

**TIES Nine Month Follow-up Survey**  
**DRAFT UPDATED: April 5,2024**

Welcome to the Fatherhood TIES Check-In Survey. You enrolled in the Fatherhood TIES study when also enrolling in [PROGRAM NAME] offered at [SITE PROGRAM NAME] about nine months ago, on [RA DATE]. The purpose of the study is to learn more about fathers who enroll in fatherhood programs and how these types of services help different families. We thank you for agreeing to participate and truly appreciate your input!

We are following up with you to ask about how you are doing. We would also like to learn more about your relationships with your children and family members. These questions will take about 30 minutes to complete.

Before you begin, there are a few things we want you to know:

- o There are no right or wrong answers to these questions. The things you tell us are very important, so please be as accurate as possible.
- o Your participation is completely voluntary, but very important. You cannot be replaced in the study.
- o You can choose “Not sure” or “Prefer not to say” to any question you don’t want to answer.
- o You may stop at any time and return to where you left off later.
- o You may go back to earlier questions to change your answers.
- o All of the information you provide will be kept private. We will use ID numbers instead of names when working with data. All of the study results will be reported for groups of fathers. No results will be analyzed or reported for individuals.

We would like to thank you for completing this brief survey by sending **you a \$30 gift card** (for example, to Amazon, Target, Wal-Mart, etc.).

If you have any questions about the study or the survey, you can email us at [fatherhoodties@mdrc.org](mailto:fatherhoodties@mdrc.org) or call a member of our study team toll-free at 866 296 9644.

## Section A: Background and Family Information

When you joined the program about 9 months ago, you completed a survey asking questions about you and your family, specifically your youngest child. This survey asks similar questions. Like for the survey you completed when joining the program, the survey also asks questions about your relationship with your child, and your child's other parent. Finally, the survey will ask questions about child support and your well-being. Your information will be kept private and will not be shared outside the research team.

A1. First, we need to confirm some basic information about you and your youngest child. You provided some information about your background when you enrolled in [PROGRAM NAME].

Our records have your first name listed as [INSERT FIRST NAME]. Is that correct?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

[IF A1 = 0]

A1a. [IF PHONE] How do you spell your first name?

[IF PHONE AND IF RESPONDENT DOESN'T KNOW HOW TO SPELL FIRST NAME] What is your first name?

INTERVIEWER INSERTS APPROXIMATION OF FIRST NAME SPELLING BASED ON RESPONSE.

[IF PHONE AND IF RESPONDENT REFUSED TO SPELL FIRST NAME] That's OK - let's go to the next question.

[IF WEB] What is your first name?

[OPEN END]

- <sub>99</sub> Prefer not to say

A2. Our records have your last name listed as [INSERT LAST NAME]: Is that correct?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

[IF A2 = 0]

A2a. [IF PHONE] How do you spell your last name?

[IF RESPONDENT DOESN'T KNOW HOW TO SPELL LAST NAME] What is your last name? INTERVIEWER INSERTS APPROXIMATION OF LAST NAME SPELLING BASED ON RESPONSE.

[IF RESPONDENT REFUSED TO SPELL LAST NAME]: That's OK - let's go to the next question.

[IF WEB] What is your last name?]

[OPEN END]

- <sub>99</sub> Prefer not to say

A3. To confirm we are speaking with the correct person, could you please provide your date of birth?

[MONTH]

[DAY]

[YEAR]

- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

[PROGRAMMER: Please compare date of birth entered with date of birth in the sample file. If month, day and year match, go to A4.

If any doesn't match, go to A3A.]

A3A. That doesn't match our records. Let's try one more time. To confirm we are speaking with the correct person, could you please provide your date of birth?

[MONTH]

[DAY]

[YEAR]

88 Not sure

99 Prefer not to say

[PROGRAMMER: Please compare date of birth entered with date of birth in the sample file. If month, day and year match, go to A4.

If Month and Year match, mark PARTIALDOBMATCH=1 and go to A4.

If Month and day match, mark PARTIALDOBMATCH=2 and go to A4.

