

Spring 2005/06



## Kindergarten Follow-Up Parent Interview

ID number: \_\_\_\_\_

Child name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interview complete ☐

Westat

**FACES 2003  
Kindergarten Followup Parent Interview**

**FOR PARENTS OF CHILDREN IN K AND OTHER NON-HS CHILDREN.**

*(USE HEAD START PI BOOKLET TO INTERVIEW PARENTS OF CHILDREN ATTENDING HEAD START.)*

**S. ELIGIBILITY**

(Hello), my name is \_\_\_\_\_ and I am calling from Westat. We are part of the research team that is conducting a study of the Head Start Program. (You may remember that) someone from the research team talked to (you/SPRING 2004 RESPONDENT) in spring 2004 while [CHILD] was attending Head Start.

S1. May I speak with [SPRING 2004 RESPONDENT]?

|                               |   |                  |
|-------------------------------|---|------------------|
| THERE AND AVAILABLE .....     | 1 | (GO TO BOX S-7A) |
| NOT CURRENTLY AVAILABLE ..... | 2 |                  |
| NO LONGER THERE .....         | 3 | (GO TO S3)       |

S2. When would be the best time for me to call back to reach (him/her)?

THANK RESPONDENT AND END CONVERSATION.

S3. I am trying to reach the person most responsible for [CHILD]. Would that (still) be [SPRING 2004 RESPONDENT]?

|           |   |            |
|-----------|---|------------|
| YES ..... | 1 |            |
| NO .....  | 2 | (GO TO S5) |

S4. Could you please tell me how I can reach (him/her)?

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

THANK RESPONDENT AND END CONVERSATION.  
USE INFORMATION OBTAINED ABOVE TO CONTACT SPRING 2004 RESPONDENT.

S5. Who is most responsible for [CHILD]'s care?

RESPONDENT ..... 1 (GO TO S6)

SOMEONE ELSE (SPECIFY BELOW) ..... 2

NAME: *RECORD THIS INFORMATION ON RECORD OF CALLS*

RELATIONSHIP TO CHILD: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

S6. Since spring 2004, how many months (have you/has he/has she) been the person most responsible for [CHILD]'s care?

NUMBER OF MONTHS: \_\_\_\_\_

S7. MOST RESPONSIBLE PERSON IS:

PERSON YOU ARE CURRENTLY  
SPEAKING WITH.....

1 (GO TO BOX S-7A)

SOMEONE ELSE.....

2 (THANK R AND END CONVERSATION.  
USE INFORMATION FROM **S5** TO  
CONTACT MOST RESPONSIBLE  
PERSON)

**FACES 2003  
Kindergarten Followup Parent Interview**

(For parents of children in K, and parents of non-K, non-HS children)

BOX S-7A

RESPONDENT IS: (CIRCLE ONE.)

SAME AS SPRING 2004 RESPONDENT..... 1  
SOMEONE ELSE..... 2

S8. INTERVIEWER: WILL THE INTERVIEW BE COMPLETED USING AN INTERPRETER?

YES..... 1  
NO..... 2 (GO TO *Intro*)

S9. WHAT LANGUAGE WILL BE USED? \_\_\_\_\_

CONFIRM INTERPRETER HAS SIGNED CONFIDENTIALITY FORM THEN CONTINUE.

**INTRODUCTION**

As part of the Family and Child Experiences Survey (FACES), we would like to again interview you, administer a child assessment to [CHILD] and ask [CHILD]'s current teacher some questions. The study will help us learn more about what happens to children and families who participate in Head Start. We want to get your point of view on how [CHILD] is doing in school and what is now happening in your family. This information will be used to help Head Start better serve children and families. To thank you and [CHILD] for your participation, you will receive \$25.00 and if we assess your child, (he/she) will receive a small gift.

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. No one from the Head Start program or [CHILD]'s current school will see or hear your answers. Your participation is completely voluntary. If you choose not to complete the interview, it will not affect you or your children's participation in Head Start programs. The things you tell me are very important, so please be as accurate as possible. You may recognize some questions from the last interview, but it is important to ask them again. The interview should take approximately 45 minutes.

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 OMB Control Number. The valid OMB Control Number for this information collection is 0970-0151 (expires 10/2006). The time required to complete this information collection is estimated to average 45 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?

S10. First, I'd like to confirm [CHILD]'s age. We have (his/her) birthday listed as [BIRTHDATE]? Is that correct?

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

SPECIFY CORRECT DATE:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR

S11. I just want to confirm your relationship to [CHILD]. Are you (his/her)...

|   |    |            |
|---|----|------------|
| BIOLOGICAL MOTHER .....                 | 01 | } GO TO A1 |
| BIOLOGICAL FATHER.....                  | 02 |            |
| ADOPTIVE MOTHER.....                    | 03 |            |
| ADOPTIVE FATHER.....                    | 04 |            |
| STEPMOTHER.....                         | 05 |            |
| STEPFATHER.....                         | 06 |            |
| GRANDMOTHER.....                        | 07 |            |
| GRANDFATHER .....                       | 08 |            |
| GREAT GRANDMOTHER .....                 | 09 |            |
| GREAT GRANDFATHER .....                 | 10 |            |
| SISTER/STEPSISTER .....                 | 11 |            |
| BROTHER/STEPBROTHER .....               | 12 |            |
| 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 |            |

S12. Are you [CHILD]'s legal guardian?

YES..... 1 (GO TO A1)  
NO..... 2

S13. Who is [CHILD]'s legal guardian?

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

GO TO A1.

### A. HEAD START EXPERIENCE

- A1. Last year, in 2003-2004, did [CHILD] keep going to Head Start until the end of the program year, or did (he/she) stop going before the program ended?

KEPT GOING TO END OF PROGRAM YEAR..... 1 (GO TO A14)

STOPPED GOING BEFORE END OF PROGRAM YEAR ..... 2

OTHER (SPECIFY)..... 3 (GO TO A4)

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- A2. When did [CHILD] stop going to Head Start? \_\_\_\_\_/\_\_\_\_\_  
MONTH YEAR

- A3. Why did [CHILD] stop going to Head Start? What was the most important reason?  
(CIRCLE ONLY ONE)

FAMILY MOVED..... 01

ILLNESS OF CHILD ..... 02

ILLNESS OF FAMILY MEMBER ..... 03

CONFLICT WITH PARENT'S WORK OR

SCHOOL SCHEDULE ..... 04

LACK OF TRANSPORTATION ..... 05

BAD WEATHER ..... 06

CHILD DID NOT WANT TO GO ..... 07

PARENT DECISION NOT TO SEND CHILD OR

TO SEND CHILD ELSEWHERE ..... 08

NEEDED FULL-DAY CHILD CARE..... 09

OTHER (SPECIFY) \_\_\_\_\_ 09

- A4. After he/she stopped going to Head Start (and before he/she started kindergarten), did you enroll [CHILD] in another preschool or child development program?

YES..... 1

NO ..... 2 (GO TO A9)

IF MORE THAN ONE PROGRAM, ASK ABOUT PRIMARY PROGRAM.

- A5. What kind of program was that? Was it...

A public school prekindergarten, ..... 1

A private school prekindergarten or nursery school,..... 2

A child care center or child development program,..... 3

Another Head Start program, or ..... 4

Somewhere else?

