

ICPSR 29462

**Head Start Impact Study (HSIS),
2002-2006 [United States]**

*United States Department of Health and
Human Services. Administration for
Children and Families. Office of Planning,
Research and Evaluation*

Fall 2002 Parent Interview

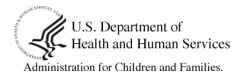
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These data are made available by the Child Care and Early Education *Research Connections* project. *Research Connections* promotes high quality research in child care and early education and the use of that research in policymaking.

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Fall 2002



ID number: _____
Child name: _____
Birth date: _____

Parent Interview

Date: _____

Interviewer: _____

Westat

Interview complete

SC1. WILL THE INTERVIEW BE COMPLETED IN WHOLE OR IN PART WITH AN INTERPRETER?

YES..... 1
NO..... 2 (GO TO INTRO)

IF YES: HAVE INTERPRETER SIGN CONFIDENTIALITY FORM BEFORE INTERVIEW

SC2. WHAT LANGUAGE WILL BE USED? _____

INTRODUCTION

Thank you for agreeing to talk with me. The purpose of this study is to learn more about how children learn and grow to be ready for school in a variety of center-based programs and child care settings. I want to talk with you so we can learn from a parent's point of view. Information from this study will be used to help better serve all children and their families.

We are conducting these interviews in fall 2002 and spring 2003. The interview will last about 60 minutes.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. There are no right or wrong answers to these questions. Only the researchers will see or hear your answers. All of the study results will be reported for groups of parents; no results will be reported for individuals. Your participation is completely voluntary. If you choose not to complete this interview, it will not affect you or your child's participation in any Head Start, center-based, or child care program. The things you tell me are very important, so please be as accurate as possible. Occasionally, I may have to ask a question that does not apply to you or your family. If that happens, just tell me and I will move on to the next question.

Before we begin, let me read the following to you:

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) Control Number. The valid OMB Control Number for this information collection is [READ FROM FRONT COVER]. The time required to complete this information collection is estimated to average 60 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Do you have any questions before we begin?

S. SCREENER

First, I need to double check the information we already have about you and [CHILD].

SC3. Is [FIRST AND LAST NAME OF CHILD] the correct name of your child and is the name spelled correctly? (SHOW FRONT COVER)

YES..... 1 (GO TO SC5)
NO 2

SC4. What is your child's correct name? [CHECK SPELLING]

Name: _____

SC5. We want to interview the person living with [CHILD] and most responsible for raising the child. Are you that person?

YES..... 1 (GO TO SC9)
NO 2

SC6. Who is most responsible for raising [CHILD]?

Name: _____

Address: _____

City	State	Zip
------	-------	-----

Telephone: _____

SC7. Does [NAME FROM SC6] live in the same household as [CHILD]?

YES..... 1
NO 2 (TERMINATE
INTERVIEW AND RESCHEDULE WITH PRIMARY CAREGIVER)

SC8. Is that person available to talk to me now?

YES..... 1 (GO TO SC9)
NO 2

IF NO, PROBE FOR A GOOD TIME TO CONTACT THE PERSON MOST RESPONSIBLE FOR RAISING THE CHILD AND RECORD HERE.

Date	Time
------	------

TERMINATE INTERVIEW AND
RESCHEDULE WITH PRIMARY
CAREGIVER

SC9. How are you related to [CHILD]?

Birth Mother.....01	Birth Father.....02
(GO TO SC12)	(GO TO SC12)
Adoptive Mother03	Adoptive Father..... 04
(GO TO SC12)	(GO TO SC12)
Stepmother.....05	Stepfather06
(GO TO SC12)	(GO TO SC12)
Grandmother.....07	Grandfather.....08
Great Grandmother09	Great Grandfather10
Sister/step sister.....11	Brother/stepbrother12
Other Relative or In-law (Female)13	Other Relative or In-law (Male)14
Foster Parent (Female).....15	Foster Parent (Male).....16
Other Non-relative (Female)17	Other Non-relative (Male)18
Parent's Partner (Female).....19	Parent's Partner (Male)20

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

YES.....	1 (GO TO SC12)
NO	2

SC11. Who is [CHILD]'s legal guardian?

Name: _____

Address: _____

City State Zip

Telephone: _____

SC12. Is [CHILD] currently enrolled in Head Start?

- YES..... 1 (GO TO SC15)
- NO 2

SC13. Which of the following best describes the setting where [CHILD] spends most of the time from Monday through Friday, 9:00 a.m. to 3:00 p.m.? (NOTE: CENTER-BASED PROGRAM REFERS TO A CLASSROOM SETTING; DAYCARE HOME REFERS TO A HOME SETTING.)

- Center-based program, such as a child care center, preschool or pre-kindergarten program 1
 - Someone else's home/daycare home 2
 - Own home..... 3
 - Other (SPECIFY)..... 4
- _____

SC14. Which of the following best describes the person responsible for [CHILD]'s care in the setting we were just talking about, for most of the time from Monday through Friday, 9:00 a.m. to 3:00 p.m.?

- A teacher..... 1
- You or another parent/primary caregiver 2 (GO TO A1)
- A relative 3
- A nonrelative 4

SC15. What is the name of this setting? [NOTE: IF CHILD IS CARED FOR BY AN INDIVIDUAL IN A SETTING THAT DOESN'T HAVE A NAME, ASK FOR THE NAME OF THE PERSON IN SC14.]

(NAME OF SETTING)

YOU WILL BE USING THIS NAME WHEREVER IT SAYS [NAME OF SETTING]

A. ABOUT YOUR CHILD AND FAMILY

A1. Is [CHILD] a boy or a girl?

BOY 1
GIRL 2

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

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

A3. Is [CHILD] of Spanish, Hispanic, or Latino origin?

YES..... 1
NO 2 (GO TO A5)

A4. Which one of these best describes [CHILD]?

Mexican, Mexican American,
Chicano..... 1
Puerto Rican 2
Cuban 3
Another Spanish/Hispanic/Latino group . 4

A5. What is [CHILD]'s race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

a. WHITE 01
b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) _____ 03
d. ASIAN INDIAN 04
e. CHINESE 05
f. FILIPINO 06
g. JAPANESE 07
h. KOREAN..... 08
i. VIETNAMESE 09
j. ASIAN (NOT FURTHER SPECIFIED)..... 10
k. NATIVE HAWAIIAN..... 11
l. GUAMANIAN OR CHAMORRO..... 12
m. SAMOAN 13
n. OTHER PACIFIC ISLANDER
(SPECIFY) _____ 14
o. ANOTHER RACE
(SPECIFY) _____ 15

A6. In what country was [CHILD] born?

USA 1 (GO TO B1)
OTHER (SPECIFY COUNTRY) 2

A7. How many years has [CHILD] lived in the United States?

|____| YEARS

B. ACTIVITIES WITH YOUR CHILD

Now I have some questions about you and [CHILD] at home.

- B1. How many times have you or someone in your family *read* to [CHILD] in the past *week*? Would you say... (CIRCLE ONE RESPONSE.)

Not at all, 1
Once or twice, 2
Three or more times, or.. 3
Every day? 4

- B2. For about how long does [CHILD] enjoy being read to at a sitting? PROBE: About how many minutes?

|_____|_____| MINUTES

- B3. How often did your child ask you to read books in the past week?

Not at all 1
Once or twice 2
Three or more times 3
Every day 4

- B4. How often does your child show interest in reading labels, people's names, or signs (such as signs for McDonald's)?

Never 1
Once or twice so far..... 2
Once or twice in the past month..... 3
Once or twice in the past week 4

B5. *In the past week*, have you or someone in your family done the following things with [CHILD]?
(READ EACH ITEM BELOW.)

In the past week, have you or someone in your family....

	YES	NO
a. Told (him/her) a story?.....	1	2
b. Helped (him/her) learn the names of letters, words, or numbers?.....	1	2
c. Practiced writing the letters of the alphabet with (him/her)?.....	1	2
d. Helped [CHILD] learn songs or music?.....	1	2
e. Worked on arts and crafts with (him/her)?.....	1	2
f. Played with toys or games indoors with [CHILD]?.....	1	2
g. Played a sport or exercised together?.....	1	2
h. Taken (him/her) along while doing errands like going to the post office, the bank, or the store?.....	1	2
i. Involved (him/her) in household chores like cooking, cleaning, setting the table, or caring for pets?.....	1	2
j. Practiced writing or spelling [CHILD's] name?.....	1	2
k. Practiced rhyming words such as cat, mat, sat?.....	1	2
l. Counted the number of things that you can see and touch, such as cookies, blocks, or cars?.....	1	2
m. Talked about how big something is or how much something holds using a ruler, spoons, or cups?.....	1	2
n. Talked about the calendar or days of the week?.....	1	2

B6. IF YES:

How many times have you done this *in the past week*?
Would you say one or two times, or three or more?