If Day and Year match, mark PARTIALDOBMATCH=3 and go to A4.

If none of Month, Day or Year match, go to DOBEND.

PROGRAMMING FOR PARTIALDOBMATCH:

1- Month and year matched

2- Month and day matched

3- Day and year matched]

DOBEND. I'm sorry, but the information does not match our records. To be sure we are talking with the correct person, we will confirm the information with the project team and get back to you by phone or email soon.

Thank you for your time. Goodbye.

A4. You enrolled in the [PROGRAM NAME] on [RADATE]. Have you had any children since you enrolled in the study?

- 1 Yes
- 0 No
- 88 Not sure
- 99 Prefer not to say

[IF A4 = 1]

A4a. How many children have you had since you enrolled in the study on [RADATE]?

[INSERT NUMBER]

- 88 Not sure
- 99 Prefer not to say

A4b. We'll ask you some questions about one child in your family. Even if you have multiple children, we will only ask you about one of them. Specifically, we would like to ask about your youngest living child. We also asked you about the youngest living child in the survey you took when you joined the program, about 9 months ago.

What is your youngest living child's name? You can share a nickname if you'd prefer.

[COLLECT NAME]

- 99 Prefer not to say

A5. What is your relationship to [INSERT CHILD NAME from A4b]/[IF A4b=99, insert "your youngest child"]?  
(SELECT ONLY ONE)

**[IF PHONE]** DON'T READ ALL ANSWER CHOICES; CODE THE APPROPRIATE ANSWER BASED ON CAREGIVER'S RESPONSE

- 1 Birth father
- 2 Adoptive father [SKIP to A7]
- 3 Foster father [SKIP to A7]
- 4 Stepfather [SKIP to A7]
- 5 Grandfather [SKIP to A7]
- 6 Any other father figure (specify) [SKIP to A7]

[ASK A6 IF A5 = 1 OTHERWISE SKIP TO A7]

A6. Has your legal paternity been established? That is, are you named on the birth certificate for [NAME OF CHILD/your youngest child], did you sign any document that identifies you as the legal father of [NAME OF CHILD]/your youngest child or has the court ruled that you are their father?

- 1 Yes, legal paternity
- 0 No
- 88 Not sure
- 99 Prefer not to say

A7. What is [INSERT CHILD NAME]/your youngest child's birth date?

[MM/DD/YYYY]

- 88 Not Sure

99 Prefer not to say

A8. What is [INSERT CHILD NAME]/your youngest child's sex?

1 Male

2 Female

99 Prefer not to say

## Section B: Father Involvement

The next set of questions is about your relationship with [INSERT NAME]/your youngest child].

We know that you may have more than one child. But to keep the length of the survey manageable you only need to think about [INSERT NAME]/your youngest child when you answer the next set of questions.

B1. Please think about your responsibilities caring for [NAME OF CHILD/your youngest child] during the past month. How many nights per week did [NAME OF CHILD/your youngest child] typically sleep at your home?

- <sub>1</sub> Every night or almost every night
- <sub>2</sub> 4 nights per week
- <sub>3</sub> 3 nights per week [SKIP TO B4]
- <sub>4</sub> 1 or 2 nights per week [SKIP TO B4]
- <sub>6</sub> 2 or 3 nights in the past month [SKIP TO B4]
- <sub>7</sub> Once in the past month [SKIP TO B4]
- <sub>8</sub> Not at all [SKIP TO B4]
- <sub>88</sub> Not sure [SKIP TO B4]
- <sub>99</sub> Prefer not to say [SKIP TO B4]

[ASK B2 IF B1 = 1 or 2 (father lives with the child) OTHERWISE SKIP TO B4]

B2. Do you and [NAME OF CHILD/your youngest child] live with [NAME OF CHILD/your youngest child]'s other parent most or all of the time? The child's other parent might be their biological mother or another primary caregiver.

- <sub>1</sub> Yes
- <sub>0</sub> No [SKIP TO B4]
- <sub>88</sub> Not sure [SKIP TO B4]
- <sub>99</sub> Prefer not to say [SKIP TO B4]

[ASK B3 IF B2 = 1]

B3. Would you say [CHILD]'s other parent is...

