

National Study of Child Care for Low-Income Families

**PARENT INTERVIEW
(IN-PERSON WITH
USERS OF FAMILY CHILD CARE)**

Respondent Name _____

Respondent ID _____

Interviewer Name _____

Interviewer ID _____

Date of Interview ____/____/____

Introduction

Thank you for agreeing to talk to us. As you know, we are talking to you as part of a research project that we are doing on families' use of child care. It's very important that we talk to every one of the families in the study. As we explained earlier, everything that you say to me will be completely private—only the research staff will see the interview, and your name won't remain on any of the forms. We have assigned each interview an ID number, and no one except the research staff will be able to match your name with that ID.

I want to thank you again for agreeing to talk with me. If you have any questions at any time, or if you don't understand something I've said, please let me know. If you feel uncomfortable with any questions, please let me know and we'll go on to the next one. Okay? Do you have any questions now?

Section A. Household Characteristics

First I'd like to ask you some questions about your household.

A1. I'd like to know about anyone who lives in your household now. I only need to know their first names. Let's start with you. (GO TO CHART 1; ENTER RESPONDENT'S NAME ON FIRST LINE, NAMES OF ALL OTHER MEMBERS OF HOUSEHOLD ON SUCCEEDING LINES.) Let me read what you've told me back to you. (READ A1 LIST.) Did we include everyone who *usually* lives here?

(ASK A2 and A3 FOR EACH PERSON LISTED IN A1 AND ENTER ON CHART 1.)

A2. What is (NAME)'s relationship to you? (ENTER RELATIONSHIP AND CODE.)

A3. How old is (NAME)?

CHART 1

A1. Household Roster Please give me the first names of all the people who live in the household now, starting with you.		A2. Relationship to Respondent What is (NAME)'s relationship to you? (ENTER CODE NUMBER IN "CODE" COLUMN.)		A3. Age for Respondent and Children How old is (NAME)? (ENTER YRS. FOR PERSONS >5 YRS. AND YRS. & MOS. FOR CHILDREN <5 YRS. IF INFO. UNKNOWN, ENTER 99.)
		Relationship	Code	# Yrs./Mos.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

A2 — Relationship to Respondent Codes

01	HUSBAND/WIFE	09	SISTER	17	GRANDMOTHER
02	PARTNER	10	BROTHER	18	GRANDFATHER
03	MOTHER/STEPMOTHER	11	BIOLOGICAL CHILD	19	GRANDDAUGHTER
04	FATHER/STEPFATHER	12	UNRELATED ADULT	20	GRANDSON
05	FORMER PARTNER'S MOTHER	13	UNRELATED CHILD	21	PARTNER'S GRANDMOTHER
06	FORMER PARTNER'S FATHER	14	OTHER RELATED ADULT	22	PARTNER'S GRANDFATHER
07	PARTNER'S MOTHER	15	OTHER RELATED CHILD		
08	PARTNER'S FATHER	16	STEP CHILD		

A5. Do you consider your family to be of Hispanic or Latino descent?

YES, HISPANIC OR LATINO 1

NO, NOT HISPANIC OR LATINO..... 2

A5a. What race(s) do you consider that your family belongs to? (DO NOT READ LIST. CIRCLE ALL THAT ARE MENTIONED.)

WHITE..... 1
BLACK/AFRICAN AMERICAN 2
AMERICAN INDIAN OR ALASKA NATIVE 3
ASIAN 4
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER 5
OTHER (SPECIFY) _____ 6

A6. Where were you born? (DO NOT READ LIST. CIRCLE ONE.)

USA..... 1 GO TO SECTION B
ANOTHER COUNTRY 2
DON'T KNOW 97
REFUSED 98

A6a. IF RESPONDENT ANSWERED "ANOTHER COUNTRY," ASK: How long have you lived in the United States? RECORD IN YEARS.

_____ Number of years

DON'T KNOW 97
REFUSED 98

Section B. Mother's Education and Training

Now I'd like to talk to you about your education and training, including any educational or job training classes that you are currently attending.

B1. What is the last or highest grade in school that you have completed? (DO NOT READ LIST. CHECK ONE.)

NO FORMAL SCHOOLING

ELEMENTARY SCHOOL ONLY

LESS THAN 6TH GRADE

GRADE 6

GRADE 7

GRADE 8

HIGH SCHOOL

GRADE 9

GRADE 10

GRADE 11

GRADE 12

MORE THAN GRADE 12

B1a. Do you have a high school diploma or GED?

YES, DIPLOMA	1	GO TO B2
YES, GED	2	GO TO B2
NO	3	

B1b. Are you currently taking a GED or adult education class?

YES	1	
NO	2	GO TO B2

B1c. On average, how many hours a week do you attend these GED or adult education classes?

_____ # of hours per week

B2. Have you attended vocational, trade, or business school after high school?

YES..... 1
NO..... 2 GO TO B2C

B2a. How many years did you complete?

- LESS THAN ONE YEAR
- ONE TO TWO YEARS
- TWO YEARS OR MORE

B2b. Have you obtained any job-related certificates or licenses? (CIRCLE ALL THAT APPLY.)

YES, TRADE LICENSE OR CERTIFICATE..... 1
YES, CDA (CHILD DEVELOPMENT ASSOCIATE)..... 2
YES, OTHER (SPECIFY) _____ 3
NO 4

B2c. Are you currently taking classes or workshops for a specific type of job, trade or occupation or for general job skills? For example, a program to learn auto mechanics, hairdressing, sales, computers, carpentry, construction, clerical, or food services?

YES 1
NO 2 GO TO B2D

B2c1. On average, how many hours a week do you attend this class (these classes)?

_____ # of hours per week

B2d. Are you currently participating in any Job Club or Job Search Skills class or activity?

YES 1
NO 2 GO TO B3

B2d1. On average, how many hours per week do you do this?

_____ # of hours per week

B3. Have you attended college?

YES..... 1
NO..... 2 GO TO B3C

B3a. How many years did you complete

- 1 YEAR OR LESS

- 2 YEARS
- 3 YEARS
- 4 YEARS
- GRADUATE SCHOOL

B3b. Have you received any degrees?

- YES, ASSOCIATES DEGREE 1
- YES, BACHELOR'S DEGREE..... 2
- YES, GRADUATE DEGREE..... 3
- NO 4

B3c. Are you currently taking any college classes?

- YES 1
- NO 2 GO TO B4

B3c1. On average, how many hours a week do you attend this class (these classes)?

_____ # of hours per week

B4. Are you currently taking part in any program in which you have an unpaid job, so that you can get some work experience or perform community service while you are receiving (cash assistance, welfare)?

- YES 1
- NO..... 2 GO TO SECTION C

B4a. On average, how many hours per week do you spend in this program, working at this unpaid job?

_____ # of hours per week

Section C. Parent's Employment

Now I'd like to ask you some questions about your current work situation.

C1. Do you currently have a paid job or jobs? This would include paid babysitting, housecleaning, or paid community service work.

YES 1
 NO..... 2 GO TO C10

C2. How many paid jobs do you currently have?

 NUMBER OF JOBS

C3. What (is/are) your (job/jobs)? What do you make or do? (RECORD FOR POSTCODING.)

Job A
 Job B
 Job C _____

C4. FOR EACH JOB ASK: Do you work the same number of hours each week or does your schedule vary week to week?

	Same Hours	Hours Vary
Job A	1	2
Job B	1	2
Job C	1	2

C4a. Do you work the same number of hours each day or does your daily schedule vary day to day?

	Same Hours	Hours Vary
Job A	1	2
Job B	1	2
Job C	1	2

C4b. Last week, how many hours did you work at (this job/these jobs)?

Number of Hours

Job A
Job B
Job C _____

C4c. Is your job (are any of your jobs) seasonal?

YES, HAS MORE THAN ONE JOB 1
YES, HAS ONLY ONE JOB 2 GO TO C5
NO 3 GO TO C5

C4d. Which ones are seasonal?

	Yes	No
Job A	1	2
Job B	1	2
Job C	1	2

C5. Does your job (any of your jobs) require you to work weekends, nights or evenings after 6 pm, or early morning hours before 6 am?

	Yes	No
Job A	1	2
Job B	1	2
Job C	1	2

C6. How much money do you earn from this job (these jobs)?

Job A	Job B	Job C
\$ _____	\$ _____	\$ _____

Don't know 99999

C7. Is that per: (READ LIST. CIRCLE ONE.)

	Job A	Job B	Job C
Hour.....	1	1	1
Day	2	2	2
Week.....	3	3	3
Month	4	4	4
Year	5	5	5
Unit (SPECIFY)_____	6	6	6

C7a. Is that before taxes, or is that after taxes?

	Before Taxes	After Taxes
Job A	1	2
Job B	1	2
Job C	1	2

C8. How many weeks did you work full-time, that is, 30 hours or more per week, in the past year at:

	Number of Weeks Full-Time
Job A	
Job B	
Job C	

C8a. How many weeks did you work part-time in the past year at:

	Number of Weeks Part-Time
Job A	
Job B	
Job C	

C9. Does your job (any of your jobs) include any of these benefits? (READ LIST. CIRCLE ONE RESPONSE FOR EACH.)

	Yes	No	(If volunteered) Not eligible
Medical insurance for employees.....	1	2	3
Medical insurance for children.....	1	2	3
Dental insurance for employees	1	2	3
Dental insurance for children	1	2	3
Sick time	1	2	3
Vacation or holidays	1	2	3
Life insurance.....	1	2	3
Retirement plan	1	2	3
Information about child care resources	1	2	3
Regular on-site child care.....	1	2	3
Emergency or drop-in child care.....	1	2	3

GO TO C11.