One or two Times	Three or more
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2

B7. *In the past month*, that is since [(MONTH)/(DAY)], has anyone in your family done the following things with [CHILD]?

	<u>YES</u>	<u>NO</u>
a. Gone to a movie	1	2
b. Gone to a play, concert, or other live show.....	1	2
c. Visited an art gallery, museum, or historical site.....	1	2
d. Visited a playground, park, zoo, or gone on a picnic.....	1	2
e. Talked with [CHILD] about (his/her) family history or ethnic heritage.....	1	2
f. Attended an event sponsored by a community, ethnic, or religious group	1	2

B8. Which of the following do you have in your home?

	<u>YES</u>	<u>NO</u>
a. Comic books	1	2
b. Books for children.....	1	2
c. Magazines for children.....	1	2
d. Magazines for adults, like <i>Newsweek</i> or <i>People</i> or <i>Sports Illustrated</i>	1	2
e. Newspapers	1	2
f. Catalogs.....	1	2
g. Religious books like a bible or prayer book	1	2
h. Dictionaries or encyclopedias	1	2
i. Other books like novels or biographies or non-fiction	1	2

B9. In the past month did you take any books home from the library?

YES.....	1
NO	2

C. DISABILITIES

Now I have a few questions about [CHILD]’s health.

C1. Did a doctor or other health or education professional ever tell you that [CHILD] has any special needs or disabilities—for example, physical difficulties, emotional, language, hearing, or learning difficulties, or other special needs?

YES..... 1
NO 2 (GO TO C4)

C2. How did the doctor or other health or education professional describe [CHILD]’s needs? Does [CHILD] have...

	<u>YES</u>	<u>NO</u>
a. A specific learning disability?	1	2
b. Mental retardation?.....	1	2
c. A speech impairment?.....	1	2
d. A language impairment?	1	2
e. An emotional/behavioral disorder?.....	1	2
f. Deafness?	1	2
g. Another hearing impairment?.....	1	2
h. Blindness?.....	1	2
i. Another visual impairment?	1	2
j. An orthopedic impairment?	1	2
k. Another health impairment lasting six months or more?	1	2
l. Autism?	1	2
m. Traumatic brain injury?	1	2
n. Non-categorical/Developmental delay?.....	1	2
o. Any other disability? (SPECIFY) _____.	1	2

C3. (Does/Do) [CHILD]’s (disability/disabilities or special needs) affect (his/her) ability to learn?

YES..... 1
NO 2

C4. Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?

YES..... 1
NO 2 (GO TO D1)

C5. Did someone help you get the IEP/IFSP or the services described in the IEP/IFSP?

YES..... 1
 NO 2 (GO TO C7)

C6. Who helped you? Was it... (CIRCLE ALL THAT APPLY)

A friend?..... 01
 A relative? 02
 Someone from a Head Start
 program?..... 03
 Another of [CHILD]'s child care
 providers? 04
 Your employer? 05
 Some other person or agency?
 (SPECIFY)_____ 06

C7. Is [CHILD] receiving ...

None of the services identified in the
 IEP/IFSP, 1
 Some of the services, 2
 Most of the services, or..... 3
 All of the services identified in the IEP
 or IFSP? 4

D. YOUR CHILD'S ACCOMPLISHMENTS

These next questions are about things that different children do at different ages. These things may or may not be true for [CHILD].

D1. Can [CHILD] recognize...

- All of the letters of the alphabet,..... 1
- Most of them,..... 2
- Some of them, or..... 3
- None of them?..... 4

D2. How high can [CHILD] count? Would you say...

- Not at all,..... 1
- Up to five,..... 2
- Up to ten, 3
- Up to twenty, 4
- Up to fifty, or..... 5
- Up to 100 or more?..... 6

D3. How often does [CHILD] write or pretend to write? Would you say...

- Never, 1 (GO TO D5)
- Has done it once or twice,..... 2
- Once or twice in the past month, or..... 3
- One or more times in the past week?..... 4

D4. Can [CHILD] write (his/her) first name even if some of the letters are backward?

- YES..... 1
- NO 2

D5. Does [CHILD] trip, stumble, or fall easily?

- YES..... 1
- NO 2

D6. When [CHILD] speaks, is (he/she) understandable to a stranger?

- YES..... 1
- NO 2

D7. Did [CHILD] start speaking later than other children you know? (REFERS TO PRIMARY LANGUAGE)

- YES..... 1
- NO 2

- D8. Does [CHILD] stutter or stammer?
- YES..... 1
NO 2
- D9. How often does [CHILD] pretend to read out loud?
- Never 1
Has done it once or twice..... 2
Once or twice in the past month..... 3
One or more times in the past week..... 4
- D10. How often does your child look at books alone or with another child?
- Never 1
Has done it once or twice..... 2
Once or twice in the past month..... 3
One or more times in the past week..... 4
- D11. Does [CHILD] recognize (his/her) own first name in writing or in print?
- YES..... 1
NO 2
- D12. Can [CHILD] identify the colors red, yellow, blue, and green by name? Would you say...
- None of them,..... 1
Some of them, or..... 2
All of them? 3
- D13. Can [CHILD] recognize shapes such as a circle, square, triangle, or rectangle?
- None of them..... 1
Some of them 2
All of them 3

D14. Now I'm going to read you a list of some activities and behaviors. Does [CHILD] do these things on a regular basis, or very rarely or not at all?

	<u>Regularly</u>	<u>Rarely/Not at all</u>
a. Talks with familiar adults.....	1	2
b. Enjoys having visitors.....	1	2
c. Shares newly learned ideas.....	1	2
d. Keeps self occupied.....	1	2
e. Takes care of personal belongings.....	1	2
f. Asks for assistance with difficult tasks, such as picking up heavy items, putting on clothes, or locating lost items.....	1	2
g. Expresses feelings.....	1	2
h. Expresses needs to adults.....	1	2
i. Helps with simple household tasks.....	1	2
j. Notices when others are happy, sad, angry.....	1	2
k. Offers comfort when others are in distress.....	1	2
l. Gets along with other family members.....	1	2

E. YOUR CHILD'S BEHAVIOR

I have some more questions about how your child is doing.

E1. In general, thinking about [CHILD] now or over the past month, tell me how well the following statements describe [CHILD]'s *usual* behavior: For each one, tell me if it is very true, sometimes true, or not true.

	<u>Very True</u>	<u>Sometimes True</u>	<u>Not True</u>
a. Makes friends easily	1	2	3
b. Enjoys learning	1	2	3
c. Has temper tantrums or hot temper.....	1	2	3
d. Can't concentrate, can't pay attention for long.....	1	2	3
e. Is very restless, and fidgets a lot.....	1	2	3
f. Likes to try new things	1	2	3
g. Shows imagination in work and play	1	2	3
h. Is unhappy, sad, or depressed.....	1	2	3
i. Comforts or helps others.....	1	2	3
j. Hits and fights with others.....	1	2	3
k. Worries about things for a long time.....	1	2	3
l. Accepts friends' ideas in sharing and playing.....	1	2	3
m. Doesn't get along with other kids	1	2	3
n. Wants to hear that he or she is doing okay.....	1	2	3
o. Feels worthless or inferior.....	1	2	3
p. Has difficulty making changes from one activity to another	1	2	3
q. Is nervous, high-strung, or tense.....	1	2	3
r. Acts too young for (his/her) age	1	2	3
s. Is disobedient at home.....	1	2	3

F. HOUSEHOLD RULES

Now I'd like to ask you a few questions about rules and setting limits in the home.

F1. In your house, are there rules or routines about. . .

	<u>YES</u>	<u>NO</u>
a. What TV programs [CHILD] can watch?.....	1	2
b. How many hours [CHILD] can watch TV?	1	2
c. What time [CHILD] eats?	1	2
d. What time [CHILD] goes to bed?.....	1	2
e. What chores [CHILD] does?	1	2

F2. Sometimes children mind pretty well and sometimes they don't. Have you spanked [CHILD] in the past week for not minding?