(SPECIFY) \_\_\_\_\_ .... 5

A6. For how many days a week did [CHILD] go to that program?

DAYS A WEEK\_\_\_\_\_

A7. How many hours a week was [CHILD] at that program?

HOURS A WEEK\_\_\_\_\_

A8. As far as helping [CHILD] learn and get ready for school, do you think that program was ....

|                                      |   |
|--------------------------------------|---|
| Not as good as Head Start, .....     | 1 |
| Just as good as Head Start, or ..... | 2 |
| Better than Head Start? .....        | 3 |

A9. After he/she stopped going to Head Start (and before (he/she) started kindergarten), did [CHILD] receive child care on a regular basis from someone other than a parent? (That is, child care other than in the preschool program you just told me about. Don't count occasional use of babysitters.)

|           |               |
|-----------|---------------|
| YES ..... | 1             |
| NO .....  | 2 (GO TO A14) |

A10. Where was that care provided? (IF MORE THAN ONE CHILD CARE ARRANGEMENT, ASK ABOUT PRIMARY ARRANGEMENT. CIRCLE ONE RESPONSE.)

|   |    |
|---|----|
| AT CHILD'S HOME BY A RELATIVE .....     | 01 |
| AT CHILD'S HOME BY A NON-RELATIVE ..... | 02 |
| IN A RELATIVE'S HOME .....              | 03 |
| IN A FRIEND OR NEIGHBOR'S HOME .....    | 04 |
| FAMILY DAY CARE HOME .....              | 05 |
| CHILD CARE CENTER.....                  | 06 |
| OTHER (SPECIFY) _____                   | 07 |

A11. Was that person or place licensed, certified, or regulated?

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

A12. For how many days a week was [CHILD] cared for (by that person/in that place)?

DAYS A WEEK\_\_\_\_\_

A13. For how many hours a week was [CHILD] cared for (by that person/in that place)?

HOURS A WEEK\_\_\_\_\_



A14. Now I'd like to talk with you about [CHILD]'s current school experiences.  
Is [CHILD] attending or enrolled in school?

|                     |   |  |
|---------------------|---|--|
| YES.....            | 1 |  |
| NO .....            | 2 | (GO TO A17)                              |
| HOME SCHOOLED ..... | 3 | (GO TO A16)                              |
| HEAD START .....    | 4 | <b>(STOP AND USE HEAD START BOOKLET)</b> |

A15. What grade or year is [CHILD] attending?

|  |    |  |
|--|----|--|
| HEAD START .....                       | 01 | <b>(STOP AND USE HEAD START BOOKLET)</b> |
| NURSERY/PRESCHOOL/PREKINDERGARTEN..... | 02 | (GO TO A17)                              |
| TRANSITIONAL KINDERGARTEN .....        | 03 | (GO TO SECTION B)                        |
| KINDERGARTEN .....                     | 04 | (GO TO SECTION B)                        |
| PREFIRST GRADE (AFTER K).....          | 05 | (GO TO SECTION B)                        |
| FIRST GRADE.....                       | 06 | (GO TO A18)                              |
| UNGRADED .....                         | 07 | (GO TO A16)                              |
| OTHER<br>(SPECIFY).....                | 08 | (GO TO A17)                              |

A16. What grade would [CHILD] be in if (he/she) were attending a school with regular grades?

|  |    |                   |
|--|----|-------------------|
| NURSERY/PRESCHOOL/PREKINDERGARTEN/HEAD START | 01 | (GO TO A17)       |
| TRANSITIONAL KINDERGARTEN .....              | 02 | (GO TO SECTION B) |
| KINDERGARTEN .....                           | 03 | (GO TO SECTION B) |
| PREFIRST GRADE (AFTER K).....                | 04 | (GO TO SECTION B) |
| FIRST GRADE.....                             | 05 | (GO TO A18)       |
| UNGRADED, NO EQUIVALENT .....                | 06 | (GO TO A17)       |
| OTHER (SPECIFY) .....                        | 07 | (GO TO A17)       |

A17. Do you expect [CHILD] to be enrolled in kindergarten next year or the year after that?

- NEXT YEAR ..... 1
- YEAR AFTER THAT ..... 2
- NEITHER, DON'T EXPECT CHILD TO ATTEND KINDERGARTEN..... 3
- OTHER ..... 4
- (SPECIFY) \_\_\_\_\_
- REFUSED..... 7
- DON'T KNOW..... 8

A18. This spring we are only looking at children attending kindergarten. I do not have any more questions for you now, but thank you for your time. We would like to contact you again next spring.

## B. KINDERGARTEN SCHOOL CHARACTERISTICS

Now, I'd like to talk with you about [CHILD]'s school experiences.

B1. Does [CHILD] go to a full-day or part-day kindergarten?

FULL-DAY ..... 1  
PART-DAY ..... 2

B2. How many hours each day does (he/she) spend in kindergarten?

NUMBER OF HOURS PER DAY: \_\_\_\_\_

B3. How many days each week does (he/she) spend in kindergarten?

NUMBER OF DAYS PER WEEK: \_\_\_\_\_

B4. Approximately how many days has [CHILD] been absent from class since the beginning of the school year, that is, since last September?

NUMBER OF DAYS ABSENT: \_\_\_\_\_

IF NUMBER OF DAYS ABSENT IS GREATER THAN 5,  
CHECK THIS BOX... ☐ AND THEN ASK B5.  
OTHERWISE, GO TO SECTION C.

B5. What is the most frequent reason for [CHILD]'s missing class?

ILLNESS OF CHILD ..... 01  
ILLNESS OF FAMILY MEMBER ..... 02  
CONFLICT WITH PARENT'S WORK OR SCHOOL SCHEDULE ..... 03  
LACK OF TRANSPORTATION ..... 04  
BAD WEATHER ..... 05  
CHILD DID NOT WANT TO GO ..... 06  
PARENT DECISION NOT TO SEND CHILD OR TO SEND CHILD  
ELSEWHERE ..... 07  
OTHER (*SPECIFY*) \_\_\_\_\_ 08

### C. SCHOOL CHARACTERISTICS

Now, let's talk about the school [CHILD] goes to now.

C1. Does [CHILD] go to a public or private school?

|                    |   |                   |
|--------------------|---|-------------------|
| PUBLIC.....        | 1 | (GO TO C4)        |
| PRIVATE .....      | 2 |                   |
| HOME-SCHOOLED..... | 3 | (GO TO SECTION G) |

C2. Is the school church-related or not church-related?

|                          |   |            |
|--------------------------|---|------------|
| CHURCH-RELATED .....     | 1 |            |
| NOT CHURCH-RELATED ..... | 2 | (GO TO C4) |

C3. Is it a Catholic school?

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

C4. Approximately how many students are in [CHILD]'s class?

NUMBER OF STUDENTS IN CLASS: \_\_\_\_\_

C5. How many teachers are in [CHILD]'s class?

NUMBER OF TEACHERS IN CLASS: \_\_\_\_\_

C6. Since the beginning of this school year, has [CHILD] been in the same school?

