

# Community-Based Fathers Program Entrance Survey (Version for Mothers)

Thank you for participating in this program. Throughout the program we will ask you to provide information so that we can better support you, and to help monitor the program's performance. We hope you will answer all the questions asked by program staff or in surveys, but you may skip any questions you do not want to answer. Your answers will be kept private as required by law.

**PRINCIPAL PURPOSE:** The information you provide will be used primarily to (a) provide you with services, (b) monitor and help improve the performance of Healthy Marriage and Responsible Fatherhood (HMRP) programs, and (c) help understand HMRP services and participants across programs.

**ROUTINE USES:** Your information will be kept private and cannot be used against you in any law enforcement action. Your information may be combined with information from other individuals but you will not be personally identifiable. However, there may be circumstances where disclosure of your personal information may be requested; in these cases, processes are in place to further protect your information for such requests. These requests may include: (a) by a congressional office if you ask that office to help obtain a copy of your records; (b) to coordinate and respond to a data security breach; (c) for research or evaluation purposes; (d) for administrative or legal actions; or (e) by contractors supporting the purpose and uses described here, but only on a must know basis in order to perform their duties. Please see the sources below for more information about these routine uses.

**DISCLOSURE:** This request is voluntary. The relevant SORN is 09-80-0361, OPRE Research and Evaluation Project Records.

**AUTHORITY:** 42 U.S.C. 613 - Research, evaluations, and national studies; 42 U.S.C. 628b - National random sample study of child welfare; 42 U.S.C. 1310 - Cooperative research or demonstration projects; 42 U.S.C. 9836 - Designation of Head Start agencies; 42 U.S.C. Subchapter II-B - Child Care and Development Block Grant; and Pub L. No. 110-161, Division G, Title II, Payments to States for the Child Care and Development Block Grant (121 STAT. 2179).

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to support program performance monitoring and program improvement activities for Healthy Marriage and Responsible Fatherhood programs. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. The answers you give will be kept private. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0566 and the expiration date is 04/30/2024. If you have any comments on this collection of information, please contact [Current Point of Contact Name] at [nform2helpdesk@mathematica-mpr.com](mailto:nform2helpdesk@mathematica-mpr.com).

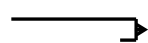
## A. PARENTING AND CO-PARENTING

We would like to get a sense of who you are as a parent. We realize that children are different and may require different parenting.

Questions in this section are about your child—or if you have more than one child, your youngest and oldest children—who is 24 years old or younger.

**A1a.** Do you have any children who are 24 years old or younger? Please include biological children, adopted children, stepchildren, foster children, and any child or youth up to age 24 whom you are actively raising and who is the child of a partner or relative but who is not your biological or legally adopted child.

**SELECT ONE ONLY**

- 1 ☐ Yes, I have one child who is 24 years old or younger 
- 2 ☐ Yes, I have more than one child who is 24 years old or younger
- 3 ☐ No, I have no children 
- 4 ☐ No, all my children are 25 years old or older

**GO  
TO  
A1b**

**GO TO  
B1**

[SOFT CHECK: IF A1a = NO RESPONSE; This question is very important. Please select an answer.]

[ASK IF CHILDREN = I HAVE ONE CHILD; I HAVE MORE THAN ONE CHILD]

**A1b.** What is your youngest child's first name or initials?

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[SOFT CHECK: IF A1b = NO RESPONSE; This question is very important. Please select an answer.]

**A1c.** Is this your biological or legally adopted child?

**SELECT ONE ONLY**

- 1 ☐ Yes, this is my biological child 
- 2 ☐ Yes, this is my legally adopted child
- 3 ☐ No  **GO TO A1d**

**GO TO  
A1e**

[SOFT CHECK: IF A1c = NO RESPONSE; This question is very important. Please select an answer.]

