST TWO ITEMS.

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES.

	NOT TRUE						VERY TRUE
b. My home visitor asks my opinion on issues related to caring for my child	0	1	2	3	4	5	6
f. My home visitor tells me I am doing a good job or otherwise lets me know I am being a good parent	0	1	2	3	4	5	6
m. My home visitor and I often discuss the best way to meet my child's needs	0	1	2	3	4	5	6
p. When I'm at my wits end as a parent, my home visitor gives me the support I need	0	1	2	3	4	5	6
q. My home visitor makes me feel like I'm the best possible parent for my child	0	1	2	3	4	5	6

PROGRAMMER: IF B2=1, DISPLAY "hijo"; IF B2=2, DISPLAY "hija"

IF (H0A = 1 AND PRGMOPT = 2) OR (H0A=0 AND (G2.1 = 2 OR [(G2.1 = 3, 99, D, OR R) AND (PRGMOPT = 2)])) OR H0B = 2 [HOME-BASED]

Source: Working Alliance Inventory (WAI; adapted for use in EBHV) (PROPRIETARY)

Permissions: Items in this section are from an adapted version of the WAI from Santos, Robert G. "Development and Validation of a Revised Short Version of the Working Alliance Inventory." Unpublished doctoral dissertation. Winnipeg, Manitoba: University of Manitoba, 2005. Reprinted by permission of the Society for Psychotherapy Research © 2016.

PROGRAMMER: DISPLAY ON FIRST SCREEN FOR THIS SECTION THE FOLLOWING, SHADED GRAY AND IN CAPS: "PLEASE CLICK HERE FOR COPYRIGHT INFORMATION." "HERE" SHOULD BE A HYPERLINK THAT WHEN CLICKED DISPLAYS THE ABOVE COPYRIGHT/PERMISSIONS INFORMATION.

Item title: WAI

H2. I am going to read you some statements that describe ways a parent might think or feel about his or her home visitor. For each, please tell me how often you think or feel that way.

Please tell me if you feel this way never, rarely, occasionally, sometimes, often, very often, or always. Your first thoughts are what we are interested in.

[FILL ITEM a-I]. Would you say you feel this way never, rarely, occasionally, sometimes, often, very often, or always? PROGRAMMER: BOLD RESPONSE OPTIONS TEXT FOR FIRST TWO ITEMS AND EVERY 4TH ITEM THEREAFTER.

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES.

**Items H2a to H2I are protected under copyright and have been redacted from this instrument.
Source: Working Alliance Inventory (adapted for used in EBHV)**

IF (H0A = 1 AND PRGMOPT = 2) OR (H0A=0 AND (G2.1 = 2 OR [(G2.1 = 3, 99, D, OR R) AND (PRGMOPT = 2)])) OR H0B = 2 [HOME-BASED]

PROGRAMMER: VARIATIONS IN TEXT AND APPLICABLE ITEMS BASED ON 'PREGNANT' (ITEMS E, L, M, N)

Source: Adaptation of Strength-Based Practices Inventory (SBPI)

Permissions:

PROGRAMMER: DISPLAY ON FIRST SCREEN FOR THIS SECTION THE FOLLOWING, SHADED GRAY AND IN CAPS: "PLEASE CLICK HERE FOR COPYRIGHT INFORMATION." "HERE" SHOULD BE A HYPERLINK THAT WHEN CLICKED DISPLAYS THE ABOVE COPYRIGHT/PERMISSIONS INFORMATION.

Item title: ParentSatisfactionWithHVs

H3. These next statements are about your experiences during your home visits. Please tell me how much you agree or disagree with each statement where 1 is strongly disagree and 7 is strongly agree. You may pick any number between 1 and 7.

My home visitor... [FILL a – p]. Would you say you strongly disagree, somewhat disagree, neither disagree nor agree, somewhat agree, or strongly agree?

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES.