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

## D. SCHOOL PRACTICES

D1. For each statement that I read you, please tell me how well [CHILD]'s school has been doing the following things (during this school year):

[IF NECESSARY, READ AFTER EACH STATEMENT.]: Would you say [CHILD]'s school does this *very well*, *just O.K.*, or *doesn't do it at all*?

|   | <b>Does it<br/>very<br/><u>well</u></b> | <b>Just<br/><u>O.K.</u></b> | <b>Does<br/>not<br/>do it<br/><u>at all</u></b> |
|---|---|-----------------------------|---|
| a. Lets you know (between report cards) how [CHILD] is doing in school. ....              | 1                                       | 2                           | 3   |
| b. Helps you understand what children at [CHILD]'s age are like.....                      | 1                                       | 2                           | 3   |
| c. Makes you aware of chances to volunteer at the school .....                            | 1                                       | 2                           | 3   |
| d. Provides workshops, materials, or advice about how to help [CHILD] learn at home ..... | 1                                       | 2                           | 3   |
| e. Provides information on community services to help [CHILD] or your family.....         | 1                                       | 2                           | 3   |

IF LANGUAGE MOST SPOKEN AT HOME IS  
ENGLISH, CODE "NA"

|   |   |   |   |
|---|---|---|---|
| f. Understands the needs of families who don't speak English..... | 1 | 2 | 3 |
|---|---|---|---|

## E. FAMILY/SCHOOL INVOLVEMENT

Now I'd like to ask you about your involvement with [CHILD]'s current school.

E1. Since the beginning of this school year, have you ...

|   | YES | NO |
|---|-----|----|
| a. Attended a general school meeting, for example, an open house, a back-to-school night or a meeting of a parent-teacher organization? | 1   | 2  |
| b. Gone to a regularly-scheduled parent-teacher conference with [CHILD]'s teacher? .....  | 1   | 2  |
| c. Attended a school or class event, such as a play, (or) sports event because of [CHILD]? .....  | 1   | 2  |
| d. Acted as a volunteer at the school or served on a committee? .....   | 1   | 2  |

IF E1a-d ARE ALL NO, CHECK THIS BOX ☐ AND SKIP TO SECTION F

E2. During this school year, about how many times have you gone to meetings or participated in activities at [CHILD]'s school?

NUMBER OF TIMES: \_\_\_\_\_

## F. TEACHER FEEDBACK ON CHILD'S SCHOOL PERFORMANCE AND BEHAVIOR

Here are some things teachers tell parents about how their children are doing in school. For each one, please tell me if a teacher said something like this about [CHILD], or wrote it in a note or on a report card during this school year, even if you didn't agree.

F1. Since the beginning of this school year, has a teacher said or written that [CHILD]...

|  | YES | NO |
|--|-----|----|
| a. Has been doing really well in school?.....  | 1   | 2  |
| b. Has not been learning up to (his/her) capabilities?.....                                | 1   | 2  |
| c. Doesn't concentrate or does not pay attention for long? .....                           | 1   | 2  |
| d. Has been acting up in school or disrupting the class?.....                              | 1   | 2  |
| e. Has often seemed sad or unhappy in class?.....  | 1   | 2  |
| f. Has been very restless, fidgets all the time, or doesn't sit still?.....                | 1   | 2  |
| g. Has been having trouble taking turns, sharing or cooperating with other children? ..... | 1   | 2  |
| h. Gets along with other children or works well in a group? .....                          | 1   | 2  |
| i. Is very enthusiastic and interested in a lot of different things? .....                 | 1   | 2  |
| j. Lacks confidence in learning new things or taking part in new activities? .....         | 1   | 2  |
| k. It's hard to understand what (he/she) is saying? .....                                  | 1   | 2  |
| l. Is often sleepy or tired in class? .....  | 1   | 2  |
| m. Likes to speak out in class and express (his/her) ideas? .....                          | 1   | 2  |
| n. Is often bored in class?.....   | 1   | 2  |

F2. As far as you know, is [CHILD] going to be promoted to first grade this coming fall, or will (he/she) spend another year in kindergarten?

|   |   |
|---|---|
| YES, WILL BE PROMOTED TO FIRST GRADE .....        | 1 |
| NO, WILL SPEND ANOTHER YEAR IN KINDERGARTEN ..... | 2 |
| NO, WILL GO INTO A TRANSITIONAL CLASS .....       | 3 |

F3. Now that [CHILD] has been in kindergarten for most of a school year, how satisfied are you with what Head Start did to help [CHILD] and your family be prepared for school? Are you...

|                              |   |
|------------------------------|---|
| Very dissatisfied, .....     | 1 |
| Somewhat dissatisfied, ..... | 2 |
| Somewhat satisfied, or ..... | 3 |
| Very satisfied?.....         | 4 |

## G. 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].

G1. Can [CHILD] identify the colors red, yellow, blue, and green by name?

Would you say...

- |                        |   |
|------------------------|---|
| All of them,.....      | 1 |
| Some of them, or ..... | 2 |
| None of them? .....    | 3 |

G2. Can (he/she) recognize...

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

G3. 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 |

G4. Does [CHILD]....

- |   | YES | NO |
|---|-----|----|
| a. Mostly write and draw rather than scribble? .....                            | 1   | 2  |
| b. Write (his/her) first name, even if some of the letters are backwards? ..... | 1   | 2  |
| c. Trip, stumble, or fall easily? .....   | 1   | 2  |
| d. Stutter or stammer? .....  | 1   | 2  |
| e. When [CHILD] speaks, is (he/she) understandable to a stranger? .....         | 1   | 2  |

G5. Is [CHILD] able to read story books on (his/her) own now?

- |          |              |
|----------|--------------|
| YES..... | 1            |
| NO ..... | 2 (GO TO G8) |



- G6. Does [CHILD] actually read the words written in the book, or does (he/she) look at the book and pretend to read?

READS THE WRITTEN WORDS ..... 1  
PRETENDS TO READ ..... 2 (GO TO G9)  
DOES BOTH..... 3

- G7. How old was [CHILD] in years and months when (he/she) began reading simple, whole sentences?

YEARS \_\_\_\_\_ MONTHS \_\_\_\_\_ (GO TO G10)

- G8. Does (he/she) ever look at a book with pictures and pretend to read?

YES..... 1  
NO ..... 2 (GO TO H1)

- G9. When (he/she) pretends to read a book, does it sound like a connected story, or does (he/she) tell what's in each picture without much connection between them?

SOUNDS LIKE CONNECTED STORY ..... 1  
TELLS WHAT'S IN EACH PICTURE..... 2  
DOES BOTH..... 3

- G10. About how many story books did [CHILD] read on (his/her) own last month?  
(BOOKS ASSIGNED BY SCHOOL DO NOT COUNT.)

NUMBER OF BOOKS \_\_\_\_\_

- G11. Did (he/she) pick out the books on (his/her) own, or did you help (him/her) choose them?

PICKED ON OWN ..... 1  
PARENT HELPED ..... 2  
BOTH..... 3  
CHILD READ NO BOOKS LAST MONTH..... 4

## H. YOUR CHILD'S BEHAVIOR

H1. I am going to read you a list of statements describing things that children sometimes do. For each statement, I want you to tell me how often [CHILD] acts in this way. For each one, would you say never, sometimes, often, or very often?