- <sub>1</sub> [CHILD]'s biological mother,
- <sub>2</sub> [CHILD]'s adoptive parent,
- <sub>3</sub> My spouse or romantic partner,
- <sub>4</sub> [CHILD]'s grandparent,
- <sub>5</sub> Or would you describe their relationship in another way? (Specify)
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

[ASK B4 IF B2 = 2, 88, 99 (father lives with child but not the coparent) OR IF B1 >2 (father doesn't live with child) ]

B4. Which of the following best describes [NAME OF CHILD/your youngest child]'s other parent? You can think about the other parent as the biological mother or another primary caregiver. Select the best response from the options provided below.

- 1 [CHILD]'s biological mother
- 2 [CHILD]'s adoptive parent(s)
- 3 [CHILD]'s foster family
- 4 [CHILD]'s grandparent(s)
- 5 Other adult relative(s) of [CHILD]
- 6 [CHILD] doesn't have another parent
- 7 Or would you describe their relationship in another way? (Specify)
- 88 Not sure
- 99 Prefer not to say

[ASK B5 IF B4=1,2,4,5,7,88,OR 99]

B5. Does [NAME OF CHILD/your youngest child] live with their other parent most or all of the time?

- 1 Yes
- 0 No
- 88 Not sure
- 99 Prefer not to say

[ASK B6 IF B4=1,2,3,4,5,7,88 OR 99]

B6. What is the first name of [NAME OF CHILD/your youngest child]'s other parent? You can share a nickname if you'd prefer.

[OPEN END]

- 99 Prefer not to say

SKIP B7 IF B2 = 1 (FATHER LIVES WITH OTHER PARENT AND CHILD)

B7. Do you have an agreement with [OTHER PARENT] about spending time with [NAME OF CHILD]/your youngest child]? 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
- 88 Not sure
- 99 Prefer not to say

B8. In general, how satisfied are you with the amount of time you spend with [NAME OF CHILD]/your youngest child?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not satisfied
- 88 Not sure
- 99 Prefer not to say

B9. How close do you feel to [NAME OF CHILD]/your youngest child?

- 1 Very close
- 2 Somewhat close
- 3 Not very close
- 88 Not sure
- 99 Prefer not to say

## Section C: Parenting and Parent-Child Relationship Quality

The next set of questions aims to gather information about parenting. Please answer the questions as best you can. As a reminder, no one will see your answers to these questions and they will not be shared outside the research team. If you do not want to answer a question, you can choose “Prefer not to say.”

### Nurturing Activities

[Source: Parenting Practices Questionnaire, from PACT tech appendix]

C1. Thinking about [NAME OF CHILD]/your youngest child, how often do you...

[PROGRAMMER: Calculate child age from A7. IF child age = 0 TO 3, ONLY ANSWER C1a AND C1b. IF child age = 4 or older or child age unknown, ANSWER ALL FOUR: C1a – C1d]

	Never	Once in a while	Somewhat often	Very often	Not sure	Prefer not to say
C1a. Show patience with [NAME OF CHILD] /your youngest child when they are upset?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C1b. Praise [NAME OF CHILD]/your youngest child for behaving well or meeting a goal?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C1c. Talk to [NAME OF CHILD]/your youngest child about how things are going at childcare, work, or school?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C1d. Encourage [NAME OF CHILD] /your youngest child to talk about their feelings?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

### Non-Violent and Harsh Discipline

[Source: Parent-Child Conflict Tactics Scale]

C2. This is a list of things that parents sometimes do and that you may have done in the past. When answering the questions we would like you to think about the time since you enrolled in [PROGRAM NAME] on [RA date]. For each situation, please indicate whether you have done it once since enrollment; twice since enrollment; 3 to 5 times, 6 to 10 times, 11 to 20 times, or more than 20 times since enrollment. If you have not done it since enrollment, but have done it before then, then choose that option. If you have not done the behavior at all, even before enrollment, then please select ‘None.’