C10. Have you ever had a paid job (including self-employment)?

YES	1
NO.....	2

C11. Are you currently looking for work?

YES	1
NO.....	2

(ASK QUESTIONS C12-C16 ONLY IF PARENT INDICATES (S)HE HAS A SPOUSE/PARTNER IN QUESTION A2.)

Now I'd like to ask you about the current work situation of your (spouse/partner).

C12. Does your (spouse/partner) currently have a paid job or jobs?

YES 1
NO 2 GO TO SECTION D

C13. How many paid jobs does your (spouse/partner) currently have?

NUMBER OF JOBS

C14. What (is/are) your (spouse's/partner's) (job/jobs)? What does your (spouse/partner) make or do? (RECORD FOR POSTCODING.)

Job A

Job B

Job C _____

C15. FOR EACH JOB ASK: Does your (spouse/partner) work the same number of hours each week or does (his/her) schedule vary week to week?

	Same Hours	Hours Vary
Job A	1	2
Job B	1	2
Job C	1	2

C15a. Does s/he work the same number of hours each day or does (his/her) schedule vary day to day?

	Same Hours	Hours Vary
Job A	1	2
Job B	1	2
Job C	1	2

C15b. Last week, how many hours a week did your (spouse/partner) work at (this job/these jobs)?

Number of Hours

Job A
 Job B
 Job C _____

C15c. Is (his/her) job (are any of his/her jobs) seasonal?

- YES, HAS MORE THAN ONE JOB 1
- YES, HAS ONLY ONE JOB 2 GO TO C16
- NO 3 GO TO C16

C15d. Which ones are seasonal?

	Yes	No
Job A	1	2
Job B	1	2
Job C	1	2

C16. Does (his/her) job (any of his/her jobs) require (him/her) to work weekends, nights or evenings after 6 pm, or early morning hours before 6 am?

	Yes	No
Job A	1	2
Job B	1	2
Job C	1	2

Section D. Barriers to Employment

D1. IF RESPONDENT IS NOT CURRENTLY WORKING AND C10=YES, SAY: You mentioned earlier that you did work in the past. What is the main reason you stopped working? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- COULDN'T AFFORD CHILD CARE 1
- PREFERRED NOT TO WORK WHILE CHILDREN ARE YOUNG 2
- HAD PROBLEMS FINDING A CHILD CARE PROVIDER I FELT COMFORTABLE WITH 3
- HAD PROBLEMS FINDING A CHILD CARE ARRANGEMENT IN A CONVENIENT LOCATION 4
- HAD PROBLEMS FINDING A CHILD CARE ARRANGEMENT FOR THE HOURS I NEEDED IT 5
- PREGNANT/NEW BABY/PATERNITY LEAVE 6
- FAMILY MEMBER HAD SPECIAL NEEDS 7
- ILLNESS/HEALTH-RELATED REASONS 8
- NOT INTERESTED IN WORKING/DON'T NEED THE MONEY 9
- LACKED NECESSARY JOB SKILLS 10
- SPOUSE DID NOT LIKE RESPONDENT WORKING 11
- MOVED/RELOCATED 12
- IN SCHOOL OR TRAINING 13
- OTHER (SPECIFY) _____ 14

IF NOT C1 = 2 CURRENTLY WORKING AND C10=2, GO TO D6.

D2. During the time you have had young children, did you ever reduce the number of hours you worked?

- YES 1
- NO..... 2 GO TO D6

D3. Why was that? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- PREFERRED NOT TO WORK WHILE CHILDREN WERE YOUNG..... 1
- CHILD CARE PROBLEMS..... 2
- COULDN'T AFFORD CHILD CARE 3
- GOT PREGNANT/HAD A CHILD/TOOK PATERNITY LEAVE 4
- STARTED HAVING TO STAY HOME WITH OTHER DEPENDENTS 5
- OWN ILLNESS/HEALTH REASONS..... 6
- FIRED/LAID OFF 7
- DID NOT MAKE ENOUGH MONEY 8
- DID NOT LIKE JOB 9
- SPOUSE DID NOT LIKE RESPONDENT WORKING 10
- RELOCATED/MOVED..... 11
- RETURNED TO SCHOOL/JOB TRAINING 12
- OTHER (SPECIFY)..... 13

D4. When did you most recently reduce your hours?

DATE

D5. When did you go back to a full-time schedule? (IF HASN'T RETURNED TO WORK, ENTER "00/00/00".)

DATE

D6. At any time in the past 12 months, have you had to quit a job, school, job search or a training activity because you had problems arranging child care or keeping a child care arrangement (for any of your children)?

- YES 1
- NO..... 2

D7. And, at any time in the last 12 months, did you **not** take a new job or not start a training program because you had problems arranging child care or keeping a child care arrangement?

- YES 1
- NO..... 2

D8. IF NEVER WORKED, GO TO D9. Parents have different reasons for working. What (is/was) your main reason for working? (READ LIST AND EMPHASIZE MAIN REASON. CIRCLE ONE.)

- I/we need the money 1
- To find a career for myself 2
- To get out of the house or spend time with adults 3
- To meet welfare requirement 4
- Other (SPECIFY)_____ ... 5 GO TO SECTION E

D9. (ASK ONLY IF C1 AND C10 ARE “NO”.) Parents have different reasons for not working. What (is/was) your main reason for not working? (DO NOT READ LIST. CIRCLE ONE.)

- CAN’T AFFORD CHILD CARE 1
- PREFER NOT TO WORK WHILE CHILDREN ARE YOUNG 2
- HAVE PROBLEMS FINDING SATISFACTORY DAY CARE 3
- PREGNANT/NEW BABY/PATERNITY LEAVE..... 4
- FAMILY MEMBER HAS SPECIAL NEEDS 5
- ILLNESS/HEALTH-RELATED REASONS 6
- CAN’T FIND A JOB 7
- NOT INTERESTED IN WORKING/DON’T NEED THE MONEY 8
- NEVER WORKED/LACK JOB SKILLS 9
- SPOUSE DOES NOT LIKE RESPONDENT WORKING 10
- RELOCATED/MOVED 11
- IN SCHOOL OR TRAINING..... 12
- OTHER (SPECIFY)_____ . 13

Section E. Child Care History of Focus Child

The next set of questions are about the child care arrangements you may have used over the past 12 months for (FOCUS CHILD). Beginning with (current month), 1998, and going up to the present, I’d like to go through each of the arrangements you have used for (NAME OF FOCUS CHILD).

E1. Did anyone other than you or your spouse/partner care for (FOCUS CHILD) on a regular basis while you were working or in school or job training in the past year—since (current month), 1998?

- YES 1
- NO 2 GO TO SECTION F
- DON’T KNOW 3 GO TO SECTION F

Let's start with your most recent arrangement.

E2. Who cared for the child? Where did he/she spend the time while you were working or in school or job training? (DO NOT READ LIST. CIRCLE ALL THAT APPLY. ENTER ARRANGEMENT CODES IN CHILD CARE CALENDAR.)

	Arrangement Number			
	1	2	3	4
DAY CARE CENTER, NURSERY, PRESCHOOL, BEFORE OR AFTER SCHOOL	1	1	1	1
HEAD START CENTER	2	2	2	2
KINDERGARTEN, ELEMENTARY, OR JUNIOR HIGH SCHOOL (SEE PROBE)	3	3	3	3
LESSONS, CLUBS, SPORTS, OR SIMILAR ACTIVITIES	4	4	4	4
A PARTNER (BOYFRIEND/GIRLFRIEND)	5	5	5	5
SOMEONE NOT RELATED TO (CHILD) WHO IS AT LEAST 18 YEARS OR OLDER (OTHER THAN PARTNER)	6	6	6	6
SOMEONE NOT RELATED TO (CHILD) WHO IS UNDER 18 YEARS OLD (OTHER THAN PARTNER)	7	7	7	7
A GRANDMOTHER OR GRANDFATHER OF (CHILD).....	8	8	8	8
CHILD'S OTHER PARENT (IF NOT LIVING IN HOUSEHOLD)	9	9	9	9
A BROTHER, SISTER, STEP-BROTHER, OR STEP-SISTER OF (CHILD) WHO IS ≤12 YRS. OLD.	10	10	10	10
A BROTHER, SISTER, STEP-BROTHER, OR STEP-SISTER OF (CHILD) WHO IS >12 YRS. OLD.	11	11	11	11
ANOTHER RELATIVE, SUCH AS AUNT, UNCLE, OR COUSIN.....	12	12	12	12
CHILD TOOK CARE OF (HIM/HER)SELF.....	13	13	13	13
EXTENDED DAY, BEFORE/AFTER SCHOOL PROGRAM, BOYS/GIRLS CLUB, YMCA/YWCA	14	14	14	14
SUMMER DAY CARE, CAMP OR SUMMER SCHOOL	15	15	15	15
OTHER (SPECIFY) _____	16	16	16	16

PROBE: Where did he/she spend the time while you were working or in school or job training when he/she was not in school?

E3. Where was that care provided? (CIRCLE FOR EACH ARRANGEMENT. TRANSFER PLACE CODE ON CALENDAR.)