**Items H3a to H3p are protected under copyright and have been redacted from this instrument.
Source: Strength-Based Practices Inventory (Adapted)**

PROGRAMMER: FOR REMAINING ITEMS IN SECTION, FILL AS FOLLOWS:
 IF PREGNANT=1, DISPLAY “your” ; IF PREGNANT=0, DISPLAY “[CHILD]”
 IF (H0a = 1 AND PRGMOPT = 1) OR (H0a=0 AND (G2.1 = 1 OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 1)])) OR
 H0b = 1 [CENTER-BASED],
 DISPLAY “teacher”
 IF (H0a = 1 AND PRGMOPT = 2) OR (H0a=0 AND (G2.1 = 2 OR [(G2.1 = 99, D, OR R) AND (PRGMOPT = 2)])) OR
 H0b = 2 [HOME-BASED], DISPLAY
 “home visitor”

E4B = 1, 2 (RESPONDENT SPEAKS ENGLISH ‘NOT AT ALL’ OR ‘NOT WELL’)

Source: Baby FACES 2018
 Item title: StaffSpeakstoParentInPreferredLang

H4. Does [your/[CHILD]’s] Early Head Start [teacher/home visitor] speak to you in your preferred language?

YES.....1
 NO.....0
 DON’T KNOW.....d
 REFUSED.....r

E4B = 1, 2 (RESPONDENT SPEAKS ENGLISH ‘NOT AT ALL’ OR ‘NOT WELL’)

Source: Adapted from Baby FACES 2009
 Item title: LangStaffSpeakstoParent

H5. What language does [your/[CHILD]’s] Early Head Start [teacher/home visitor] usually use when talking to you?

INSTRUCTION: ‘ANOTHER LANGUAGE’ CAN INCLUDE SPANISH OR ANY OTHER NON-ENGLISH LANGUAGE.

All English.....5
 More English than another language.....4
 English and another language equally.....3
 More of another language than English.....2
 All in another language.....1

 DON’T KNOW.....d
 REFUSED.....r

H5 = 3, 4, 5 (RESPONDENT DOESN'T SPEAK ENGLISH WELL/AT ALL AND IS SPOKEN TO IN ENGLISH)

Source: Baby FACES 2009
Item title: TranslatorAtProgram

H5a. Did someone translate for you so you could talk with [your/[CHILD]'s] Early Head Start [teacher/home visitor]?

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

H5A = 0 (NO TRANSLATOR PROVIDED)

Source: Baby FACES 2009
Item title: RTroubleUnderstandingStaff

H5a.1. Did you have any trouble understanding [your/[CHILD]'s] Early Head Start [teacher/home visitor]'s English?

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

H5A = 0 (NO TRANSLATOR PROVIDED)

Source: Baby FACES 2009
Item title: StaffTroubleUndertandingR

H5a.2. Did [your/[CHILD]'s] Early Head Start [teacher/home visitor] have any trouble understanding you?

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

I. RESPONDENT HEALTH

The next questions are about your health and health-related behaviors.

ALL

Source: Adapted from Baby FACES 2009

Item title: RHealthIns

- 11. Do you have health insurance for yourself? This can include private insurance, Medicaid [(which may also be known as [STATE MEDICAID AGENCY FROM BOX I1] in your state)], or any other government program that pays for medical care.**

PROGRAMMER: INCLUDE TEXT IN BRACKETS WITH FILL ONLY FOR STATES SHOWING STATE-SPECIFIC PROGRAMS IN BOX I1 AND WHEN RESPONDENT STATE IS NOT MISSING.

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

PREGNANT = 0

Source: Adapted from Baby FACES 2009

Item title: ChHealthIns

- 12. Do you have health insurance for [CHILD]?**

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

PREGNANT = 0

Source: Baby FACES 2009

Item title: ProgramHealthInsHelp

- 13. Has [PROGRAM] Early Head Start helped you find health insurance for [CHILD]?**

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

BOX 11 STATE MEDICAID PROGRAMS			
Alabama		Montana	
Alaska	DenaliCare	Nebraska	
Arizona	Arizona Health Care Cost Containment System	Nevada	
Arkansas		New Hampshire	
California	Medi-Cal	New Jersey	New Jersey FamilyCare
Colorado	Health First Colorado	New Mexico	Centennial Care
Connecticut	HUSKY Health	New York	
Delaware	Diamond State Health Plan	North Carolina	Community Care of North Carolina or Carolina ACCESS
District of Columbia		North Dakota	
Florida		Ohio	
Georgia		Oklahoma	SoonerCare
Hawaii	QUEST Integration	Oregon	Oregon Health Plan
Idaho		Pennsylvania	Medical Assistance or HealthChoices
Illinois		Rhode Island	Rhode Island Medical Assistance Program or RlTe Care
Indiana	Hoosier Healthwise	South Carolina	Healthy Connections
Iowa	Iowa Health Link	South Dakota	
Kansas	KanCare	Tennessee	TennCare
Kentucky		Texas	STAR
Louisiana	Healthy Louisiana	Utah	
Maine	MaineCare	Vermont	Green Mountain Care
Maryland	HealthChoice Program	Virginia	Medallion 3.0
Massachusetts	MassHealth	Washington	Apple Health
Michigan		West Virginia	Mountain Health Trust
Minnesota	Medical Assistance or MinnesotaCare	Wisconsin	BadgerCare Plus
Mississippi		Wyoming	
Missouri	Missouri HealthNet		