	Once	Twice	3-5 times	6-10 times	11-20 times	More than 20 times	Not since enrollment, but before then	None	Not sure	Prefer not to say
C2a. You explained to [NAME OF CHILD]/your child why something was wrong.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

	Once	Twice	3-5 times	6-10 times	11-20 times	More than 20 times	Not since enrollment, but before then	None	Not sure	Prefer not to say
C2b. You put [NAME OF CHILD]/your child in “time out” or sent your child to their room.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C2c. You gave [NAME OF CHILD]/your child something else to do instead of what they were doing wrong.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C2d. You took away privileges or grounded [NAME OF CHILD]/your child.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C2e. You shouted, yelled, or screamed at [NAME OF CHILD]/your child.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C2f. You spanked [NAME OF CHILD]/your child with your hand when they did something wrong.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

### Parent-Child Relationship Quality

[Pianta, 1992 – Parent-Child Relationship Scale – closeness subscale - from the NICHD SECCYD and Fatherhood Research Practice Network Measurement Resources]

C3. The next set of questions are about your relationship with [NAME OF CHILD]/your youngest child]. How much do each of the following statements apply to your relationship with [NAME OF CHILD] /your youngest child? There are no right or wrong answers to this question. We are interested in how you feel about this.

	Definitely does not apply	Does not really apply	Not sure	Applies somewhat	Definitely applies	Prefer not to say
C3a. I share an affectionate, warm relationship with my child.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3b. If upset, my child will seek comfort from me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>

	Definitely does not apply	Does not really apply	Not sure	Applies somewhat	Definitely applies	Prefer not to say
C3c. My child values their relationship with me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3d. When I praise my child, they beam with pride.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3e. My child spontaneously shares information about themselves.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3f. My child tries to please me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3g. It is easy to be in tune with what my child is feeling.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3h. I've noticed my child copying my behavior or way of doing things.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3i. My child openly shares their feelings and experiences with me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
C3j. My interactions with my child make me feel effective and confident as a parent.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>

### Parenting Stress Index Short Form (Whiteside-Mansell et al., 2007)

C4 Having a child can sometimes be stressful. The next set of questions contains statements about how stressful having a child has been for you and the ways in which you have had to adjust your life. Thinking about your relationship with **[INSERT CHILD NAME]/your youngest child**, please mark if you strongly disagree, mildly disagree, mildly agree, or strongly agree with each of the following statements.

	Strongly disagree	Mildly disagree	Mildly agree	Strongly agree	Not sure	Prefer not to say
C4a. You find yourself giving up more of your life to meet your child's needs than you ever expected.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4b. You feel trapped by your	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

	Strongly disagree	Mildly disagree	Mildly agree	Strongly agree	Not sure	Prefer not to say
responsibilities as a parent						
C4c. Since having your child, you have been unable to do new and different things	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4d. Since having your child, you feel that you are almost never able to do things that you like to do	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4e. Having your child has caused more problems than you expected in your romantic relationship(s).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4f. Your child rarely does things for you that make you feel good	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4g. Most times you feel that your child does not like you and does not want to be close to you	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4h. Your child smiles at you much less than you expected	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4i. When you do things for your child, you get the feeling that your efforts are not appreciated very much	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4j. You expected to have closer and warmer feelings for your child than you do and this bothers you	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
C4k. Sometimes your child does things that bother you just to be mean	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

## Section D: Co-parenting Relationship

The next set of questions is about your relationship with [INSERT CHILD NAME]/your youngest child's other parent]. These questions are designed so that anyone should be able to answer them, regardless of their relationship with their co-parent.

[IF B2 = 1 (FATHER LIVES WITH OTHER PARENT) SKIP TO D2]

[IF B4 = 6 [CHILD] doesn't have another parent SKIP to Section E]

D1. About how often do you speak directly with [OTHER PARENT]/ your youngest child's other parent in-person, over the phone, on FaceTime or video call, or through text message?