YES..... 1
NO 2 (GO TO F4)

F3. About how many times in the past week?

|__|__| NUMBER OF TIMES

F4. Have you used "time out" or sent [CHILD] to (his/her) room in the past week for not minding?

YES..... 1
NO 2 (GO TO F6)

F5. About how many times in the past week?

|__|__| NUMBER OF TIMES

F6. Here are some statements that parents of young children say about themselves. I'm going to read the statements, and after each one, please tell me if it is exactly like you, very much like you, somewhat like you, not much like you, or not at all like you.

USE RESPONSE CARD

	Exactly like <u>you</u>	Very much like <u>you</u>	Some- what like <u>you</u>	Not much like <u>you</u>	Not at all like <u>you</u>
a. There are times I just don't have the energy to make my child behave as (he/she) should.....	1	2	3	4	5
b. My child and I have warm intimate moments together.....	1	2	3	4	5
c. I teach my child that misbehavior or breaking the rules will always be punished one way or another.....	1	2	3	4	5
d. I encourage my child to be curious, to explore, and to question things.....	1	2	3	4	5
e. I do not allow my child to get angry with me.....	1	2	3	4	5
f. I am easygoing and relaxed with my child...	1	2	3	4	5
g. I believe that a child should be seen and not heard.....	1	2	3	4	5
h. I make sure my child knows that I appreciate what (he/she) tries to accomplish.....	1	2	3	4	5
i. I have little or no difficulty sticking with ..my rules for my child even when close relatives (including grandparents) are there.....	1	2	3	4	5
j. I encourage my child to be independent of me.....	1	2	3	4	5
k. Once I decide how to deal with a misbehavior of my child, I follow through on it.....	1	2	3	4	5
l. I believe physical punishment to be the best way of disciplining.....	1	2	3	4	5
m. I control my child by warning (him/her) about the bad things that can happen to (him/her).....	1	2	3	4	5

G. YOU AND YOUR FAMILY

BOX G-1a

RESPONDENT IS:

(CIRCLE ONE)

[CHILD]'S BIRTH/ADOPTIVE MOTHER..... 1 (ASK QUESTIONS ABOUT RESPONDENT)
NOT [CHILD]'S BIRTH/ADOPTIVE MOTHER 2 (ASK QUESTIONS ABOUT BIRTH MOTHER)

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

G1. What is (your/her) birth date?

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

G2. How old (were you/was she) when (you/she) gave birth for the first time?

 |_|_|_|_|
 YEARS OLD

G3. (Are you/Is she) of Spanish, Hispanic, or Latino origin?

 YES..... 1
 NO 2 (GO TO G5)

G4. Which one of these best describes (you/her)?

 Mexican, Mexican American, Chicano ... 1
 Puerto Rican 2
 Cuban 3
 Another Spanish/Hispanic/Latino
 group..... 4

G5. What is (your/her) race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

- a. WHITE 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO..... 02
- c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) _____ 03
- d. ASIAN INDIAN 04
- e. CHINESE 05
- f. FILIPINO 06
- g. JAPANESE 07
- h. KOREAN..... 08
- i. VIETNAMESE 09
- j. ASIAN (NOT FURTHER SPECIFIED)..... 10
- k. NATIVE HAWAIIAN..... 11
- l. GUAMANIAN OR CHAMORRO..... 12
- m. SAMOAN 13
- n. OTHER PACIFIC ISLANDER
(SPECIFY) _____ 14
- o. ANOTHER RACE
(SPECIFY) _____ 15

G6. In what country (were you/was she) born?

- USA 1 (GO TO BOX G-7a)
- OTHER (SPECIFY COUNTRY)
_____ 2

G7. How many years (have you/has she) lived in the United States?

|_____|_____| YEARS

BOX G-7a

IF RESPONDENT IS BIRTH MOTHER,
CHECK THIS BOX AND GO TO G14.
OTHERWISE CONTINUE WITH G8.

G8. Is [CHILD]'S mother living?

- YES..... 1
- NO 2 (GO TO G15)

G9. Does [CHILD]'s mother live in this household?

- MOTHER IN HOUSEHOLD 1 (GO TO G14)
- MOTHER NOT IN HOUSEHOLD..... 2

G10. In the past year, on about how many days has [CHILD] seen (his/her) mother?

|_|_|_| NUMBER OF DAYS

G11. How long has it been since [CHILD] last had contact with (his/her) mother?

[CHILD] NEVER HAD CONTACT 00
DON'T KNOW 98

OR

a. NUMBER:	b. UNIT	
_ _ _	DAYS.....	1
	WEEKS.....	2
	MONTHS.....	3
	YEARS.....	4

G12. In the past 12 months, have you or your family received any child support payments for [CHILD] from (his/her) mother?

YES..... 1
NO 2

G13. In the past 12 months, have you or your family received any other financial support for [CHILD] from (his/her) mother?

YES..... 1
NO 2

G14. What is (your/her) current marital status? (PROBE: IF RESPONDENT REPLIES SINGLE, PROBE FOR NEVER MARRIED, DIVORCED, ETC.)

MARRIED..... 1
SEPARATED..... 2
DIVORCED 3
WIDOWED 4
NEVER MARRIED..... 5

G15. What is the highest grade or year of school that (you/she) completed? (CIRCLE ONE RESPONSE)
 (PROBE: IF COMPLETED 12TH GRADE, DID RESPONDENT EARN DIPLOMA?)

- UP TO 8TH GRADE..... 01
- 9TH TO 11TH GRADE 02
- 12TH GRADE BUT NO DIPLOMA..... 03
- HIGH SCHOOL DIPLOMA 04
- GED..... 05
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
 BUT NO VOC/TECH DIPLOMA 06
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... 07
- SOME COLLEGE BUT NO DEGREE..... 08
- ASSOCIATE’S DEGREE 09
- BACHELOR’S DEGREE 10
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE 11
- MASTER’S DEGREE (MA, MS) 12
- DOCTORATE DEGREE (PhD, EdD)..... 13
- PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE
 (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)..... 14

BOX G15a.

IF CHILD’S MOTHER DECEASED OR NOT IN HOUSEHOLD, CHECK THIS BOX
 AND GO TO BOX G-19a.
 OTHERWISE CONTINUE WITH G16.

G16. (Are you/Is she) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONE RESPONSE.)

- WORKING FULL-TIME (35 HOURS OR MORE PER WEEK)..... 01
 - WORKING PART-TIME 02
 - LOOKING FOR WORK 03
 - LAI D OFF FROM WORK 04
 - IN SCHOOL/TRAINING 05
 - IN JAIL/PRISON 06
 - IN MILITARY..... 07
 - KEEPING HOUSE 08
 - SOMETHING ELSE
 (SPECIFY) _____ 09
- } GO TO BOX G-19a.

G17. Whom (have you/has she) worked for in the past 12 months?

[IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

NAME OF COMPANY: _____

TYPE OF BUSINESS: _____

G18. What kind of work (are you/is she) doing and what are (your/her) most important activities or duties?

KIND OF WORK: _____

IMPORTANT DUTY: _____

G19.

<i>To be coded by home office only</i>	
OCCUPATION CODE: ()	
Executive, Administrative, and Managerial Occupations	01
Engineers, Surveyors, and Architects	02
Natural Scientists and Mathematicians	03
Social Scientists, Social Workers, Religious Workers, and Lawyers	04
Teachers.....	05
Health Diagnosing and Treating Practitioners.....	06
Registered Nurses, Pharmacists, Dieticians, Therapists, and Physician's Assistants.....	07
Writers, Artists, Entertainers, and Athletes.....	08
Health Technologists and Technicians.....	09
Technologists and Technicians, except Health.....	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical.....	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers.....	15
Construction and Extractive Occupations	16
Precision Production Occupations	17
Production Working Occupations	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers.....	20
Miscellaneous Occupations.....	21
NEVER WORKED/HOMEMAKERS.....	22
REFUSED	97
DON'T KNOW	98

BOX G-19a

RESPONDENT IS:

(CIRCLE ONE)

[CHILD]'S BIRTH/ADOPTIVE FATHER..... 1 (ASK QUESTIONS ABOUT RESPONDENT)
NOT [CHILD]'S BIRTH/ADOPTIVE FATHER 2 (ASK QUESTIONS ABOUT BIRTH FATHER)

Now I'm going to ask you some questions about ([CHILD]'s father/about you).