[ASK IF BIOLOGICAL OR LEGALLY ADOPTED CHILD = NO OR A1c = NO RESPONSE]

**A1d.** What is your relationship to [CHILD1]?

**SELECT ONE ONLY**

- 1 ☐ Mother figure to spouse's or partner's biological child
- 2 ☐ Foster mother
- 3 ☐ Relative
- 4 ☐ Other (specify) \_\_\_\_\_

**A1e. How old is [CHILD1]?**

|\_|\_| YEARS OLD OR |\_|\_| MONTHS

[SHOW OPEN-TEXT FIELD AND DROP-DOWN FOR CLIENT TO SELECT MONTHS OR YEARS]

HARD CHECK IF CHILD AGE > 11 MONTHS; Enter age in years for children over 11 months old.

HARD CHECK IF CHILD AGE > 24; Your child's age should be less than 25 years old.

HARD CHECK IF CHILD AGE = 0 OR NON-NUMERIC; Please enter the age of your child in months or years.

SOFT CHECK IF CHILD AGE = NO RESPONSE; Please enter the age of your child in months or years.

**A1f. Does [CHILD1] live with you all or most of the time?**

**SELECT ONE ONLY**

- 1 ☐ Yes, he or she lives with me all or most of the time → **GO TO A3**
- 0 ☐ No, he or she does not live with me all or most of the time → **GO TO A1g**

[SOFT CHECK: IF A1f = NO RESPONSE; This question is very important. Please select an answer.]

IF A1f = NO RESPONSE, GO TO A1g

**A1g. When is the last time you saw [CHILD1]?**

**SELECT ONE ONLY**

- 1 ☐ In the past week } **GO TO A2a**
- 2 ☐ In the past month
- 3 ☐ In the past 6 months
- 4 ☐ In the past year
- 5 ☐ 1 to 2 years ago } **GO TO A2c**
- 6 ☐ More than 2 years ago
- 7 ☐ Never

SOFT CHECK: IF A1g = NO RESPONSE; This question is very important. Please select an answer.

IF A1g = NO RESPONSE, GO TO A2c

**A2a. In the past month, how often did you see [CHILD1]?**

**SELECT ONE ONLY**

- 1 ☐ Every day or almost every day } **GO TO A2b**
- 2 ☐ One to three times a week
- 3 ☐ One to three times in the past month
- 4 ☐ I did not see this child in the past month → **GO TO A2c**

SOFT CHECK: IF A2a = NO RESPONSE; This question is very important. Please select an answer.

IF A2a = NO RESPONSE, GO TO A2c

**A2b. In the past month when you saw [CHILD1], how many hours per day did you usually spend with [CHILD1]? Do not include hours the child is sleeping.**

|\_|\_| HOURS PER DAY

[HARD CHECK: IF A2b > 24; Time must be less than or equal to 24 hours.

HARD CHECK: IF A2b = non-numeric OR A2b < 0; Please enter a number. Time must be less than or equal to 24 hours.]

**A2c. In the past month, how often have you reached out to [CHILD1] even if [CHILD1] did not respond? This includes calling on the phone; sending email, letters, or cards; texting; or using Facebook or FaceTime.**

**SELECT ONE ONLY**

- 1 ☐ Every day or almost every day
- 2 ☐ One to three times a week
- 3 ☐ One to three times in the past month
- 4 ☐ Never in the past month

**A2d. Do you have an agreement with the father of [CHILD1] about spending time with [CHILD1]?**

**SELECT ONE ONLY**

- 1 ☐ Yes, we have a legal document
- 2 ☐ Yes, we have a written agreement that is not court-ordered
- 3 ☐ Yes, we have a verbal understanding
- 4 ☐ No, we have no parenting agreement

**GO TO  
A2e**

**GO  
TO  
A3**

[SOFT CHECK: IF A2e = NO RESPONSE; This question is very important. Please select an answer.]