THE IC3 SERIES OF QUESTION WERE ASKED ON THE PARENT CHILD REPORT IN 2018.

PREGNANT = 0

Next we would like to learn about your child's health.

I3C1. Which of the following best describes your child's overall health?

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

PREGNANT = 0

I3C2. Does your child have a regular health care provider? This can include a doctor, nurse, or other health care worker.

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

I3C2 = 1 (CHILD HAS HEALTH CARE PROVIDER)

I3C2a. Did your Early Head Start program help you find your child's regular health care provider?

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

PREGNANT = 0

I3C3. How old was your child when they last saw a doctor, nurse, or other health care worker for a well-visit or regular checkup? Please record your child's age in months at the time of the visit.

IF CHILD WAS LESS THAN 1 MONTH OLD, WRITE '01' BELOW

|__|__| MONTHS OLD

DON'T KNOW.....d

REFUSED.....r

PREGNANT = 0

ITEM I3C5 NOT INCLUDED IN VERSION 1 (PARENTS OF CHILDREN NEWBORN TO 7 MONTHS)

I3C5. Has your child ever seen a dentist?

YES..... 1

NO..... 0

DON'T KNOW..... d

REFUSED..... r

ALL

Source: Baby FACES 2009

Item title: RGeneralHealth

I4. [Now thinking about yourself,] (Would/would) you say your health in general is . . .

PROGRAMMER: IF PREGNANT=0, DISPLAY TEXT IN BRACKETS

excellent,..... 1

very good,..... 2

good,..... 3

fair, or..... 4

poor?..... 5

DON'T KNOW..... d

REFUSED..... r

Source: CESD-R. Permissions: Items in this section are from Eaton WW, Muntaner C, Smith C, Tien A, Ybarra M. Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In: Maruish ME, ed. The Use of Psychological Testing for Treatment Planning and Outcomes Assessment. 3rd ed. Mahwah, NJ: Lawrence Erlbaum; 2004:363-377

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

18. Next, I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way in the past week or so.

[FILL ITEM a-t]. Would you say: less than 1 day, 1 to 2 days, 3 to 4 days, 5 to 7 days in the past week, or nearly every day for 2 weeks?

PROGRAMMER: BOLD RESPONSE OPTIONS TEXT FOR FIRST TWO ITEMS AND EVERY 4TH ITEM THEREAFTER. CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES

INSTRUCTION: IF 'NO' OR 'NEVER,' CODE AS LESS THAN 1 DAY

MARK ONE PER ROW

	LESS THAN 1 DAY	1-2 DAYS IN PAST WEEK	3-4 DAYS IN PAST WEEK	5-7 DAYS IN PAST WEEK	NEARLY EVERY DAY FOR 2 WEEKS
a. My appetite was poor	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I could not shake off the blues	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I had trouble keeping my mind on what I was doing	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I felt depressed	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. My sleep was restless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. I felt sad	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I could not get going	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Nothing made me happy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I felt like a bad person	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. I lost interest in my usual activities	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. I slept much more than usual	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. I felt like I was moving too slowly	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. I felt fidgety	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. I wished I were dead	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. I wanted to hurt myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

MARK ONE PER ROW

	LESS THAN 1 DAY	1-2 DAYS IN PAST WEEK	3-4 DAYS IN PAST WEEK	5-7 DAYS IN PAST WEEK	NEARLY EVERY DAY FOR 2 WEEKS
p. I was tired all the time	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. I did not like myself	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. I lost a lot of weight without trying to	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s. I had a lot of trouble getting to sleep	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. I could not focus on important things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

I8_info1.