G20. What is (his/your) birth date?

_ _	_ _	_ _ _ _
MONTH	DAY	YEAR

G21. (Is he/Are you) of Spanish, Hispanic, or Latino origin?

YES..... 1
NO 2 (GO TO G23)

G22. Which one of these best describes (him/you)...

Mexican, Mexican American, Chicano ... 1
Puerto Rican 2
Cuban 3
Another Spanish/Hispanic/Latino
group..... 4

G23. What is (your/his) race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED.)

- a. WHITE 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
- c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) 03
- d. ASIAN INDIAN 04
- e. CHINESE 05
- f. FILIPINO 06
- g. JAPANESE 07
- h. KOREAN..... 08
- i. VIETNAMESE 09
- j. ASIAN (NOT FURTHER SPECIFIED)..... 10
- k. NATIVE HAWAIIAN..... 11
- l. GUAMANIAN OR CHAMORRO..... 12
- m. SAMOAN 13
- n. OTHER PACIFIC ISLANDER
(SPECIFY) 14
- o. ANOTHER RACE
(SPECIFY) 15

G24. In what country (was he/were you) born?

USA 1 (GO TO BOX G25a)
 Other (SPECIFY COUNTRY)
 _____ 2

G25. How many years (has he/have you) lived in the United States?

|_|_|_| YEARS

<p>BOX G25a</p> <p>IF RESPONDENT IS BIRTH FATHER, CHECK THIS BOX <input type="checkbox"/> AND GO TO G33. OTHERWISE CONTINUE WITH G26.</p>
--

G26. Is [CHILD]'S father living?

YES..... 1
 NO 2 (GO TO G33)

G27. Does [CHILD]'s father live in this household?

FATHER IN HOUSEHOLD 1 (GO TO G33)
 FATHER NOT IN HOUSEHOLD..... 2

G28. In the past year, on about how many days has [CHILD] seen (his/her) father?

|_|_|_| NUMBER OF DAYS

G29. How long has it been since [CHILD] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT 00
 DON'T KNOW 98

OR

a. NUMBER:	b. UNIT
_ _ _	DAYS 1
	WEEKS 2
	MONTHS 3
	YEARS..... 4

G30. In the past 12 months, have you or your family received any child support payments for [CHILD] from (his/her) father?

YES..... 1
 NO 2

G31. In the past 12 months, have you or your family received any other financial support for [CHILD] from (his/her) father?

- YES..... 1
- NO 2

G32. How much do you want [CHILD]'s father to be involved in raising [CHILD]? Would you say...

- A lot,..... 1
- A little, 2
- Not very much, or 3
- Not at all? 4

G33. What is ([CHILD]'s father's/your) current marital status? (PROBE: IF RESPONDENT REPLIES SINGLE, PROBE FOR NEVER MARRIED, DIVORCED, ETC).

- MARRIED..... 1
- SEPARATED..... 2
- DIVORCED 3
- WIDOWED 4
- NEVER MARRIED..... 5
- REFUSED 7
- DON'T KNOW 8

G34. What is the highest grade or year of school that ([CHILD]'s father/you) completed? (CIRCLE ONE RESPONSE) (PROBE: IF COMPLETED 12TH GRADE, DID RESPONDENT EARN DIPLOMA?)

- UP TO 8TH GRADE..... 01
- 9TH TO 11TH GRADE 02
- 12TH GRADE BUT NO DIPLOMA..... 03
- HIGH SCHOOL DIPLOMA 04
- GED..... 05
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
BUT NO VOC/TECH DIPLOMA..... 06
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... 07
- SOME COLLEGE BUT NO DEGREE..... 08
- ASSOCIATE'S DEGREE 09
- BACHELOR'S DEGREE 10
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO
DEGREE..... 11
- MASTER'S DEGREE (MA, MS) 12
- DOCTORATE DEGREE (PhD, EdD) 13
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) 14

BOX G34a

IF CHILD'S FATHER DECEASED
OR NOT IN HOUSEHOLD, CHECK THIS BOX
AND SKIP TO BOX G38a.
OTHERWISE CONTINUE WITH G35.

G35. (Is he/Are you) currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONE RESPONSE.)

- | | | |
|--|----|---------------------|
| WORKING FULL-TIME (35 HOURS OR MORE PER WEEK)..... | 01 | |
| WORKING PART-TIME | 02 | |
| LOOKING FOR WORK | 03 | |
| LAI D OFF FROM WORK | 04 | } GO TO
BOX G38a |
| IN SCHOOL/TRAINING | 05 | |
| IN JAIL/PRISON | 06 | |
| IN MILITARY..... | 07 | |
| KEEPING HOUSE | 08 | |
| SOMETHING ELSE
(SPECIFY) _____ | 09 | |

G36. Whom (has he/have you) worked for in the past 12 months?
(IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED)

NAME OF COMPANY: _____
TYPE OF BUSINESS: _____

G37. What kind of work (is he/are you) doing and what are (his/your) most Important activities or duties?

KIND OF WORK: _____
IMPORTANT DUTY: _____

G38.

To be coded by home office only

OCCUPATION CODE: ()

Executive, Administrative, and Managerial Occupations	01
Engineers, Surveyors, and Architects	02
Natural Scientists and Mathematicians	03
Social Scientists, Social Workers, Religious Workers, and Lawyers	04
Teachers.....	05
Health Diagnosing and Treating Practitioners.....	06
Registered Nurses, Pharmacists, Dieticians, Therapists, and Physician's Assistants.....	07
Writers, Artists, Entertainers, and Athletes.....	08
Health Technologists and Technicians.....	09
Technologists and Technicians, except Health	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers.....	15
Construction and Extractive Occupations	16
Precision Production Occupations	17
Production Working Occupations	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers.....	20
Miscellaneous Occupations.....	21
NEVER WORKED/HOMEMAKERS.....	22
REFUSED	97
DON'T KNOW	98

BOX G-38a

**IF RESPONDENT IS CHILD'S BIRTH/ADOPTIVE MOTHER OR BIRTH/ADOPTIVE FATHER,
CHECK THIS BOX AND GO TO G47.
OTHERWISE GO TO G39.**

Now I'm going to ask some questions about you.

G39. What is your birth date?

_ _	_ _	_ _ _ _
MONTH	DAY	YEAR

G40. Are you of Spanish, Hispanic, or Latino origin?

- YES..... 1
- NO 2 (GO TO G42)

G41. Which one of these best describes you?

- Mexican, Mexican American, Chicano ... 1
- Puerto Rican 2
- Cuban 3
- Another Spanish/Hispanic/Latino group..... 4

G42. What is your race? You may name more than one if you like.
(CIRCLE ALL THAT ARE MENTIONED)

- a. WHITE 01
- b. BLACK, AFRICAN AMERICAN, OR NEGRO 02
- c. AMERICAN INDIAN OR ALASKA NATIVE
(SPECIFY) _____ 03
- d. ASIAN INDIAN 04
- e. CHINESE 05
- f. FILIPINO 06
- g. JAPANESE 07
- h. KOREAN..... 08
- i. VIETNAMESE 09
- j. ASIAN (NOT FURTHER SPECIFIED)..... 10
- k. NATIVE HAWAIIAN..... 11
- l. GUAMANIAN OR CHAMORRO..... 12
- m. SAMOAN 13
- n. OTHER PACIFIC ISLANDER
(SPECIFY) _____ 14
- o. ANOTHER RACE
(SPECIFY) _____ 15

G43. What is the highest grade or year of school that you completed? (CIRCLE ONE RESPONSE.)
 (PROBE: IF COMPLETED 12TH GRADE, DID RESPONDENT EARN DIPLOMA?)