[IF A2d = NO RESPONSE, THEN A3]

**A2e. How often does [CHILD1]'s father follow the agreement?**

**SELECT ONE ONLY**

- 1 ☐ Always
- 2 ☐ Often
- 3 ☐ Sometimes
- 4 ☐ Never

**A2f. How often do you follow the agreement?**

**SELECT ONE ONLY**

- 1 ☐ Always
- 2 ☐ Often
- 3 ☐ Sometimes
- 4 ☐ Never

[ASK IF LIVES WITH CHILD1 or SAW CHILD1 = IN PAST WEEK OR PAST MONTH]

**A3. Please reflect on the degree to which each of the following statements currently applies to your relationship with your child.**

SELECT ONE RESPONSE PER ROW

|                                                                         | ALWAYS                  | OFTEN                   | SOMETIMES               | RARELY                  | NEVER                   |
|-------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. How often do you feel disappointed with [CHILD1]?.....               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. How often do you wish that [CHILD1] was different?.....              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. How often do you feel proud of [CHILD1]?.....                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. How often do you feel angry or irritated with [CHILD1]?.....         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. How often do you accept [CHILD1] the way he or she is?....           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. How often do you feel you and your child understand each other?..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. How often do you and your child argue and fight?.....                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

[ASK IF LIVES WITH CHILD1 or SAW CHILD1 = IN PAST WEEK OR PAST MONTH]

**A4. Over the past month, did you ...**

SELECT ONE RESPONSE PER ROW

|                                                                                    | YES                     | NO                      |
|------------------------------------------------------------------------------------|-------------------------|-------------------------|
| a. ... hit, spank, grab, or use physical punishment with [CHILD1]?.....            | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. ... yell, shout, or scream at [CHILD1] because you were mad at him or her?..... | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. ... talk to [CHILD1] about what he or she did wrong?.....                       | 1 <input type="radio"/> | 0 <input type="radio"/> |

[ASK IF LIVES WITH CHILD1 or SAW CHILD1 = IN PAST WEEK OR PAST MONTH and CHILD1 AGE > 12 YEARS]

**A5a. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                  | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|--------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you watched TV with [CHILD1]?.....                                             | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you gone for a walk with [CHILD1]?.....                                        | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you had a meal with [CHILD1]?.....                                             | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you gone with [CHILD1] to a park?.....                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you played or assisted [CHILD1] with sports?.....                              | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you watched over or cared for [CHILD1] when other adults were not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you played board games or chess with [CHILD1]?.....                            | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you hugged [CHILD1]?.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you encouraged [CHILD1]?.....                                                  | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| j. How often have you told [CHILD1] you loved him or her?....                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| k. How often have you taught [CHILD1] to make good choices?.....                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF LIVES WITH CHILD1 or SAW CHILD1 = IN PAST WEEK OR PAST MONTH AND CHILD1 AGE > 6 YEARS AND <=12 YEARS]

**A5b. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                     | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you played toys with [CHILD1]?.....                                               | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you had meals with [CHILD1]?.....                                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you hugged [CHILD1]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you watched over or cared for [CHILD1]<br>when other adults were not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you read with [CHILD1]?.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you taught [CHILD1] to take turns or to wait<br>for rewards?.....                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you encouraged [CHILD1]?.....                                                     | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you told [CHILD1] you loved him or her?....                                       | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you talked with [CHILD1]?.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF LIVES WITH CHILD1 or SAW CHILD1 = IN PAST WEEK OR PAST MONTH AND CHILD1 AGE > 1 YEAR AND <= 6 YEARS]

**A5c. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                     | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you played toys with [CHILD1]?.....                                               | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you had meals with [CHILD1]?.....                                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you hugged [CHILD1]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you watched over or cared for [CHILD1]<br>when other adults were not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you played rough-and-tumble or<br>roughhoused with [CHILD1]?.....                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you read with [CHILD1]?.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you taught [CHILD1] to take turns or to wait<br>for rewards?.....                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you encouraged [CHILD1]?.....                                                     | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you told [CHILD1] you loved him or her?....                                       | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| j. How often have you talked with [CHILD1]?.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF LIVES WITH CHILD1 or SAW CHILD1 = IN PAST WEEK OR PAST MONTH AND CHILD1 AGE <= 1 YEAR]