(READ ALL ITEMS. CIRCLE ONE RESPONSE FOR EACH. REPEAT CATEGORIES AS NECESSARY.)

| How often does [CHILD]...  | Never | Some-<br>times | Often | Very<br>often |
|--|-------|----------------|-------|---------------|
| a. Easily join others in play? .....                             | 1     | 2              | 3     | 4             |
| b. Respond appropriately to teasing? .....                       | 1     | 2              | 3     | 4             |
| c. Make and keep friends? .....                                  | 1     | 2              | 3     | 4             |
| d. Comfort or help others? .....                                 | 1     | 2              | 3     | 4             |
| e. Worry about things? .....                                     | 1     | 2              | 3     | 4             |
| f. Listen carefully to others? .....                             | 1     | 2              | 3     | 4             |
| g. Act sad? .....  | 1     | 2              | 3     | 4             |
| h. Control his/her temper? .....                                 | 1     | 2              | 3     | 4             |
| i. Cooperate with family members? .....                          | 1     | 2              | 3     | 4             |
| j. Keep working at something until he/she is<br>finished? .....  | 1     | 2              | 3     | 4             |
| k. Argue with others? .....                                      | 1     | 2              | 3     | 4             |
| l. Fight with others? .....                                      | 1     | 2              | 3     | 4             |
| m. Show interest in a variety of things? .....                   | 1     | 2              | 3     | 4             |
| n. Have a tantrum when he/she does not get<br>his/her way? ..... | 1     | 2              | 3     | 4             |
| o. Concentrate on a task and ignore<br>distractions? .....       | 1     | 2              | 3     | 4             |
| p. Easily become angry? .....                                    | 1     | 2              | 3     | 4             |
| q. Appear to be lonely? .....                                    | 1     | 2              | 3     | 4             |
| r. Help with chores? .....                                       | 1     | 2              | 3     | 4             |
| s. Have a problem being accepted and liked by<br>others? .....   | 1     | 2              | 3     | 4             |
| t. Act impulsively? .....  | 1     | 2              | 3     | 4             |
| u. Show low self-esteem? .....                                   | 1     | 2              | 3     | 4             |

| How often is [CHILD]....                 | Never | Some-<br>times | Often | Very<br>often |
|--|-------|----------------|-------|---------------|
| v. Eager to learn new things? .....      | 1     | 2              | 3     | 4             |
| w. Hyperactive? .....                    | 1     | 2              | 3     | 4             |
| x. Creative in work or play? .....       | 1     | 2              | 3     | 4             |
| y. Nervous, high-strung, or tense? ..... | 1     | 2              | 3     | 4             |
| z. Disobedient at home? .....            | 1     | 2              | 3     | 4             |

## I. ACTIVITIES WITH YOUR CHILD

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

11. How many times have you or someone in your family *read* to [CHILD] in the past week? Would you say...

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

12. For about how long does [CHILD] enjoy being read to at a sitting?

[PROBE: About how many minutes?]

|\_\_\_\_\_| |\_\_\_\_\_| |\_\_\_\_\_|  
MINUTES

13. In the past week, have you or someone in your family done the following things with [CHILD]?

IF YES, ASK: How many times have you or someone in your family done this in the past week?  
Would you say one or two times, or three or more times?

|   | YES | NO | 1-2<br>TIMES | 3+<br>TIMES |
|---|-----|----|--------------|-------------|
| a. Told (him/her) a story?.....   | 1   | 2  | 1            | 2           |
| b. Taught (him/her) letters, words, or numbers?.....  | 1   | 2  | 1            | 2           |
| c. Taught (him/her) songs or music? .....   | 1   | 2  | 1            | 2           |
| d. Worked on arts and crafts with (him/her)? .....  | 1   | 2  | 1            | 2           |
| e. Played a game, sport, or exercised together? .....   | 1   | 2  | 1            | 2           |
| f. Took (him/her) along while doing errands like<br>going to the post office, the bank, or the store?.....        | 1   | 2  | 1            | 2           |
| g. Involved (him/her) in household chores like cooking,<br>cleaning, setting the table, or caring for pets? ..... | 1   | 2  | 1            | 2           |

14. In the past month, have you or someone in your family done the following things with [CHILD]?

|  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| a. Visited a library? .....  | 1          | 2         |
| b. Gone to a movie? .....  | 1          | 2         |
| c. Gone to a play, concert, or other live show? .....                              | 1          | 2         |
| d. Gone to a mall? .....   | 1          | 2         |
| e. Visited an art gallery, museum, or historical site? .....                       | 1          | 2         |
| f. Visited a playground, park, or gone on a picnic? .....                          | 1          | 2         |
| g. Visited a zoo or aquarium? .....  | 1          | 2         |
| h. Talked with [CHILD] about (his/her) family history or ethnic heritage? .....    | 1          | 2         |
| i. Attended an event sponsored by a community, ethnic, or religious group? .....   | 1          | 2         |
| j. Attended an athletic or sporting event in which [CHILD] was not a player? ..... | 1          | 2         |

Now, I have a couple of questions about your own reading habits.

15. How often have you read books, magazines, or the newspaper, during the past week?

Was it ...

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

16. Which of the following do you have in your home? How about...

|  | YES | NO |
|--|-----|----|
| a. Comic books? .....  | 1   | 2  |
| b. Magazines for children? .....   | 1   | 2  |
| c. Magazines for adults, like <i>Newsweek</i> or <i>People</i> , or<br><i>Sports Illustrated</i> ? ..... | 1   | 2  |
| d. Newspapers? .....   | 1   | 2  |
| e. Catalogs? .....   | 1   | 2  |
| f. Religious books? .....  | 1   | 2  |
| g. Dictionary? .....   | 1   | 2  |
| h. Other books? .....  | 1   | 2  |

## J. HOUSEHOLD RULES

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

J1. In your house, are there general rules about...

|   | YES | NO |
|---|-----|----|
| a. What TV programs [CHILD] can watch?.....   | 1   | 2  |
| b. How many hours [CHILD] can watch TV? ..... | 1   | 2  |
| c. What kinds of food [CHILD] eats? .....     | 1   | 2  |
| d. What time [CHILD] goes to bed? .....       | 1   | 2  |
| e. What chores [CHILD] does? .....            | 1   | 2  |

J2. About how many hours a day does [CHILD] watch television?

HOURS A DAY: \_\_\_\_\_

J3. Sometimes kids 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 SECTION K)

J4. About how many times in the past week?

NUMBER OF TIMES: \_\_\_\_\_

## K. HEALTH

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

K1. Overall, would you say [CHILD]'s health is....

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

K2. Does [CHILD] have an illness or condition that requires regular ongoing care?

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

K3. Does [CHILD] have a regular health care provider for routine medical care, for example, well-child care and check-ups?

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

K4. Where does [CHILD] go for routine medical care, like well-child care or regular check-ups?  
(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<br>HEALTH CENTER ..... | 04 |
| A MIGRANT HEALTH CLINIC .....                                | 05 |
| THE INDIAN HEALTH SERVICE .....                              | 06 |
| SOMEPLACE ELSE ( <i>SPECIFY</i> ) .....                      | 07 |

K5. About how long has it been since [CHILD] last saw a medical doctor or other health professional for a checkup or other routine care? Would you say...

|  |   |
|--|---|
| Less than 1 year, .....                | 1 |
| 1 year, but less than 2 years, or..... | 2 |
| 2 years or more? .....                 | 3 |



K6. Has [CHILD] ever been to a dentist or dental hygienist for dental care?