- UP TO 8TH GRADE..... 01
- 9TH TO 11TH GRADE 02
- 12TH GRADE BUT NO DIPLOMA..... 03
- HIGH SCHOOL DIPLOMA 04
- GED..... 05
- VOC/TECH PROGRAM AFTER HIGH SCHOOL
 BUT NO VOC/TECH DIPLOMA 06
- VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... 07
- SOME COLLEGE BUT NO DEGREE..... 08
- ASSOCIATE'S DEGREE 09
- BACHELOR'S DEGREE 10
- GRADUATE OR PROFESSIONAL SCHOOL BUT NO
 DEGREE 11
- MASTER'S DEGREE (MA, MS) 12
- DOCTORATE DEGREE (PhD, EdD)..... 13
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE
 (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.)..... 14

G44. Are you currently working full-time, working part-time, looking for work, in school, in a training program, keeping house, or doing something else? (CIRCLE ONE RESPONSE)

- WORKING FULL-TIME (35 HOURS OR MORE PER WEEK).....01
 - WORKING PART-TIME 02
 - LOOKING FOR WORK 03
 - LAI D OFF FROM WORK 04
 - IN SCHOOL/TRAINING 05
 - IN JAIL/PRISON 06
 - IN MILITARY..... 07
 - KEEPING HOUSE 08
 - SOMETHING ELSE
 (SPECIFY) _____ 09
- } GO TO
G47

G45. Whom have you worked for in the past 12 months?

[IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED]

NAME OF COMPANY: _____

TYPE OF BUSINESS: _____

G46. What kind of work are you doing and what are your most Important activities or duties?

KIND OF WORK: _____

IMPORTANT DUTY: _____

G47. Including yourself, how many adults age 18 and older live in your household?

|_|_| NUMBER OF ADULTS

G48. Including [CHILD], how many children age 17 and younger live in your household?

|_|_| NUMBER OF CHILDREN (GO TO G49)

G48a.

<i>To be coded by home office only</i>	
OCCUPATION CODE: ()	
Executive, Administrative, and Managerial Occupations	01
Engineers, Surveyors, and Architects	02
Natural Scientists and Mathematicians	03
Social Scientists, Social Workers, Religious Workers, and Lawyers	04
Teachers	05
Health Diagnosing and Treating Practitioners.....	06
Registered Nurses, Pharmacists, Dieticians, Therapists, and Physician's Assistants.....	07
Writers, Artists, Entertainers, and Athletes.....	08
Health Technologists and Technicians.....	09
Technologists and Technicians, except Health.....	10
Marketing and Sales Occupation	11
Administrative Support Occupation, including Clerical	12
Service Occupations.....	13
Agricultural, Forestry, and Fishing Occupations	14
Mechanics and Repairers.....	15
Construction and Extractive Occupations	16
Precision Production Occupations	17
Production Working Occupations	18
Transportation and Materials Moving Occupations.....	19
Handlers, Equipment Cleaners, Helpers, and Laborers.....	20
Miscellaneous Occupations.....	21
NEVER WORKED/HOMEMAKERS.....	22
REFUSED	97
DON'T KNOW	98

G49. Please tell me the first name of everyone in your household. PROBE: Is there anyone else in your household?

G49a. First Name	G49b. How is [NAME] related to [CHILD]? (See codes below)	G49c. How old is [NAME]?	G49d. Did this person ever (including currently) attend Head Start or Early Head Start?
a. [CHILD]			(CIRCLE ONE)
b. RESPONDENT			Y – N
c.			Y – N
d.			Y – N
e.			Y – N
f.			Y – N
g.			Y – N
h.			Y – N
i.			Y – N
j.			Y – N
k.			Y – N
l.			Y – N
m.			Y – N
n.			Y – N
o.			Y – N

RELATIONSHIP CODES:

01=Birth or Adoptive Mother
 02=Birth or Adoptive Father
 03=Stepmother
 04=Stepfather
 05=Grandmother
 06=Grandfather
 07=Great grandmother
 08=Great grandfather
 09=Sister/Stepsister
 10=Brother/Stepbrother

11=Other relative or in-law (female)
 12=Other relative or in-law (male)
 13=Foster parent (female)
 14=Foster parent (male)
 15=Other non-relative (female)
 16=Other non-relative (male)
 17=Parent's partner (female)
 18=Parent's partner (male)
 97=Refused
 98=Don't know/Didn't Respond

G50. What language is spoken most frequently to [CHILD] at home?

- ENGLISH..... 01 (GO TO H1)
- FRENCH..... 02
- SPANISH..... 03
- CAMBODIAN (KHMER)..... 04
- CHINESE..... 05
- HAITIAN CREOLE 06
- HMONG..... 07
- JAPANESE 08
- KOREAN 09
- VIETNAMESE..... 10
- ARABIC 11
- YIDDISH..... 12
- OTHER
(SPECIFY)..... 13

BOX G50a.
IF SC14=YES, CHECK BOX AND GO TO H1.

G51. Is someone from [NAME OF SETTING IN SC15] available to speak in [LANGUAGE from G50]....

- | | <u>YES</u> | <u>NO</u> |
|-------------------------|------------|-----------|
| a. to you? | 1 | 2 |
| b. to your child? | 1 | 2 |

H. INCOME AND HOUSING

Now I would like to ask you some questions about the sources of income for your household. This information will remain confidential.

H1. Is [CHILD] covered by health insurance other than Medicaid through your job or the job of another employed adult?

YES..... 1
NO 2

H2. Is [CHILD] covered by Medicaid or under a state health insurance program, such as [NAME FROM CARD A]?

YES..... 1
NO 2 (GO TO H5)

H3. Did someone help you get this insurance?

YES..... 1
NO 2 (GO TO H5)

H4. Who helped you? (CIRCLE ALL THAT APPLY)

A friend..... 01
A relative 02
Someone from a Head Start program 03
Another of [CHILD]'s child care
providers 04
Your employer..... 05
Some other person or agency
(SPECIFY) _____..... 06

H5. In the past three months, have you had difficulty...

	<u>YES</u>	<u>NO</u>
a. Paying your rent?.....	1	2
b. Paying your electric and heating bills?.....	1	2
c. Buying food for your family?.....	1	2
d. Buying clothes for your child(ren)?.....	1	2

H6. Including yourself, how many adults contribute to your household income?

|_|_| NUMBER OF ADULTS

H7. Now, including everyone in your household, what was the total income for your household last month before taxes and other deductions? Your best guess would be fine.

HOUSEHOLD INCOME \$ __ , __ __ __ (GO TO H9)
(AMOUNT PER MONTH)

OR

REFUSED 97 (GO TO H9)
DON'T KNOW 98 (GO TO H8)

H8. Would you say it was...

Less than \$250, 01
Between \$251 and \$500, 02
Between \$501 and \$1,000, 03
Between \$1,001 and \$1,500, 04
Between \$1,501 and \$2,000, 05
Between \$2,001 and \$2,500, or 06
Over \$2,500?..... 07
REFUSED 97
DON'T KNOW 98

H9. Do you or anyone in your household get...

	YES	NO
Food Stamps?	1	2
Checks from TANF?.....	1	2
Social Security disability checks?	1	2
Foster care payments?.....	1	2

H10. The next questions are about housing. Do you now live in ...

A house, apartment, or trailer with your family only, 1
A house, apartment, or trailer you share with another family, 2
A homeless shelter, or..... 3 (GO TO H12)
Somewhere else? (PLEASE SPECIFY)..... 4

H11. Do you currently own your home or apartment, pay rent, or live in public or subsidized housing?

OWNS OR IS BUYING HOME OR APARTMENT..... 1
RENTS (WITHOUT PUBLIC ASSISTANCE) 2
PUBLIC OR SUBSIDIZED HOUSING 3
SOME OTHER ARRANGEMENT 4

H12. How many times has [CHILD] moved in the last twelve months?

|___| TIMES

I. HEALTH & SAFETY PRACTICES

I-1. Now I'm going to ask you about your family's health care needs. Overall, would you say [CHILD]'s health is...

- Excellent, 1
- Very Good,.. 2
- Good, 3
- Fair, or..... 4
- Poor? 5

I-2. Does [CHILD] have an illness or condition that requires regular ongoing care?

- YES (SPECIFY) 01

- NO. 02

I-3. Do you have a place where you usually take [CHILD] for routine medical care such as a physical examination? Places can include a doctor's office, a clinic or health center, a hospital emergency room, or a hospital outpatient clinic.