PROGRAMMER: IF ITEM I8N OR I8O IS GT 0, DISPLAY AFTER ADMINISTRATION OF I8T
Based on some of your responses, it sounds like you may be having a hard time. I'm sorry. At the end of the interview, I can give you a number to call if you feel you need some support.

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

The next few questions are about tobacco, alcohol, and drug use. As a reminder, all of the information you share with me is private and will not be shared with anyone from your program. You do not have to answer any questions that make you feel uncomfortable. Just let me know and I will move on to the next question.

Source: Adapted from Baby FACES 2009
 Item title: TobaccoPast30Days

I5. During the past 30 days, did you or anyone else in your household smoke tobacco, such as cigarettes or cigars?

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

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: New Item
 Item title: VapingPast30Days

I5a. During the past 30 days, have you or anyone else in your household used nicotine "vaping" products, such as e-cigarettes?

- YES..... 1
- NO..... 0
- DON'T KNOW..... d

REFUSED..... r

IF I5 = 1 OR I5A = 1 (SMOKED/VAPED DURING LAST 30 DAYS)

Source: Baby FACES 2018

Item title: ProgramCessationHelp

I5b. Did [PROGRAM] Early Head Start offer resources or support to you or anyone else in your household for reducing or quitting the use of tobacco or nicotine “vaping”?

YES..... 1

NO..... 0

DON'T KNOW..... d

REFUSED..... R

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Adapted from MIHOPE 2 Parent Survey

I5c. The next questions are about drinking alcoholic beverages. By a “drink” we mean a can or bottle of beer, a wine cooler or glass of wine, a shot of liquor, or a mixed drink.

During the past 30 days, how many alcoholic drinks did you have in an average week?

MARK ONE ONLY

- 1 None
- 2 Less than 1 drink
- 3 1 to 3 drinks
- 4 4 to 6 drinks
- 5 7 to 13 drinks
- 6 14 to 19 drinks
- 7 20 or more drinks
- d Don't know

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Adapted from MIHOPE 2 Parent Survey

I5d. In the last 30 days, how many times did you or anyone in your household drink 4 alcoholic drinks or more in one day? Would you say...

MARK ONE ONLY

- 1 6 or more times
- 2 4 to 5 times
- 3 2 to 3 times
- 4 1 time
- 5 Never

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: New item

I5d1. Did Early Head Start offer resources or support to you or anyone else in your household to help reduce or quit drinking alcohol?

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

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Adapted from the National Survey for Drug Use and Health

I5E1. In the past 30 days, have you or has anyone in your household used heroin (smack, horse) or a prescription pain reliever (oxy, percs, vikes) in a way that was not directed by a doctor? By “not directed by a doctor” we mean used without a prescription; used in greater amounts, more often, or longer than prescribed; or used in any other way not prescribed by a doctor.

YES.....	1
NO.....	0
DON'T KNOW.....	d
REFUSED.....	R

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Adapted from the National Survey for Drug Use and Health

I5f1. In the past 30 days have you or has anyone in your household used marijuana (weed, pot) or hashish (hash)?

YES.....	1
NO.....	0
DON'T KNOW.....	d
REFUSED.....	R

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Adapted from the National Survey for Drug Use and Health

I5f2. What about other types of drugs, such as amphetamines (uppers, ice, speed, crystal meth, crank), cocaine (rock, coke, crack), tranquilizers (downers, ludes), hallucinogens (LSD, acid, PCP, angel dust, ecstasy), or sniffing gasoline, glue, or aerosols? Have you or anyone in your household used any of these in the past 30 days?

YES.....	1
NO.....	0
DON'T KNOW.....	d
REFUSED.....	R

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Adapted from MIHOPE 2 Parent Survey

I5g. Did Early Head Start offer resources or support to you or anyone else in your household to help reduce or quit using drugs?

YES.....	1
NO.....	0
DON'T KNOW.....	d

REFUSED..... R

J. SOCIAL SUPPORT AND COMMUNITY ENVIRONMENT

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Healthy Families Parenting Inventory (items from the Social Support subscale) (PROPRIETARY)

Permissions: Items in this section are from the Healthy Families Parenting Inventory, LeCroy & Milligan Associates, Inc., 2004.