YES.....1  
NO.....2 (GO TO K8)

K7. About how long has it been since [CHILD] last saw a dentist or dental hygienist for dental care?  
Would you say...

Less than 1 year, ..... 1  
1 year, but less than 2 years, or..... 2  
2 years or more? ..... 3

K8. Now some questions about your health.  
Would you say your health in general is...

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

K9. Does any impairment or health problem now keep you from working at a job or business?

YES..... 1 (GO TO K11)  
NO..... 2

K10. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

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

K11. Do you have a regular health care provider for your own routine medical care, for example, checkups?

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

K12. Does anyone in your household smoke cigarettes regularly?

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

K13. Is [CHILD] covered by Medicaid or under a state health insurance program, such as CHIP?

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

K14. Is [CHILD] covered by health insurance other than Medicaid (or CHIP) through (your job) or the job of another employed adult?

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

K15. Does your family have health insurance other than Medicaid through (your job) or the job of another employed adult in the household?

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

## L. DISABILITIES

- L1. Did a doctor or other health or education professional ever tell you that (he/she) has any special needs or disabilities – for example, physical, emotional, language, hearing, learning difficulty, or other special needs...

YES NO

- |    |  |   |   |
|----|--|---|---|
| a. | Before [CHILD] started kindergarten?         | 1 | 2 |
| b. | During [CHILD]'s enrollment in kindergarten? | 1 | 2 |

IF "NO" TO **BOTH** L1a AND b,  
CHECK THIS BOX ... ☐ AND GO TO SECTION M.

OTHERWISE, GO TO L2.

- L2. Did someone on the school staff suggest that you get a professional opinion?

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

- L3. How did the doctor or other health or education professional describe [CHILD]'s needs? Does [CHILD] have... (ASK AND CODE EACH ITEM.)

**YES      NO**

- |  |   |   |
|--|---|---|
| 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. Some other disability ( <i>SPECIFY</i> ) .....          | 1 | 2 |

L4. (Does/Do) [CHILD]'s (disability/disabilities) affect (his/her) ability to learn?

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

L5. How helpful has kindergarten been or how helpful was kindergarten with...

Would you say not at all helpful, a little helpful, helpful, or very helpful?

|   | <u>Not at all</u><br><u>Helpful</u> | <u>A little</u><br><u>Helpful</u> | <u>Helpful</u> | <u>Very</u><br><u>Helpful</u> |
|---|-------------------------------------|-----------------------------------|----------------|-------------------------------|
| a. Assisting you in talking with other schools and agencies, and knowing about other resources for meeting [CHILD]'s special needs.....                                 | 1                                   | 2                                 | 3              | 4                             |
| b. Helping you to better meet the special needs of [CHILD] in the home—for example, providing proper diet and exercise, continuing recommended therapy, and so on ..... | 1                                   | 2                                 | 3              | 4                             |

L6. Does [CHILD] have an Individualized Education Program or Plan (IEP) or an Individual Family Service Plan (IFSP)?

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

L7. Did you or another family member participate in developing an IEP or an IFSP for [CHILD]?

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

L8. Was this plan developed with school staff, or with some other person or agency?

SCHOOL STAFF ..... 1  
NOT SCHOOL STAFF ..... 2

L9. Is [CHILD] receiving ...

- None of the services identified in the IEP  
or IFSP, ..... 1 (*GO TO SECTION M*)
- Some of the services, ..... 2
- Most of the services, or ..... 3
- All of the services identified in the IEP  
or IFSP? ..... 4

L10. How satisfied (are you/have you been) with those services?  
(Are you/Have you been) ...

- Very dissatisfied, ..... 1
- Somewhat dissatisfied, ..... 2
- Somewhat satisfied, or ..... 3
- Very satisfied? ..... 4

## M. YOU AND YOUR FAMILY

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

M1. What is your current marital status?

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

M2. Including yourself, how many adults age 18 and older live in your household?

NUMBER OF ADULTS: \_\_\_\_\_

M3. Including [CHILD], how many children age 17 and younger live in your household?

NUMBER OF CHILDREN: \_\_\_\_\_

M4. What is the highest grade or year of school that you have completed?

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

M5. Are you currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (*CIRCLE ONE RESPONSE.*)

|   |    |                      |
|---|----|----------------------|
| WORKING FULL-TIME (30 HOURS OR MORE PER WEEK) ..... | 01 |                      |
| WORKING PART-TIME .....                             | 02 |                      |
| LOOKING FOR WORK .....                              | 03 | } GO TO<br>BOX M-10A |
| LAI D OFF FROM WORK .....                           | 04 |                      |
| IN SCHOOL/TRAINING .....                            | 05 |                      |
| IN JAIL/PRISON .....                                | 06 |                      |
| IN MILITARY .....                                   | 07 |                      |
| KEEPING HOUSE .....                                 | 08 |                      |
| SOMETHING ELSE ( <i>SPECIFY</i> ) .....             | 09 |                      |

M6. Are you still working for the same employer for whom you were working in spring 2004?

|           |   |            |
|-----------|---|------------|
| YES ..... | 1 |            |
| NO .....  | 2 | (GO TO M8) |

M7. Are you doing the same kind of work that you were doing in spring 2004?

|           |   |                   |
|-----------|---|-------------------|
| YES ..... | 1 | (GO TO BOX M-10A) |
| NO .....  | 2 |                   |

M8. Where have you worked since spring 2004?  
 [IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

a. NAME OF COMPANY: \_\_\_\_\_

b. TYPE OF BUSINESS: \_\_\_\_\_

M9. What kind of work are you doing and what are your most important activities or duties?

a. KIND OF WORK: \_\_\_\_\_

b. IMPORTANT DUTIES: \_\_\_\_\_

M10.

*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,<br>and Lawyers .....                 | 04 |
| Teachers.....  | 05 |
| Health Diagnosing and Treating Practitioners.....  | 06 |
| Registered Nurses, Pharmacists, Dieticians, Therapists,<br>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,<br>including Clerical .....                             | 12 |
| Service Occupations.....   | 13 |
| Agricultural, Forestry, and Fishing<br>Occupations .....                                   | 14 |
| Mechanics and Repairers.....   | 15 |
| Construction and Extractive<br>Occupations .....   | 16 |
| Precision Production Occupations .....   | 17 |
| Production Working Occupations .....   | 18 |
| Transportation and Materials<br>Moving Occupations.....                                    | 19 |
| Handlers, Equipment Cleaners,<br>Helpers, and Laborers.....                                | 20 |
| Miscellaneous Occupations.....   | 21 |
| NEVER WORKED/HOMEMAKERS.....   | 22 |
| REFUSED .....  | 97 |
| DON'T KNOW .....   | 98 |



BOX M-10A

RESPONDENT IS: (CIRCLE ONE.)

[CHILD]'s BIRTH MOTHER..... 1 (GO TO BOX M-25A)  
SOMEONE ELSE..... 2 (CONTINUE WITH M11)

M11. Is [CHILD]'s mother in this household?

MOTHER IN HOUSEHOLD ..... 1 (GO TO M15)  
MOTHER NOT IN HOUSEHOLD..... 2  
MOTHER DECEASED..... 3 (GO TO BOX M-25A)

M12. Does [CHILD]'s mother live in the same city or county as [CHILD]?