- YES..... 1
- NO. 2 (GO TO I-4)

I-3a. Where does [CHILD] go for routine medical care, like well-child care or regular check-up? (CIRCLE ONLY ONE)

- A PRIVATE DOCTOR, PRIVATE CLINIC, OR HMO..... 01
- AN OUTPATIENT CLINIC RUN BY A HOSPITAL 02
- THE EMERGENCY ROOM AT A HOSPITAL 03
- PUBLIC HEALTH DEPARTMENT OR COMMUNITY HEALTH CENTER 04
- MIGRANT HEALTH CLINIC 05
- THE INDIAN HEALTH SERVICE..... 06
- DOESN'T GO ONE PLACE MOST OF THE TIME..... 07
- SOMEPLACE ELSE (SPECIFY) _____ 08

I-4. Has [CHILD] had a health care need for which you could not get services for (him/her)?

- YES..... 1
- NO 2

I-5. Now, I want to ask you about any injuries [CHILD] has had. In the last month, how many times has (he/she) seen a doctor or other medical professional, or visited a clinic or emergency room for an injury?

- NEVER..... 0
- ONCE..... 1
- TWICE 2
- THREE OR MORE 3
- DON'T KNOW 4
- REFUSED..... 5

I-6. Has [CHILD] been seen by a dentist?

YES..... 1
 NO 2 (GO TO I-9)

I-7. Did someone help you get this dental care for [CHILD]?

YES..... 1
 NO 2 (GO TO I-9)

I-8. Who helped you? [CIRCLE ALL THAT APPLY]

A friend..... 01
 A relative 02
 Someone from a Head Start program 03
 Another of [CHILD]'s child care
 providers 04
 Employer..... 05
 Some other person or agency
 (SPECIFY)..... 06

I-9. Please tell me how often you do the following things. Is it never, sometimes, most of the time, or always? Do you ...

	<u>Never</u>	<u>Sometimes</u>	<u>Most of the time</u>	<u>Always</u>
a. Use a safety seat or seat belt for [CHILD] when in the car?	1	2	3	4
b. Keep medicines in childproof bottles and out of children's reach?	1	2	3	4
c. Have at least one operating smoke detector in your home with a working battery?	1	2	3	4
d. Keep cleaning materials out of reach of children and/or in locked cabinets?.....	1	2	3	4
e. Have a first-aid kit at home?.....	1	2	3	4
f. Keep the poison control center number and other emergency numbers by the telephone?.....	1	2	3	4
g. Supervise [CHILD] when crossing the street or riding tricycles/bicycles near traffic?.....	1	2	3	4
h. Keep matches and cigarette lighters out of [CHILD]'s reach?	1	2	3	4
i. Supervise [CHILD] when (he/she) is in the bathtub?	1	2	3	4
j. Keep firearms under lock and key?	1	2	3	4

[IF THERE ARE NO FIREARMS IN THE HOUSEHOLD, WRITE "NA"]

I-10. Would you say your health in general is ...

- Excellent, 1
- Very Good, 2
- Good, 3
- Fair, or 4
- Poor? 5

I-11. Does any impairment or health problem keep you from caring for [CHILD]?

- YES..... 1
- NO. 2

I-12. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

- YES..... 1
- NO. 2

I-13. Does anyone in your household, other than [CHILD], have an illness or condition that requires regular ongoing care?

- YES..... 1
- NO. 2

I-14. Do you or anyone else in your household smoke tobacco such as cigarettes or cigars?

- YES..... 1
- NO. 2

I-15. During the last 30 days, how often, if ever, did you drink alcoholic beverages, including beer, wine or liquor? Would you say...

- Less than once a week, 1
- 1 or 2 days per week, 2
- 3 or 4 days per week, 3
- 5 or 6 days per week, 4
- Every day, or 5
- Never? 6 (SKIP TO I-17)

I-16. On the days that you drank alcoholic beverages (including beer, wine, and liquor) in the last 30 days, how many drinks did you usually have?

|_|_|_| DRINKS PER DAY

I-17. Is there (anyone/anyone else) in your household that drinks alcohol?

- YES..... 1
- NO 2

I-18. Is there anyone in your household who uses drugs?

YES..... 1
 NO 2

BOX I-18a

IF I-15, I-17 AND I-18 ARE ALL "NO," CHECK THIS BOX AND SKIP TO SECTION J.
 OTHERWISE ASK I-19. ONLY ASK ABOUT SUBSTANCES THAT WERE MENTIONED IN PREVIOUS QUESTIONS.

I-19. Now, I'd like you to think about any problems you or anyone in your household might have had in the last twelve months when using (alcohol/drugs/alcohol and drugs).

(USE RESPONSE CARD)

ASK ONLY ABOUT SUBSTANCES THAT WERE MENTIONED AS BEING USED IN PREVIOUS QUESTIONS.

In the last 12 months,	<u>Never</u>	<u>Once or twice</u>	<u>Three or four times</u>	<u>Five or six times</u>	<u>More than six times</u>	<u>NA/ DON'T USE</u>
a. How many times have you or anyone in your household gotten into trouble with family or friends (including a husband/wife/partner) because of the use of....						
1. alcohol?.....	1	2	3	4	5	6
2. drugs?.....	1	2	3	4	5	6
b. How many times have you or anyone in your household missed work or school or had to call in sick because of the use of...						
1. alcohol?.....	1	2	3	4	5	6
2. drugs?.....	1	2	3	4	5	6
c. How many times have you or anyone in your household gotten in trouble with the police because of the use of...						
1. alcohol?.....	1	2	3	4	5	6
2. drugs?.....	1	2	3	4	5	6

J. HOME AND NEIGHBORHOOD CHARACTERISTICS

The next questions are about situations that can be difficult for families. I'm going to ask about things that may have happened to you or others in your household over the past year. Please remember, all of your answers are held in the strictest confidence. We will not tell anyone what you say.

J1. For each of the following items, please tell me how often each one happened to you during the past three months. (READ ITEM) Would you say *never*, *once*, or *more than once*?

	<u>Never</u>	<u>Once</u>	<u>More than once</u>
a. I saw non-violent crimes take place in my neighborhood – for example, selling drugs or stealing.....	1	2	3
b. I heard or saw violent crime take place in my neighborhood.	1	2	3
c. I know someone who was a victim of a violent crime in my neighborhood.	1	2	3
d. I was a victim of violent crime in my neighborhood.....	1	2	3
e. I was a victim of violent crime in my home.....	1	2	3
f. I was a victim of domestic violence.	1	2	3

J2. These questions are about the place in which you live. Has this happened in the past 3 months, for more than a day at a time?

	<u>YES</u>	<u>NO</u>
a. The electricity has not worked.....	1	2
b. The plumbing has not worked (by that I mean the toilet, bath, or shower).....	1	2
c. Cooking appliances, such as the stove or the range, have not worked.....	1	2
d. Windows or doors were broken.....	1	2
e. Electrical wiring was exposed.....	1	2
f. A lot of paint was peeling.....	1	2
g. The heating or air conditioning has not worked.....	1	2
h. Your home was overcrowded, that is, not enough room for everyone to sleep or have some privacy.....	1	2
i. There were not enough basic necessities such as chairs, tables, beds, cribs, mattresses, blankets, sheets, pots or dishes.....	1	2
j. The building was unsafe because of illegal activities going on	1	2

J3. In the past year, has [CHILD] ever been a witness to a violent crime?
YES..... 1
NO 2

J4. In the past year, has [CHILD] ever been a victim of a violent crime?
YES..... 1
NO 2

K. SUPPORT NETWORK

K1. Many people and groups can be helpful to members of a family raising a young child. We want to know how helpful different people and groups are to your family.

Please tell me how helpful each of the following have been to you in terms of raising [CHILD] over the past month or so. How helpful (have/has) [] been? Would you say...

	Not very <u>helpful</u>	Somewhat <u>helpful, or</u>	Very <u>helpful?</u>	NOT <u>APPLICABLE</u>
IF RESPONDENT IS CHILD'S FATHER, CODE 4 FOR NA IN K1a. IF RESPONDENT IS CHILD'S MOTHER, CODE 4 FOR NA IN K1b.				
a. [CHILD]'s father.....	1	2	3	4
b. [CHILD]'s mother.....	1	2	3	4
c. Your current spouse or partner	1	2	3	4
d. [CHILD]'s grandparents	1	2	3	4
e. Other relatives.....	1	2	3	4
f. Your friends.....	1	2	3	4
g. Professional helpgivers like counselors or social workers.....	1	2	3	4
IF SC14=YES, CIRCLE "4" in K1h and K1i.				
h. [NAME OF SETTING IN SC15] staff	1	2	3	4
i. Other child care providers.....	1	2	3	4
j. Religious or social group member.....	1	2	3	4
k. Is there anyone else who has been helpful? (Please specify) _____	1	2	3	4

K2. Since September 1, has anyone helped you set goals for your family?