	Arrangement Number			
	1	2	3	4
CHILD'S OWN HOME.....	1	1	1	1
OTHER PARENT'S HOME	2	2	2	2
OTHER PRIVATE HOME.....	3	3	3	3
CHURCH, SYNAGOGUE, OR OTHER RELIGIOUS INSTITUTION ..	4	4	4	4
SCHOOL.....	5	5	5	5
PARENT'S WORKPLACE.....	6	6	6	6
COMMUNITY CENTER	7	7	7	7
OTHER PLACE (SPECIFY) _____	8	8	8	8
DON'T KNOW	9	9	9	9

E4. For each of the child care arrangements, please tell me for which months the care was provided. For (ARRANGEMENT #1), what was the first month in 1998 that this care was provided? (ASK E5 FOR FIRST ARRANGEMENT AND ENTER IN CALENDAR. THEN, CONTINUE ASKING E4 AND E5 FOR ALL OTHER ARRANGEMENTS AND ENTER IN

CALENDAR.)

E5. On average, how many hours per week did (CAREGIVER) usually care for (FOCUS CHILD) in each month since (FIRST MONTH NAMED IN E4)?

Arrangement Number	Avg. Number of Hours/Wk.	Codes
1	(ENTER CODE AT LEFT	< 10 hrs./wk. 01
2	IN CALENDAR FOR	10-20 hrs/wk 02
3	EACH MONTH)	21-30 hrs/wk 03
4		> 30 hrs/wk or more 04

E5a. In which months beginning with (FIRST MONTH MENTIONED IN E4) did you work at a paid job? (ENTER "W" IN EACH MONTH WORKED.)

E5b. In which months beginning with (FIRST MONTH MENTIONED IN E4) did you attend school or job training classes? (ENTER "S" IN EACH MONTH ATTENDED SCHOOL.)

E5c. In which months beginning with (FIRST MONTH MENTIONED IN E4) did your spouse/partner work at a paid job? (ENTER "W" IN EACH MONTH WORKED.)

E5d. In which months beginning with (FIRST MONTH MENTIONED IN E4) did your child attend school? (ENTER "S" IN EACH MONTH IN SCHOOL.)

E5e. In which months beginning with (FIRST MONTH MENTIONED IN E4) was child on summer vacation? (ENTER "V" IN EACH MONTH ON VACATION.)

E6. How much did *you* pay for . . . Don't include any costs for which you were reimbursed.

PROBE: Was this payment only for (FOCUS CHILD)?

Arrangement Number	Amount	No Payment	Payment Only to Focus Child
1	\$_____.	_____	Y N
2	\$_____.	_____	Y N
3	\$_____.	_____	Y N
4	\$_____.	_____	Y N

per

	Arrangement Number			
	1	2	3	4
HOUR	1	1	1	1
DAY	2	2	2	2
WEEK	3	3	3	3
MONTH	4	4	4	4
OTHER (SPECIFY) _____	5	5	5	5
DON'T KNOW	6	6	6	6
NA	9	9	9	9

E7. Approximately how many different non-parental child care arrangements, including care by relatives, has (NAME OF FOCUS CHILD) been in since he/she was born?

OF ARRANGEMENTS

E8. How many of these care arrangements were in a center? In someone else's home? In the child's own home?

IN CENTERS

IN SOMEONE ELSE'S HOME

IN OWN HOME

Calendar for Child Care and Employment Histories

ID# |__|__|__|__|__|__|__|
 Child # |__|__|__|__|__|__|__|

INTERVIEWER: If arrangement/job began before 4/98, record month and year.

Enter Code			Enter average hours per week per arrangement															
			Date Mo/Yr	Apr. 98	May 98	June 98	July 98	Aug. 98	Sep. 98	Oct. 98	Nov. 98	Dec. 98	Jan. 99	Feb. 99	Mar. 99	Apr. 99	May 99	June 99
Child Care	Arrangement Code	Place Code																
	1.																	
	2.																	
	3.																	
	4.																	
E5a. Respondent worked																		
E5b. Respondent attended school/ job training																		
E5c. Spouse/partner worked																		
E5d. Child in school																		
E5e. Child on summer vacation																		

Section F. Current Employment Schedule and Child Care Arrangements

Now I'd like you to help me fill out a schedule of your current work hours and a schedule of your child care arrangements for (FOCUS CHILD) and your other children.

Let's begin by thinking about what you did last week.

F1. During most of last week were you: (READ LIST. CIRCLE ONE.)

- Working 1
- Holding a job, but not at work 2
- Not working, but looking for work 3
- At home full time 4
- Going to school 5
- Unable to work 6
- In training 7
- Other (SPECIFY) _____ ... 8

F2. How many hours did you work last week?

NUMBER HOURS

F3. How many hours were you in school last week?

NUMBER HOURS

F4. How many hours were you in training last week?

NUMBER HOURS

Let's go through your work, school, and training schedule for last week. We'll begin with Monday and end with Sunday. I'd like to go through your jobs, school, or training one at a time, starting with the one at which you spent the most hours.

F5. For each day that you (worked/went to school or training) when did you leave the house, and when did you get home? (ENTER DEPARTURE AND RETURN TIMES UNDER APPROPRIATE DAYS OF THE WEEK. LIST EACH JOB SEPARATELY ON EMPLOYMENT SCHEDULE.)

According to what I have recorded (SUMMARIZE WEEKLY WORK/SCHOOL/TRAINING SCHEDULE), is that correct? Have I missed anything? (CORRECT ANY ERRORS.)

IF PARTNER OR SPOUSE PRESENT AND EMPLOYED: Let's do the same for your spouse/partner.

O.K., now let's go through (FOCUS CHILD)'s child care schedule for the same week. We'll do the same thing: beginning with Monday and ending on Sunday, please tell me how many hours (FOCUS CHILD) spent in child care.

F6. For each day that (FOCUS CHILD) was cared for by someone other than yourself or your spouse/partner, which hours did (FOCUS CHILD) spend in care? (ENTER BEGINNING AND ENDING TIMES OF DAY UNDER APPROPRIATE DAYS OF THE WEEK ON CHILD CARE SCHEDULE. LIST EACH TYPE OF ARRANGEMENT SEPARATELY.)

According to what I have recorded (SUMMARIZE CHILD'S SCHEDULE), is that correct? Have I missed anything? (CORRECT ANY ERRORS.)

(ASK ONLY IF THERE ARE SIBLINGS:)

F7. Are any of (FOCUS CHILD)'s siblings in child care with (him/her) at any time?

YES 1
 NO..... 2 GO TO F9

If YES:

F7a. Which one(s): (CHECK ALL THAT APPLY. RECORD NUMBER AND NAMES.)

	Number	Names
<input type="checkbox"/> Sister	_____	_____
<input type="checkbox"/> Brother	_____	_____
<input type="checkbox"/> Step-sister	_____	_____
<input type="checkbox"/> Step-brother	_____	_____

O.K., now let's go through (CHILD'S NAME) child care schedule for the same week. We'll do the same thing: beginning with Monday and ending on Sunday, please tell me how many hours (child) spent in child care.

F8. For each day that (child) was cared for by someone other than yourself or your spouse/partner,

which hours did (child) spend in care? (ENTER BEGINNING AND ENDING TIMES OF DAY UNDER APPROPRIATE DAYS OF THE WEEK. LIST EACH TYPE OF ARRANGEMENT SEPARATELY. REPEAT FOR EACH CHILD UNDER 13.)

According to what I have recorded (SUMMARIZE CHILD'S SCHEDULE), is that correct? Have I missed anything? (CORRECT ANY ERRORS.)

F9. How does (FOCUS CHILD) get to and from his/her primary care arrangement? (CIRCLE ALL THAT APPLY.)

- PARENT PICKS UP/DROPS OFF CHILD IN OWN CAR..... 1
- PARENT PICKS UP/DROPS OFF CHILD, USING PUBLIC TRANSPORTATION 2
- PARENT PICKS UP/DROPS OFF CHILD ON FOOT 3
- ANOTHER PARENT PICKS UP/DROPS OFF CHILD 4
- PROVIDER PICKS UP/DROPS OFF CHILD 5
- OTHER (SPECIFY)..... 8

F9a. About how far from your home is (FOCUS CHILD's) main care arrangement?

- _____ miles
- _____ minutes by car
- _____ minutes by public transportation
- _____ minutes on foot

F9b. About how far from where you work is this arrangement?

- _____ miles
- _____ minutes by car
- _____ minutes by public transportation
- _____ minutes on foot

F10. Do you have a hard time getting (CHILD) to day care?

- YES..... 1
- NO..... 2 GO TO SECTION G

F10a. In what ways is it hard for you?

- DON'T OWN A CAR 1
- PUBLIC TRANSPORTATION IS UNRELIABLE,
LONG WAITS 2
- NO DIRECT PUBLIC TRANSPORTATION 3
- CAR IS UNRELIABLE..... 4
- CAN'T ALWAYS USE THE CAR..... 5
- NEED TO MAKE SEVERAL STOPS 6
- OTHER (SPECIFY) _____ 7

F11. (IF F9=5, THEN GO TO SECTION G.) Does provider ever transport child to or from child care?

- YES 1
- NO..... 2

Employment Schedule

ID# |__|__|__|__|__|__|__|

INTERVIEWER: If respondent/spouse/partner does night shift work, record hours on actual day.

Enter Title		Enter Time of Departure and Return							
	Job Number	Title	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Respondent	1.								
	2.								
	3.								
Spouse	1.								
	2.								
	3.								

Child Care Schedule—FOCUS CHILD

Child's Name _____
 Child # |_|_|_|_|_|_|_|_|

INTERVIEWER: You will **not** be accounting for every hour child's week, just those that child is in care.