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

M13. In the past year, on about how many days has [CHILD] seen (his/her) mother?

NUMBER OF DAYS: \_\_\_\_\_

M14. How long has it been since [CHILD] last had contact with (his/her) mother?

[CHILD] NEVER HAD CONTACT ..... 00 (GO TO M23)  
DON'T KNOW ..... 98

OR

NUMBER: \_\_\_\_\_ DAYS ..... 1  
WEEKS ..... 2  
MONTHS ..... 3  
YEARS..... 4

IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX...☐  
THEN SKIP TO BOX M-22A.

M15. Since the beginning of this school year, has [CHILD]'s mother...

|  | YES | NO | DK |
|--|-----|----|----|
| a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization? ..... | 1   | 2  | 8  |
| b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher? .....   | 1   | 2  | 8  |
| c. Attended a school or class event, such as a sports event because of [CHILD]? .....  | 1   | 2  | 8  |
| d. Acted as a volunteer at the school or served on a committee? .....  | 1   | 2  | 8  |

M16. What is the highest grade or year of school that [CHILD'S] mother completed?

|   |    |
|---|----|
| UP TO 8TH GRADE .....   | 01 |
| 9TH TO 11TH GRADE .....   | 02 |
| 12TH GRADE BUT NO DIPLOMA .....   | 03 |
| HIGH SCHOOL DIPLOMA/EQUIVALENT .....  | 04 |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL<br>BUT NO VOC/TECH DIPLOMA .....                                 | 05 |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL .....  | 06 |
| SOME COLLEGE BUT NO DEGREE .....  | 07 |
| ASSOCIATE'S DEGREE .....  | 08 |
| BACHELOR'S DEGREE .....   | 09 |
| GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE .....   | 10 |
| MASTER'S DEGREE (MA, MS) .....  | 11 |
| DOCTORATE DEGREE (PHD, EDD) .....   | 12 |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE<br>(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..... | 13 |
| DON'T KNOW .....  | 98 |

M17. Is she currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (*CIRCLE ONE RESPONSE.*)

|   |    |                      |
|---|----|----------------------|
| WORKING FULL-TIME (30 HOURS OR MORE PER WEEK) ..... | 01 |                      |
| WORKING PART-TIME .....                             | 02 |                      |
| LOOKING FOR WORK .....                              | 03 | } GO TO<br>BOX M-22A |
| LAID OFF FROM WORK .....                            | 04 |                      |
| IN SCHOOL/TRAINING .....                            | 05 |                      |
| IN JAIL/PRISON .....                                | 06 |                      |
| IN MILITARY .....                                   | 07 |                      |
| KEEPING HOUSE .....                                 | 08 |                      |
| SOMETHING ELSE ( <i>SPECIFY</i> ) .....             | 09 |                      |
| DON'T KNOW .....                                    | 98 |                      |

M18. Is she still working for the same employer for whom she was working in spring 2004?

|           |   |             |
|-----------|---|-------------|
| YES ..... | 1 |             |
| NO .....  | 2 | (GO TO M20) |

M19. Is she doing the same kind of work that she was doing in spring 2004?

|           |   |                   |
|-----------|---|-------------------|
| YES ..... | 1 | (GO TO BOX M-22A) |
| NO .....  | 2 |                   |

M20. Where has she worked since spring 2004?

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

a. NAME OF COMPANY: \_\_\_\_\_

b. TYPE OF BUSINESS: \_\_\_\_\_

M21. What kind of work is she doing and what are her most important activities or duties?

a. KIND OF WORK: \_\_\_\_\_

b. IMPORTANT DUTIES: \_\_\_\_\_

M22.

*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,<br>and Lawyers .....                 | 04 |
| Teachers.....  | 05 |
| Health Diagnosing and Treating Practitioners.....  | 06 |
| Registered Nurses, Pharmacists, Dieticians, Therapists,<br>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,<br>including Clerical .....                             | 12 |
| Service Occupations.....   | 13 |
| Agricultural, Forestry, and Fishing<br>Occupations .....                                   | 14 |
| Mechanics and Repairers.....   | 15 |
| Construction and Extractive<br>Occupations .....   | 16 |
| Precision Production Occupations .....   | 17 |
| Production Working Occupations .....   | 18 |
| Transportation and Materials<br>Moving Occupations.....                                    | 19 |
| Handlers, Equipment Cleaners,<br>Helpers, and Laborers.....                                | 20 |
| Miscellaneous Occupations.....   | 21 |
| NEVER WORKED/HOMEMAKERS.....   | 22 |
| REFUSED .....  | 97 |
| DON'T KNOW .....   | 98 |

BOX M-22A

IF CHILD'S MOTHER IS IN HOUSEHOLD, CHECK THIS BOX...☐  
THEN SKIP TO BOX M-25A.

M23. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) mother?

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

M24. Is there anyone else who is like a mother to [CHILD]?

YES..... 1  
NO..... 2 (GO TO BOX M-25A)

M25. Who is this person? Is she...

(You,) ..... 1  
Your (spouse/partner), ..... 2  
A relative of the child who lives in the household,..... 3  
A relative of the child who doesn't live in the household, ..... 4  
A friend of the family who lives in the household, or ..... 5  
A friend of the family who doesn't live in the household? ..... 6

BOX M-25A

RESPONDENT IS: (CIRCLE ONE.)

[CHILD]'s BIRTH FATHER..... 1 (GO TO M41)  
SOMEONE ELSE..... 2 (CONTINUE WITH M26)

M26. Is [CHILD]'s father in this household?

FATHER IN HOUSEHOLD ..... 1 (GO TO M30)  
FATHER NOT IN HOUSEHOLD..... 2  
FATHER DECEASED..... 3 (GO TO M39)

M27. Does [CHILD]'s father live in the same city or county as [CHILD]?

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

M28. In the past year, on about how many days has [CHILD] seen (his/her) father?

NUMBER OF DAYS: \_\_\_\_\_

M29. How long has it been since [CHILD] last had contact with (his/her) father?

[CHILD] NEVER HAD CONTACT ..... 00 (GO TO M38)  
 DON'T KNOW ..... 98

OR

NUMBER: \_\_\_\_\_ DAYS ..... 1  
 WEEKS ..... 2  
 MONTHS ..... 3  
 YEARS ..... 4

|  |
|--|
| IF NO CONTACT IN LAST 12 MONTHS, CHECK THIS BOX... <input type="checkbox"/><br>THEN SKIP TO M38. |
|--|

M30. Since the beginning of this school year, has [CHILD]'s father...

|  | YES | NO | DK |
|--|-----|----|----|
| a. Attended a general school meeting, for example, an open house, a back-to-school night, or a meeting of a parent-teacher organization? ..... | 1   | 2  | 8  |
| b. Gone to a regularly scheduled parent-teacher conference with [CHILD]'s teacher? .....   | 1   | 2  | 8  |
| c. Attended a school or class event, such as a play or sports event, because of [CHILD]? .....   | 1   | 2  | 8  |
| d. Acted as a volunteer at the school or served on a committee? .....  | 1   | 2  | 8  |

M31. What is the highest grade or year of school that [CHILD's] father completed?