YES..... 1
 NO 2 (GO TO K4)

K3. Who helped you? (CIRCLE ALL THAT APPLY)

- A friend 01
 - A relative..... 02
 - Someone from a Head Start program 03
 - Another of [CHILD]'s child care providers 04
 - Your employer 05
 - Some other person or agency (SPECIFY) 06
-

K4. If you or your family needed help getting services, is there one person or place you would go to get help with this?

- YES..... 1
- NO 2 (GO TO L1)

K5. Would you go to...

- A friend? 01
 - A relative?..... 02
 - A Head Start program? 03
 - Another of [CHILD]'s child care providers? 04
 - Your employer?..... 05
 - Some other person or agency? (SPECIFY) 06
-

L. YOUR FEELINGS

L1. I'm going to read a list of feelings or attitudes people have about themselves. After I read each one, please tell me if you *strongly disagree*, *disagree*, *agree*, or *strongly agree* that you feel this way. (CIRCLE ONE RESPONSE FOR EACH ITEM.)

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. There is really no way I can solve some of the problems I have.	1	2	3	4
b. Sometimes I feel that I'm being pushed around in life.....	1	2	3	4
c. I have little control over the things that happen to me.	1	2	3	4
d. I can do just about anything I really set my mind to do.....	1	2	3	4
e. I often feel helpless in dealing with the problems of life.	1	2	3	4
f. What happens to me in the future depends mostly on me.....	1	2	3	4
g. There is little I can do to change many of the important things in my life.....	1	2	3	4

L2. I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way during the past week: *rarely or never*, *some or a little*, *occasionally or a moderate amount of time*, or *most or all of the time*? (CIRCLE ONE RESPONSE FOR EACH ITEM.)

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

M. CHILD CARE

M1. I have a few questions about the availability of child care in your area. Tell me if these statements are true, somewhat true, or not true.

	True	Somewhat true	Not true
a. There are good choices for child care where I live.....	1	2	3
b. When I made the current child care arrangement, I had more than one option...	1	2	3
c. I've had difficulty finding the child care I need.....	1	2	3
d. In choosing child care, I've felt that I had to take whatever I could.....	1	2	3

IF CHILD IN HEAD START (SC12=YES), ASK M2, OTHERWISE GO TO M11.

Now let's talk about [CHILD]'s time at [NAME OF SETTING IN SC15].

M2. What month and year did [CHILD] begin Head Start?

|_|_| MONTH |_|_|_|_| YEAR

M3. Altogether, how many hours per week does [CHILD] typically spend in the Head Start center?

|_|_| HOURS

M4. Do you get home visits from Head Start staff?

YES..... 1
NO 2 (GO TO M7)

M5. In the last four weeks, how many home visits, if any, did you have?

|_|_| VISITS

M6. On average, how long are these visits?

Less than one hour..... 1
One–two hours..... 2
More than two hours..... 3

M7. Do you or someone in your household pay for any part of the day that [CHILD] spends at the Head Start center?

- YES..... 1
- NO 2 (GO TO M9)

M8. How much do you or someone in your household usually pay for [CHILD]'s care at the Head Start center? Please only give me the amount paid to the Head Start center for [CHILD]'s care. A rough estimate is fine.

IF PARENT DOESN'T KNOW COST, MARK THIS BOX AND PROBE: If you can, please give me your best estimate of what you pay specifically for [CHILD]'s care at the Head Start center.

- a. \$ _____. ____
- b. UNIT
 - DAY 1
 - WEEK 2
 - MONTH..... 3
 - OTHER (SPECIFY) 4

M9. Now I'm going to ask you about [CHILD]'s experience in Head Start. Please let me know which answer best describes [CHILD]'s experience. Tell me if it is never, sometimes, often, or always.

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
a. [CHILD] feels safe and secure in care.....	1	2	3	4
b. [CHILD] gets lots of individual attention.....	1	2	3	4
c. [CHILD]'s teacher is open to new information and learning	1	2	3	4

M10. What are the major ways you feel Head Start has helped [CHILD] and your family this year? PROBE: Anything else?

GO TO M41

M11. Since August 2002, did [CHILD] ever attend Head Start?

- YES..... 1
- NO 2 (GO TO BOX M17a)

M12. In what month and year did [CHILD] first begin Head Start?

|__|__| MONTH |__|__|__|__| YEAR

M13. In what month and year did [CHILD] stop attending Head Start?

|__|__| MONTH |__|__|__|__| YEAR

M14. How many hours per week did [CHILD] typically spend in the Head Start center?

|__|__| HOURS

M15. Did you get home visits from Head Start staff?

- YES..... 1
- NO 2 (GO TO BOX M17a)

M16. In the last four weeks [CHILD] was in Head Start, how many home visits, if any, did you have?

|__|__| VISITS

M17. On average, how long were these visits?

- Less than one hour..... 1
- One to two hours 2
- More than two hours..... 3

BOX M17a.

**IF SC14=YES, CHECK BOX AND GO TO M28
OTHERWISE GO TO M18.**

M18. I know we talked about this, but I need to confirm that [CHILD] is currently cared for by [NAME OF SETTING IN SC15].

- YES..... 1
- NO 2 (GO TO M28)

M19. In total, how many hours a week does [CHILD] typically spend in care at [NAME OF SETTING]?

|__|__| HOURS PER WEEK

M20. In what month and year did you first start using [NAME OF SETTING] to care for [CHILD]?

|__|__| MONTH |__|__|__|__| YEAR

M21. Do you or someone in your household pay for this care?

- YES..... 1 (GO TO M23)
- NO 2

M22. Does [NAME OF SETTING] provide the care for free, or does someone else pay the bill?

- PROVIDED FREE 1 (GO TO M26)
- SOMEONE ELSE PAYS THE BILL..... 2 (GO TO M25)
- DON'T KNOW 9 (GO TO M26)

M23. How much do you or others in your household usually pay for this care? Please only give me the amount paid to [NAME OF SETTING] for [CHILD]'s care. A rough estimate is fine.

IF PARENT DOESN'T KNOW COST, MARK THIS BOX AND PROBE: IF YOU CAN, PLEASE GIVE ME YOUR BEST ESTIMATE OF WHAT YOU PAY SPECIFICALLY FOR [CHILD]'S CARE IN HEAD START.

- | | | |
|-------------------|-----------------------|---|
| a. \$ _____. ____ | b. UNIT | |
| | DAY | 1 |
| | WEEK | 2 |
| | MONTH..... | 3 |
| | OTHER (SPECIFY) | 4 |
-

M24. In addition to what you pay, does somebody else, like a government or social service agency, an employer or someone outside your household help pay for this care arrangement?

- YES..... 1
- NO 2 } (GO TO M26)
- DON'T KNOW 9 }

M25. Who helps pay for this care?

	<u>YES</u>	<u>NO</u>
a. Does a government or social service agency help?.....	1	2
b. Does an employer help?.....	1	2
c. Does someone else help? (PLEASE SPECIFY).....	1	2

M26. Now I'm going to ask you about [CHILD]'s experience with [NAME OF SETTING]. Please let me know which answer best describes [CHILD]'s experience. Tell me if it is never, sometimes, often, or always.

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
a. [CHILD] feels safe and secure in care.....	1	2	3	4
b. [CHILD] gets lots of individual attention.....	1	2	3	4
c. [CHILD]'s caregiver is open to new information and learning...	1	2	3	4

M27. What are the major ways you feel [NAME OF SETTING] helped [CHILD] and your family this year?
 PROBE: Anything else?

GO TO M41

**ONLY ASK QUESTIONS M28-M40 IF SC14=YES, OR IF M18=NO
OTHERWISE GO TO M41**

M28. Does [CHILD] regularly spend time in any child care or preschool arrangements, including care by relatives or neighbors, Monday through Friday, 9:00 a.m. to 3:00 p.m.? By child care I mean care that is not provided by you or any of [CHILD]'s parents. Do not include irregular or occasional babysitting.