Arrangements

Enter Title		Enter Beginning and Ending Times						
Care	Place	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1.								
2.								
3.								
4.								
5.								
6.								

Child Care Schedule—Sibling #1

Child's Name _____
 Child # |__|_|_|_|_|_|_|_|_|

INTERVIEWER: You will **not** be accounting for every hour child's week, just those that child is in care.

Arrangements

Enter Title		Enter Beginning and Ending Times						
Care	Place	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1.								
2.								
3.								
4.								
5.								
6.								

Child Care Schedule—Sibling #2

Child's Name _____
 Child # |__|_|_|_|_|_|_|_|

INTERVIEWER: You will **not** be accounting for every hour child's week, just those that child is in care.

Arrangements

Enter Title		Enter Beginning and Ending Times						
Care	Place	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1.								
2.								
3.								
4.								
5.								
6.								

Child Care Schedule—Sibling #3

Child's Name _____

Child # |__|_|_|_|_|_|_|_|_|

INTERVIEWER: You will **not** be accounting for every hour child's week, just those that child is in care.

Arrangements

Enter Title		Enter Beginning and Ending Times						
Care	Place	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1.								
2.								
3.								
4.								
5.								
6.								

Section G. Flexibility of Work and Sources of Stress

First, I'd like to talk a little about any flexibility you have in your current jobs and then later, about things that cause you stress. (IF MORE THAN ONE JOB, PROBE: IS THIS TRUE OF YOUR OTHER JOB(S)?)

G1. Do you get any paid holidays?

- YES, IN ONLY ONE JOB 1
- YES, IN MORE THAN ONE JOB 2
- NO..... 3
- DON'T KNOW..... 8
- REFUSED..... 9

G2. Are you allowed any paid time off for personal illness?

- YES, IN ONLY ONE JOB 1
- YES, IN MORE THAN ONE JOB 2
- NO..... 3
- DON'T KNOW..... 8
- REFUSED..... 9

G3. Are you allowed to take a few days off to care for a sick child without losing pay, without using vacation days, AND without having to make up some other reason for your absence?

- YES, IN ONLY ONE JOB 1
- YES, IN MORE THAN ONE JOB 2
- NO..... 3
- DON'T KNOW..... 8
- REFUSED..... 9

G4. How hard is it for you to take time off during your work day to take care of personal or family matters—very hard, somewhat hard, not too hard, or not at all hard?

- Very hard 1
- Somewhat hard..... 2
- Not too hard 3
- Not at all hard..... 4
- IT DEPENDS (VOL.) 5
- DON'T KNOW..... 8
- REFUSED..... 9

G5. Can your child(ren) get in touch with you while you are at work ?

- YES 1
- NO..... 2
- DON'T KNOW..... 8
- REFUSED..... 9

G6. Can you get in touch with your child(ren) while you are at work ?

- YES 1
- NO..... 2
- DON'T KNOW..... 8
- REFUSED..... 9

G7. Please tell me how much you agree with the following statement: At the place where you work, employees who ask for time off for family reasons or who try to arrange different schedules or hours to meet their personal or family needs are LESS likely to get ahead in their jobs. Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?

- Strongly agree 1
- Somewhat agree 2
- Somewhat disagree 3
- Strongly disagree 4
- DON'T KNOW..... 8
- REFUSED..... 9

G8. How much control do you have over the scheduling of your work hours? Would you say that you have . . .

- A great deal of control 1
- Quite a bit of control 2
- Some control 3
- A little control 4
- No control at all 5
- DON'T KNOW..... 8
- REFUSED..... 9

G9. How much do your job and family responsibilities conflict with each other? Do they conflict . . .

- A great deal 1
- Quite a bit..... 2
- Somewhat..... 3
- A little 4
- Not at all..... 5
- DON'T KNOW..... 8
- REFUSED..... 9

G10. Next I have a list of statements about how jobs can sometimes affect family life, especially

your interactions with your children. Please tell me how often each of the following has been true in the last three months.

(READ ITEM.) Is this true never, rarely, sometimes, often or very often.

	Never	Rarely	Some- times	Often	Very often
a. I have a lot of energy for my child(ren) at the end of the work day.....	1	2	3	4	5
b. Because of my job, I do not have as much patience with my child(ren) as I would like to have.....	1	2	3	4	5
c. When I am at home, I can put work aside and focus on my child(ren)	1	2	3	4	5
d. I am angry or irritable with my child(ren) because of things that happen at work	1	2	3	4	5
e. When I get home, I am too tired to do very much with my child(ren).....	1	2	3	4	5

G11. During **the last three months**, how many days of work have you missed for any reason? Don't include scheduled holidays or vacation days.

NUMBER OF DAYS

NONE 8 GO TO G12

G11a. How many of these days did you miss because of your child care needs? For example, your provider was sick or on vacation, or a child was sick and you had to stay home.

NUMBER OF DAYS

G12. During **the last three months**, how many days were you late to work or did you have to leave early for any reason?

NUMBER OF DAYS

NONE 8 GO TO G13

G12a. How many of these days were you late or did you leave early because of your child care responsibilities?

NUMBER OF DAYS

G13. Approximately how many days in **the last three months** did you have to make special arrangements for (CHILD)'s care because (PROVIDER) was sick or unavailable? Don't count days when you would have had a holiday anyway.

PROBE: Such as finding another provider or staying home yourself.

NUMBER OF DAYS

NONE	1
DON'T KNOW	8
REFUSED	9

G14. Approximately how many days in **the last three months** did you have to make special arrangements for (CHILD)'s care for some other reason (for example, your child was sick, your transportation broke down, or any other reason). Don't count days when you would have had a holiday anyway.

PROBE: Such as finding someone else to care for the child.

NUMBER OF DAYS

NONE	1
DON'T KNOW	8
REFUSED	9

G15. How true are the following statements? Are they . . .

not true at all, not usually true, somewhat true, or very true?

	Not true at all	Not usually true	Some- what true	Very true
a. My work schedule makes it easy to be on time.	1	2	3	4
b. I work a regular day shift.	1	2	3	4
c. My work schedule keeps changing.	1	2	3	4
d. My shift and work schedule cause extra stress for me and my child.	1	2	3	4
e. Where I work it's difficult to deal with child care problems during working hours.	1	2	3	4
f. In my work schedule I have enough flexibility to handle family needs.	1	2	3	4
g. I rely on my caregiver to be flexible about hours. . .	1	2	3	4
h. My caregiver is willing to work with me about my work schedule.	1	2	3	4
i. I have changed my work schedule in order to keep the care I have.	1	2	3	4
j. I find it difficult to balance work and family.	1	2	3	4

G16. We would like to know which areas of life are creating difficulty, worry, or stress for people. In the previous three months, to what extent have any of the following areas of life been a source of stress to you?

Your health: Would you say it has been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4

The health of other family members: Would you say it has been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4

Child care: Would you say it has been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4

Care of elderly or adult family members with a disability: Would you say it has been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4
Not applicable.....	5

Personal or family finances: Would you say they have been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4

Your job: Would you say it has been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4
Not applicable.....	5

Family relationships, including extended family: Would you say they have been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4

Safety of your neighborhood: Would you say it has been. . .

No stress at all.....	1
Hardly any stress	2
Some stress	3
A lot of stress.....	4

Section H. Specific Reasons for Choosing Mode of Care and Specific Arrangement

Let's talk now about (NAME OF PROVIDER FROM SCREENER) who is the person that takes care of (NAME OF FOCUS CHILD) for most of the time you are working.

H1. Before you chose (PROVIDER) to care for (CHILD), did you visit other providers in person, visit other facilities, check references, or consider staying home yourself?

- YES..... 1
- NO 2 GO TO H4

H2. Did you find any other arrangements that were satisfactory with respect to type and quality of care, location, and cost, and that had space for (CHILD)?

- YES..... 1
- NO 2 GO TO H4

H3. Not including (PROVIDER), how many other acceptable choices did you have?

_____ IF NONE, GO TO H4.
NUMBER OF ARRANGEMENTS

H3a. What kinds of choices of care did you have? (READ AND CIRCLE ALL THAT APPLY.)

- Center Care 1
- Other Family Child Care 2
- Relative Care 3
- Other (Specify) _____ 4

H4. Does (FOCUS CHILD) have special needs that you had to consider in choosing a care arrangement?

- YES..... 1
- NO 2 GO TO H5

H4a. What are they? CIRCLE ALL THAT APPLY.)

- PHYSICAL DISABILITY 1
- HEALTH CARE NEED 2
- BEHAVIORAL OR EMOTIONAL PROBLEM 3
- LEARNING DISABILITY 4
- NEEDS MORE ATTENTION THAN OTHERS 5
- FEARFUL, SHY 6
- DIFFICULT TO HANDLE 7
- OTHER (SPECIFY) _____ 8

H5. Would you have preferred some other child care arrangement rather than (PROVIDER)?

- YES..... 1
- NO 2 GO TO H6

H5a. What would you have preferred? (DO NOT READ LIST. RANK AS MANY AS MENTIONED IN ORDER FROM #1 UP TO #9.)