PROGRAMMER: DISPLAY ON FIRST SCREEN FOR THIS SECTION THE FOLLOWING, SHADED GRAY AND IN CAPS: "PLEASE CLICK HERE FOR COPYRIGHT INFORMATION." "HERE" SHOULD BE A HYPERLINK THAT WHEN CLICKED DISPLAYS THE ABOVE COPYRIGHT/PERMISSIONS INFORMATION.

Item title: HFPI-SocialSupport

J1. Now I am going to read a list of statements that describes how some people may behave or feel.

For each statement, please tell me the answer that best fits for you.

[FILL ITEM a–e]. Would you say you feel like this 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? PROGRAMMER: BOLD RESPONSE OPTIONS TEXT FOR FIRST TWO ITEMS.

PROGRAMMER: CODE ONLY ONE RESPONSE FOR EACH STATEMENT. ALLOW FOR ENTRY OF DK (D) AND REF (R) RESPONSES.

Items J1a to J1e are protected under copyright and have been redacted from this instrument.

Source: Healthy Families Parenting Inventory (Social Support subscale)

K. NEEDS AND RESOURCES

ALL

Source: Economic Strain Questionnaire (version adapted from FACES) (PROPRIETARY)

Permissions: Items in this section are from Conger, R. D., Ge, X., Elder, G. H., Lorenz, F. O. and Simons, R. L. (1994), Economic Stress, Coercive Family Process, and Developmental Problems of Adolescents. Child Development, 65: 541–561. Version of Record online: 28 JUN 2008 doi:10.1111/j.1467-8624.1994.tb00768.x Blackwell Publishing Limited © 1994 by the Society for Research in Child Development, Inc.

PROGRAMMER: DISPLAY ON FIRST SCREEN FOR THIS SECTION THE FOLLOWING, SHADED GRAY AND IN CAPS: "PLEASE CLICK HERE FOR COPYRIGHT INFORMATION." "HERE" SHOULD BE A HYPERLINK THAT WHEN CLICKED DISPLAYS THE ABOVE COPYRIGHT/PERMISSIONS INFORMATION.

Item title:EconStrain1

K1. Please think about how you feel about your family's economic situation. For each statement, indicate how much you agree or disagree.

[FILL ITEM a-d]. Would you say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

[FILL ITEM a-d].

PROGRAMMER: BOLD RESPONSE OPTIONS TEXT FOR FIRST TWO ITEMS.

PROGRAMMER: CODE ONLY ONE RESPONSE. ALLOW ENTRY OF DK (D) AND REF (R).

Items K1a to K1d are protected under copyright and have been redacted from this instrument.

Source: Economic Strain Questionnaire

ALL

Source: Economic Strain Questionnaire (version adapted from FACES) (PROPRIETARY)

Item title: EconStrain2

K2. This item is protected under copyright and has been redacted from this instrument.

Source: Economic Strain Questionnaire

ALL

Source: Economic Strain Questionnaire (version adapted from FACES) (PROPRIETARY)

Item title: EconStrain3

K3. This item is protected under copyright and has been redacted from this instrument.

Source: Economic Strain Questionnaire

L. INCOME AND HOUSING

ALL

Source: Baby FACES 2009 [SUBITEMS WELFARE, FOOD STAMPS, SSI ARE COMPONENTS OF RISK INDEX]
 Item title: IncomeSupports

**L1. The next questions are about income support you or someone in your household may have received.
 In the past 12 months, did you or anyone in your household receive [INSERT a-g] . . .**

PROGRAMMER: ASK L2 IMMEDIATELY AFTER EACH "YES" RESPONSE TO L1A-G. THEN INTERVIEWER RETURNS TO L1 TO ASK ABOUT REMAINING INCOME SUPPORTS.

PROGRAMMER: INCLUDE FILL IN BRACKETS ONLY FOR STATES SHOWING STATE-SPECIFIC TANF PROGRAMS IN BOX L1B AND WHEN RESPONDENT STATE IS NOT MISSING..