**A5d. Below are some questions about the different types of things you do with your child. Please share how often you have engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                      | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you fed or given a bottle to [CHILD1]?.....                                        | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you praised [CHILD1]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you watched over or cared for [CHILD1] when his or her father was not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you put [CHILD1] to sleep?.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you played toys with [CHILD1]?.....                                                | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you talked to [CHILD1]?.....                                                       | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you hugged [CHILD1]?.....                                                          | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you told [CHILD1] you loved him or her?....                                        | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you sung to [CHILD1]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| j. How often have you read to [CHILD1]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| k. How often have you told stories to [CHILD1]?.....                                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD]

**Now think about your oldest child.**

**A6a. What is this child's first name or initials?**

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[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD]

**A6b. Is this your biological or legally adopted child?**

**SELECT ONE ONLY**

- 1 ☐ Yes, this is my biological child
- 2 ☐ Yes, this is my legally adopted child
- 0 ☐ No

**GO TO  
A6d**

[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD AND BIOLOGICAL OR LEGALLY ADOPTED CHILD = NO OR A6b = NO RESPONSE]

**A6c. What is your relationship to [CHILD2]?**

**SELECT ONE ONLY**

- 1 ☐ Mother figure to spouse's or partner's biological child
- 2 ☐ Foster mother
- 3 ☐ Relative
- 4 ☐ Other (*specify*) \_\_\_\_\_

[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD]

**A6d. How old is [CHILD2]?**

|\_|\_| YEARS OLD OR |\_|\_| MONTHS

[SHOW OPEN-TEXT FIELD AND DROP-DOWN FOR CLIENT TO SELECT MONTHS OR YEARS]

HARD CHECK IF CHILD AGE > 11 MONTHS; Enter age in years for children over 11 months old.

HARD CHECK IF CHILD AGE > 24; Your child's age should be less than 25 years old.

HARD CHECK IF CHILD AGE = 0 OR NON-NUMERIC; Please enter the age of your child in months or years.

SOFT CHECK IF CHILD AGE = NO RESPONSE; Please enter the age of your child in months or years.

**A7. Does [CHILD2] live with you all or most of the time?**

**SELECT ONE ONLY**

- 1 ☐ Yes, he or she lives with me all or most of the time → **GO TO A9**
- 0 ☐ No, he or she does not live with me all or most of the time → **GO TO A8a**

SOFT CHECK: IF A8 = NO RESPONSE; This question is very important. Please select an answer.

IF A8 = NO RESPONSE, GO TO A9a

**A8a. When is the last time you saw [CHILD2]?**

**SELECT ONE ONLY**

- 1 ☐ In the past week
  - 2 ☐ In the past month
  - 3 ☐ In the past 6 months
  - 4 ☐ In the past year
  - 5 ☐ 1 or 2 years ago
  - 6 ☐ More than 2 years ago
  - 7 ☐ Never
- G**
- GO TO A8d**

SOFT CHECK: IF A8a = NO RESPONSE; This question is very important. Please select an answer.

[IF A8a = NO RESPONSE, GO TO A8d]

**A8b. In the past month, how often did you see [CHILD2]?**

**SELECT ONE ONLY**

- 1 ☐ Every day or almost every day
  - 2 ☐ One to three times a week
  - 3 ☐ One to three times in the past month
  - 4 ☐ I did not see this child in the past month → **GO TO A8d**
- GO TO A8c**

SOFT CHECK: IF A8b = NO RESPONSE; This question is very important. Please select an answer.

[IF A8b = NO RESPONSE, GO TO A8d]

**A8c. In the past month when you saw [CHILD2], how many hours per day did you usually spend with [CHILD2]? Do not include hours the child is sleeping.**

|\_|\_| HOURS PER DAY

[HARD CHECK: IF A8c > 24; Time must be less than or equal to 24 hours.]