	H5a.		H5b.
FAMILY DAY CARE/NON-RELATIVE.....	___	GO TO H6	___
CHILD’S GRANDMOTHER OR GRANDFATHER.....	___	GO TO H5b	___
CHILD’S FATHER [IF NOT LIVING WITH (CHILD), GO TO E5B. OTHERWISE, GO TO E6.].....	___		___
MOTHER’S HUSBAND OR PARTNER (IF NOT CHILD’S FATHER)	___	GO TO H6	___
CHILD’S OTHER RELATIVE	___	ASK H5b	___
HEAD START	___	GO TO H6	___
CENTER, PRESCHOOL, NURSERY SCHOOL, OR OTHER SCHOOL	___	GO TO H6	___
TO STAY HOME MYSELF (SEE PROBE).....	___		___
OTHER (SPECIFY)_____	___	GO TO H6	___

PROBE: IF RESPONDENT ANSWERS “TO STAY HOME MYSELF” AND VOLUNTEERS NO FURTHER RESPONSE, ASK: “Given that you need child care, what would you have preferred?” (ENTER IN H5a COLUMN, STARTING WITH #2.)

H5b. (FOR EACH ARRANGEMENT MENTIONED THAT DIRECTS “ASK H5b”): Would you have preferred that the care be in your home or their home?

- YOUR HOME..... 1 GO TO H6
- THEIR HOME 2 GO TO H6
- DON’T CARE..... 3 GO TO H6

H6. (INTERVIEWER: IS CURRENT CARE BY A RELATIVE?)

- YES 1 GO TO H9
- NO..... 2

H7. How did you first learn about (PROVIDER/CENTER/PROGRAM)? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- KNEW PROVIDER/CENTER/PROGRAM ALREADY
- AS A FRIEND OR NEIGHBOR 1
- REFERRED BY FRIENDS, NEIGHBORS, OR
- RELATIVES 2
- REFERRED BY ANOTHER PROVIDER/CENTER/
- PROGRAM 3
- NEWSPAPER/ADVERTISEMENTS/BULLETIN
- BOARDS 4
- YELLOW PAGES 5
- RESOURCE AND REFERRAL SERVICE 6
- WELFARE OR SOCIAL SERVICE 7
- OTHER COMMUNITY SERVICE OR AGENCY 8
- PROVIDER CARED FOR OTHER CHILD 9
- OTHER (SPECIFY)_____ 10

H8. Before (PROVIDER/CENTER/PROGRAM) started to care for (CHILD), did you ever visit the home/center/program to see where and how (CHILD) would be cared for?

- YES 1
- NO..... 2

H9. How difficult or easy was it for you to find a satisfactory child care arrangement for (CHILD)? Was it . . .

- Very difficult..... 1
- Somewhat difficult..... 2
- Neither difficult nor easy 3
- Somewhat easy..... 4
- Very easy..... 5

H10. How long was it between the time you started looking and the time you made final plans for (CHILD) to stay with (PROVIDER/CENTER/PROGRAM)?

- IMMEDIATELY 0
- _____ NUMBER OF
- DAYS 1
- WEEKS 2
- MONTHS 3
- YEARS 4

H11a. Why did you choose (ARRANGEMENT) instead of another kind of arrangement for (CHILD)? What was the most important reason? (RECORD VERBATIM, THEN CODE ONLY ONE RESPONSE IN COLUMN A. READ LIST ONLY IF NECESSARY.)

H11b. What other things were important for you? Tell me in order of importance. (RANK RESPONSES IN ORDER GIVEN, STARTING WITH #2.)

	A. Most important	B. Ranking of other reasons
COST.	1	_____
ACCEPTS SUBSIDY	2	_____
CONVENIENT HOURS	3	_____
CONVENIENT LOCATION.	4	_____
AVAILABILITY.	5	_____
STAFF IS TRAINED, PROFESSIONAL	6	_____
CENTERS ARE MONITORED MORE CLOSELY	7	_____
SIZE OF GROUP	8	_____
SAFETY/HEALTH/CLEANLINESS	9	_____
CHILDREN OF DIFFERENT AGES	10	_____
WANTED AN EXPERIENCE THAT WOULD PREPARE MY CHILD FOR SCHOOL	11	_____
PREFER FAMILY MEMBER.	12	_____
PROVIDER IS TRUSTWORTHY.	13	_____
PROVIDER IS LIKE A FAMILY MEMBER/ CLOSE RELATIONSHIP TO FAMILY	14	_____
PROVIDER'S ATTENTION/WARMTH TOWARDS CHILDREN	15	_____
PROVIDER'S RELATIONSHIP TO PARENTS	16	_____
PROVIDER'S EXPERIENCE IN CARING FOR CHILDREN	17	_____
HAS SAME VALUES.	18	_____
HOME-LIKE ATMOSPHERE.	19	_____
SAME LANGUAGE/ETHNICITY	20	_____
RECOMMENDED BY SOMEONE I TRUST.	21	_____
WILL CARE FOR SIBLINGS.	22	_____
CHILD WAS COMFORTABLE.	23	_____
OTHER (SPECIFY).	24	_____
_____	25	_____
_____	26	_____
_____	27	_____

H12. In addition to child care, do you need help in caring for a disabled or elderly family member?

YES 1
 NO 2

Section I. Knowledge of Child Care Market

11. What are the child care options/choices for parents in your neighborhood who have infants under the age of one? Can they find . . .

	Yes	No	DK
Center care	1	2	3
Care by a non-relative in that person's home	1	2	3
Care by relatives in the relative's home	1	2	3
Care by a non-relative in the child's home	1	2	3
Care by relatives in the child's home ...	1	2	3

11a. What do they usually choose?

CENTER CARE.....	1
CARE BY A NON-RELATIVE IN THAT PERSON'S HOME.....	2
CARE BY RELATIVES IN THE RELATIVE'S HOME	3
CARE BY A NON-RELATIVE IN THE CHILD'S HOME.....	4
CARE BY RELATIVES IN THE CHILD'S HOME	5
DON'T KNOW	6

12. What are the child care options/choices for parents who need care for toddlers or preschoolers? Can they find . . .

	Yes	No	DK
Center care	1	2	3
Care by a non-relative in that person's home	1	2	3
Care by relatives in the relative's home	1	2	3
Care by a non-relative in the child's home	1	2	3
Care by relatives in the child's home ...	1	2	3

I2a. What do they usually choose?

CENTER CARE.....	1
CARE BY A NON-RELATIVE IN THAT PERSON'S HOME.....	2
CARE BY RELATIVES IN THE RELATIVE'S HOME	3
CARE BY A NON-RELATIVE IN THE CHILD'S HOME.....	4
CARE BY RELATIVES IN THE CHILD'S HOME	5
DON'T KNOW	6

I3. What are the child care options/choices for parents in your neighborhood who have school-age children who need care before and after school? Can they find . . .

	Yes	No	DK
School-based programs	1	2	3
Non-school-based programs.....	1	2	3
Center care	1	2	3
Care by a non-relative in that person's home	1	2	3
Care by relatives in the relative's home	1	2	3
Care by a non-relative in the child's home	1	2	3
Care by relatives in the child's home ...	1	2	3

I3a. What do they usually choose?

SCHOOL-BASED PROGRAMS.....	1
NON-SCHOOL-BASED PROGRAMS	2
CENTER CARE.....	3
CARE BY A NON-RELATIVE IN THAT PERSON'S HOME.....	4
CARE BY RELATIVES IN THE RELATIVE'S HOME	5
CARE BY A NON-RELATIVE IN THE CHILD'S HOME.....	6
CARE BY RELATIVES IN THE CHILD'S HOME	7
DON'T KNOW	8

14. For parents like you, in your neighborhood, what kind of care is most affordable? What is least affordable?

	Most affordable	Least affordable
CENTER CARE.....	1	1
CARE BY A NON-RELATIVE IN THAT PERSON'S HOME.....	2	2
CARE BY RELATIVES IN THE RELATIVE'S HOME	3	3
CARE BY A NON-RELATIVE IN THE CHILD'S HOME	4	4
CARE BY RELATIVES IN THE CHILD'S HOME	5	5
DON'T KNOW	6	6

15. How do parents in your neighborhood find out about what child care is available?

FRIENDS, RELATIVES	1
PROVIDERS	2
NEWSPAPERS/ADVERTISEMENTS/BULLETIN BOARDS	3
YELLOW PAGES	4
RESOURCE AND REFERRAL SERVICES.....	5
SOCIAL SERVICE OR WELFARE AGENCY STAFF	6
OTHER COMMUNITY AGENCY	7
LEAFLETS, INFORMATIONAL BROCHURES.....	8
DON'T KNOW.....	9

16. I'm going to read a list of statements. For each one, tell me whether it is true, somewhat true or not true. (READ STATEMENTS. CIRCLE ONE RESPONSE.)

	True	Somewhat True	Not true
a. I've had difficulty finding the child care I want.	1	2	3
b. There are good choices for child care where I live	1	2	3
c. I found a caregiver who shares my values.	1	2	3
d. I like the way my caregiver views the world	1	2	3
e. When I made this arrangement, I had more than one option	1	2	3
f. In choosing child care, I've felt I had to take whatever I could get.	1	2	3
g. For my child care arrangement, transportation is a big problem.	1	2	3
h. My child care is too far from home.	1	2	3

Section J. Parental Attitudes, Beliefs, Values

J1. Now I am going to read a list of statements that describe child care situations. I would like to know how important each one is to you.

READ ITEM: Is this extremely important, very important, somewhat important, not too important, or not at all important to you?