- <sub>1</sub> Every day
- <sub>2</sub> 3 – 4 times per week
- <sub>3</sub> 1 – 2 times per week
- <sub>4</sub> Every other week
- <sub>5</sub> Once a month
- <sub>6</sub> Less than once a month
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

### Constructive Communication

[Source: SHM 12-month follow-up technical appendix; adapted from Cowan's scale]

D2. Thinking about the past 30 days, how often did you feel the following way about your relationship with [OTHER PARENT]/your youngest child's other parent?

	Never	Hardly ever	Sometimes	Often	Not sure	Prefer not to say
D2a. I feel good about working out differences with [OTHER PARENT]/my youngest child's other parent.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D2b. Past hurts get brought up when arguing with [OTHER PARENT]/my youngest child's other parent.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D2c. I feel respected even when I disagree with [OTHER PARENT] /my youngest child's other parent.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D2d. During arguments, I take breaks when needed.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D2e. I discuss disagreements respectfully.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D2f. I work together with [OTHER PARENT]/my youngest child's other parent to find resolution.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>



## Destructive Communication

[Source: SHM 12-month follow-up technical appendix, adapted from Cowans]

D3. Thinking about the past 30 days, how often did you feel the following way about your relationship with [OTHER PARENT] /your youngest child's other parent?

	Never	Hardly ever	Sometimes	Often	Not sure	Prefer not to say
D3a. Small issues suddenly become big arguments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D3b. [OTHER PARENT] /My youngest child's other parent is rude and mean when I disagree	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D3c. [OTHER PARENT] /My youngest child's other parent seems to view my words or actions more negatively than I meant them to be	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D3d. [OTHER PARENT] /My youngest child's other parent and I stay mad at each other after an argument	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D3e. Arguments between [OTHER PARENT] /my youngest child's other parent and I become very heated	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D3f. [OTHER PARENT] /My youngest child's other parent yells or screams during arguments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D3g. [OTHER PARENT] /My youngest child's other parent blames me for their problems during arguments	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D3h. When [OTHER PARENT] /my youngest child's other parent and I fight, things get physical [FROM PACT]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

## Satisfaction with Co-parenting Relationship

[Source: SHM 12-month follow-up technical appendix; adapted from Cowans]

D4. Thinking about the past 30 days, how much do you agree with the following statements about your relationship with [OTHER PARENT] /your youngest child's other parent?

	Strongly disagree	Disagree	Agree	Strongly agree	Not sure	Prefer not to say
D4a. [OTHER PARENT] /My youngest child's other parent and I get along when it comes to parenting.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D4b. I am happy with the relationship I have with [OTHER PARENT]/my	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

	Strongly disagree	Disagree	Agree	Strongly agree	Not sure	Prefer not to say
<i>youngest child's other parent.</i>						
D4c. I wish I had a better relationship with [OTHER PARENT]/my youngest child's other parent .	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

### Co-parenting Relationship Scale [capturing overall quality of the relationship]

[Source: Dyer et al., 2015; from FRPN resources]

D5. Thinking about the past 30 days, for each item, please indicate the response that best describes the way that you and [OTHER PARENT]/your youngest child's other parent work together as parents.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not sure	Prefer not to say
D5a. [OTHER PARENT] /My youngest child's other parent contradicts the decisions I made about [INSERT CHILD NAME]/my youngest child.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5b. [OTHER PARENT] /My youngest child's other parent makes negative comments, jokes, or sarcastic comments about the way I am as a parent.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5c. [OTHER PARENT] /My youngest child's other parent undermines me as a father.	<input type="checkbox"/> <sub>1</sub>	<input checked="" type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5d. [[OTHER PARENT]/My youngest child's other parent and I discuss the best way to meet [INSERT CHILD NAME]/my youngest child's needs.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5e. [OTHER PARENT] /My youngest child's other parent and I share information about [INSERT CHILD NAME]/my youngest child with each other.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5f. [OTHER PARENT] /My youngest child's other parent and I make joint decisions about [CHILD NAME]/my youngest child.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5g. [OTHER PARENT] /My youngest child's other parent and I try to understand where each is coming from.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5h. [OTHER PARENT] /My youngest child's other parent and I respect each other's decision made about [CHILD NAME]/my youngest child.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
D5i. [OTHER PARENT] /My youngest	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not sure	Prefer not to say
child's other parent makes it hard for me to spend time with [INSERT CHILD NAME]/my youngest child.							
D5j. [OTHER PARENT] /My youngest child's other parent makes it hard for me to talk with [INSERT CHILD NAME]/my youngest child.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
D5k. [OTHER PARENT] /My youngest child's other parent tells [CHILD NAME]/my youngest child what they are allowed and not allowed to say to me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input checked="" type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