UP TO 8TH GRADE ..... 01  
 9TH TO 11TH GRADE ..... 02  
 12TH GRADE BUT NO DIPLOMA ..... 03  
 HIGH SCHOOL DIPLOMA/EQUIVALENT ..... 04  
 VOC/TECH PROGRAM AFTER HIGH SCHOOL  
 BUT NO VOC/TECH DIPLOMA ..... 05  
 VOC/TECH DIPLOMA AFTER HIGH SCHOOL ..... 06  
 SOME COLLEGE BUT NO DEGREE ..... 07  
 ASSOCIATE'S DEGREE ..... 08  
 BACHELOR'S DEGREE ..... 09  
 GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE ..... 10  
 MASTER'S DEGREE (MA, MS) ..... 11  
 DOCTORATE DEGREE (PHD, EDD) ..... 12  
 PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE  
 (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..... 13  
 DON'T KNOW ..... 98

M32. Is he currently working full-time, working part-time, in school, in a training program, keeping house, or something else? (*CIRCLE ONE RESPONSE.*)

|   |    |                      |
|---|----|----------------------|
| WORKING FULL-TIME (30 HOURS OR MORE PER WEEK) ..... | 01 |                      |
| WORKING PART-TIME .....                             | 02 |                      |
| LOOKING FOR WORK .....                              | 03 | } GO TO<br>BOX M-37A |
| LAID OFF FROM WORK .....                            | 04 |                      |
| IN SCHOOL/TRAINING .....                            | 05 |                      |
| IN JAIL/PRISON .....                                | 06 |                      |
| IN MILITARY .....                                   | 07 |                      |
| KEEPING HOUSE .....                                 | 08 |                      |
| SOMETHING ELSE ( <i>SPECIFY</i> ) .....             | 09 |                      |
| DON'T KNOW .....                                    | 98 |                      |

M33. Is he still working for the same employer for whom he was working in spring 2004?

|           |   |             |
|-----------|---|-------------|
| YES ..... | 1 |             |
| NO .....  | 2 | (GO TO M35) |

M34. Is he doing the same kind of work that he was doing in spring 2004?

|           |   |                   |
|-----------|---|-------------------|
| YES ..... | 1 | (GO TO BOX M-37A) |
| NO .....  | 2 |                   |

M35. Where has he worked since spring 2004?  
 [IF MORE THAN ONE JOB, ASK ABOUT JOB WHERE MOST HOURS ARE WORKED.]

a. NAME OF COMPANY: \_\_\_\_\_

b. TYPE OF BUSINESS: \_\_\_\_\_

M36. What kind of work is he doing and what are his most important activities or duties?

a. KIND OF WORK: \_\_\_\_\_

b. IMPORTANT DUTIES: \_\_\_\_\_

M37.

*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,<br>and Lawyers .....                 | 04 |
| Teachers.....  | 05 |
| Health Diagnosing and Treating Practitioners.....  | 06 |
| Registered Nurses, Pharmacists, Dieticians, Therapists,<br>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,<br>including Clerical .....                             | 12 |
| Service Occupations.....   | 13 |
| Agricultural, Forestry, and Fishing<br>Occupations .....                                   | 14 |
| Mechanics and Repairers.....   | 15 |
| Construction and Extractive<br>Occupations .....   | 16 |
| Precision Production Occupations .....   | 17 |
| Production Working Occupations .....   | 18 |
| Transportation and Materials<br>Moving Occupations.....                                    | 19 |
| Handlers, Equipment Cleaners,<br>Helpers, and Laborers.....                                | 20 |
| Miscellaneous Occupations.....   | 21 |
| NEVER WORKED/HOMEMAKERS.....   | 22 |
| REFUSED .....  | 97 |
| DON'T KNOW .....   | 98 |



BOX M-37A

IF CHILD'S FATHER IS IN HOUSEHOLD, CHECK THIS BOX...☐  
THEN SKIP TO M41.

OTHERWISE, GO TO M38.

M38. In the past 12 months, (have you/has your family) received any child support payments for [CHILD] from (his/her) father?

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

M39. Is there anyone else who is like a father to [CHILD]?

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

M40. Who is this person? Is he...

(You,) ..... 1  
Your (spouse/partner), ..... 2  
A relative of the child who lives in the household, ..... 3  
A relative of the child who doesn't live in the household, ..... 4  
A friend of the family who lives in the household, or ..... 5  
A friend of the family who doesn't live in the household? ..... 6

M41. Please tell me the first name of everyone in your household.

PROBE: Is there anyone else in your household?

IF ONLY RESPONDENT AND CHILD IN HH, WRITE "NO ONE ELSE" AT C.

| M41a.<br>First Name   | M41b.<br>What is [NAME]'s<br>relationship to<br>[CHILD]?<br><br>(See codes below) | M41c.<br>How old is<br>[NAME]? |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
|---|---|--------------------------------|------------------------|--------------------------------------|------------------------|------------------------------------|---------------|---------------------------|---------------|-------------------------|----------------|--------------------------------|----------------|------------------------------|----------------------|------------------------------|----------------------|----------------------------|----------------------|------------|------------------------|---------------|
| a. [CHILD]  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| b. RESPONDENT   |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| c.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| d.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| e.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| f.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| g.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| h.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| i.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| j.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| k.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| l.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| m.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| n.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| o.  |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| RELATIONSHIP CODES:   |   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| <table border="0"> <tbody> <tr> <td>01=Bio/Adoptive Mother</td> <td>11=Other relative or in-law (female)</td> </tr> <tr> <td>02=Bio/Adoptive Father</td> <td>12=Other relative or in-law (male)</td> </tr> <tr> <td>03=Stepmother</td> <td>13=Foster parent (female)</td> </tr> <tr> <td>04=Stepfather</td> <td>14=Foster parent (male)</td> </tr> <tr> <td>05=Grandmother</td> <td>15=Other non-relative (female)</td> </tr> <tr> <td>06=Grandfather</td> <td>16=Other non-relative (male)</td> </tr> <tr> <td>07=Great grandmother</td> <td>17=Parent's partner (female)</td> </tr> <tr> <td>08=Great grandfather</td> <td>18=Parent's partner (male)</td> </tr> <tr> <td>09=Sister/Stepsister</td> <td>97=Refused</td> </tr> <tr> <td>10=Brother/Stepbrother</td> <td>98=Don't know</td> </tr> </tbody> </table> |   |                                | 01=Bio/Adoptive Mother | 11=Other relative or in-law (female) | 02=Bio/Adoptive Father | 12=Other relative or in-law (male) | 03=Stepmother | 13=Foster parent (female) | 04=Stepfather | 14=Foster parent (male) | 05=Grandmother | 15=Other non-relative (female) | 06=Grandfather | 16=Other non-relative (male) | 07=Great grandmother | 17=Parent's partner (female) | 08=Great grandfather | 18=Parent's partner (male) | 09=Sister/Stepsister | 97=Refused | 10=Brother/Stepbrother | 98=Don't know |
| 01=Bio/Adoptive Mother  | 11=Other relative or in-law (female)  |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 02=Bio/Adoptive Father  | 12=Other relative or in-law (male)  |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 03=Stepmother   | 13=Foster parent (female)   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 04=Stepfather   | 14=Foster parent (male)   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 05=Grandmother  | 15=Other non-relative (female)  |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 06=Grandfather  | 16=Other non-relative (male)  |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 07=Great grandmother  | 17=Parent's partner (female)  |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 08=Great grandfather  | 18=Parent's partner (male)  |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 09=Sister/Stepsister  | 97=Refused  |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |
| 10=Brother/Stepbrother  | 98=Don't know   |                                |                        |                                      |                        |                                    |               |                           |               |                         |                |                                |                |                              |                      |                              |                      |                            |                      |            |                        |               |