	YES	NO	DON'T KNOW	REFUSED
a. WIC, that is Special Supplemental Food Program for Women, Infants, and Children?	1	0	d	r
b. support from TANF [, [STATE WELFARE AGENCY FROM BOX L1B],] or welfare? PROBE: TANF is also known as the Temporary Assistance for Needy Families program.	1	0	d	r
c. support from unemployment insurance?	1	0	d	r
d. SNAP, that is Supplemental Nutrition Assistance Program, or food stamps?	1	0	d	r
e. SSI or Social Security Retirement, Disability, or Survivor's benefits?	1	0	d	r
f. payments for providing foster care?	1	0	d	r
g. energy assistance?	1	0	d	r

WHERE L1a-g = 1

Source: Baby FACES 2009

Item title: IncomeSupports2

L2a-g. Did [PROGRAM] refer you to another agency for [INSERT a-g]?

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

END LOOP.

BOX L1B
STATE TANF PROGRAMS

Alabama	Family Assistance Program or JOBS Program	Montana	
Alaska	Alaska Temporary Assistance Program	Nebraska	Aid to Dependent Children or Employment First
Arizona	Cash Assistance	Nevada	NEON
Arkansas	Transitional Employment Assistance	New Hampshire	Financial Assistance to Needy Families
California	CalWORKs	New Jersey	Work First New Jersey
Colorado	Colorado Works	New Mexico	New Mexico Works
Connecticut	Temporary Family Assistance or Jobs First Employment Services	New York	Temporary Assistance
Delaware		North Carolina	Work First
District of Columbia		North Dakota	JOBS
Florida	Temporary Cash Assistance	Ohio	Ohio Works First
Georgia		Oklahoma	
Hawaii		Oregon	JOBS
Idaho	Temporary Assistance For Families in Idaho	Pennsylvania	
Illinois		Rhode Island	Rhode Island Works
Indiana	IMPACT	South Carolina	
Iowa	Family Investment Program	South Dakota	
Kansas	Successful Families Program	Tennessee	Families First
Kentucky	K-TAP or Kentucky Transitional Assistance Program	Texas	Choices
Louisiana	Family Independence Temporary Assistance Program or STEP Program	Utah	Family Employment Program
Maine	ASPIRE	Vermont	Reach Up
Maryland	Temporary Cash Assistance	Virginia	VIEW
Massachusetts	Transitional Aid to Families with Dependent Children or Employment Services Program	Washington	Work First
Michigan	Family Independence Program or PATH	West Virginia	West Virginia Works
Minnesota	Minnesota Family Investment Program	Wisconsin	Wisconsin Works
Mississippi		Wyoming	POWER
Missouri	Temporary Assistance or Missouri Work Assistance		

ALL

Source: Baby FACES 2009
Item title: AdultsHHIncome

L3. Including yourself, how many adults contribute to your household income?

____|____| NUMBER (RANGE 01 – 20)
DON'T KNOW..... d
REFUSED..... r

PCRVERSION = 0 (PREGNANT WOMEN NOT RECEIVING A PCR)

Source: Baby FACES 2009
Item title: AmountHHIncome

L4. In the last 12 months, what was the total income of all members of your household from all sources before taxes and other deductions? Please include your own income and the income of everyone living with you. Please include the money you have told me about from jobs and public assistance programs, as well as any sources we haven't discussed, such as rent, interest, and dividends.

\$|____|____|____|,|____|____|____| PER |____|____| CODE
per week, 1 L5
every two weeks, 2 L5
per month, or 3 L5
per year? 4 L5
DON'T KNOW d
REFUSED r

IF L4 = D, R

Source: Baby FACES 2009
Item title: HHIncomeRange

L4a. I just need a range. Was it . . .

\$25,000 or less, 1 L4a.1
or.....
more than 2 L4a.2
\$25,000?.....
DON'T d L5

KNOW.....

REFUSED.....

r L5

.....

IF L4A = 1 (RANGE IS 25,000 OR LESS)

Source: Baby FACES 2009
Item title: HHIncomeRange1

L4a.1. 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

IF L4A = 2 (RANGE IS MORE THAN 25,000)

Source: Baby FACES 2009
Item title: HHIncomeRange2

L4a.2. 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

.....

ALL

Source: Baby FACES 2009
Item title: HousingType1

L5. 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 another family,** 2
 - transitional housing (apartment) or a homeless shelter, or....** 3
 - somewhere else? (SPECIFY)** 99
.....
-
-
-
- DON'T KNOW.....** d
 -
 - REFUSED.....** r
 -

ALL

Source: Baby FACES 2009
Item title: MovedPastYear

L6. Have you moved in the past year?