## Section E: Child Support and Father's Economic Stability

[IF B2 = 1 (FATHER LIVES WITH OTHER PARENT AND CHILD) SKIP TO E7]

The next set of questions aims to gather information about any child support that fathers might pay.

[Source: Adapted from B3 baseline]

E1. Do you currently have a legal arrangement or child support order that requires you to provide financial support for any children you have with [OTHER PARENT] /your youngest child's other parent?

- <sub>1</sub> Yes
- <sub>0</sub> No [SKIP TO E3]
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

E2. In the past 30 days, have you given financial support in the form of money to [OTHER PARENT]/your youngest child's other parent directly, instead of or in addition to any formal child support you may have paid?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

E3. In the past 30 days, did you buy things for [INSERT CHILD NAME]/your youngest child like clothes, diapers, school supplies, medicine, or other things they needed? Please only include money you spent directly on your things for your child, not money you gave to [OTHER PARENT] /your youngest child's other parent].

- <sub>1</sub> Yes
- <sub>0</sub> No [SKIP TO E7]
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

E4. [IF E3 = 1 or don't know or decline to answer] How much money did you spend directly on [NAME OF CHILD]/your youngest child for things they needed?

- [INSERT NUMBER; MAXIMUM IS 10,000]
- <sub>88</sub> Not sure
  - <sub>99</sub> Prefer not to say

This next set of questions asks you about your earnings and expenses. It includes one question about any recent arrests or convictions because experiences like that can affect your finances. Your answers will be kept private and will not be shared outside the research team.

[E7 - E10 from MDRC economic self-sufficiency studies, SHM follow-up survey, and ACS]

E7 What is your current employment status? SELECT ONE

- <sub>1</sub> Full-time employment (usually work 35 or more hours a week)
- <sub>2</sub> Part-time employment (usually work 1-34 hours a week)
- <sub>3</sub> Employed, but number of hours change from week to week
- <sub>4</sub> Temporary, occasional, or seasonal employment, or odd jobs for pay
- <sub>5</sub> Stay-at-home parent or homemaker
- <sub>6</sub> Not currently employed
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

[ASK IF E7 = 5, 6, 88, 99]

E8. Are you actively looking for work?

SELECT ONE ONLY

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

E9. In the past 30 days, have you or anyone in your household received the following types of assistance?  
Select one response per row.

	Yes	No	Not sure	Prefer not to say
a. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
b. Supplemental Security Income (SSI)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
c. Social Security Disability Insurance (SSDI)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
d. Supplemental Nutrition Assistance Program (SNAP)/Food stamps	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
e. Women, Infants, and Children (WIC)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
f. Unemployment insurance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
g. Housing choice voucher (sometimes called Section 8)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
h. Cash assistance	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
i. Child support	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

E10. In the past 30 days, how much money did you make?

Please include tips, bonuses, commissions, and regular overtime pay, and count all money you received before taxes and deductions and money you earned from informal work or odd jobs. If you held more than one job, include your total earnings from all of your work during the past 30 days. Do not include the earnings of other people who live with you. Your best estimate is fine.