	Extremely	Very	Some- what	Not too	Not at all	Don't know
How important is . . .						
a. Provider's openness to parents' dropping in to see children during the day.....	1	2	3	4	5	8
b. Teaching of cultural or religious values.....	1	2	3	4	5	8
c. The number of children in the group.....	1	2	3	4	5	8
d. The presence of children of different ages.....	1	2	3	4	5	8
e. The provider's communication with parents about their children.....	1	2	3	4	5	8
f. Cleanliness.....	1	2	3	4	5	8
How important is . . .						
g. The provider's style of discipline.....	1	2	3	4	5	8
h. More like home than a school.....	1	2	3	4	5	8
I. The provider's experience in taking care of children.....	1	2	3	4	5	8
j. A provider with a close relationship to your family.....	1	2	3	4	5	8
k. A provider who shares my values.....	1	2	3	4	5	8
l. A provider who is licensed or registered by the state.....	1	2	3	4	5	8
How important is . . .						
m. The way the provider teaches children to get along with other children.....	1	2	3	4	5	8
n. Attention to nutrition.....	1	2	3	4	5	8
o. Availability of care that is day in and day out.....	1	2	3	4	5	8
p. Attention to children's safety.....	1	2	3	4	5	8
q. The attention children receive from the caregiver.....	1	2	3	4	5	8
r. Provider's warmth toward children.....	1	2	3	4	5	8
How important is . . .						
s. Provider's training in taking care of children.....	1	2	3	4	5	8
t. Teaching things child needs to know for school.....	1	2	3	4	5	8
u. Teaching children things about their community.....	1	2	3	4	5	8
v. Teaching children things about nature.....	1	2	3	4	5	8
w. The amount of TV or videos children can watch.....	1	2	3	4	5	8
x. Opportunities for active play.....	1	2	3	4	5	8
How important is . . .						
y. The extent to which the provider organizes children's activities.....	1	2	3	4	5	8
z. The presence of children from different ethnic groups...	1	2	3	4	5	8
aa. The amount of providers experience in child care	1	2	3	4	5	8

Section K. Knowledge of and Use of Subsidies

K1. Thinking back to (PREVIOUS MONTH) what was the total amount you paid for child care for (READ NAMES OF CHILDREN UNDER 13) in that month? Please include only the money you had to pay out of your own pocket. Don't include any payment for which you were reimbursed or which was made by an agency.

\$ _____

IF ONLY ONE CHILD UNDER 13, SKIP TO K2.

K1a. How many children does this payment include?

_____ # CHILDREN

K2. Do you receive a child care subsidy or voucher for your child/any of your children?

YES 1
 NO 2 GO TO K7

K2a. Where does the subsidy or voucher come from? _____
 NAME OF AGENCY

K2b. Does your child care provider receive a direct payment from a government agency for your child care?

YES 1
 NO 2
 DON'T KNOW 8

(ASK ONLY IF THERE ARE SIBLINGS:)

K2c. For which children (under 13) do you or your provider receive a subsidy?

Name of Child	Yes	No	DK
_____	1	2	8
_____	1	2	8
_____	1	2	8
_____	1	2	8

K3. When did you (or your provider) begin receiving the subsidy for (CHILD A, B, C, D)?

Child A	_____ / _____
MONTH	YEAR
Child B	_____ / _____
MONTH	YEAR
Child C	_____ / _____
MONTH	YEAR
Child D	_____ / _____
MONTH	YEAR

K4. Did any of your child care arrangements change because you began receiving a subsidy?

YES 1
 NO 2GO TO K6

K5. How did they change?

HAD TO CHANGE PROVIDERS 1
 HAD TO CHANGE TYPE OF CARE 2
 OTHER (SPECIFY) _____ 3
 OTHER (SPECIFY) _____ 4
 OTHER (SPECIFY) _____ 5
 OTHER (SPECIFY) _____ 6

K6. Is the (AMOUNT FROM K1) you gave me before as your monthly cost of child care, the amount of the copayment (NAME OF AGENCY) requires?

YES 1GO TO K9
 NO 2
 NO, NO CO-PAYMENT 3 GO TO K10
 DON'T KNOW 4 GO TO K9

K6a. Is this amount more or less than (NAME OF AGENCY) requires you to pay?

LESS 1GO TO K10
 MORE 2

K6b. Why do you have to pay more?

PROVIDER CHARGES MORE, IN ADDITION TO
 COPAYMENT 1
 PAYMENT TO OTHER PROVIDER FOR EXTRA
 HOURS 2
 OTHER (SPECIFY) _____ 3
 OTHER (SPECIFY) _____ 4
 OTHER (SPECIFY) _____ 5
 OTHER (SPECIFY) _____ 6

SKIP TO K10

K7. Have you ever applied for a child care subsidy?

PROBE: Have you ever applied for help to pay for child care?

- YES 1
- NO 2GO TO K11

K8. What happened when you applied? (DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

- RECEIVED A SUBSIDY 1 GO TO K8a
- APPLICATION PENDING/ON WAITING LIST 2 GO TO K10
- DIDN'T GET ANY HELP 3 GO TO K10
- WAS NOT ELIGIBLE AT THAT TIME..... 4 GO TO K10
- GOT TIRED OF WAITING..... 5 GO TO K10
- OTHER (SPECIFY) _____ 6 GO TO K10

K8a. Was that within the last year?

- YES 1
- NO 2GO TO K8c

K8b. When did you stop receiving the subsidy?

_____ MONTH

K8c. Why did the subsidy end?

- SANCTION 1
- MISSED BEING RECERTIFIED 2
- LOST MY JOB 3
- CHILD BECAME INELIGIBLE 4
- PROVIDER BECAME INELIGIBLE 5
- OTHER (SPECIFY) _____ 6

K8d. Did your child care arrangements change when the subsidy stopped?

- YES 1
- NO 2GO TO K9

K8e. How did they change?

- HAD TO CHANGE PROVIDERS 1
- HAD TO CHANGE TYPE OF CARE 2
- OTHER (SPECIFY) _____ 3
- OTHER (SPECIFY) _____ 4
- OTHER (SPECIFY) _____ 5
- OTHER (SPECIFY) _____ 6

GO TO K10.

K9. When the subsidy stopped, did you get help from anyone else to pay for child care?

- YES 1
- NO 2

K9a. What kind of help did you get?

- PROVIDER DID NOT PRESS FOR PAYMENT 1
- PARENT, RELATIVE, OR FRIEND HELPED WITH
PAYMENT 2
- OTHER AGENCY HELPED WITH PAYMENT 3
- OTHER (SPECIFY) _____ 4

K10. How did you hear about the subsidy program? That is, how did you find out you could get financial help with child care? (DO NOT READ LIST. CIRCLE ALL THAT ARE MENTIONED.)

- FRIEND, RELATIVE, NEIGHBOR..... 1
- CHILD CARE PROVIDER 2
- CHILD CARE AGENCY WORKER 3
- RESOURCE AND REFERRAL SERVICES 4
- WELFARE AGENCY STAFF..... 5
- RADIO, TV OR NEWSPAPER AD 6
- INFORMATIONAL BROCHURE 7
- EMPLOYER..... 8
- OTHER (SPECIFY)_____ 9

K11. Other than subsidies you might receive, who helps pay for your child care? (CIRCLE ALL THAT APPLY.)

- RELATIVE..... 1
- FRIEND..... 2
- CHILD'S FATHER..... 3
- CHILD'S MOTHER..... 4
- EMPLOYER..... 5
- PRIVATE AGENCY OR CHARITY 6
- NO ONE 7
- OTHER (SPECIFY)_____ 8

Section L: Attitudes Towards Current Arrangement and Relationship with Provider

Now let's talk about your feelings about family child care in general and then your current arrangement in particular.

L1. What do you see as the special advantages of a family child care arrangement for you?
 Compared with, for example, care in a child care center?
 (CIRCLE ALL RESPONSES.)

COST	1
FLEXIBILITY OF HOURS	2
HOURS OF CARE MATCH MY SCHEDULE	3
LIKE A HOME	4
CHILD CAN BE WITH SIBLINGS	5
PROVIDER HELPS ME AS WELL AS MY CHILD	6
PROVIDER IS LIKE A FAMILY MEMBER	7
CHILD CAN BE WITH CHILDREN OF DIFFERENT AGES.....	8
MORE INDIVIDUAL ATTENTION	9
CARE IS CLOSE TO WHERE I LIVE (OR WORK)	10
PROVIDER SHARES MY VALUES	11
CARES FOR INFANTS.....	12
OTHER (SPECIFY).....	13
DON'T SEE ADVANTAGES, WOULD PREFER A CENTER.....	14

L2. What, if any, are the disadvantages of a family child care arrangement?

PROVIDER IS ALONE, NO ONE SEES WHAT HAPPENS	1
IF PROVIDER IS SICK, THERE IS NO BACKUP.....	2
PROVIDER TELLS ME HOW I SHOULD RAISE MY CHILD.....	3
PROVIDER DOESN'T TEACH MY CHILD THINGS HE/SHE NEEDS TO KNOW FOR SCHOOL.....	4
HOME DOESN'T HAVE AS MANY TOYS OR AS MUCH EQUIPMENT AS A CENTER.....	5
CHILDREN WATCH TOO MUCH TV	6
PROVIDER SPENDS TIME DURING DAY DOING CHORES.....	7
PROVIDER HAS TOO MANY VISITORS DURING DAY.....	8
PROVIDER'S CHILDREN HAVE TOO MANY PLAYMATES DURING DAY	9
OTHER (SPECIFY).....	10
NO DISADVANTAGES.....	11

L3. Knowing what you know now, if you had to decide all over again whether to send (CHILD) to (PROVIDER), what would you decide? Would you . . .