HARD CHECK: IF A8c = non-numeric OR A8c < 0; Please enter a number. Time must be less than or equal to 24 hours.]

**A8d. In the past month, how often have you reached out to [CHILD2] even if [CHILD2] did not respond? This includes calling on the phone; sending email, letters, or cards; texting; or using Facebook or FaceTime.**

**SELECT ONE ONLY**

- 1 ☐ Every day or almost every day
- 2 ☐ One to three times a week
- 3 ☐ One to three times in the past month
- 4 ☐ Never in the past month

**A8e. Do you have an agreement with the father of [CHILD2] about spending time with [CHILD2]?**

**SELECT ONE ONLY**

- 1 ☐ Yes, we have a legal document
- 2 ☐ Yes, we have a written agreement that is not court-ordered
- 3 ☐ Yes, we have a verbal understanding
- 4 ☐ No, we have no parenting agreement → **GO TO A9**

**GO TO  
A8f**

SOFT CHECK: IF A8f = NO RESPONSE; This question is very important. Please select an answer.

[IF A8e = NO RESPONSE, THEN A9]

**A8f. How often does [CHILD2]'s father follow the agreement?**

**SELECT ONE ONLY**

- 1 ☐ Always
- 2 ☐ Often
- 3 ☐ Sometimes
- 4 ☐ Never

**A8g. How often do you follow the agreement?**

**SELECT ONE ONLY**

- 1 ☐ Always
- 2 ☐ Often
- 3 ☐ Sometimes
- 4 ☐ Never

[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD AND IF LIVES WITH CHILD2 or SAW CHILD2 = IN PAST WEEK OR PAST MONTH]

**A9. Please reflect on the degree to which each of the following statements currently applies to your relationship with your child.**

**SELECT ONE RESPONSE PER ROW**

|                                                                         | ALWAYS                  | OFTEN                   | SOMETIMES               | RARELY                  | NEVER                   |
|-------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. How often do you feel disappointed with [CHILD2]?.....               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. How often do you wish that [CHILD2] was different?.....              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. How often do you feel proud of [CHILD2]?.....                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. How often do you feel angry or irritated with [CHILD2]?.....         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. How often do you accept [CHILD2] the way he or she is?....           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. How often do you feel you and your child understand each other?..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. How often do you and your child argue and fight?.....                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD AND IF LIVES WITH CHILD2 or SAW CHILD2 = IN PAST WEEK OR PAST MONTH]

**A10. Over the past month, did you ...**

SELECT ONE  
RESPONSE PER ROW

|                                                                               | YES                     | NO                      |
|-------------------------------------------------------------------------------|-------------------------|-------------------------|
| a. ... hit, spank, grab, or use physical punishment with [CHILD2]?.....       | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. ... yell, shout, or scream at [CHILD2] because you were mad at him/her?... | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. ... talk to [CHILD2] about what he or she did wrong?.....                  | 1 <input type="radio"/> | 0 <input type="radio"/> |

[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD AND IF LIVES WITH CHILD2 or SAW CHILD2 = IN PAST WEEK OR PAST MONTH AND CHILD2 AGE > 12]

**A11a. Below are some questions about the different types of things you do with your child follow. Please share how often have you engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                  | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|--------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you watched TV with [CHILD2]?.....                                             | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you gone for a walk with [CHILD2]?.....                                        | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you had a meal with [CHILD2]?.....                                             | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you gone with [CHILD2] to a park?.....                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you played or assisted [CHILD2] with sports?.....                              | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you watched over or cared for [CHILD2] when other adults were not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you played board games or chess with [CHILD2]?.....                            | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you hugged [CHILD2]?.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you encouraged [CHILD2]?.....                                                  | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| j. How often have you told [CHILD2] you loved him or her?....                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| k. How often have you taught [CHILD2] to make good choices?.....                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF LIVES WITH CHILD2 or SAW CHILD2 = IN LAST WEEK OR LAST MONTH AND CHILD2 AGE > 6 YEARS AND <=12 YEARS]