SELECT ONE ONLY

- <sub>1</sub> No earnings in the past 30 days
- <sub>2</sub> \$1-\$499
- <sub>3</sub> \$500-\$1,000
- <sub>4</sub> \$1,001-\$2,000
- <sub>5</sub> \$2,001-\$3,000
- <sub>6</sub> \$3,001-\$4,000
- <sub>7</sub> \$4,001-\$5,000
- <sub>8</sub> More than \$5,000
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

E11. Since [RA DATE], has there been a time when you and/or someone who is living with you:

	Yes	No	Not sure	Prefer not to say
a. Had phone service turned off by the phone company because payments were not made?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
b. Didn't pay the full amount of the rent or mortgage?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
c. [if b = yes] were evicted from your home for not paying the rent or mortgage?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
d. Had service turned off by the gas/electric company, or the oil company wouldn't deliver oil because the payments were not made?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
e. Had someone who needed to see a doctor or go to the hospital but could not go because there was not enough money?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
f. Had someone who needed to see a dentist but could not go because there was not enough money?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

E12. Since you enrolled in the [PROGRAM NAME] about 9 months ago, have you experienced any of the following?

	Yes	No	Not sure	Prefer not to say
1. Arrested	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
2. Sentenced to community supervision, such as parole or probation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
3. Convicted of a felony	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
4. Incarcerated	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

### **Food insecurity**

[USDA measure adapted for MIHOPE]

E135. Was this statement true for your family **within the past 12 months**: I worried whether our food would run out before we got money to buy more.

- <sub>1</sub> Often true
- <sub>2</sub> Sometimes true
- <sub>3</sub> Never true
- <sub>88</sub> Decline to answer
- <sub>99</sub> Don't know

E147. Was this statement true for your family **within the past 12 months**: The food I bought just didn't last and we didn't have money to get more.

- <sub>1</sub> Often true
- <sub>2</sub> Sometimes true
- <sub>3</sub> Never true
- <sub>88</sub> Decline to answer
- <sub>99</sub> Don't know

### **Section F: Father's Well-being**

The next set of questions will ask you about how you are doing. We would like to remind you that the information will be kept private and will not be shared outside the research team.

#### **Depression**

[Source: CES-D]

F1. The next set of questions is about how you have been feeling recently. Please indicate how often you have felt this way **in the past week**.

	Less than 1 day	1-2 days	3-4 days	5-7 days	Not sure	Prefer not to say
a. I was bothered by things that usually don't bother me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
b. I had trouble keeping my mind on what I was doing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
c. I felt depressed	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
d. I felt that everything I did was an effort	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
e. I felt hopeful about the future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
f. I felt fearful	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
g. My sleep was restless	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
h. I was happy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
i. I was lonely	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
j. I could not "get going"	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

There are just a few more sets of questions. The survey is almost done.

**F2. Over the last two weeks, how often have you been bothered by the following problems?**  
**[Source: G7 Anxiety Scale]**

	Not at all	Several days	More than half the days	Nearly every day	Not sure	Prefer not to say
a. Feeling nervous, anxious, or on edge.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
b. Not being able to stop or control worrying.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
c. Worrying too much about different things.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
d. Having trouble relaxing.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
e. Being so restless that it is hard to sit still.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
f. Becoming easily annoyed or irritable.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
g. Feeling afraid, as if something awful might happen.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

F3. How would you rate your physical health?

- <sub>1</sub> Excellent
- <sub>2</sub> Very good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

**Substance use**

[Source: adapted from NIH battery]

F4. The next question is about drinking alcoholic beverages. By a “drink” we mean a can or a bottle of beer, a wine cooler or glass of wine, a shot of liquor, or a mixed drink.

During the past 3 months, how many alcoholic drinks did you have in an **average** week?

- <sub>0</sub> None
- <sub>1</sub> Less than 1 drink
- <sub>2</sub> 1 to 3 drinks
- <sub>3</sub> 4 to 6 drinks
- <sub>4</sub> 7 to 13 drinks
- <sub>5</sub> 14 to 19 drinks
- <sub>6</sub> 20 or more drinks
- <sub>88</sub> Not sure
- <sub>99</sub> Prefer not to say

F5. In the past 3 months, have you used any of the following drugs **on your own**?

By “on your own” we mean either without a doctor’s prescription, in larger amounts than prescribed, or for a longer period than prescribed.