- YES..... 1
NO 2 (GO TO M41)

M29. Not counting time spent with you or another parent at home, which of the following best describes where [CHILD] spends the most time from Monday through Friday, 9:00 a.m. to 3:00 p.m.? (NOTE: CENTER-BASED PROGRAM REFERS TO A CLASSROOM SETTING; DAYCARE HOME REFERS TO A HOME SETTING.)

- Center-based program, such as a child care center, preschool or pre-kindergarten program 1
Someone else's home/daycare home 2
Own home..... 3
Other (SPECIFY)..... 4

M30. Which of the following best describes the person responsible for [CHILD]'s care in the setting we were just talking about?

- A teacher..... 1
A relative 2
A nonrelative 3
Other (SPECIFY)..... 4

M31. What is the name of this setting? (NOTE: IF CHILD IS CARED FOR BY AN INDIVIDUAL IN A SETTING THAT DOESN'T HAVE A NAME, ASK WHAT IS THE NAME OF THE PERSON IN M30)

(NAME OF SETTING/PERSON)

M32. Altogether, how many hours a week does [CHILD] typically spend in this setting?

|__|__| HOURS PER WEEK

M33. In what month and year did [CHILD] first start in this care arrangement?

|__|__| MONTH |__|__|__|__| YEAR

M34. Do you or someone in your household pay for this care?

- YES..... 1 (GO TO M36)
NO 2

M35. Does the child care provider give the care for free or does somebody else pay the bill?

- PROVIDED FREE 1 (GO TO M39)
- SOMEBODY ELSE PAYS 2 (GO TO M38)
- DON'T KNOW 9 (GO TO M39)

M36. How much do you or others in your household usually pay for this care? Please only give me the amount that paid for [CHILD]'s care in this arrangement.

IF PARENT DOESN'T KNOW, MARK THIS BOX AND PROBE: IF YOU CAN, PLEASE GIVE ME YOUR BEST ESTIMATE OF WHAT YOU SPECIFICALLY FOR [CHILD]'S CARE IN THIS ARRANGEMENT.

- a. \$ _____. ____
 - b. UNIT
 - DAY 1
 - WEEK 2
 - MONTH..... 3
 - OTHER (SPECIFY) 4
-

M37. In addition to what you pay, does somebody else, like a government or social service agency, an employer or someone outside your household help pay for this care arrangement?

- YES..... 1
- NO 2 (GO TO M39)

M38. Who helps pay for this care?

	<u>YES</u>	<u>NO</u>
a. Does a government or social service agency help?.....	1	2
b. Does an employer help?.....	1	2
c. Does someone else help? (PLEASE SPECIFY)_____	1	2

M39. Now I'm going to ask you about [CHILD]'s experience in this child care arrangement. Please let me know which answer best describes [CHILD]'s experience. Tell me if it is never, sometimes, often, or always.

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
a. [CHILD] feels safe and secure in care...	1	2	3	4
b. [CHILD] gets lots of individual attention..	1	2	3	4
c. [CHILD]'s caregiver is open to new information and learning.....	1	2	3	4

M40. What are the major ways you feel this arrangement has helped [CHILD] and your family this year? PROBE: Anything else?

OTHER CHILD CARE ARRANGEMENT

M41. Now let's talk about any other child care settings between 8 a.m. and 6 p.m. Does [CHILD] regularly spend at least 5 hours per week in any other child care or preschool arrangement, including care by a relative or neighbor? Do not include care by parents.

YES..... 1
 NO 2 (GO TO BOX M49a)

M42. Other than [NAME OF SETTING IN SC15, M31. IF NO SETTING IN SC15 or M31, SAY "WITH A PARENT"], how many other child care arrangements does [CHILD] regularly spend time in each week? [NOTES IF NEEDED: BY REGULARLY, I MEAN BETWEEN THE HOURS OF 8 A.M. AND 6 P.M., MONDAY THROUGH FRIDAY, FOR AT LEAST 5 HOURS A WEEK.] Do not include irregular or occasional babysitting.

|__|__| ARRANGEMENTS

M43. Which of the following describes this/these child care arrangement(s)?

	<u>YES</u>	<u>NO</u>
a. At [CHILD]'s home by a relative.....	1	2
b. At [CHILD]'s home by a non-relative.....	1	2
c. In a relative's home.....	1	2
d. In a non-relative's home.....	1	2
e. A center-based program such as a child care center, preschool, or pre-kindergarten program.....	1	2
f. Other (PLEASE SPECIFY)_____...	1	2

IF ONLY ONE CHILD CARE ARRANGEMENT IN M42, GO TO M45

M44. Thinking about these other child care arrangements, in which one does [CHILD] regularly spend the most time between the hours of 8a.m. and 6p.m. Monday through Friday each week? PROBE: Would you like me to read your responses?

|__| (USE LETTER FROM M43 ABOVE)

M45. Altogether, how many hours per week does [CHILD] typically spend in this setting?

|__|__|

M46. In what month and year did [CHILD] first start at this care arrangement?

|__|__| MONTH |__|__|__|__| YEAR

M47. Now I'm going to ask you about [CHILD]'s experience in this child care arrangement. Please let me know which answer best describes [CHILD]'s experience. Tell me if it is never, sometimes, often, or always.

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
a. [CHILD] feels safe and secure in care...	1	2	3	4
b. [CHILD] gets lots of individual attention.....	1	2	3	4
c. [CHILD]'s caregiver is open to new information and learning.....	1	2	3	4

M48. What are the major ways you feel this arrangement helped your family or [CHILD] this year? PROBE: Anything else?

Prior Child Care

BOX M49a.
CHILD CARE SETTING ALWAYS = HOME WITH PARENT, CHECK BOX AND GO TO M49,
OTHERWISE GO TO M50.

M49. Finally, I have some questions about child care that you used for [CHILD] in the past. Has [CHILD] ever been in any regular care or preschool arrangements? Do not include irregular or occasional babysitting.

YES..... 1
NO 2 (GO TO SECTION N)

M50. We have been talking about your current child care arrangements. Now let's talk about arrangements you are not currently using. Since early September, has [CHILD] been in any child care arrangements that you are not currently using? Do not include irregular or occasional babysitting.

YES..... 1
NO 2 (GO TO M56)

M51. Since early September, how many regular child care arrangements have you used for [CHILD] that you are no longer using? By regular I mean not counting the time spent with you or another parent at home, Monday through Friday, between the hours of 9:00 a.m. and 3:00 p.m.

|__|__| ARRANGEMENTS

M52. Which of these arrangements did you use?

- a. Center-based program, such as a child care center, preschool or pre-kindergarten program..... 1
 - b. Someone else's home/daycare home 2
 - c. Own home 3
 - d. Other (SPECIFY)..... 4
- _____

IF ONLY ONE CHILD CARE ARRANGEMENT IN M51, GO TO M54

M53. Thinking about these arrangements, where did [CHILD] spend the most time from 9:00 a.m. to 3:00 p.m.?

|__| (USE LETTER FROM M52 ABOVE)

M54. Altogether, how many hours per week did [CHILD] typically spend in this setting?

|__|__| HOURS PER WEEK

M55. In what month and year did [CHILD] first start in this care arrangement?

|__|__| MONTH |__|__|__|__| YEAR

M56. How old was [CHILD] when (he/she) first started in any child care arrangement for 10 or more hours per week?

|__|__| a. months..... 1
b. years..... 2

N. READING TASK

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COMPLETE AFTER INTERVIEW IS CONCLUDED.

Q. CONFIDENCE RATINGS

Q1. Interview Completion Code:

- Respondent terminated interview prematurely 1
- Respondent refused interview 2
- Respondent unable to respond (PLEASE SPECIFY)..... 3

- Interview completed 4

Q2. Please rate the following qualities of the respondent, the interviewing situation, and the data.
The respondent (was/had):

a. Able to understand questions easily	7	6	5	4	3	2	1	Hardly able to understand
b. Truthful	7	6	5	4	3	2	1	Untruthful
c. Accurate	7	6	5	4	3	2	1	Inaccurate
d. Interested in the interview	7	6	5	4	3	2	1	Not interested in the interview
e. Cooperative	7	6	5	4	3	2	1	Uncooperative
f. No English language problem	7	6	5	4	3	2	1	Spoke English with great difficulty
g. Interviewed without interruptions	7	6	5	4	3	2	1	Interrupted often
h. Your opinion about the overall quality of the data:								
High	7	6	5	4	3	2	1	Low

If found, return to:

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