**A11b. Below are some questions about the different types of things you do with your child. Please share how often have you engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                     | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you played toys with [CHILD2]?.....                                               | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you had meals with [CHILD2]?.....                                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you hugged [CHILD2]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you watched over or cared for [CHILD2]<br>when other adults were not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you read with [CHILD2]?.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you taught [CHILD2] to take turns or to wait<br>for rewards?.....                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you encouraged [CHILD2]?.....                                                     | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you told [CHILD2] you loved him or her?....                                       | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you talked with [CHILD2]?.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF LIVES WITH CHILD2 or SAW CHILD2 = IN PAST WEEK OR PAST MONTH AND CHILD2 AGE > 1 YEAR AND <= 6 YEARS]

**A11c. Below are some questions about the different types of things you do with your child. Please share how often have you engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                     | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|-----------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you played toys with [CHILD2]?.....                                               | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you had meals with [CHILD2]?.....                                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you hugged [CHILD2]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you watched over or cared for [CHILD2]<br>when other adults were not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you played rough-and-tumble or<br>roughhoused with [CHILD2]?.....                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you read with [CHILD2]?.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you taught [CHILD2] to take turns or to wait<br>for rewards?.....                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you encouraged [CHILD2]?.....                                                     | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you told [CHILD2] you loved him/her?.....                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| j. How often have you talked with [CHILD2]?.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF LIVES WITH CHILD2 or SAW CHILD2 = IN PAST WEEK OR PAST MONTH AND CHILD2 AGE <= 1 YEAR]

**A11d. Below are some questions about the different types of things you do with your child. Please share how often have you engaged in the following activities during the last month (30 days).**

SELECT ONE RESPONSE PER ROW

|                                                                                                      | NEVER                   | 1 TO 2<br>DAYS<br>PER<br>MONTH | 3 OR 4<br>DAYS<br>PER<br>MONTH | 2 OR 3<br>DAYS<br>PER<br>WEEK | EVERY<br>DAY OR<br>ALMOST<br>EVERY<br>DAY |
|------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------------------|
| a. How often have you fed or given a bottle to [CHILD2]?.....                                        | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| b. How often have you praised [CHILD2]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| c. How often have you watched over or cared for [CHILD2] when his or her father was not around?..... | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| d. How often have you put [CHILD2] to sleep?.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| e. How often have you played toys with [CHILD2]?.....                                                | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| f. How often have you talked to [CHILD2]?.....                                                       | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| g. How often have you hugged [CHILD2]?.....                                                          | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| h. How often have you told [CHILD2] you loved him or her?....                                        | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| i. How often have you sung to [CHILD2]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| j. How often have you read to [CHILD2]?.....                                                         | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |
| k. How often have you told stories to [CHILD2]?.....                                                 | 1 <input type="radio"/> | 2 <input type="radio"/>        | 3 <input type="radio"/>        | 4 <input type="radio"/>       | 5 <input type="radio"/>                   |

[ASK IF CHILDREN = I HAVE MORE THAN ONE CHILD AND IF LIVES WITH CHILD2 or SAW CHILD2 = IN PAST WEEK OR PAST MONTH]

**A12. In the past month, how often have you felt overwhelmed by your parenting responsibilities?**

SELECT ONE ONLY

- 1 ☐ Never
- 2 ☐ Hardly ever
- 3 ☐ Sometimes
- 4 ☐ Often

[ASK IF CHILDREN = ONE CHILD OR MORE THAN ONE CHILD AGE 24 OR YOUNGER]