Definitely send (him/her) again?	1
Have some second thoughts?.....	2
Probably not send (him/her) again or	3
Definitely not send (him/her) again.....	4
Don't know	97
Refused	98

L4. If a friend of yours with a child the same age as (CHILD) was thinking about sending her child to (PROVIDER), what would you say? Would you . . .

Strongly recommend it,	1
Recommend it,.....	2
Have doubts about recommending it, or.....	3
Advise your friend against it?.....	4
Don't know	97
Refused	98

L5. Next, I have a few questions about your relationship with (PROVIDER) over the last three months.

Have you gotten together socially with (PROVIDER) in the last three months?

YES	1
NO	2

L6. Has (PROVIDER) made special arrangements to help you out with work or family problems in the last three months?

YES	1
NO	2

L7. Has (PROVIDER) helped you in other ways in the last three months? (e.g., lent a car, equipment)

YES	1
NO	2

L8. Has (PROVIDER) been critical of you as a parent or as a person in the last three months?

YES	1
NO	2

L9. Have you shared your personal feelings or concerns with (PROVIDER) in the last three months?

YES	1
-----------	---

NO 2

L10. Have you had a disagreement or dispute with (PROVIDER) in the last three months . . .

a. about child rearing?

YES 1
NO 2

b. about money?

YES 1
NO 2

c. about coming late to pick up (CHILD)?

YES 1
NO 2

L11. Have you talked with (PROVIDER) about (CHILD) and how (she/he) is doing in the last three months?

YES 1
NO 2

(ASK ONLY IF WORKING/GOING TO SCHOOL/LOOKING FOR JOB:)

L12. Has (PROVIDER) shown resentment of you or your needs as a working parent in the last three months?

YES 1
NO 2

L13. Do you consider (PROVIDER) a personal friend?

YES 1
NO 2

L14. I'd like to read a list of statements about your current child care provider and your child's experience in her home. For each item, tell me if it is always true, often true, sometimes true or never true. (READ EACH STATEMENT. AFTER EACH STATEMENT, REPEAT RESPONSE CATEGORIES.)

First, we'll talk about your relationship and communication with the caregiver:

Circle One:

- | | | | | | | | |
|---|---|-------|-----------|-------|--------|---|----|
| A | I feel comfortable telling my caregiver what's going on at home | Never | Sometimes | Often | Always | ? | NA |
| B | My caregiver accepts the way I raise my child..... | Never | Sometimes | Often | Always | ? | NA |

C	My caregiver is supportive of me as a parent	Never	Sometimes	Often	Always	?	NA
D	My caregiver gets uncomfortable when I try to suggest changes	Never	Sometimes	Often	Always	?	NA
E	We've talked about how to deal with problems that might arise	Never	Sometimes	Often	Always	?	NA
F	My caregiver and I share information	Never	Sometimes	Often	Always	?	NA
G	I feel welcomed by the caregiver.....	Never	Sometimes	Often	Always	?	NA
H	I'm free to drop in whenever I wish	Never	Sometimes	Often	Always	?	NA

Now, we'll talk about the caregiver's ability and the richness of activities for your child:

Circle One:

I	It's an interesting place for my child	Never	Sometimes	Often	Always	?	NA
J	There are lots of creative activities going on.....	Never	Sometimes	Often	Always	?	NA
K	There are plenty of toys, books, pictures, and music for my child	Never	Sometimes	Often	Always	?	NA
L	The caregiver provides activities that are just right for my child.....	Never	Sometimes	Often	Always	?	NA
M	I feel my child is getting too old for the activities	Never	Sometimes	Often	Always	?	NA
N	My child gets a lot of individual attention.....	Never	Sometimes	Often	Always	?	NA
O	The caregiver helps children to make their own decisions	Never	Sometimes	Often	Always	?	NA
P	The caregiver changes activities in response to my child's needs	Never	Sometimes	Often	Always	?	NA
Q	My caregiver has good training and education.....	Never	Sometimes	Often	Always	?	NA

I have some other statements about your child's caregiver and activities.

Circle One:

R	My caregiver is open to new information and learning	Never	Sometimes	Often	Always	?	NA
S	My caregiver shows she/he knows a lot about children and their needs.....	Never	Sometimes	Often	Always	?	NA
T	In care, my child has many natural learning experiences	Never	Sometimes	Often	Always	?	NA
U	The caregiver reads aloud during the day.....	Never	Sometimes	Often	Always	?	NA
V	The children watch a great deal of TV or videos in care	Never	Sometimes	Often	Always	?	NA
W	In my child's care, there is a balance between quiet and noisy activities	Never	Sometimes	Often	Always	?	NA
X	The caregiver is skilled with children in a group.....	Never	Sometimes	Often	Always	?	NA
Y	The caregiver handles discipline matters easily without being harsh	Never	Sometimes	Often	Always	?	NA
Z	The caregiver seems happy and content	Never	Sometimes	Often	Always	?	NA
AA	The children seem out of control	Never	Sometimes	Often	Always	?	NA

Next, we'll talk about the relationship between the caregiver and your child—her warmth and quality of interest in your child:

Circle One:

BB	My caregiver is happy to see my child	Never	Sometimes	Often	Always	?	NA
CC	The caregiver seems impatient with my child	Never	Sometimes	Often	Always	?	NA
DD	My child likes my caregiver	Never	Sometimes	Often	Always	?	NA
EE	The caregiver takes an interest in my child	Never	Sometimes	Often	Always	?	NA
FF	The caregiver accepts my child for who she/he is	Never	Sometimes	Often	Always	?	NA
GG	The caregiver makes an effort to get to know my child	Never	Sometimes	Often	Always	?	NA
HH	My caregiver recognizes my child's special abilities ..	Never	Sometimes	Often	Always	?	NA

II	The caregiver tries to figure out how my child is feeling.....	Never	Sometimes	Often	Always	?	NA
JJ	The caregiver is warm and affectionate toward my child.....	Never	Sometimes	Often	Always	?	NA
KK	My child is treated with respect.....	Never	Sometimes	Often	Always	?	NA

Now, about how your child is doing in child care:

Circle One:

LL	My child gets along well with the other children in care	Never	Sometimes	Often	Always	?	NA
M	My child likes the other children	Never	Sometimes	Often	Always	?	NA
M							
NN	My child has been happy in the arrangement	Never	Sometimes	Often	Always	?	NA

Section M: Housing and Other Costs/Income

My next questions are about your housing arrangements and living expenses.

M1. Do you currently. . .

- Own your own home 1 GO TO M3
- Rent your home or apartment..... 2
- Live with family or friends and not pay rent..... 3
- Live with family or friends and pay part of rent 4
- Live in a group shelter..... 5
- Live in some other arrangement (SPECIFY) 6
- _____
- Jail 7
- Homeless..... 8
- Live alone and rent free..... 9

M2. Do you live in public housing?

- YES 1
- NO 2
- DON'T KNOW 8

M2a. Do you pay less rent because the government pays for part of it, through Section 8 housing, for example?

- YES 1
- NO 2
- DON'T KNOW 8

M3. How many times have you moved in the past 12 months?

- _____
- NUMBER OF TIMES
- NONE..... 0

M4. Altogether in (PRIOR MONTH), what did your household spend on housing? Please include any rent or mortgage payments. Do not include any subsidies you might get; only include what you pay out-of-pocket.

- NONE..... 0
- \$_____ PER MONTH GO TO M5
- DON'T KNOW 8

M4a. I just need an estimate. Do you think it was . . .

\$200 or less	1
\$201-\$400	2
\$401-\$600	3
\$601-\$800	4
\$801-\$1,000	5
\$1,001-\$1,200	6
\$1,201-\$1,400	7
\$1,401-\$1,600	8
\$1,601-\$1,800	9
\$1,801-\$2,000	10
More than \$2,000	11

M5. Are utilities such as heat, gas and electric included in the amount your household pays for (rent/mortgage)?

YES	1 GO TO M6
SOMEBODY ELSE PAYS.....	2
NO	3
DON'T KNOW	8

M6. For the month of (PRIOR MONTH), what did your household spend directly on utilities, including any heating bills, gas and electric. Please tell me only about expenses that were not part of your rent or mortgage. Only tell me what you paid out-of-pocket; do not include any subsidies that you receive.

\$_____ PER MONTH	GO TO M7
DON'T KNOW	8

M6a. I just need to know a range. Do you think it was . . .

\$25 or less	1
\$26-\$50	2
\$51-\$100	3
\$101-\$150	4
\$151-\$200	5
\$201 or more	6
DON'T KNOW	8
REFUSED	9

M7. About how much did you spend in the last 7 days on groceries for (you and (CHILD)/you and your family)? Please include any outside food assistance you may have received like food stamps.

PROBE: Your best guess is fine.

\$_____ AMOUNT

DON'T KNOW 8
REFUSED 9

M7a. Are you currently receiving Food Stamps?

YES 1
NOT 2

M8. Could you tell me about how much (you/you and your family) spent in the last 7 days on eating out, including breakfasts, lunches and snacks?

PROBE: Your best guess is fine.

\$_____ AMOUNT

DON'T KNOW 8
REFUSED 9

M9. About how much did you spend in (PRIOR MONTH) on clothing and shoes for your family? Please include money spent by your child(ren) on clothing and shoes.

PROBE: Your best guess is fine.