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

IF L6 = 1 (MOVED IN PAST YEAR)

Source: Baby FACES 2009

Item title: NumberMovesPastYear

L6a. How many times have you moved in the past year?

|_| NUMBER (RANGE 1 – 12)

DON'T KNOW..... d

....

REFUSED..... r

.....

L5 = 1, 2, D, R, 99 (NOT IN TRANSITIONAL HOUSING OR HOMELESS SHELTER)

Source: Baby FACES 2009

Item title: HousingType2

L7. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

OWNS OR IS BUYING HOME OR APARTMENT.....	1
RENTS (WITHOUT PUBLIC ASSISTANCE)	2
PUBLIC OR SUBSIDIZED HOUSING	3
LIVING RENT-FREE IN HOME OF RELATIVES OR FRIENDS	4
SOME OTHER ARRANGEMENT (SPECIFY)	99
<hr/>	
DON'T KNOW.....	d
....	
REFUSED.....	r
.....	

ALL

Source: Adapted from NextGen

Item title: Homeless

L7a. Have you been homeless at any time in the last year? This can include living on the street, in your car, in an abandoned building, in a homeless or domestic violence shelter, or staying at someone else's home because you have nowhere else to go.

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

ALL

Source: Baby FACES 2009
Item title: ProgamHousingHelp

L8. Did [PROGRAM] Early Head Start help you find a place to live?

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

ALL

L9. The COVID-19 pandemic was a significant event that had an impact on the lives of many individuals and families. Are you currently dealing with challenges associated with the COVID-19 pandemic?

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

L10. Now I am going to read you a brief list of challenges that some families may be experiencing due to the COVID-19 pandemic. For each item, please tell me if this is currently a big challenge, somewhat of a challenge, or not a challenge at all.

[READ ITEM]. **How big a challenge is this because of the pandemic?**

PROGRAMMER: ASK L11 IMMEDIATELY AFTER EACH ITEM WHERE RESPONSE IS 1 ("A BIG CHALLENGE") OR 2 ("SOMEWHAT OF A CHALLENGE").

SELECT ONE PER ROW

	A big challenge	Somewhat of a challenge	Not a challenge at all	DON'T KNOW	REFUSED
a) Child care (for example, child care center has reduced the number of hours or days that my child can attend)	1	2	3	d	r
b) Getting the food I need for my family	1	2	3	d	r
c) Employment (for example, trouble finding a job or my income is lower than before the pandemic)	1	2	3	d	r
d) Paying for or finding housing	1	2	3	d	r
e) Health care (for example, lost health insurance, trouble paying my medical bills, or fear of seeking health services due to risk of exposure to COVID-19)	1	2	3	d	r
f) Paying for or finding transportation	1	2	3	d	r
g) Technology (for example, trouble accessing the internet)	1	2	3	d	r
h) Keeping my family safe from COVID-19	1	2	3	d	r
i) Some other challenge (specify)_____	1	2	3	d	r

IF L10A-I = 1 OR 2

L11. Is [PROGRAM] currently providing you with...

PROBE: THIS CAN INCLUDE REFERRALS TO OTHER AGENCIES.

- A lot of support,** 1
- A little support, or.....** 2
- No support in this area?.....** 3
- DON'T KNOW.....** d
- REFUSED.....** r

IF 2 OR MORE ITEMS FROM SET L10A-I = 1 ("A BIG CHALLENGE")

L12. Of the areas you said were a big challenge, which do you consider to be the *biggest* challenge? Is it...

PROGRAMMER: DISPLAY ONLY THOSE ITEMS FROM SET L10A-I = 1.

SELECT ONE ONLY

- Child care.....** 1
- Food.....** 2
- Employment.....** 3
- Housing.....** 4
- Health care.....** 5
- Transportation.....** 6
- Technology.....** 7
- Keeping my family safe from COVID-19.....** 8

I8_info2.

PROGRAMMER: JUST PRIOR TO "THANKS," DISPLAY IF ITEM I8N OR I8O IS GT 0

I mentioned earlier that there is a toll-free helpline that I can give you. This national Lifeline offers free and confidential support for people in distress, and is available 24 hours a day. Please let me know when you are ready to write it down. PAUSE. The number is 1-800-273-8255.

INSERT FINAL SPECS FOR BACK END/SCREENER HERE