**A13. Thinking about [CHILD1], how much do you agree or disagree with each of the statements below?**

SELECT ONE RESPONSE PER ROW

|                                                                                                             | STRONGLY<br>DISAGREE    | DISAGREE                | NEUTRAL                 | AGREE                   | STRONGLY<br>AGREE       |
|-------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. The father of [CHILD1] contradicts the decisions I made about [CHILD1].....                              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. The father of [CHILD1] makes negative comments, jokes, or sarcastic comments about the way I parent..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. The father of [CHILD1] undermines me as a mother.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. The father of [CHILD1] and I discuss the best way to meet [CHILD1]'s needs.....                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. The father of [CHILD1] and I share information about [CHILD1] with each other.....                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. The father of [CHILD1] and I make joint decisions about [CHILD1].....                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. The father of [CHILD1] and I try to understand where each other is coming from.....                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| h. The father of [CHILD1] and I respect each other's decisions made about [CHILD1].....                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| i. The father of [CHILD1] makes it hard for me to spend time with [CHILD1].....                             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| j. The father of [CHILD1] makes it hard for me to talk with [CHILD1].....                                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| k. The father of [CHILD1] tells [CHILD1] what he or she is allowed and not allowed to say to me.....        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

[ASK IF CHILDREN = MORE THAN ONE CHILD AGE 24 OR YOUNGER]

**A14. Thinking about [CHILD2], how much do you agree or disagree with each of the statements below?**

SELECT ONE RESPONSE PER ROW

|                                                                                                             | STRONGLY<br>DISAGREE    | DISAGREE                | NEUTRAL                 | AGREE                   | STRONGLY<br>AGREE       |
|-------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. The father of [CHILD2] contradicts the decisions I made about [CHILD2].....                              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. The father of [CHILD2] makes negative comments, jokes, or sarcastic comments about the way I parent..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. The father of [CHILD2] undermines me as a mother.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. The father of [CHILD2] and I discuss the best way to meet [CHILD2]'s needs.....                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. The father of [CHILD2] and I share information about [CHILD2] with each other.....                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. The father of [CHILD2] and I make joint decisions about [CHILD2].....                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. The father of [CHILD2] and I try to understand where each other is coming from.....                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| h. The father of [CHILD2] and I respect each other's decisions made about [CHILD2].....                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| i. The father of [CHILD2] makes it hard for me to spend time with [CHILD2].....                             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| j. The father of [CHILD2] makes it hard for me to talk with [CHILD2].....                                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| k. The father of [CHILD2] tells [CHILD2] what he or she is allowed and not allowed to say to me.....        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

[ASK IF CHILDREN = MORE THAN ONE CHILD AGE 24 OR YOUNGER]

**A15. Do [CHILD1] and [CHILD2] have the same father?**

SELECT ONE ONLY

- 1 ☐ Yes, they have the same father  
 0 ☐ No, they have different fathers

## B. ECONOMIC STABILITY

[ASK ALL]

**B1. How much do you agree or disagree with each of the statements below?**

SELECT ONE RESPONSE PER ROW

|                                                                                            | STRONGLY<br>AGREE       | AGREE                   | DISAGREE                | STRONGLY<br>DISAGREE    | NOT<br>APPLICABLE       |
|--------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. I would like to learn new job skills.....                                               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. I know where to find job openings.....                                                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. I know how to apply for a job.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. I feel confident in my ability to conduct an effective job search for a job I want..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. I feel confident in my interviewing skills.....                                         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

[ASK ALL]

**B2. Do you have an updated resume that you can give to employers?**

SELECT ONE ONLY

- 1 ☐ Yes  
0 ☐ No

[ASK ALL]

**B3a. Do you have a checking account?**

SELECT ONE ONLY

- 1 ☐ Yes  
0 ☐ No

[ASK ALL]

**B3b. Do you have a savings account?**

SELECT ONE ONLY

- 1 ☐ Yes  
0 ☐ No

[ASK ALL]