\$_____ AMOUNT

DON'T KNOW 8

M10. During (PRIOR MONTH), about how much did **you** spend out-of-pocket for medical expenses for you and your family? Don't include the cost of dental care, health insurance premiums, or any costs that were paid by your health insurance. Include out-of-pocket expenses for prescription drugs, co-payments, and deductibles for doctor visits.

PROBE: Your best guess is fine.

\$_____ AMOUNT

DON'T KNOW 8

M11. How much did you pay in (PRIOR MONTH) for gas for your car?

\$_____ AMOUNT GO TO M12

NONE..... 1 GO TO M12
DOES NOT HAVE CAR..... 2 GO TO M12
DON'T KNOW..... 8

M11a. Do you think it was . . .

\$25 or less 1
\$26-\$50 2
\$51-\$100 3
More than \$100..... 4
DON'T KNOW 8
REFUSED..... 9

M12. How much did you pay in (PRIOR MONTH) for (you/you and your family) to use public transportation, that is, buses, trains, or taxis?

\$_____ AMOUNT GO TO M13

DOES NOT USE MASS TRANSIT..... 2
DON'T KNOW 8

M12a. Do you think it was . . .

\$25 or less 1
\$26-\$50 2
\$51-\$100 3
\$101-\$200 4
More than \$200..... 5
DON'T KNOW 8
REFUSED..... 9

Now I'd like to ask you about the income you received last year. Remember that this information will remain confidential and will not be reported to any agency.

M13. First I'd like you to tell me, if you can, what your total household income was last month?

\$_____

DON'T KNOW 8

M13a. Is that before or after taxes?

- BEFORE TAXES 1
- AFTER TAXES 2
- NOT SURE/DON'T KNOW 3

M14. Now I would like to ask you about your total household income for last year (LAST CALENDAR YEAR) for all the people in your household, including you. Again, consider all sources of cash income, including jobs, alimony, child support, Welfare, Unemployment Insurance, Social Security, SSI, or Workmen's Compensation. Exclude food stamps or food checks. Please tell me the number that is closest to your total household income for last year. (READ LIST. CIRCLE ONE.)

- \$3,000 or less 1
- \$3,001-\$6,000 2
- \$6,001-\$9,000 3
- \$9,001-\$12,000 4
- \$12,001-\$15,000 5
- \$15,001-\$20,000 6
- \$20,001-\$30,000 7
- \$30,001-\$40,000 8
- \$40,001-\$50,000 9
- Over \$50,000..... 10
- DON'T KNOW 97
- REFUSED..... 98

M14a. Was any of your income last year from welfare payments?

- YES 1
- NO 2

M14b. When you filed your income taxes for last year, did you claim the Earned Income Tax Credit (EITC)?

- YES 1
- NO 2
- DON'T KNOW 3

M15. Now we'd like to ask you some questions about [FOCUS CHILD]. We're interested in the ways he/she is learning to play with other children and to express his/her feelings. I'm going to read a list of descriptions to you, and I want you to tell me whether your child is like the description rarely or never, sometimes, often, or almost always. There are no right or wrong answers. Every child is different, and we are interested in knowing about how children develop and learn about being with other people.

Emotion Regulation Checklist

(Shields & Cicchetti, 1995; adapted by Abt Associates Inc., 1999)

	Rarely/ Never 1	Some- times 2	Often 3	Almost Always 4
1. Is a cheerful child.	1	2	3	4
2. Has wild mood swings (changes unexpectedly from a good to a bad mood).	1	2	3	4
3. Responds positively when adults approach him/her in a friendly or neutral way.	1	2	3	4
4. Moves easily from one activity to another; doesn't become angry, anxious, upset or overly-excited when changing activities.	1	2	3	4
5. Gets over it quickly when he/she is upset or unhappy (doesn't pout, remain sullen, anxious or sad after upsetting events)	1	2	3	4
6. Is easily frustrated.	1	2	3	4
7. Responds positively when another child approaches him/her in a friendly or neutral way.	1	2	3	4
8. Is likely to have angry outburst or easily throws tantrums.	1	2	3	4
9. Is able to wait for what he/she wants.	1	2	3	4
10. Seeing others unhappy gives him/her pleasure (e.g., laughs when someone gets hurt or punished, enjoys teasing others)	1	2	3	4
11. Can keep his/her excitement under control (e.g., doesn't get "carried away" in high energy play situations or overly excited when it is not appropriate).	1	2	3	4
12. Is whiny or clingy with adults.	1	2	3	4
13. Is likely to have outbursts of energy and exuberance (or excitement) that are disruptive.	1	2	3	4
14. Responds angrily when an adult sets limits.	1	2	3	4

Emotion Regulation Checklist

(Shields & Cicchetti, 1995; adapted by Abt Associates Inc., 1999)

	Rarely/ Never 1	Sometime s 2	Often 3	Almost Always 4
15. Is able to say when he/she is feeling sad, angry or mad, fearful or afraid.	1	2	3	4
16. Seems sad or without energy.	1	2	3	4
17. When [CHILD] tries to play with others, he/she is overly exuberant (overly-excited).	1	2	3	4
18. Seems unemotional (e.g., child's expression is vacant or inexpressive; child seems emotionally absent).	1	2	3	4
19. When another child attempts in a friendly or neutral way to get [CHILD] to play or join in, he/she responds negatively (e.g., may speak in angry tone of voice or respond fearfully).	1	2	3	4
20. Is impulsive; does things without thinking.	1	2	3	4
21. Shares in feelings of others; shows concern when others are upset or unhappy.	1	2	3	4
22. Displays excitement or enthusiasm that upsets or intrudes on others	1	2	3	4
23. When another child acts aggressively toward [CHILD] or intrudes on [CHILD], he/she reacts appropriately (e.g., expresses anger, fear, frustration, distress but does not return aggression).	1	2	3	4
24. When [CHILD] tries to get others to play, he/she shows negative emotions (anger, fear, frustration, distress).	1	2	3	4

Section N. Tracking Information and Interviewer Observations

N1. Thank you for letting me spend this time with you. I would like to thank you for participating in the study.

To help us get in touch with you in case you move, we'd like to ask you for the names and addresses of people who can help us find you.

N2. (What is/Is TELEPHONE NUMBER) your telephone number?

TELEPHONE NUMBER SAME AS ON QUESTIONNAIRE	1	
NEW TELEPHONE NUMBER	2	(RECORD ON COVER SHEET)

NO TELEPHONE.....	0	GO TO N7
REFUSED.....	9	GO TO N7

N3. Is that your telephone, or is it someone else's?

RESPONDENT'S	1	GO TO N11
OTHER'S.....	2	

N4. Whose telephone is it?

Name: _____	1
REFUSED.....	9

N5. What is (his/her/their) address?

Street address: _____ Apt. No. _____	
City: _____	
State: _____ Zip Code: _____	
SAME AS RESPONDENT'S.....	4
REFUSED.....	9

N6. What is (his/her/their) relationship to you? (CIRCLE ALL THAT APPLY.)

- PARENT OR STEPPARENT..... 1
- AUNT OR UNCLE 2
- GRANDPARENT 3
- SIBLING..... 4
- OTHER RELATIVE (SPECIFY)
..... 5
- FRIEND 6
- OTHER (SPECIFY)
..... 7
- REFUSED..... 9 GO TO N11

N7. Can you give me a number where you can be reached?

Telephone number

- NO 0 GO TO N11
- REFUSED..... 9 GO TO N11

N8. Whose telephone is that?

- Name: _____ 1
- REFUSED..... 9

N9. What is (his/her/their) address?

Street address: _____ Apt. No. _____

City: _____

State: _____ Zip Code: _____

- DON'T KNOW..... 8
- REFUSED..... 9

N10. What is (his/her/their) relationship to you? (CIRCLE ALL THAT APPLY.)

- PARENT OR STEPPARENT..... 1
- AUNT OR UNCLE 2
- GRANDPARENT 3
- SIBLING..... 4
- OTHER RELATIVE (SPECIFY)
..... 5
- FRIEND 6
- OTHER (SPECIFY)
..... 7
- REFUSED..... 9 GO TO N11

N11. What are the names, addresses, and telephone numbers of relatives who will know how to contact you six months from now?

OTHER RELATIVE’S NAME, ADDRESS, AND TELEPHONE NUMBER

Other relative’s full name: _____

Nickname: _____

Street address: _____ Apt. No. _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Spouse’s name (if applicable)

- DOES NOT HAVE OTHER RELATIVES..... 4
- SAME AS RESPONDENT’S..... 5
- NO OTHER CONTACTS 6 GO TO N14

N12. What are the names, addresses, and telephone numbers of close friends who will know how to contact you six months from now?

CLOSE FRIEND’S NAME, ADDRESS, AND TELEPHONE NUMBER

Close friend’s full name: _____

Nickname: _____

Street address: _____ Apt. No. _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Spouse's name (if applicable)

- DOES NOT HAVE ANY CLOSE FRIENDS 4
- SAME AS RESPONDENT'S 5
- NO OTHER CONTACTS 6 GO TO N14

N13. Anyone else?

OTHER PERSON'S NAME, ADDRESS, AND TELEPHONE NUMBER

Other person's full name: _____

Nickname: _____

Street address: _____ Apt. No. _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Spouse's name (if applicable)

- DOES NOT HAVE OTHER RELATIVES 4
- SAME AS RESPONDENT'S 5
- NO OTHER CONTACTS 6 GO TO N14

N14. **CLOSING.** Thank you very much. Those are all our questions. We'll be back in touch.