	Yes	No	Not sure	Prefer not to say
F5a. Prescription pain killers, including opioids?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
F5b. Marijuana (pot, bud) or hashish (hash)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
F5c. Other drugs (e.g., amphetamines, meth, cocaine, heroin, tranquilizers, downers, PCP, ecstasy, sniffing aerosols or other products, or any others?)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

## Father Appraisal Inventory

[Source: Trahan, Banman, and Fagan (no date)]

F6. Please read each of the following statements and indicate whether you strongly agree, agree, disagree, or strongly disagree with each one.

	Strongly Agree	Agree	Unsure	Disagree	Strongly disagree	Prefer not to say
a. I am good at helping my youngest child when he/she is upset	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
b. I am good at knowing what activities my youngest child enjoys	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
c. I am good at getting my youngest child to have fun with me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
d. I am good at providing for my youngest child's financial needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
e. I am good at getting my youngest child to understand what I want him/her to do	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
f. I am good at following through with my promises to my youngest child	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>
g. I am good at understanding what my youngest child wants or needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>99</sub>

**Section G**  
**Satisfaction with Program Services**

The next questions will ask about how [NAME PROGRAM] supported you this past year.

G1. Since enrolling on [RA DATE], did your fatherhood program:

	Yes	No	Not sure	Prefer not to say
a. Talk with you one-on-one?	<input type="checkbox"/> _1	<input type="checkbox"/> _0	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. Help you with paperwork?	<input type="checkbox"/> _1	<input type="checkbox"/> _0	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. Give you educational information?	<input type="checkbox"/> _1	<input type="checkbox"/> _0	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d. Give you cash, gift cards, or vouchers?				
e. Talk to others on your behalf?	<input type="checkbox"/> _1	<input type="checkbox"/> _0	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f. Something else (specify)	<input type="checkbox"/> _1	<input type="checkbox"/> _0	<input type="checkbox"/> _88	<input type="checkbox"/> _99

G2. [IF G1e=1YES] Who did the program talk to on your behalf?

- 1 A legal representative such as a judge, lawyer, probation or parole officer
- 2 Someone from child protective services
- 3 Someone from SNAP, TANF, WIC, Medicaid, Medicare, or Social Security
- 4 Someone from your local Public Housing Authority or housing shelter
- 5 Other (specify)

G3. [IF G1d=1] How did you use the cash, gift cards, or vouchers?

	Yes	No	Not sure	Prefer not to say
a. Buying groceries or food	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
b. Buying clothing or shoes	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
c. Paying bills (phone, utilities, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
d. Paying rent/Housing	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
e. Paying outstanding debts (credit cards, loans, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
f. Buying household Essentials (cleaning supplies, cooking utensils and dishes, furniture, tools)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
g. Family activities or family events	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
h. Education expenses (Tuition, books and supplies, fees)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
i. Opened a bank or savings account	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
j. Auto repairs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
k. Transportation	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
l. Electronics	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
m. Helping family or friends	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
n. Childcare (school supplies, gifts for children, clothing, necessities, etc.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
o. Personal care items	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
p. Entertainment	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
q. Alcohol, cigarettes, or marijuana	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
r. Medicines	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
s. Other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

G4.  
How much do you agree with the

following statements?

	Strongly Disagree	Disagree	Agree	Strongly agree	Not sure	Prefer not to say
a. I am very satisfied with the services I received in my fatherhood program.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
b. There is very little that I would change about my experience in my fatherhood program.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
c. I have a strong connection with at least one of the staff working at my fatherhood program.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
d. I have better relationships with my child(ren) now because of my experience in my fatherhood program.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
e. I have a better relationship with my co-parent now because of my experience in my fatherhood program.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>
f. I feel more financially stable now	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>88</sub>	<input type="checkbox"/> <sub>99</sub>

because of my experience in my fatherhood program.						
g. My overall well-being has improved because of my experience in my fatherhood program.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

**Thank you so much for your participation in this survey today! If there is anything else you'd like to share with the research team about yourself, your family, your interest in the program, or anything else, [IF WEB: please describe it here:] [IF PHONE /INPERSON: please tell me now.]**