**B4. How often do you find it difficult to pay your bills?**

SELECT ONE ONLY

- 1 ☐ Never  
2 ☐ Once in a while  
3 ☐ Somewhat often  
4 ☐ Very often

[ASK IF CHILD1 LIVES WITH = 'No, he or she does not live with me all or most of the time' OR IF CHILD2 LIVES WITH = 'No, he or she does not live with me all or most of the time']

**B5. Do you have a legal arrangement or child support order that requires you to provide financial support for ANY of your children that do not live with you all or most of the time?**

**SELECT ONE ONLY**

- ☐ 1 Yes
- ☐ 0 No
- ☐ d I don't know

[ASK ALL]

**B6. Is there someone you could turn to, such as a friend or family member, if you suddenly needed to borrow money?**

**SELECT ONE ONLY**

- ☐ 1 Yes
- ☐ 0 No
- ☐ d I don't know

## C. RELATIONSHIPS/MARRIAGE

[ASK ALL]

**C1. How much do you agree or disagree with the following statements?**

SELECT ONE RESPONSE PER ROW

|                                                                | STRONGLY<br>AGREE       | AGREE                   | DISAGREE                | STRONGLY<br>DISAGREE    |
|----------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. It is better for children if their parents are married..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Living together is just the same as being married.....      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

[ASK ALL]

**C2. What is your current marital status?**

**SELECT ONE ONLY**

- 1 ☐ Married
  - 2 ☐ Engaged
  - 3 ☐ Separated
  - 4 ☐ Divorced
  - 5 ☐ Widowed
  - 6 ☐ Never married
- GO TO C4**
- GO TO C3**

[SOFT CHECK IF C2 = NO RESPONSE; This question is very important. Please select an answer.]

[ASK IF MARITAL STATUS = SEPARATED, DIVORCED, WIDOWED, NEVER MARRIED OR NO RESPONSE]

**C3. What is your current partner status?**

**SELECT ONE ONLY**

- 1 ☐ No current partner (unpartnered) → **GO TO D1**
- 2 ☐ I am romantically involved or in a committed relationship with someone on a steady basis
- 3 ☐ I am involved in an on-again and off-again relationship

[SOFT CHECK IF C3 = NO RESPONSE; This question is very important. Please select an answer.]

IF C3 = NO RESPONSE, GO TO D1.

**C4. How much of the time do you live with your current partner?**

**SELECT ONE ONLY**

- 1 ☐ All of the time
- 2 ☐ Most of the time
- 3 ☐ Some of the time
- 4 ☐ None of the time

**C5. How satisfied are you with your current relationship?**

**SELECT ONE ONLY**

- 1 ☐ Very satisfied
- 2 ☐ Somewhat satisfied
- 3 ☐ Not satisfied

## D. PERSONAL DEVELOPMENT

[ASK ALL]

**D1. This question is about feelings you may have experienced recently. During the past 30 days, how often have you felt ...**

SELECT ONE RESPONSE PER ROW

|                                                       | NONE OF THE TIME        | A LITTLE OF THE TIME    | SOME OF THE TIME        | MOST OF THE TIME        | ALL OF THE TIME         |
|-------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Nervous?.....                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. Hopeless?.....                                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. Restless or fidgety?.....                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. So depressed that nothing could cheer you up?..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. That everything was an effort?.....                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. Worthless?.....                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

[ASK ALL]

**D2. How much do you agree or disagree with the following statements?**

SELECT ONE RESPONSE PER ROW

|                                                                                                 | STRONGLY AGREE          | AGREE                   | DISAGREE                | STRONGLY DISAGREE       |
|-------------------------------------------------------------------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| a. I have little control over the things that happen to me.....                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. I have hope when I think about my future.....                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. I wouldn't know where to go for help if I had money troubles.....                            | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. I have others who will listen when I need to talk about my problems or when I am lonely..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. I have people I can count on if I am feeling down.....                                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. If there is a crisis, I have others I can talk to.....                                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

**Thank you for completing this survey!**