## N. 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.

N1. Did you receive any of the following other sources of household income or support since the spring of 2004?

|  | YES | NO |
|--|-----|----|
| <input type="checkbox"/> a. Welfare, TANF, or general assistance .....   | 1   | 2  |
| b. Unemployment insurance .....  | 1   | 2  |
| <input type="checkbox"/> c. Food Stamps.....   | 1   | 2  |
| <input type="checkbox"/> d. WIC -- Special supplemental food program<br>for Women, Infants, and Children ..... | 1   | 2  |
| e. Child support.....  | 1   | 2  |
| f. SSI or Social Security Retirement, Disability, or Survivor's benefits..                                     | 1   | 2  |
| g. Payments for providing foster care .....  | 1   | 2  |

IF N1 ☐ a., ☐ c., OR ☐ d. WERE ANSWERED YES,  
CHECK THIS BOX....☐ AND THEN ASK N2.

OTHERWISE, GO TO N3.

N2. In some states people who receive different types of public assistance are being required to do certain things such as take courses, get job training, or find a job. Are you now required to or will you soon be required to...

|  | YES | NO |
|--|-----|----|
| a. attend job training? .....          | 1   | 2  |
| b. attend school or a GED class? ..... | 1   | 2  |
| c. get a job? .....                    | 1   | 2  |
| d. do something else? (SPECIFY) _____  | 1   | 2  |

N3. Including yourself, how many adults contribute to your household income?

NUMBER OF ADULTS: \_\_\_\_\_

N4. 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.  
 [PROBE: IF RESPONDENT REPORTS \$3,000 OR MORE LAST MONTH, THEN VERIFY THAT REPORTED AMOUNT IS ONLY FOR LAST MONTH AND NOT FOR THE ENTIRE YEAR.]

HOUSEHOLD INCOME..... \$ \_\_ , \_\_ \_\_ (GO TO N6)  
**(AMOUNT LAST MONTH ONLY)**

OR

REFUSED..... 7 (GO TO N6)  
 DON'T KNOW..... 8 (CONTINUE WITH N5)

N5. 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

Our next questions are about housing.

N6. Do you now live in...

a house, apartment, or trailer of your own, ..... 1  
 a house, apartment, or trailer you share with another family .. 2  
 transitional housing (apartment) or a homeless shelter, ..... 3  
 or somewhere else? ..... 4

(SPECIFY) \_\_\_\_\_

N7. How many times have you moved in the last six months?

TIMES: \_\_\_\_\_

N8. Do you currently own your own 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

N9. Has [CHILD] ever lived apart from [you/(his/her) mother] for six months or longer, not including vacations or shared custody arrangements?

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

N10. In the last year, has [CHILD] ever been a witness to a crime or domestic violence?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 8

N11. In the last year, has [CHILD] ever been the victim of a crime or domestic violence?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 8

N12. Since the spring of 2004, has anyone in your household or ([CHILD]'s (biological) (father/mother)) been arrested or charged with any crime by the police?

YES ..... 1  
NO ..... 2 (GO TO SECTION O)  
REFUSED ..... 7 (GO TO SECTION O)  
DON'T KNOW ..... 8 (GO TO SECTION O)

N13. Did this person spend any time in jail?

YES ..... 1  
NO ..... 2  
REFUSED ..... 7  
DON'T KNOW ..... 8

## O. CHILD CARE

Now let's talk about any child care arrangements that you are currently using for [CHILD]. Child care does not include time in kindergarten class, but may include separate child care arrangements at school before or after class.

O1. Is [CHILD] in child care?

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

O2. In how many different child care arrangements does [CHILD] spend time each week?

NUMBER OF ARRANGEMENTS: \_\_\_\_\_

O3. Where is the primary care provided?

IN [CHILD]'S HOME WITH SOMEONE OTHER THAN PARENT ..... 1  
RELATIVE'S HOME ..... 2  
NONRELATIVE'S HOME ..... 3  
AT THE SCHOOL IN A BEFORE- OR AFTER-SCHOOL  
PROGRAM (OR WRAP-AROUND CARE) ..... 4  
OTHER CHILD CARE CENTER ..... 5  
OTHER (SPECIFY) \_\_\_\_\_ 6

O4. How many hours per week is this care used?

HOURS PER WEEK: \_\_\_\_\_

O5. Who pays for this child care?

|   | YES | NO |
|---|-----|----|
| a. Do you pay for it yourself? .....                | 1   | 2  |
| b. Does a government agency pay? .....              | 1   | 2  |
| c. Does an employer pay? .....                      | 1   | 2  |
| d. Do you trade child care with someone else? ..... | 1   | 2  |
| e. Other (SPECIFY) .....                            | 1   | 2  |

O6. Now I'm going to ask you about [CHILD]'s experiences in child care. Please let me know which of these answers best describes [CHILD]'s experience: *never, sometimes, often, or always*:

|   | Never | Some-<br>times | Often | Always |
|---|-------|----------------|-------|--------|
| 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<br>learning ..... | 1     | 2              | 3     | 4      |

## P. YOUR FEELINGS

P1. 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.

|   | <b>Strongly<br/>disagree</b> | <b>Disagree</b> | <b>Agree</b> | <b>Strongly<br/>agree</b> |
|---|------------------------------|-----------------|--------------|---------------------------|
| 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                         |

P2. 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 moderately, or most or all of the time.*

|  | <b>Rarely or<br/>never</b> | <b>Some or a<br/>little</b> | <b>Occasionally<br/>or moderately</b> | <b>Most or all<br/>of the time</b> |
|--|----------------------------|-----------------------------|---------------------------------------|------------------------------------|
| 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 that 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. You felt lonely.....  | 1                          | 2                           | 3                                     | 4                                  |
| k. You felt sad .....  | 1                          | 2                           | 3                                     | 4                                  |
| l. You could not get "going" .....   | 1                          | 2                           | 3                                     | 4                                  |



**COMPLETE KINDERGARTEN CONSENT/TEACHER INFO FORM.**

WHEN COMPLETE, CHECK BOX ☐ -- THEN CONTINUE BELOW.

Those are all the questions that I have right now. I would like to thank you very much for participating in this interview. Let me remind you that our research team will be in your area during the weeks of [DATES FROM SCHEDULE] \_\_\_\_\_.

Someone from the research team will contact you to schedule a time for [CHILD]'s assessment. As I mentioned before, once the assessment has been completed, you will receive \$25 and [CHILD] will receive a small toy.

COMPLETE SECTION Q AFTER INTERVIEW COMPLETE.

**Q. CONFIDENCE RATINGS**

Q1. Interview Completion Code:

Respondent terminated interview prematurely ..... 1  
 Respondent refused interview..... 2  
 Respondent unable to respond. .... 3  
 (SPECIFY) \_\_\_\_\_  
 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